# Zen and the Art of Stuttering Therapy

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## ZEN AND THE ART OF STUTTERING THERAPY

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# Ladies and gentlemen,

perhaps you will be surprised that I will now attempt to give a lecture with this title: Zen and the Art of Stuttering Therapy. Don't expect too much from the title of this lecture. Although I do claim to understand something about stuttering therapy I don't understand a whole lot about Zen. This may be founded in the very nature of Zen.

What Zen actually "is" is harder to describe than what Zen "is not." Zen is not, in my view, a religion, and Zen is not esoteric in the everyday sense of the word. Perhaps Zen is esoteric in the actual sense of word, because a master usually guides Zen adepts and "enlightenment" (satori) can be seen as a kind of inauguration.

In my opinion, Zen is a thinking school above all, and in as much as thinking affects the whole life, a life school. Perhaps the word "path of enlightenment" is best suited to characterize Zen.

The reason I wish to talk today about Zen and its relationships to stuttering therapy came as a consequence of my reading more and more about Zen. (The books that were most important to me are from THICH NHAT HANH: Keys to Zen and RADCLIFF/RADCLIFF: Thinking Zen.) Hereby it turned out, quite unexpectedly for me, that I encountered hints and elements that were quite familiar to me from stuttering therapy. I found parallels to and applications for basic ideas, ideas that play a role in Zen as well.

### **PHENOMENA**

One of the most important aims of the path of enlightenment in Zen is for the student to be vigilant not to consider conceptions about things to be more real than the things themselves. "The map is not the territory". This reminder of ALFREDS KORZYBSKI (1879-1950), the Polish-American father of "General Semantics", highlights this aspect very clearly. General semantics is a philosophical/ linguistic/ psychotherapeutical school, which can be considered to be a linguistic branch of Zen. Some people regard it as one of the sources for the development of Fritz Perls' Gestalt therapy. There are kinships abound.

What does this mean now for stuttering therapy?

1. I have always been very distrustful about the various associations triggered by the phenomenon of stuttering in many specialists and laymen. I don't like to talk at length about the rather vulgar theories saying that stuttering indicates a kind of weakness of character. Somewhat more serious theories say that humans stutter because they can evade communication this way or because they are, in principle, unable to communicate and that this inability manifests itself in stuttering (see WESTRICH). The entire stuttering literature is full of allegedly profound considerations about the meaning of stuttering regarding the family, the personality, or the way of life of the stutterer. My distrust developed due to observations, which suggested to me that there are very few similarities among stutterers if one compares people

who stutter with one another. The few similarities that are found can be understood more simply as consequences rather than as conditions or causes of stuttering.

Nevertheless, I always observe in myself and in others the temptation to allow conceptions that I have about stuttering and about people who stutter to affect the picture that results from direct observation. Recently I heard a lecture about "Stuttering and The Familiy" in which the speaker quoted a statement of the father of a child who stuttered. He then said to the audience, "You may well imagine what it means, if the father of a child who stutters says such a thing." Naturally one can think something and you can imagine something, but this can never be safe. No "insight" that one can have about stuttering can lead to "safe" judgments, if one applies those insights to a real person who stutters and to one of his relatives.

What I want to say is this: Stuttering does not prove ANYTHING. To paraphrase the famous poem of GERTRUDE STEIN (1874 - 1946): Stuttering is Stuttering is Stuttering.

2. I consider it to be a grave misfortune in many training programs, especially in stuttering, that students are primarily asked to observe and experience what stuttering (in another person, e.g. a patient) "does with them" or "how they can deal with it." These observation exercises are important and perhaps even essential, but they should not hinder us from practicing and accomplishing exact direct observations on the patient.

Allow me to suggest the following: The observations of a listener's own reactions to the disturbed speaking of a person who stutters provides, at best, an access to assumptions about reactions of other listeners (with which the person who stutters has to deal with in his life). This then gives some clues about overt and covert feedback from listeners that the person who stutters has to deal with and how he deals with it.

At worst, however, and that is very probable, the observation of his own feelings obstructs the observer's view at the patient's speech behavior. At the risk of making a lame comparison and each comparison becomes lame, if you take it too far: The tennis player will not play any better only because the coach observes how he (the coach) feels about a lost matchpoint.

3. I would like to explain the phenomenological approach by another beautiful example from stuttering therapy.

To me it is an important concern that at the beginning of therapy the patient receives a detailed introduction to phonetics including the breathing and voicing process to the extent of approximately six time hours. I find that this time is well invested. The patient learns something about speech production, knowledge we can use later, and he acquires a vocabulary, so that we can communicate about these things more easily. Here a cornerstone is laid for a skill from which the stutterer will benefit much: The execution of the speech movement as volitional movement with maximum of tactile, proprioceptive, and kinesthetic perception is one of the most important procedures in our therapy.

Since the beginning of our group therapy in 1987 I have been asked numerous times by patients and by my co-therapists to hand out a written compendium to the patients, at least a sound table as it is published by the IPA, so that they can check again in case they forget some details over time. And I do not do this.

