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STUTTERING: THE INVISIBLE DISABILITY

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Emotional and Physical Pain

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By Kaylah 'Kami' Michelle Simmons

Tracy Wallace looked sharp that fall morning in 1992. She was dressed in a black blouse and skirt and wore her signature red lipstick. Her eyebrows, neatly threaded, finished the look. She was every bit the professional as she drove her BMW sedan to her office in Silver Spring, Maryland.

Wallace was an audiologist and had worked hard to earn a degree in speech pathology and a PhD in audiology. She balanced her career with marriage; she was married to a husband who was in the Air Force and was mother to a 1-year-old daughter (Alex Vaughn).

The car hummed in silence as she drove through the morning rush on the Washington Beltway 495 from her home in Forestville, a town in Prince George's County, a community of wealthy homeowners, middle-class government workers and poor residents who had been dispersed from Washington, D.C., because of gentrification. All was going smoothly with the commute, but all was not well deep inside Wallace.

The closer she got to her office, the more rapid her pulse beat; her heart was speeding up, beating faster and faster. Perspiration spilled from her pores, pooling in the folds of her skin. Every time she opened her mouth, she would let out a small cry.

"I was panicking," she recalled. "I was just thinking about having to answer the phone and how I was going to be blocking and getting stuck, and I knew that I had to stay patient and just talk."

Talking was not that simple for Wallace and had not been since she was 3 years old, when she was first diagnosed with the condition of stuttering.

It was during her commute to work when Wallace's hate and frustration toward stuttering made her finally hit a wall. She realized that she could not continue her life painfully living in silence. She could no longer live in fear of not being able to talk to her patients or getting "stuck" on the phone because she could not get her words out.

"Why did this happen to me?" she thought. "Why me? Why did I have to stutter? God, I don't know how to manage this anymore and none of my tricks work anymore. I don't know where to go from here or what to do, so God help me."

She arrived at her office at 8:29 a.m., just as she did every day. Time was moving slowly, and Wallace hoped she would not crash before the end of the day. She hoped to rise the next day and start again.

She met with a patient to go over test results and struggled to articulate her findings. "I was feeling stupid and dumb, and just felt like my stuttering was getting the best of me," she recalled thinking.

She excused herself, ran to her supervisor and told the supervisor she had to go home; she was not feeling well. Her eyes gushed with redness from tears as she ran down the hall to find the first empty room, where she collapsed in sobs.

"Every time I would open my mouth, I would be blocking and I would just cry," she recalled.

"That was all of the emotion I had, all of the pain I had associated with stuttering. It all came at once and I couldn't get past it."

Wallace was at a point of total despair in her life. Something had to change.

Stuttering is misunderstood and largely ignored by many in society. Moreover, it is a disability that affects one's overall health and well-being -- physiologically, socially and professionally.

Tracy Wallace is one of 3 million people who stutter in the United States and among one of 70 million people in the world who are unseen and unknown in society. Their disability isn't visible and many people who stutter learn methods to help them cope with their speech impediment. Many, like Wallace, face severe psychological issues, and some even choose death by suicide. All may be subject to bullying as both children and adults, and some face discrimination in employment and elsewhere. Stuttering comes with much loss: loss of friends; loss of family

members; loss of loved ones; loss of jobs and in some cases, loss of lives. It is one of the least understood disorders and one of the most ignored by society.

There are rarely any accommodations made for people who stutter in comparison to other disabilities, such as wheelchair ramps for the physically impaired or visual aids for people who are blind.

Still, stuttering is classified as a legal disability and protected under the Americans With Disabilities Act (ADA), a comprehensive law that protects people with disabilities. When the ADA was created in 1990, it did not initially classify stuttering as a disability. A revision in 2008 recognized stuttering as a disability to ensure that people are not discriminated against in employment, education, housing or any other area because of a disability, seen or unseen, mental or physical.

“It is easy to see someone who might be missing a limb or hearing impaired but when you look at people ... who stutter, you don’t see anything wrong with them until they start to talk,” said Evan Totty, an economist with the Social, Economic and Housing Statistics Division (SEHSD) at the U.S. Census Bureau.

