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Toward a Sociology of Stammering

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ABSTRACT
Conversation is one of the most fundamental of all human activities. While most people take this form of interaction for granted, people who stammer often approach it with fear and trepidation. This article identifies stammering as a distinctly social event and highlights the relative neglect of the issue within the discipline of sociology. Drawing upon the work of George Mead and Erving Goffman we suggest that a distinctly sociological approach offers specific insights into stammering as an effect of social interaction. We argue that the strategies that people who stammer employ when passing and covering and the accounting practices that all individuals use in social interaction to define the difference between stammered and non-stammered speech are of sociological interest insofar as they provide valuable insights into the interaction of self and society, the tenuous distinction between ‘normal’ and ‘abnormal’, and the conceptual boundaries of disability.

KEY WORDS
passing / self / stammering / stigma / symbolic interactionism

From the sociological point of view, the most significant interplay of values in stuttering is that which arises in ‘self’ and ‘other’ interaction. The casting of analysis into this context makes stuttering a phenomenon of social definition, an emergent product of the speaker’s behavior and that of his [sic] auditors.

(Lemert, 1970: 179)
Introduction

Conversation is one of the most fundamental of all human activities. It constitutes a major element of everyday life, organizes society and is central to the formation, maintenance and dissolution of interpersonal relationships (Nofsinger, 1991). While its pervasiveness leads most people to take conversation for granted, others approach this form of interaction with trepidation. People who stammer encounter a specific set of problems when engaging in conversation with others. Stammering may be defined as ‘disorders in the rhythm of speech, in which the individual knows precisely what he[sic] wishes to say, but at the time is unable to say it because of an involuntary repetitive prolongation or cessation of a sound’ (World Health Organization, 1977: 202). Most people who stammer can speak fluently when alone, yet the very thought of conversing with others becomes a catalyst for feelings of anxiety and stress. Their lives may become structured by the fear of a condition that inhibits free and open communication with detrimental effects on social interaction and self-image. As Steven Yearley and John Brewer point out, ‘routine assessments of social skill and competence are frequently made on the basis of impressions formed in interaction’ (1989: 97). Conversation, therefore, is an important medium through which participants communicate to others that they possess a range of approved social attributes, and fluent and articulate speech is one of those attributes.

While many of the interactional implications of dysfluent speech for the individual are fairly obvious, the reasons for the relative neglect of sociological research in this area are less apparent. This is all the more mystifying given the opportunities that recent developments in recording technology have afforded, and notwithstanding that the ever-expanding literature on talk-in-interaction has opened up various avenues for investigation into stammering. The present article attempts to redress this neglect. The aim of this article is to present an overview of the social phenomenon of stammering. We argue that contemporary analyses of stammering most often theorize within a medical model, insofar as stammering is understood as a deviation from ‘normal’ patterns of speech. This conceptualization prompts the creation of an identity, ‘the stammerer’, as well as treatment strategies emphasizing individual and speech therapy and, in the case of children who stammer, individual and sometimes family therapy. We want to suggest that a distinctly sociological approach offers specific insights into stammering as a social phenomenon. We draw upon the social model of disability to argue that stammering offers insights into the normal/abnormal dualism that occupies much social theory and indeed public discourse on disability. The questions that stammering raises regarding the interaction of self and society, the normal/abnormal dualism and the conceptual boundaries of disability are central sociological concerns. As such, current debates within the stammering literature will be of interest to sociologists generally.
Contemporary Theories of Stammering