It has turned out that it is much more beneficial, if the patient uses the "laboratory", i.e. his "speech apparatus" that he always carries with him, to come to the necessary conclusions "at the living object" instead of looking at a table. This has also the advantage that the patient is forced to rely on tactile proprioceptive kinesthetic feedback rather than on a piece of paper. Of course he has to succeed in ignoring acoustic feedback but that's another matter.

I hope you understand my point. The phonetic table would do exactly that which the Zen disciple seeks to avoid. The patient would run the risk of understanding the table, but not his speech production. Worse still, the patient is possibly subjected to the illusion that he understands his speech production when, in fact, he understands only abstract concepts about it or, even worse, about speech production in general. Even the most precise refinement of the

phonetic system necessarily is already a high abstraction in relation to the reality of the speech production of a real person who really speaks.

#### **MINDFULNESS**

I would like to speak now about something different which to some extent is related to this. It concerns the principle "here and now". One must watch out, however, that the expression "here and now" doesn't degenerate to a buzzword, which only means that one may forget the past not think too much about the future.

That would be something like a negative definition: What remains is the "Here and Now". (We know other catch-phrases like "positive thinking" and "the way is the goal" / "the journey is the reward" which are easily being misunderstood in a similar way.)

In Zen the term "mindfulness" has developed for the "here and now". The Zen disciple tries to do everything mindfully. By this is meant that one aims to do everything in a mind-state in which the senses are "open", so to speak. This has the result that one notices in each moment everything which happens including that which one does. This state can be reached with each everyday activity and, with continued practice, can be held for a longer period of time. Thus, it concerns something that could be called everyday-meditation. The German expression for this state is "Achtsamkeit" derived from "achtsam" which means both "attentive" and "careful".

What has this now to do with the stuttering therapy? See, our approach in stuttering therapy represents a detour. This detour is necessary, since we aim for the result to appear without conscious effort, namely spontaneous normally-fluent speech. One cannot force his to happen, it happens either or is doesn't. The detour consists of a conscious effort to bring about a state in which "it happens". We call this condition "being fluent". A stutterer "is fluent" when he is in this state. [For the American reader this may not be very impressive, because the expressions "to be fluent" and "to become fluent" have been used for a long time. However, I'm not sure that the fact that this refers to a particular mind-body state is always appreciated.]

As it turns out, the most effective means to bring about the state of "being fluent" is practicing a slow, strong and smooth movement that resembles normal speech movement but is not. We call this "slow motion speech." It is abnormal because the mind-body state in performing slow motion speech is abnormal. When speaking spontaneously all the attentions is on communicating, and no attention is paid to speaking. Contrary to that, slow motion speaking happens in a state of mindfulness, similar to the intention of an athlete who performs an athletic skill by himself only to advance in his training program. It is not intended that slow motion speech be used for communication.

The aspect of "mindfulness" in our form of stuttering therapy may not be perfectly in line with Zen. Above all, we do not intend to have the patient always speak in a mindful way. We don't want to confine the patient to an abnormal way of speaking, and we would not do that even if this was beneficial to the patient in terms of the "path of enlightenment" (the Zen way.) In the end, most of us are not Zen teachers and our patients don't come to us as Zen disciples. I'm convinced, though, that we use something here that has been considered as being beneficial in Zen for a long time.

Recently by the way I have read the highly interesting book "The Inner Game of Tennis" by Timothy Gallwey. I became aware that our work is also compatible with the most advanced training principles of world-class athletes. This in particular applies to the principle of "mindfulness".

In the movement sciences (sports science, motor learning and control, motology) there is the interesting distinction between focusing on the result (Knowledge of Results) and focusing on the process (Knowledge of Performance) (SHEA/SHEBILSKE/WORCHEL). Focusing on the result means concentrating on whether or not stuttering occurs as well as its frequency and the form it takes. Focusing on the process on the other hand means perceiving and analyzing the movement(s) during the course of a stuttering event. It is obvious that a profound change in the patient's attitude will come about when one succeeds in redirecting his orientation from "result"

to "process".

#### FLOW / IMMERSION / SET

The next point which I want explain further has been addressed already. It concerns making a detour in therapy. In the entire modification phase of Van Riper's therapy we do something – not for the purpose of communication, but as an exercise – that is not at all he goal of therapy: slow motion speech, cancellations and pullouts. Our primary goal is to bring the patient to a state in which he speaks spontaneously normally fluent.

For some time now I have been repeatedly confronted with material that deals with special states of consciousness. It began with the book "Zen and the art of motorcycle maintenance" by ROBERT PIRSIG up to the research of MIHALY CSIKSZENTMIHALYI who uses the term "flow" for these "states of optimal experience" (book title: "Flow – The Psychology of Optimal Experience"). Interestingly enough these things play a growingly important role in sports psychology. The great conductor Sergiu Celibidache (1912 - 1996) repeatedly spoke about states, in which the orchestra does not play, but in which "it" plays the orchestra. Many software developers are also aware of these special states of consciousness. I call one the "state of farsightedness". This is a condition, in which de developer has a comprehensive or nearly comprehensive overview of a complex software system. In this state one does not feel either hunger or thirst or tiredness. This state is difficult to attain and must carefully be quarded, so that it is not lost.