Stuttering is a repetition of one word or syllable of a word, and may also involve blocking, which means knowing what to say while the brain is unable to translate it into words; the word is stuck inside and can’t get out.

The cause of stuttering is unknown, but it happens because of how a person's brain is wired and how the person processes words and language. The stuttering trait can be hereditary, as it can be passed down from one generation to the next within a family.

There are no state accommodation laws or legislation other than the ADA that protect people who stutter, and even with the ADA, those who stutter still fight against discrimination.

“We don’t talk about accommodations with stuttering in a fair way,” said Gerlach, the doctoral student. “If a person in a wheelchair needs to get onto a stage, we expect that there will be a ramp, but if a person who stutters needs more time talking, we don’t have that same expectation.”

And getting schools to provide accommodations to students who stutter can be challenging, and there are no state laws to hold schools accountable when they fail to provide support.

The American Speech-Language-Hearing Association (ASHA) reports that a third of employers say that stuttering interferes with job performance. Hope Gerlach, a speech pathology doctoral student at the University of Iowa who specializes in sociology and employment as they relate to stuttering, said that people who stutter earn around 14 percent less than fluent speakers. ASHA

does not have the specific numbers on people who stutter, are fired and who do not advance at in work because of stuttering.

Scott Yaruss, a professor of communicative sciences and disorders at Michigan State University, said that many people report discrimination, even though many cases are not taken to court.

“Research has confirmed that persons who stutter are subject to negative stereotypes, which have significantly harmed their employment and promotion opportunities,” said William D. Parry, former chair of the National Stuttering Association Advocacy Committee. “These stereotypes include the widely accepted impression that stutterers are nervous, shy, quiet, self-conscious, withdrawn, tense, anxious, fearful, reticent and guarded.”

Totty has served as an expert witness in trials involving stuttering, including the case of Aaron Hartman in his March 9, 2010, lawsuit against the National Board of Medical Examiners.

Hartman completed his residency at Stony Brook University School of Medicine in New York, in 2009. To obtain his medical state license, he was required to take a series of exams.

The first exam, in clinical skills, called for residents to work with actors who presented certain diseases or conditions. Students were assessed on how they conducted patient evaluations, completing a full examination and providing opinions and further instructions accordingly. This was a verbal section of the exam. They then had to complete a written exam to fully obtain a license.

Hartman passed the written test, which examined his proficiency in English and his examination of the “patient.” He failed the oral communication skills section of the exam because of his speech impediment, which consists of blocks and the prolonging of words. As a result, he could not begin his residency. He was allowed to retest and on his second and final try of the exam, he requested special accommodations so he would have the same advantage as students who did not stutter. Hartman asked for extended time on the oral exam and approval of a text-to-speech tool when encountering a block or delayed word.

The medical board did not approve the request. In response, Hartman filed a lawsuit to prove that there was likelihood for success if alternative methods of communication were used. Hartman's lawyer, Charles Weiner, argued that a denial of accommodations, would severely impact his life and deny him a profession in medicine.

John Tetnowski, a speech pathologist and graduate coordinator of the PhD program in applied language and speech sciences at the University of Louisiana at Lafayette, evaluated Hartman and served as an expert witness. He concluded that Hartman’s word blocks lasted for an average of two minutes.

He conducted further trials with all tools that had the potential to serve as accommodations for oral exams. He said the text-to-speech tool, which produces artificial speech for a person who can’t talk, was the best device to assist Hartman in the orals.

During the evaluation, Hartman also went through a series of speech therapies: masking; pro-long and easy-long set techniques; and task therapy. In masking, the therapist focuses on the words that the person who stutters usually fear (which he or she normally replaces by using other words). The goal of this therapy is to face the fear of these words head-on by recognizing the word as a fear and using it in real-life situations. This allows the person to accept that she or he will occasionally stutter using the word and that it's OK. Prolong and easy-long techniques draw out the stuck word by slowing down the pace at which one says it. Task therapy eliminates secondary behaviors that sometimes accompany stuttering such as eye blinking and face twitching.