In his comprehensive review of literature, Charles Van Riper estimates the total incidence of stammering at approximately four percent of the general population and suggests that ‘its prevalence is highest in preschool years declining thereafter to an unstable value of less than one per cent’ (1982: 36). The available evidence also suggests that ordinary or idiopathic stammering (as opposed to that caused by brain damage) begins in childhood between the onset of speech and puberty (Andrews, 1983). Research concurs that gender is strongly correlated with stammering. Although the actual ratio varies from study to study, the general consensus is that males are three times as likely to stammer as females (see Andrews, 1987: xvii; Fransella, 1972: 7). Andrews (1987) also points out that this ratio increases with age because girls cease to stammer more often, and more quickly, than boys. Beyond age and gender, the presence of stammering in the family is also correlated with stammering. For example, Andrews argues that ‘being a first degree relative of a person who stammers increases the prevalence about threefold, depending on the gender of people who stammer and the gender of the relative, with male relatives of female people who stammer showing the highest risk’ (1985: 8). Empirical research does not find, however, any conclusive association between stammering and intelligence or scholastic ability. Details of other research statistics such as those relating to social class, mental retardation, brain injury, diabetes and deafness are well documented in the literature (see Andrews et al., 1983; Bloodstein, 1995; Van Riper, 1982).

Theories of stammering have traditionally fallen into three broad categories: stammering as a neurotic disorder, stammering as learned behaviour and stammering as a physiological problem (Andrews et al., 1983). The first category of theories suggests that stammering is a symptom of a repressed, neurotic, unconscious conflict (Manning, 2001). Bloodstein provides a good overview of research in this area and while the findings display a high degree of inconsistency he concludes that ‘the weight of accumulated evidence does not appear to indicate that the average stutterer is a distinctly neurotic or severely maladjusted individual’ (1995: 236). While this theoretical approach spawned a variety of essentially psychiatric forms of treatment, these have generally been abandoned by speech and language professionals (Bloodstein, 1995: 237).

The second broad aetiology is based on the assumption that stammering is the result of learned behaviour. Although this notion can be traced back to the 16th century (Manning, 2001), it was as a result of developments at the University of Iowa from the 1930s to the 1950s (Bloodstein, 1995) that learning theory began to take centre stage. At this time Wendell Johnson’s influential diagnosogenic theory became prominent. Johnson’s basic argument is that individuals ‘learn’ to stutter as a result of listeners’ reactions to their initial breaks in fluency. These negative responses to normal nonfluencies create anxiety and guilt, which in turn produce delay, avoidance, and a variety of other strategies designed to escape further unfavourable reactions (see Bloodstein, 1995: 415–7;
Manning, 2001: 70–6). Various models based on operant and classical conditioning have been formulated but these are better able to explain the development of the disorder than its origins. According to Manning, the ‘high-water mark for traditional learning theories’ was a review article by Gerald Siegal (1970), ‘which questioned their ability to explain stammering behaviour in the laboratory, never mind the real world’ (Manning, 2001: 76).

The possibility that stammering has a physiological or organic basis has also been thoroughly investigated with ‘nearly every structure of the body, whether associated with speech or not’, implicated in the search (Manning, 2001: 48). While research into neurological abnormalities and delayed auditory feedback generated considerable interest and excitement at the time, much of this has proved inconclusive. Indeed Dalton and Hardcastle conclude that ‘only for the relatively small group of severe, consistent stutterers does a mainly organic origin seem a real possibility’ (1989: 66). Although stammering may have no certain physiological basis, our interest in exploring this phenomenon as a ‘social fact’ is not dependent upon a complete eschewal of a physiological contribution to aetiology. We take on board Dickens’s (2001) proposal to keep open the possible interactions between ‘nature’ and ‘culture’.

There is, of course, considerable overlap between these theories and a growing awareness that the ‘multi-factorial and dynamic nature of stuttering’ militates against a single unifying theory (Manning, 2001: 84). As theoretical developments inevitably impact upon clinical practice, the problem for practitioners is that while ‘it is possible to find subjects to fit any theory ... no theory seems to relate successfully to even the smallest number of stutterers presenting for treatment in an unselected group’ (Dalton and Hardcastle, 1989: 62).