In therapy we experience with great regularity that stutterers "become fluent." That requires some explanation, because as therapists you certainly know that frequency and severity of stuttering can vary considerably, and that most people who stutter know situations in which they don't stutter at all or stutter infrequently and only mildly. "To become fluent" here means that the stutterer experiences states more and more frequently, in which he normally (according to his experience) would expect himself to stutter, but actually doesn't stutter or stutters much less frequently and much less severely than expected. A patient of mine once said when I asked him about his fluency, "I notice that I am in kind of a flow."

Now we are faced with the big question: What does a motorcycle technician, musician, athlete, software developer do to manipulate these states of consciousness and how can we apply this to stuttering therapy? There is also the question whether we "only" deal with states of consciousness or whether we also deal with states of the motor and sensory systems. That the states of mind and motor-sensory systems are working together, is easily observable in musicians and athletes. The English expression "set" appears to be quite fitting here. Acquiring a set means both setting focuses and filters for the sensory input and loading of motor programs. [The German word "Einstellung" which means "set" in this sense can also mean "attitude" or "opinion", so I use the term "motor set" (motorische Einstellung) when I talk about this in German in the context of stuttering.]

The reference to Zen results from the fact that "unintentional perfection" is realized here. In the Zen literature I found only very little on how one reaches this "unintentional perfection". In particular HERRIGEL's (1884 - 1955) "Zen in the art of archery" is not very illuminating here, but refers to rather esoteric connections.

In sports sciences more is known already. It is a consistent observation that besides the physical fitness of the athlete the activities he performs shortly before the performance of the task play a substantial role.

Musicians probably must gain the condition of the optimal experience in a different way. How they do it, I don't know. Everybody says that practicing helps.

In stuttering therapy for me this results in the following concept. Ultimately, with the use of fluency skills I don't find it important whether the stutterer can avoid stuttering or can shorten or simplify his stuttering. The really interesting point is whether the use of fluency skills has the consequence that the stutterer reaches a state in which he "is fluent", i.e. in which he doesn't stutter, and which fluency skills have the power to accomplish this.

Please distinguish this very clearly from the concept of automation of a speech technique. This

concept means that a stutter-free and at first artificial (i.e. prosodically distorted) way of speaking is practiced and used for a longer period of time until it doesn't require any conscious control effort (and the distortion of prosody is not perceived anymore). You may call this a "global approach."

Contrary to this concept, the concern here is whether there are fluency aids that can effect (or at least facilitate) a change of the motor set with the result that the stutterer "becomes fluent" without effort.

My opinion, which is the best speech aid which accomplishes this is clear without any ambiguity, at least as long as I don't have anything better: the perfect pullout. The pullout has the following crucial advantages: the motor parameters which affect the probability of subsequent stuttering are set to an optimum, subglottal air pressure becomes more stable, voice production is improved and the correct coarticulatory performance is practiced with every pullout.

Additionally, the pullout functions as a local speech aid, i.e. it helps the person who stutters to inhibit imminent stuttering or to terminate stuttering while it occurs. The term "local" means here that this speech aid is supposed to be used at the moment of stuttering only.

This leads to a paradoxical realization, i.e. that the spontaneous (i.e. uncontrolled) speech fluency benefits from the ability of the person who stutters to stutter well, i.e. to handle his stuttering events efficiently.

#### **PARADOXES**

In the previous section, which dealt mostly with these sets, I have made only few references to Zen.

In order to do a little more justice to the title of this lecture let me spend some time at the end of the lecture on the topic of paradoxical statements.

For a long time Zen was considered to be inaccessible for Western ratio. Something that mystical could open itself only to the Eastern mind. In this context it is symptomatic that when studying Zen one is again and again confronted with paradoxes.

The so-called "koans" have become well known. These are enigmatic pieces of text, very often in the form of a dialogue. They constitute an insurmountable obstacle for abstracting thinking and are used to inhibit thinking in rational terms, or at least to question it.

The paradoxes, which I want to quote at the end of this lecture, are all solvable. Thus, they are no real "koans". Nevertheless they have, at least formally, a certain Zen flavor.

"Stutterers who want to speak fluently should learn to stutter well." That is the quintessence of the paradigm change in stuttering therapy, which CHARLES VAN RIPER and his companions have given rise to.

"The hard way to find the easy way out." (ANDERS LUNDBERG about stuttering therapy)

"I stopped stuttering a long time before I stopped stuttering." (JOHN C. HARRISON) This statement means that the author overcame his self-concept as stutterer much earlier than he ceased stuttering.

"Zen ... does not confuse spirituality with thinking about God while one is peeling potatoes. Zen spirituality is just to peel the potatoes." ALAN of WATT (1915-1973). This sentence does not have anything to do with stuttering therapy; however, it has very much to do with Zen.

"He was a master in arranging lucky coincidences." Especially this last quote that I received from a traveler to Asia for me is an inexhaustible source of inspiration. This is the most important question in the treatment of stuttering: What can I do as the therapist and what can the patient who stutters do in order to make normally-fluent

I tried to address some elements in this lecture. Thank you for your attention.

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