The text-to-speech tool says the word when blocks occur; the user types in the word. The tool helps users get past a block. It was to be a supplement to the words and other communication symbols that were expected to be used in the exam, including nodding.

Weiner argued that the tool would not alter Hartman's skill or knowledge. In other words, it would not serve as a cheat sheet, but help him be on the same level as the other students taking the exam. The case went to federal court in Eastern Pennsylvania, and U.S. District Court Judge Louis H. Pollak ruled for Hartman, allowing accommodations for his orals.

Hartman passed his residency exams and later became chief resident of pathology at Lenox Hill Hospital in New York City. He practiced at the Fox Chase Cancer Center in Philadelphia and the

Yale New Haven Hospital in Connecticut and is now with the Carolinas Pathology Group in Charlotte, North Carolina.

Michael Kevin Latulas of Avery Island, Louisiana, was an athlete in high school and he credits team sports for his high self-esteem. But he soon lost it because of stuttering. He had dreams of going to college, but because he knew that college would require him to speak a lot, he took a job as a supervisor at Tabasco Pepper Sauce. He turned to Muay Thai, an aggressive form of martial arts, to help him regain some of his self-esteem and became a black belt. He lost a few matches for being violent and later took on body building, where he competed in regional and national competitions and eventually won the Mr. Universe title.

Stuttering made the everyday things in life a burden for Latulas. He would take his sister with him to speak at competitions because he feared he would stutter. He was also afraid of his car running out of gas because he might need to talk to someone at a gas station, and he would circle around the block before picking up his mail to avoid talking to his neighbors. Sometimes, other people who stutter order food or drinks they don't want because they can't say the words for what they really want. Some can't even answer the phone.

Having someone speak for a person who stutters adds to the disabling condition. Then there's the fear of what society thinks. Stuttering is often mocked, and those with the disability are

sometimes viewed as less intelligent and mentally impaired. The stereotype contributes to the anxiety and stress of those who stutter.

“The way we define stuttering really sets the tone for how others perceive what it is and how they do or do not stigmatize it,” said Gerlach, the doctoral student. Stuttering, she said, is not a disability but just a different way of talking, such as a regional or foreign accent. “Sometimes it feels like we are policing the way people speak. ... I’m trying to think of ways we can move forward.”

Gerlach approaches stuttering holistically, looking at everything that goes into a person’s life. She is particularly interested in employment trends among people who stutter as opposed to those who don’t stutter. Specifically, she is interested in examining how people who stutter experience more stress than others because they think about their stuttering all the time while also finding ways to conceal it. This causes enormous mental strain.

“If they can’t see it, they don’t know how to talk about it,” said Nina Ghiselli, a stand-up comedian known as Nina G, who is a person who stutters. “They don’t know what it looks like.”

Ghiselli grew up in the San Francisco Bay Area and stopped talking when she was 2 years old. Her parents took her to be evaluated when she was 7 and she was diagnosed with articulation issues that later translated into stuttering. She also had ADHD, so the Catholic school she attended gave her a disability accommodation for class tests that included only needing to

answer 5 of 10 questions. But she said her teacher was a bully and ignored the special request and failed Ghiselli.

“A lot of times people think that bullying stops once you are out of school. ... There are things that people say all of the time,” Ghiselli said.

SAY, the Stuttering Association for the Young, addresses bullying with its performing arts platform. The organization offers a summer camp, speech therapy and a creative space for young people who stutter so they may express themselves. Many of the kids encounter bullying and are excluded. But many schools have accommodations when it comes to student participation.

Lisa Scott, a research associate in the School of Communication Science and Disorders at Florida State University, works with schools to treat students who stutter. She created a strategy for teachers to help students who stutter through a speech notebook. This method requires for the student to journal about her or his experience. She said this is one way to help guide a teacher’s attitude and feelings toward stuttering, and it allows students to reflect on their thoughts, feelings and behaviors. The goal is to document daily problem-solving plans.