**Intervention Strategies for Stammering**

The complex and intermittent nature of stammering has ensured that a multiplicity of often conflicting intervention strategies can legitimately lay claim to some measure of ‘success’. As Van Riper reflects:

> It is truly unfortunate that stuttering can be temporarily ameliorated by so many different kinds of treatment, since the sporadic successes seem to generate a host of blind enthusiasts who make vast claims that eventually are disproved. Each new generation of therapists seems to have to rediscover the same old methods, alter them slightly, give them a new rationale, and then apply them to a new crop of stutterers. (1973: 1)

In terms of current intervention strategies, the main distinction drawn in the literature is between the ‘stutter more fluently’ and the ‘speak more fluently’ models (Gregory, 1979). The former approach, also referred to as stammering modification, involves monitoring and analysing speech behaviour, before proceeding to gradual modification. The person who stammers is encouraged to accept a ‘stammerer’ identity, and the emphasis is on desensitization and the
elimination of avoidance behaviours. Advocates include Charles Van Riper (1973, 1982), Oliver Bloodstein (1958, 1975) and Joseph Sheehan (1968, 1970b, 1975), the latter emphasizing that:

... the acquisition of fluency in stuttering should come about indirectly, through the reduction of avoidance, through being open, through accepting the role of a stutterer. Anything that the stutterer has to do in a special or direct way to ‘achieve fluency’ is probably wrong. (Sheehan, 1970b: 25)

Charles Van Riper’s (1982) block modification therapy is probably the most well known and widely used of the stutter more fluently approaches. It is important to point out that the primary aim is not to eliminate stammering completely (although that may well be the outcome, at least in the short-term), but rather to achieve a more fluent and controlled form of stammering and an acceptance of the individual’s own particular pattern of speech. At the core of this and other stammering modification approaches, then, lies a belief in the importance of desensitization and avoidance reduction and the necessity of accepting oneself as a person who stammers.

By contrast, those who adopt the ‘speak more fluently’ approach employ procedures designed to modify the speech pattern in an attempt to produce fluency with much less emphasis on the underlying attitudes and anxiety associated with stammering. This approach is closely associated with behaviourism and consequently the general strategy is to reinforce and reward fluent speech and discourage and punish stammering behaviours. A variety of ‘fluency-shaping’ techniques have been developed with the overall aim of establishing fluent speech in the clinic before attempting to transfer this to everyday situations. Such techniques usually involve the distortion of some aspect of speech with the assumption that this can be gradually modified to approximate ‘normal sounding speech’ (Howie and Andrews, 1983: 423) and examples include prolonged speech, precision fluency shaping, rhythmic speech and airflow techniques (for details see Bloodstein, 1995: 422–9; Gregory, 1979: 5–15; Howie and Andrews, 1985).

Although clinical intervention has traditionally followed one or other of these two pathways, in recent years a third strategy has begun to emerge. Referred to by some as the ‘cognitive restructuring’ approach (see Manning, 2001: 290–4), the main aim here is to alter the ways in which people who stammer see themselves and interpret their situation. Moreover, these three generic approaches are not mutually exclusive and Manning argues that ‘as the field of fluency disorders continues to mature, there is the possibility that clinicians are more likely to prefer a treatment approach that is eclectic’ and incorporates elements from each (2001: 278). The fact that many speech therapists already adopt a flexible approach which draws upon different treatment models coupled with the ‘substantial cultural differences affecting stammering therapy’ (Enderby and Emerson, 1995: 133) suggests that this is an area worthy of greater sociological investigation.
Stammering as Social Production

Against these mainstream theories of stammering that emphasize stammering as both an identity and a disorder, there is a strong argument to be made that stammering is a social production. This argument begins with an acknowledgement that the definition of stammering is itself problematic.

