



When Do I Get to Shut the Door?

The Pseudostuttering Experiences of Two Undergraduate Students

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Abstract

There is a long history of students in communication disorders utilizing pseudostuttering to “walk in the shoes” of people who stutter. This article presents an assignment given to undergraduate students majoring in communication disorders at The College of St. Rose during the fall semester, 2005. While many of the students reported that the assignment was helpful to increase their understanding of what it is like to stutter, sections of the experiences of two students are presented. These students reported feelings of fear, anxiety, embarrassment, anger, and confusion. Overall, their experiences very closely resembled speaking experiences that many people who stutter face on a daily basis.

For the first time all semester, there was silence in the room. Twenty young women, all between the ages of twenty and twenty-nine, sat quietly and stared at the single sheet of paper in front of them, pretending to read. It was a simple assignment: stutter. The members of the undergraduate Fluency Disorders class were asked to make three phone calls. During one call, they needed to demonstrate short-segment repetitions; for another call, audible prolongations; and for their final phone call, blocks. All of these should be in the range of moderate stuttering severity. Once the phone calls were completed, the students were to go out in pairs and do the same thing again, this time in person. There were no other rules except that the students were to engage all six of their different listeners in a dialogue. They were not allowed to go into a store and ask “W-w-w-w-where are the batteries?” and run away. There needed to be at least three turns in the conversation for it to count.

“Are there any questions?”

“What do you mean by ‘moderate’ stuttering severity?”

The first author has stuttered for about 30 years, and has a Ph.D. in Communication Sciences and Disorders, and has no idea what moderate stuttering means, either. We have met people who stutter a great deal, and yet their stuttering has little to no impact on their life, and people who don’t visibly stutter at all, but are paralyzed by the thought of speaking, afraid that their secret will be found out. Some people have many moments of stuttering, but they are short and relaxed, while others have relatively few moments of stuttering, yet they are long in duration, tense, and difficult to watch.

“I want you to stutter more than a little bit but not so much that people are calling 9-1-1. I want you to stutter enough so that it is obvious that you are not a normal speaker, but you don’t have to be incredibly severe. Does anyone else have a question or comment?”

“I’m afraid that people will think that I am making fun of people who stutter...”

This is the third semester that this assignment has been given, and the third semester that question has been asked. Students have two main worries about this assignment, and that is one of them. The other is the fear that they will not be able to stutter realistically. Whether or not these are genuine fears or merely rationalizations to get out of doing this assignment, it is difficult to tell. The students are not making fun of people who stutter by doing this. Instead, hopefully, this assignment will allow them to get an understanding, even if just for a few moments, about what it is like to stutter, about what it is like to be a person who stutters. This greater understanding of what it is like to stutter may make them better therapists when working with those who stutter (and any communication disorder) in the future.

There were no more questions, and the students left, and the instructor walked up the stairs to his third-floor office, already excited about what the students were going to find out about stuttering and find out about themselves. This was an exceptional class, and many of the students were going to become incredible therapists for people who stutter. They simply got it. They understood the whole package of stuttering (behaviors, feelings, attitudes, etc.) like no other undergraduate class the first author had worked with before. This assignment was their final chance in this class to have as great an understanding of stuttering as fluent undergraduate students possibly can.

Although the students may not have known it, they were not the first speech-pathology students who have ever been asked to stutter (i.e., Ham, 1990, 1999; Hulit, 1989; Klinger, 1987; Mulder, 1961; Rami, Kalinowski, Stuart, & Rastatter, 2003). Hulit (1989) wrote that understanding the people who stutter and the nature of stuttering is “essential to success in the clinical process. Toward that end, I have required my graduate students to simulate stuttering for a short time in order to gain some insight into what the stutterer experiences during communicative failure” (p. 210).

Pseudostuttering, or voluntary stuttering, has many advantages for people who stutter (Ham, 1999; Reitzes, 2005). Reitzes included desensitization, learning to stutter more easily, and reducing overall moments of stuttering, among others, as reasons why using voluntary stuttering in the “real world” can be helpful for people who stutter. Manning (2001) noted that voluntary stuttering by the person who stutters begins to “break the link” (p. 283) between the experience of stuttering and the feeling of being out of control. Ham (1999) stated that pseudostuttering can also aid in monitoring, self-analysis, and empowerment, and is an invaluable tool to use inside the therapy room, as well.