She also created what she calls the Worry Dial to help students cope with fears. Children write down their concerns and how they are feeling each day about their stuttering experiences. They turn the dial down if they’re worrying too much or are very afraid or can adjust it higher

when they feel all right. The goal is to use this visual tool to help child brainstorm helpful strategies to manage worry while reassuring the child that they have the capability to manage the feelings that come with stuttering. Scott hopes that the tool can be used to help change a child's negative thoughts into powerful thoughts.

Some students in both private and public schools do not have access to speech pathologists in their schools and must find services through a private practice or clinic. However, the speech therapists that are available within certain schools do not specialize in stuttering.

“School-based therapists are very under-equipped to work with people who stutter. It is not that they are delivering bad therapy. In some cases, they are being very harmful because they are telling them the wrong things,” said Heather Grossman, director of the American Institute for Stuttering, an organization that provides affordable stuttering speech therapy.

Many school districts -- even those with programs for students with speech impediments -- have their own regulations. Some rules say that unless the problem directly impacts a student's academic work, the student will not get accommodations. This means many youngsters go without much-needed speech therapy.

“There is a huge need in public schools, even though they may have speech therapists,” said Grossman.

Comedy was Ghiselli's relief. She used it as a child to mask her stuttering. Now it allows her to be her true self.

"I see the way that I do comedy, specifically on disability issues, as similar to how Chris Rock talks about race or how George Lopez talks about ethnicity," she said.

The problem with having a disability is not hers, Ghiselli said, but rather society's. Stuttering is not the problem; how people treat her is.

"I have had people tell me that I stutter because I am having the wrong kind of orgasm. Yeah, like that is really the case and I don't really want one from you if that is what you had in mind," she said jokingly.

At the age of 39, she realized how she was holding herself back and started to pursue a career in comedy. She's been doing stand up for eight years.

Stuttering is mainly hereditary and moves from generation to generation within families.

Stuttering is also a different way one's brain is designed that sometimes manifests as a disfluency and sometimes does not. Stuttering happens before the moment the word or phrase comes out.

Shelly Jo Kraft, a professor at Wayne State University in Detroit, Michigan who researches the genetic side of stuttering. She says that stuttering may potentially be connected to certain tissues in the brain. Stuttering occurs when these tissues become activated; the same tissues are not active in a person with more fluent speech. She does not know the cause of stuttering but believes that there is a connection between one's genes, brain, tongue and mouth. Kraft is doing further research to see how genetics, the brain and body all connect with one another to better understand what causes stuttering. Other scientists studying the brain are coming up with new research.

Soo-Eun Chang, assistant professor of psychiatry at the University of Michigan, is also doing research on the connection between the brain and its potential cause of stuttering. Chang's research focuses less on genetics and more on the brain.

She examines the neural bases of stuttering with an emphasis on young children who have not been stuttering for a long time. She aims to capture brain structure and function differences that may differentiate children who stutter from fluent controls and further differentiate those children who persist in stuttering versus those who recover naturally. She believes this is important when revealing differences that may underlie stuttering, rather than those associated with reactions and compensations to stuttering. However, she notes that it could later be seen more commonly in adults who have been stuttering for a while.

Kraft calls stuttering a “mysterious beast that nobody knows about.”

"We can look at the area of the brain where active dying speech is occurring," she said.

"However, we don't understand what's going on with the speech and all of these nuances.”

Gerlach said that the disfluency is not always the true measure of a stutter. She gives an example of the neurological difference: “If a person says I need to take my puppy for a walk and they say puppy because they knew that they were going to stutter on the word dog. You would have not heard a stutter there, but they still stuttered.”

Scott Palasik, an assistant professor of speech-language pathology and audiology at the University of Akron in Ohio, developed what he calls “acceptance and commitment therapy.” This therapy is a value-based model that relies on the practice of being mindful, present and willing to see all one's thoughts as they come while not placing judgment on them, which Palasik notes is hard to do.

“As humans, it is hard to not label things and judge them,” said Palasik, who stutters and who has been doing work in the area since 2009.

Acceptance and commitment therapy encourages the person who stutters to see and recognize words while also focusing on letting them go. The idea is that once a person knows who she or he is, the person can recognize her or his true values.