One of the major points of contention in the field of stammering research concerns the basic but ultimately crucial issue of definition. First, the boundaries between stammering and ‘normal’ or ‘fluent’ speech are far from clear cut because everyday speech does not evince perfect fluency. While it may help to look at fluency and non-fluency as the opposite ends of a single continuum (Syder, 1992), we are nevertheless faced with the problem of distinguishing between stammered speech and ‘normal’ non-fluencies. Most natural speech contains varying degrees of dysfluency and even the most fluent of speakers occasionally deviates from their own standards of proficiency. Similarly, no two people who stammer display the same set of characteristics and for each speaker there is a high degree of internal variability with speech being context dependent. In their discussion of fluency, Dalton and Hardcastle (1989: 3) emphasize the similarities between stammered speech and so-called fluent speech. They cite (1989: 3) Goldman-Eisler’s observation that spontaneous speech is ‘a highly fragmented and discontinuous activity. When even at its most fluent, two-thirds of spoken language comes in chunks of less than six words, the attributes of flow and fluency in spontaneous speech must be judged an illusion.’

Crystal points out that approximately 30 percent of average conversation consists of silence and suggests that the presence of non-fluencies such as direction changes, prolongations and repetitions in everyday conversation has led some clinicians to argue ‘that no boundary line can be drawn between stammering and normal speech’ (1980: 168). The overlap between ‘normal’ dysfluencies and stammering is particularly evident in children and is so great according to Johnson ‘as to make the “diagnosis” of stammering by the clinician impossible’ (in Fransella, 1972: 4). This overlap leads Johnson to focus on the communication situation as a whole and take account not just of the speaker but also the reactions of the listener (in Dalton and Hardcastle, 1989: 4).

While similarities between stammering and ‘normal’ speech can be identified, we also need to examine the basis on which listeners categorize speech as stammered. Martin Young outlines a number of factors which he suggests ‘influence observers’ detection and identification of stammering instances and classification of speakers as stammerers’ (1985: 27). According to Young, the categorization of speech as stammered is heavily dependent on the type, frequency and severity of the dysfluency with ‘sound, syllable and part-word repetitions, and to a lesser extent prolongations’ more likely to be classified as stammering (1985: 27). This applies whether ‘the fluency departures are spoken by people who stammer, are simulated by non-stammerers or are normal dysfluencies performed by non-stammerers’ (1985: 27). The identification of stammered speech is also influenced by pre-listening instructions. If these
instructions direct the listener’s attention to the act of stammering as opposed to the content of speech then detection is more likely.

Notwithstanding the distinct lack of agreement, both between different observers and for individual observers on repeated trials, we cannot abandon human observation as a means of identifying stammering because it is central to the phenomenon as it is presently conceptualized. Put another way, ‘the ultimate detection and measurement instrument for stammering and stammerers is a human observer, as it should be, since “stammering” and “stammerers” represent human judgements. All other tools of measurement, both acoustical and physiological, eventually must be validated against the judgements of human observers’ (Young, 1985: 28). The emphasis on the listener is evident throughout the literature and is epitomized by William Perkins’s conclusion that stammering is not a ‘thing’ in the mouth of the speaker, but rather ‘involves a judgement made by a listener about a speaker’s fluency’ (1980: 451).

Clearly, then, the application of the label ‘stammerer’ is very much dependent on listener perception. The implications of this in terms of definition are obvious, and lead Conture to abandon the search for ‘absolute’ definitions of what is or is not stammering and who is or is not a stammerer, in favour of ‘relative’ definitions (1990: 16). The central point, to our mind, is that stammering is a distinctly social event, a point that anchors our contention that sociological analyses offer valuable insights into this phenomenon. Thus although stammering is perceived as an ‘individual problem’, it is revealing that stammering tends to manifest during social interaction, and that its definition depends entirely on social perception.2

A Sociological Approach to Stammering

Stammering has, then, certainly received its share of academic attention. Thus far, however, sociologists have tended to focus on other aspects of the social world to the virtual neglect of speech ‘disorders’. There have, of course, been some notable exceptions, and Edwin Lemert is probably the most eminent sociologist to have addressed this phenomenon directly. Lemert specifically draws attention to the lack of sociological interest in the area and suggests that the relatively non-dramatic nature of stammering ‘may help explain its neglect by social scientists, as it explains the humorous light in which speech defectives are generally regarded by other members of society’ (1970: 172). Paradoxically, many of the issues that underpin interactionist sociology have direct relevance to the problem of stammering and feature prominently in some parts of the literature. In the remainder of this article we want to bring these links to the fore and illustrate the important role sociology can play in deepening our understanding of stammering.
Mead and the Social Self

The ‘self’, and its relationship to ‘society’, forms the core concept of George Herbert Mead’s theory of symbolic interaction. In Mind, Self and Society (1934), a text well traversed by sociologists, Mead argues that human beings are born into a social environment that precedes them. Through interaction with their environment, individuals are able to develop a concept of self. The self, then, is a social product that arises through interaction with others.