But the use of pseudostuttering is also vital for clinicians who treat people who stutter. Sheehan (1970) stated that “normal speakers should not become therapists until they have first become stutterers. We refer, of course, to extensive and intensive experience of taking the role of the stutterer. The fluency needed by the therapist is not in speech but in understanding” (p. 282). Manning (2001) wrote that if clinicians can model calm, relaxed stuttering, the client will be more likely to develop the same attitude. The clinician can only do this if they, themselves, have practiced stuttering to the point that they can do it without emotion (Van Riper, 1973). Ham (1986) devoted an entire chapter on pseudostuttering for the clinician and the client. Pseudostuttering allows the clinician (or student-

clinician) to understand the core behaviors (repetitions, prolongations, and blocks), secondary behaviors (avoidances, loss of eye contact, etc.), and feelings and attitudes (fear, frustration, anxiety, etc.) of people who stutter. Rami et al. (2003) found that their graduate students significantly altered their perception of themselves immediately following making a phone call while using pseudostuttering. The students believed themselves to be more withdrawn, tense, avoiding, afraid, introverted, etc., after their experiences stuttering voluntarily on the telephone.

Many of the students gave wonderful descriptions of their experiences as people who stutter, if only for a moment. The experiences of two students, however, stood out from their peers. Personal narratives about stuttering have played a large role in the first author's own journey with stuttering. Listening to other people who stutter tell their stories at National Stuttering Association (NSA) meetings has an impact that is difficult to describe. The NSA is a self-help organization for people who stutter with local chapters across the United States. When people who stutter tell "their story" to other people who stutter, it is often the story of everyone in the room. Stutt-L, an internet forum for people who stutter and therapists specializing in stuttering, is also a place where people who stutter can read about their experiences, as experienced many times, by many other people. Finally, books like *Stuttering: A Life Bound Up in Words*, by Marty Jezer (1997), explain stuttering from a first-hand perspective in a way that many people who stutter can resonate with. Never before, however, had the first author had the opportunity to read a personal experience about stuttering by people who did not stutter that had that same kind of impact. Katerina (Katie) Clemenzi and Maria Cervini were both Juniors majoring in Communication Disorders at The College of St. Rose, and were enrolled in the undergraduate fluency disorders class in the Fall of 2005.

Katie got a true taste of what it is like to stutter from the very beginning of the assignment:

My first interaction as a person who stutters was something I will never forget. I was home sitting in my living room when I heard someone knocking at my front door. When I realized this was not someone I knew, I decided that this was the perfect opportunity to experience life as a person who stutters. I answered the door to find a man in his late teens or early twenties getting names and phone numbers for a raffle drawing where you can win \$1000 to use at a supermarket.

Katie: "okay, sure, yyyou just need my nname and number?"

Man: "Yes, the drawing is on December 15, right around Christmas. Great timing, huh?"

Katie: "Yeah, I did this wa-wa-wa-once before, but I didn't win."

Man: "Yeah, someone else said that. They should send us to different areas."

Katie: "Hhhere you go. Have a good day."

There was only one reaction that I was able to note, and that was that the man's eyes widening just a tad. Unfortunately, I lost eye contact after my first stutter. I could feel the heat coming off my face in that split second of my first stutter. I was so scared, self-conscious, and embarrassed that I could not look him in the eyes. The only thing that was on my mind was when do I get to shut the door? I was thinking to myself, I don't stutter, why should this bother me so much? Sweet Lord, my face is burning up. I hope he doesn't laugh at me.

I cannot get over what I was feeling and how I couldn't wait to shut the door. I also presented myself as a mild stutterer, so I cannot imagine how greatly those feelings would be intensified had I presented myself as a more severe stutterer. I am glad that my interaction was successful and I did not note any negative reactions from the man. Sure, he may have noticed, but he didn't do or say anything that made me feel uncomfortable. What made me feel uncomfortable was my fierce red face and feelings of anxiety and embarrassment. I believe this interaction was a positive experience even considering all

the scary feelings that were brought on. Aside from a little bit of facial expression, this man really didn't show that he was affected by my stuttering. He continued to talk using the same rate and intonation and never demonstrated any negative thoughts or behaviors. This is reassuring that there are people out there who do not treat you any differently as a person who stutters than they would if you were fluent.