“These are things that you cannot buy or hang onto, but what matters to you,” said Palasik.

He practices breathing, walking, moving and yoga with his clients to focus on the entire individual and to create a different point of view when it comes to stuttering.

“It is about helping a client reframe their own thoughts. You can see the therapy as a way to live as much as a treatment, approach and therapy. ... It is teaching a person how to live every day by who they are at the core,” he said. “Looking at the whole person is really catching on and I am very pleased to see that.”

Pop culture has been cruel to people who stutter. Movies, cartoons, comedians and TV shows have depicted stuttering as a joke or stereotype. The negative portrayals not only influence young children, but also allow adults to continue bullying and discrimination.

Ryan Millager, a speech therapist at SAY, the Stuttering Association for the Young, said that pop culture stereotypes came into being due to a lack of education: people in the industry just didn't know very much about the disability. As a result, entertainment exacerbated stuttering discrimination and bullying.

Kids grew up thinking Porky Pig with “tha-tha-tha-that’s all folks” was acceptable and funny. Audiences howled at Michael Palin as the stuttering robber in the movie “A Fish Called Wanda;” Kevin Kline’s character, Otto, is mean in mocking him. There’s also stuttering Billy in the movie “One Flew Over the Cuckoo's Nest,” which won multiple Academy Awards. Hollywood purposely used stuttering as humor in “New Jack City,” “My Cousin Vinny,” “Do the Right Thing,” “The Waterboy” and other popular films.

“The images on TV and in the media of people who stutter just suck,” said Ghiselli.

Palin’s character, Ken, was viewed as stupid due to his stuttering. But the actor is a supporter of a large stuttering facility in London called the Michael Palin Centre for Stammering Children.

Palin modeled his stuttering character Ken after his father, who stuttered.

Pop culture also contributed to a more positive dialogue regarding stuttering with such movies such as “The King's Speech,” about the story of King George VI, who has a speech impediment and his challenging journey of navigating his speech within a country that needed him to communicate effectively. It is positive because it is one of the few stories depicted in pop culture that views stuttering in a positive light. There are a slew of actors who stutter, including James Earl Jones and Bruce Willis, and musician Ed Sheeran and former Vice President Joe Biden.

“I think that these can potentially be role models for people who stutter,” said Tetnowski, the speech pathologist.

“There is a lot of concern among people who stutter about discrimination,” said Yaruss. “There isn’t a tremendous amount written about it from a scientific perspective.”

Tracy Wallace was at the peak of her career and had done all the right things to advance in her profession. She earned a Bachelor of Arts degree in speech pathology from the University of Maryland College Park, and she obtained a PhD in audiology from Gallaudet University, a 99-acre college in Washington D.C. for students who are deaf or hard of hearing.

She's a commanding presence when she enters a room with her confident stride, "I know who I am" attitude and poetic way of talking. People are naturally drawn to her.

Yet during her entire life, she always felt lonely, as if she were the only person in the world dealing with stuttering. “I did not know how to get on top of it and it was weighing me down like a heavy stone,” she said.

That day in 1992 when she ran to an empty room at work, she knew things had reached a critical point and she had to do something.

“I didn’t know what the pain and drop would feel like. It was like a spiral of steps with no end to it,” she said.

She wanted to leave her job, but she also knew that she could not give up her career. She had to make money for her family and quitting work was not an option. Her husband earned enough in the Air Force, but she was not too sure if he could take on extra responsibilities. But being a mom and having a family was more important than the physical and emotional distress stuttering had caused her.

After leaving her supervisor and finding an empty office to cry, Wallace pulled out a phone book hoping to find an answer to help soothe her pain. As she searched through the thin Yellow Pages, she came across Fred Lewis, a National Stuttering Project member, and called him. He was the first person to later connect her with a support group for people who stutter.

She hurried back home, went in the shower and cried for the rest of the night. Her husband, Vaughn Wallace, comforted her and told her to do whatever she needed to heal. Wallace knew that he could not handle the cost of childcare and rent by himself, but she quit her job.