The notion of the self has been expanded upon and utilized by a variety of both sociological and non-sociological writers. However, little application of Mead’s insights has been made to the phenomenon of stammering. One exception is Joseph Sheehan, who argues that ‘stammering is a disorder of the social presentation of the self’ (1970b: 4). He suggests that stammering is behaviour specific to the speaker role and the listener relationship. Indeed, as the previous discussion of the problematic definition of stammering argues, many people who stammer are fluent when alone and the severity of the stammer is heavily dependent on the nature of the speech situation and the size and make-up of the audience (Dalton and Hardcastle, 1989). For Sheehan, stammering is a self-role conflict, dependent on a person who stammers’ concept of self in the particular (interaction-dependent) role of speaker and how s/he perceives the audience or ‘significant others’ (1970b: 5). Indeed, Sheehan has applied an ‘iceberg’ analogy to stammering which indicates that the major portion (represented by fear, guilt and anticipation of shame) is beneath the surface, hidden from view (1970b: 13–15). Lemert’s analysis has much in common with Sheehan’s proposition that stammering is an expression of self-role conflict, an idea which relies heavily on the writings of Mead (1934) and others such as Charles Horton Cooley (1902, 1909).

Edwin Lemert provides further support for a sociological approach to stammering. In his contribution to Sheehan’s seminal collection on stammering (1970a), Lemert observes that stammering is a cross-cultural phenomenon. Rather than provide a biological or psychological explanation, Lemert invokes a distinctly sociological notion of ‘culture’ to suggest that stammering is a direct feature of social interaction insofar as: first, stammering is a pattern of behaviour directly learned from others; second, culture exerts stress upon the individual, either through competition or conflicting demands, in such a way as to disrupt speech co-ordinations; and third, culture operates through values or themes as part of a socio-psychological process which produces stammering (1970: 175). For Lemert, analyses of social interaction are more promising than those based on traditional types of learning theory: ‘from the sociological point of view the most significant interplay of values in stammering is that which arises in “self” and “other” interaction’ (1970: 179). From this perspective, a person who stammers is viewed as an active agent capable of choosing from a range of possible alternative processes of interaction. With a view to exploring stammering as the active participation of speaker, listener and context, we turn to a central sociological theorist of such micro-interaction.
Goffman and Stigma

Erving Goffman developed Mead’s ideas to argue that human interaction is fragile and maintained through social performances. In *The Presentation of Self in Everyday Life* (1971), Goffman theorizes the self as a process and effect rather than an ‘object’ with prior ontological status. Goffman considers social facts to be the accomplishment of the members of any group. As such, symbolic interactionism is most interested in the accounting practices people use to establish and maintain social facts. These accounts both inform, and are informed by, social interaction, and much of Goffman’s work provides a careful analysis of how individuals socially interact. The salient feature of Goffman’s work is the turn away from a concept of the self as the nexus of a priori characteristics that precede psychology’s ability to render individual level ‘types’ and ‘personality’, as well as the differentiation between ‘normal’ and ‘abnormal’.