Katie had a listener who did not appear to judge her negatively in any way because of her stuttering. Yet she had a very difficult experience. It was Katie herself who was bothered by her stuttering.

Maria Cervini quickly found out what many people who stutter already know: many communication partners have little patience for disfluencies. After her first phone call went fairly well, things began to go downhill during her second call.

I called a Chinese restaurant to order take-out and stuttered on the phone with the woman who answered. I said: "May I p-p-please order some food to be delivered?"

I stuttered throughout the conversation for at least one word per sentence while I ordered. The woman on the phone was continually finishing my sentences and interrupting me. The stuttering as a whole made me feel somewhat uncomfortable because it was taking longer for me to finish what I was saying and I normally have a relatively fast rate of speaking. Plus, I hate talking on the phone with people I do not know so that made it more difficult, too. The woman's reaction upset me. She couldn't wait a couple extra seconds for me to just finish what I had to say? I wasn't severely stuttering on every word or anything, so there was no reason to be so impatient. After a few minutes of being off the phone, my anger set in. Not real scary anger, exactly, but a mild form of rage. It was obvious that I wasn't having normal disfluencies, so why not take the extra time and let me finish rather than leaving me to feel like garbage?

Maria's third telephone call was not much easier. She called a company asking about internet service, and got passed around to many people before she could talk to the right person. Unfortunately, her listener was no better than the woman in the Chinese restaurant:

Her job was a 'customer service representative,' and from what I know, being someone who specializes in customer service usually entails treating your customers kindly. She was not exactly mean, but you could tell that she did not want to be speaking to me. I do not know whether she was just in a bad mood and did not want to talk to anyone at all or if she was just getting irritated with how long it was taking me to speak. Either way, I felt belittled by how she was speaking to me and at one point I felt bad for taking up her time, which is ridiculous because why should I feel bad for taking up her time asking relevant questions?

Overall, Maria's face-to-face experiences were much more positive than her phone calls. She did, however, have one more difficult experience. Maria went into a large hardware store looking for some paint:

I proceeded to the paint section where I was assisted by Dan. I stuttered obviously from the very beginning. "I need to find a paint mmmatch for this."

When I stuttered, Dan looked at me strangely and lost eye contact. I was uncomfortable and was obviously making Dan uncomfortable, as well. Throughout our interaction, Dan would continually lose eye contact by either looking down or away when I stuttered. I felt like I could not be angry with Dan because I made him so uncomfortable. But his being uncomfortable made me feel uncomfortable, and I do not think that is fair. I did not know how to handle a situation like this. He did not know how to

respond to my stuttering, so he looked away. But why was I more uncomfortable because of him? I left the store feeling confused.

Katie's negative experiences tended to be come from within. Her communicative partner appeared to be patient and willing to listen to her. The feeling of being different, however, released many negative emotions and Katie's only thought was to try to end the experience as quickly as possible.

Maria's emotions, however, were mainly due to her responses to her listener's reactions. It is not uncommon for people who stutter to wonder whether a person's curtness or rudeness is a reaction to their stuttering, even when the stuttering may have played no part in a listener's reactions. Maria was also able to understand and express her feelings and attitudes, even under difficult and emotional circumstances. For adults who stutter, it may take months of therapy to create this level of awareness of their reactions during moments of stuttering. Maria and the other students, however, do not have a history of years of communication failures and negative feelings. Often, people who stutter will find stuttering to be so upsetting that they emotionally separate themselves from the moment of stuttering (Heite, 2001). Perhaps because of this, some students are able to create a stuttering experience that is even stronger and more "real" than the daily experiences of people who stutter. Katie, like many people who stutter, was bothered by her (pseudo) stuttering to such an extent that she immediately lost eye contact, and began wishing that her speaking experience would end ("I couldn't wait to shut the door"). She was unable to connect with her communication partner and note his reaction, which is an experience in which many people who stutter can relate.

As Hulit (1989) noted, much of the efforts of speech-language pathologists have been to discover the differences between people who stutter and people who do not. Great clinicians, however, are able to focus on those factors that bring their clients closer to them, rather than farther away. The practice of voluntary stuttering by clinicians and clinicians-in-training may be one of the best ways to realize that we are not so different, after all.

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