She vowed to God that she would never expose herself to others as a person who stutters and that's when she stopped speaking and decided to live as a mute. Wallace, who was fluent in sign language, used signing as her way of communication. She was a self-taught signer and later

polished her skills through sign language courses at Gallaudet. She had decided that if she could not speak fluently, she would not need to talk at all.

After emerging from her month retreat, Wallace no longer felt she was struggling alone. She soon attended her first support group meeting with the National Stuttering Project, now known as the National Stuttering Association, the largest stuttering support network for people who stutter. The group provided a space for her to laugh and cry with other people who shared her experience.

Like many, Wallace is a "covert" person who stutters. Covert people devise tricks -- such as choosing different words to say in a sentence -- to hide their speech disfluencies. Wallace compares being a covert person who stutters to someone being in the closet about her or his sexuality. Much the same as a closeted person, a covert person who stutters is living a false life.

"I wasn't living my full complete life. I was missing out on some real amazing parts of me and I felt that I would never experience the real me because I felt like I would never be open about my stuttering," Wallace recalled.

There are many techniques that a person who stutters can learn to help in everyday life. Some techniques include masking, prolonged speech and avoidance reduction therapy. Avoidance

reduction therapy is when a person who stutters opens up about her or his true self by self-advertising and telling everyone that she or he is a person who stutters. Ghiselli reveals her stuttering through stand-up comedy.

Wallace used avoidance speech therapy to help peel away all the tricks she had acquired over the years to hide her stutter and create what she said was a false fluency. She remembered the therapy as being a messy process because she had never really approached her distorted speech. During this procedure, she would tell family members and close friends to retain eye contact with her and not to finish her sentences when she encountered a word block. She would order everyone's food at a restaurant, but she would tell whoever was with her to act like she was a normal speaker. This allowed her to move through the process of dealing with a waiter's reaction to her stutter.

“Now I say what I want to say when I want to say it,” she said.

Wallace also had sound and word fears, as do many others who stutter. There was a time when she would not order chicken and would order something else that she could say more fluently. She also could not say the number five for many years. But there was no way for her to get around the number five, which appeared in her telephone number, her address and her Social Security number.

“If I were to go into the dry cleaners, they asked me for my name and they would always ask for my phone number, I would make up a number. I would say something like, 301-860-2698. ... I would go into my car and cry because my real number was 301-555-2585.”

These experiences reinforced the complete control that stuttering had over Wallace and her life, and there was nothing she could do; she was a victim of her stutter. Less than a year after realizing that she was a victim, she sought therapy.

Reduction therapy involves people who stutter working on reversing their fear of speaking over the phone or in person. It helps people know that they are not only in charge of their speech, but also in charge of their own negative or positive thoughts when others are listening to them. This therapy helped Wallace. She realized that she could not say the number five. Through many conversations with her therapist, she learned that five was associated with bad experiences and disturbing thoughts. This negative attachment to the word caused her to have anxiety and ultimately a fear of saying five. Her therapist gave her an assignment: She had to give her real phone number the next time she went to the dry cleaners.

“I don’t care if you spit on the lady, how hard you look, how nasty or crazy your face looks, say your real phone number,” the therapist said. The next time that Wallace went to the dry cleaners she did exactly what her therapist told her and fearlessly stuttered through and said what she wanted to say for the first time.

Now 23 years later, Wallace does not have the same fears and anxiety; she does not think about stuttering the way that she once did. She has gained the confidence to talk and not worry about what others are thinking or a listener's reaction to her speech. She finally is able to be who she really is and openly stutters.

"Create your world around stuttering rather than having stuttering be a small thing in your world," Gerlach said.

Therapies for stuttering have come a long way over the centuries. During the late 19th century, brutal techniques were used to "cure" stuttering, including tongue surgery where the root of the tongue was divided. The idea of this procedure was to surgically cut the muscles at the root of the tongue to interrupt the nerve supply so that the muscle twitch could be corrected. The goal of this procedure was to revert the person who stutters back to "normal" speech.