In *Stigma* (1968), Goffman refers only briefly to stammering. Nevertheless, this work offers specific insights into the distinctly social condition of stammering absent from, or minimized by, those analyses that focus on stammering as an ‘individual disorder’. In his deliberation on stigma and social identity, Goffman makes the important distinction between ‘virtual’ and ‘actual’ social identity. An encounter with a stranger usually proceeds based on various assumptions made of the stranger’s appearance, and these imputed characteristics can be regarded as their ‘virtual social identity’. On the other hand, ‘actual social identity’ refers to the attributes and characteristics a person actually does possess. Stigma constitutes ‘a special discrepancy between virtual and actual social identity … a special kind of relationship between attribute and stereotype’ (Goffman, 1968: 12–14). This distinction is particularly relevant to stammering. Before they speak, or at least before they stammer, and in the absence of any evidence to the contrary, we assume that people are ‘normal’ speakers. For people who stammer, however, there is a discrepancy between this assumption and their actual situation. Thus stammering may be stigma-generating in social contexts. Because many people identified as ‘stammerers’ do not stammer when alone, stammering provides an example par excellence of the social nature of stigma.3

Goffman distinguishes between two types of stigma. ‘Discredited’ stigma refers to types of stigma that are immediately obvious or are already known, as opposed to ‘discreditable’ stigma which refers to characteristics that would produce stigma, but are not known during the social interaction (1968: 14).4 Discredited individuals often build up a repertoire of coping behaviours and strategies which are then employed methodically in some sort of hierarchical order. This specific sequence may reflect the order in which the behaviours were acquired or the behaviours may be ranked according to their social visibility (Van Riper, 1982: 113). The following example from Blumel illustrates the range of tactics that may be utilized even to respond to a simple question:

When asked a direct question such as his age, the young man sniffs loudly several times through his nose, then sucks in his cheeks and exhausts the breath from his
lungs. Meanwhile his face becomes suffused. He opens his mouth whereupon the jaw and facial muscles engage in violent ‘spasm’. His head pulls over to the left; and the entire body, especially the left side of the body, becomes rigid. Finally, after violent and prolonged effort, the patient suddenly speaks rapidly and fluently almost on exhausted breath. (in Van Riper, 1982: 113)

Although this assortment of behaviours may appear entirely random and arbitrary, they do in fact form a highly organized and consistently recurring pattern. This is not to say that an individual stammers in the same way on all words or sounds, but rather that each person acquires her or his own set of behaviours (Van Riper, 1982: 114).

The literature is also replete with examples of avoidance strategies as an important micro-process of the overall discrediting process. David Compton’s childhood recollections provide an example:

Outside the sheltered school environment, of course, life was very troublesome. Bus conductors, librarians, shop assistants, telephones,5 these posed all the usual threats and mostly I avoided them. I never asked the way (I still don’t), I didn’t go into cafés, I got someone to buy my model aeroplane kits for me, I didn’t talk to any strangers I didn’t absolutely have to. (1993: 116)

Thus, in contrast to the discredited, the issue for the discreditable is:

… not that of managing tension generated during social contacts but rather that of managing information about [her/his] failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where. (Goffman, 1968: 57)

This is a dilemma that people who stammer must manage during all social interaction. There are many social incentives to cover up or deny the reality of their speech pattern: what Goffman refers to as ‘passing’. The experience of Michael Sugarman, the Executive Director of the National Stammering Project provides a typical account of the practice of passing:

I learned how to disguise my stammering, to hide it in various ways, or to avoid talking in many everyday situations. I became an expert at avoiding verbal interactions. In a restaurant I would point to what I wanted on a menu. I used my fingers to indicate how many tickets I wanted for a concert or a play. I substituted words that were easier to say. I gave short answers to questions by either saying ‘yes’ or ‘no’. I didn’t speak unless it was absolutely necessary. I avoided people because they reminded me that I was unable to communicate verbally without stammering. I developed a number of tricks to enable myself to be fluent when I spoke. (1980: 149)

Within the stammering community, passing is an extremely widespread activity and as Goffman suggests, ‘because of the great rewards in being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent’ (1968: 95). For the stigmatized it is an important stage in the process of learning to socialize, and may be regarded as a viable coping mechanism.6 Stigma management is not restricted to public encounters, how-
ever, and indeed ‘the individual’s intimates can become just the persons from whom [she/he is most concerned with concealing something shameful’ (Goffman, 1968: 71). While it is unlikely that close friends or family will be unaware of a particular individual’s speech pattern, others who could not be described as ‘strangers’ (for example, acquaintances or work colleagues) will be. It is in the presence of these people that ‘passing’ becomes a priority.

However, the social practice of passing courts a variety of dangers. The lengths to which a person who stammers will go in an attempt to conceal the stammering have already been touched upon and are well documented in the literature. However, they may be partly a result of what Goffman terms ‘in-deeperism’, the ‘pressure to elaborate a lie further and further to prevent a given disclosure’ (1968: 105). Moreover, the pressure to maintain a non-stammering performance may create the impression of even greater inadequacies. Although feigning forgetfulness is a common and generally successful avoidance strategy, more damaging inferences may be drawn if inappropriately employed. Similarly, school children who plead ignorance or even deliberately proffer an incorrect answer in order to avoid exposure may be jeopardizing their academic reputations. That the ‘cure’ may sometimes be worse than the ‘disease’ is clearly illustrated by Dalton and Hardcastle’s reference to those who:

... gave up argument altogether, agreeing with another speaker rather than get involved in complicated disagreement [and others who] spoke of saying the opposite of what they felt, because it happened to be easier, or producing speech full of contradictions, as they floundered through avoidances. (1989: 111)

It appears, therefore, that one of the difficulties for people who stammer is that many of the practices associated with attempting to pass as a ‘fluent’ speaker may have their own stigmatizing implications. While the stammer may (or may not) remain concealed during this process, listeners nevertheless interpret the speaker’s strategy within their own frame of reference, according to their own stock of common sense knowledge (Schutz, 1962). Through the use of accounting practices, the properties of people who stammer achieve their factual status. Rather than someone attempting to manage a potential stammer they become ‘nervous’, ‘shy’, ‘quiet’, ‘reticent’, and so on. In other words, listeners interpret the behaviours exhibited by people who stammer according to their common sense knowledge of stammering and its relationship to ‘normal’ speech. Through a process of typification or stereotyping, listeners read something more into the behaviour of people who stammer than the surface appearances convey. As John Heritage explains:

A major consequence of this process of typification is that every experience of the actor occurs within ‘a horizon of familiarity and pre-acquaintanceship’, ([Schutz], 1962: 7) which is furnished through a presently unquestioned (though Schutz insists, always questionable) stock of knowledge at hand. Even the utterly novel and unfamiliar is grasped as such against this pre-established background of normality and typicality. (1984: 51)
In this way, then, listeners construct an image of people who stammer which becomes for them a matter of ‘fact’. So situation avoidance becomes an indication of poor social skills, word substitution, a confirmation of guardedness or reticence and a tendency to keep responses short provides evidence of shyness or introversion.

Many of the most socially disruptive aspects of stammering derive directly from the tension and anxiety associated with the desire to pass as a ‘normal’ speaker. The maintenance of a fluent image requires an enormous amount of effort and creativity, as some of the previously cited examples suggest. One possible solution is to deliberately move from a discreditable to a discredited position through voluntary disclosure, thereby removing the necessity to engage in information management. In relation to stammering this approach has met with much success and, as the previous discussion indicates, has become one of the key resources in the therapeutic repertoire of many speech therapists. Those who voluntarily disclose their stigma and deliberately become discredited may still be faced with ‘tension management’ issues. In other words, although the stigma is out in the open there is still a desire to make it less noticeable, especially to the extent that it interferes with ‘normal’ social interaction. Goffman refers to this process as ‘covering’ and observes that many of the techniques used in passing are also employed here (1968: 125–6). His suggestion that ‘anything which interferes directly with the etiquette and mechanics of communication obstructs itself constantly into the interaction and is difficult to dis-attend genuinely’ gives an indication of the dilemma faced by people who stammer (1968: 127). By refusing to conceal their impediment they risk raising its profile to such an extent that it impedes expected communication. On the other hand, any attempt to minimize its obtrusiveness may create an increasing cycle of tension and further avoidance of the sort that voluntary stammering is designed to eliminate.