Treatment and recognition of stuttering has evolved even since the 1980s, when Ghiselli's speech therapy entailed exercises like prolonging every word in each sentence. Prolonging one's speech was a method used in the '80s to slow down the overall speech of the person who stutters.

And access to support has improved as well as the internet developed and expanded.

In 1988, Tom Scharstein had not met others who stutter and was not aware of available resources. He hopped on his desktop computer one day, searched for stuttering and eventually landed on an online chat room. This digital world was the start of his support system. The chat room also led him to the then National Stuttering Project. He then went to the next local meeting. Scharstein is now a member of NSA's board of directors and adult program chairman for the organization's 130 nationwide chapters.

“The goal of speech therapy should be to help people reduce any adverse impact on their lives associated with the stuttering,” Yaruss said.

There has also been more research regarding medications for stuttering.

“There are some medicines that can make stuttering worse and they may worsen or make it better,” said Gerald Maguire, a professor of psychiatry and neuroscience at the University of California at Riverside, and chairman of the National Stuttering Association. Maguire is an expert on medications for people who stutter and stutters himself. His brother was also a stutterer and took his own life 15 years ago.

Maguire, whose brother was a stutterer and took his own life 15 years ago, has been testing various medications that could possibly help with anxiety, depression and prevention of suicide among people who stutter. His formulas have not yet been approved by the Food and Drug Administration.

Despite the varied treatments and support groups offered for people who stutter, there are many who have considered suicide, and some have ended their lives. There is little data about suicide rates for people who stutter because statistics are not broken down by that category. However, Jane Fraser, president of the Stuttering Foundation, reports that the suicide rate is low and has remained the same over the years.

The Journal of Fluency Disorders reports that stuttering affects one's quality of life and results in anxiety and depression and possibly suicide and recommends greater collaboration between speech pathologists and psychologist to help those in need.

Palasik attempted suicide.

At the age of 18, Palasik stopped talking for six months and only used the words "yes" and "no." He thought about killing himself and attempted suicide a few times. A close friend saw the change in him and called a speech pathologist, which was her first thought rather than a suicide line. Her first initial thought, as her assumption was that stuttering was the cause of Palasik wanting to commit suicide, which is what made her think to call a speech pathologist. During this time, Palasik was in school for accounting and he changed his major to speech pathology.

“I had already set in my mind that I would be dead soon and what would it matter,” Palasik said when his friend suggested that he see a speech pathologist. But he went to one and recalled the therapist saying, “Talk to me.” His response: “about what?” The pathologist said, “About anything. I don’t care.”

Palasik said he did not say much for the first session because he was not used to talking without the listener judging him. He went back to the therapist every week for a year and a half and credits his friend for saving him.

“If those two women had not been there at that time in my life ... I would not be here at all. That is where it is so important that therapists and clients trust having a therapist, a friend or anybody who allows for a person who stutters to say anything at all because it is their time and their words and the fact that they choose to say anything is so special,” said Palasik.

There are only around 160 stuttering specialists in the United States, according to the American Institute for Stuttering. Many people who need speech pathologists and therapists can't afford them.

The Stuttering Institute is one of the nonprofits where one can go and get therapy for a fraction of the cost or even free. In the U.S., speech therapy can cost between \$200-\$250 for the initial assessment and anywhere from \$100-\$250 an hour for sessions following the assessment.

Speech therapist will also recommend books, activities and other tools that can cost an additional \$100 or more.

Children as young as 2 and adults can apply for financial assistance. Clients have the option to participate in the weekly, group or immersion program. The immersion program is an intense week where clients come in every day for the whole day and discuss and have a space to practice their stuttering. Participants are given assignments, which include them making practice phone calls.

“You don’t have to fix someone and that is not what stuttering is. It is having a person find their voice no matter what it is,” said Palasik.

And it is the acceptance to embrace oneself and not to be defeated by the disability. It took Tracy Wallace more than 20 years after the day she crumbled at work and went mute for over a month to face her fears and finally be who she truly is.

“I am confident that I am a good communicator and I know what I’m talking about,” she said. “I can be humorous. ... I can be engaging. I can sound smart and still be a person who stutters.”

SOURCE LIST:

Tracy Wallace - Works as an audiologist and is person who stutters; main character

Phone number: 202-282-0120

- Mother of Tracy Wallace (will provide contact information on next interview)
- Sister of Tracy Wallace (will provide contact information on next interview)
- Vaughn Wallace, husband of Tracy Wallace (will provide contact information on next interview)

Tom Scharstein - Sits on the board of the National Stuttering Association (NSA) and is also a person who stutters. He works with NSA chapters around the country.

Phone number: 513-265-5017

Jacqueline Rivera - Actress, member of the NSA and person who stutters, based in New York and Los Angeles, California.

Phone number: 323-997-9214

Taro Alexander - Person who stutters and is the founder and president of SAY, the Stuttering Association for the Young.

Email: taro@say.org

Tammy Flores Administrator at NSA

Vivian Sisskin - Clinical professor in the Department of Hearing and Speech Sciences at the University of Maryland. She is also a American Speech and Hearing Association Fellow and a board certified specialist in fluency disorders. She runs the Sisskin Stuttering Center.

Email: vsisskin@umd.edu

Evan Totty (economist who stutters) - evan.scott.totty@gmail.com

Hope Gerlach (doctoral student at University of Iowa) - hope-gerlach@uiowa.edu

They did an important study on employment and workforce issues.

Tricia Zebrowski – Professor at Iowa (knowledgeable on research on psychological factors).

tricia-zebrowski@uiowa.edu

Scott Yaruss - Professor at Michigan State. Research on life impact from stuttering.

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Gerald MaGuire -- MD (professor of psychiatry at UC Riverside). He is an expert on medications for people who stutter. He is a person who stutters himself and is also the chairman of the National Stuttering Association.

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Shelly Jo Kraft – Professor at Wayne State University who focuses on the genetics of stuttering.

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John Tetnowski - Legal aspects of stuttering – at Louisiana State University (not an attorney).

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The Stuttering Foundation

info@stutteringhelp.org

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Jane Fraser

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Council for Clinical Certification of the American Speech-Language-Hearing Association Action Center

Members: 800-498-2071

Non-Member: 800-638-8255

Council for Clinical Certification of the American Speech-Language-Hearing Association

Todd Philbrick, ex officio

tphilbrick@asha.org

American Institute For Stuttering

-Heather Grossman- American Institute of Stuttering (former doctoral student of John Tetnowski).

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Nora A. O'Connor LCSW
<http://www.noraconnorlcsw.com/resources/>

Daniel Hudock, Ph.D., CCC-SLP

Associate Professor

Founder / Director of the Northwest Center for Fluency Disorders (NWCDFD)

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NWCDFD Website: <http://www.northwestfluency.org> hudock@isu.edu

Professional Areas of Interests: Stuttering and other fluency-based disorders, counseling and inter-professional collaborations between mental-health professionals and speech language pathologists, Acceptance and Commitment Therapy (ACT), and the neuroscience of speech perception and production as measured via EEG.

Research Interest Include: Training and outcomes related to inter-professional collaborations between mental-health professionals and speech language pathologists; holistic stuttering therapy targeting emotional, psychological, and social impacts from communication disorders, Acceptance and Commitment Therapy (ACT), sender / receiver dynamics during communication exchanges by way of bio psycho-physiological measures (electrodermal skin conductance response, heart-rate variability, and eye-tracking), and EEG analysis of speech perception and production in fluent speakers and speakers who stutter.

Judith Kuster

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American Speech-Language-Hearing Association certified speech-language pathologist and a professor emeritus in the Department of Speech, Hearing and Rehabilitation Services, Minnesota State University, Mankato.

Dr. Rodney Gabel, Ph.D., CCC-SLP, BCS-F

Professor

Director, Northwest Ohio Stuttering Clinic

BS and MS Bowling Green State University

Ph.D. The Pennsylvania State University

Teaching interests are centered on the nature and treatment of stuttering and fluency disorders. Research interests are treatment outcomes of intensive therapy programs for stuttering and the psycho-social impact of stuttering.

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