According to Goffman, the central feature of the stigmatized individual’s situation is lack of ‘acceptance’, to the extent that ‘those who have dealings with him [sic] fail to accord him [sic] the same respect and regard which the un-contaminated aspects of his [sic] social identity have led [her]/him to anticipate receiving’ (1968: 19). The stigmatized may respond to this situation in a variety of ways. One is to seek help (professional or otherwise) in order to overcome their ‘problem’. This is clearly a popular alternative among people who stammer as the demand for speech therapy, hypnosis and a variety of other ‘fluency-inducers’ confirms. However, as Goffman points out, ‘whether a practical technique or a fraud is involved, the quest, often secret, that results provides a special indication of the extremes to which the stigmatized can be willing to go, and hence the painfulness of the situation that leads them to these extremes’ (1968: 20). Another approach may be to tackle the problem indirectly by attempting to master skills or activities that would normally be considered out of bounds. To Goffman’s lame swimmer and blind mountain climber we might add the ‘stammerer’ who becomes a public speaker or joins a debating society. These individuals, we would suggest, are exceptions to the rule. For most people who stammer,
the choice of occupation is often determined by the degree of verbal communication required (Silverman and Paynter, 1990: 87).

However, the very nature of social intercourse means that it is not just the stigmatized who find ‘mixed contact’ problematic; ‘normals’ also make arrangements in order to avoid such situations (Goffman, 1968: 23). This, of course, is not always possible, and it is scenes of unavoidable contact between ‘normals’ and ‘stigmatized’ that bring sociological analyses to the fore. As Goffman notes:

... when normal and stigmatised do in fact enter one another’s presence, especially when they there attempt to sustain a joint conversational encounter, there occurs one of the primal scenes in sociology, for in many cases, these moments will be ones when the causes and effects of stigma must be directly confronted on both sides. (1968: 24)

These situations, then, are inevitably problematic, particularly for the stigmatized who is unsure what accounting practices ‘normals’ are employing during, and after, the social interaction. This insecurity emerges as a strong finding in the stammering literature and many speech therapists confront this problem head on, for example by getting their ‘clients’ to carry out a mini-survey on people’s attitudes to stammering. This exercise is designed to alleviate fears and provide a realistic impression of what the ‘person-in-the-street’ feels about people who stammer.

There are two categories of people for whom stigma plays a less pivotal role in social interaction; ‘the own’ and ‘the wise’, to use Goffman’s (1968: 31) terminology. The first category consists of those who share the particular stigma, in this case fellow-stammerers. The second category of sympathetic others, ‘the wise’, are ‘normals’ whose ‘special situation has made them intimately privy to the secret life of the stigmatised individual, and who find themselves accorded a measure of acceptance, a measure of courtesy membership of the clan’ (Goffman, 1968: 41). The best examples of this in relation to stammering are speech therapists and the families of people who stammer. Because of their particular relationship with the stigmatized, ‘the wise’ are able to see things from the person who stammers’ point of view (albeit with restricted vision) and often have a unique insight into the particularities of the social production of stammering. The perceptions and experiences of ‘the wise’ represent another informative resource for sociological researchers interested in the social production of stigma that remains, as yet, under-researched. However, although the ‘wise’ may be sympathetic, supportive and, in the case of speech therapists, may even know more about stammering (in an academic or professional sense) than the people who stammer themselves, they can never be fully aware of the day-to-day implications of dysfluent speech. Speech therapy students, for example, who are sometimes required to simulate stammering as part of their training, may gain an important insight into the problem and experience at first hand the various reactions to it. However, as Lloyd Hulit acutely observes, this kind of simulation has serious limitations:
Students who submit themselves to the assignment of simulating stammering experience, to some degree, the physical and emotional reactions the stammerer endures every day, but these students know that when they wake up the next day they will be normal speakers. For the stammerer, the communicative failures continue, and the normal speaker pretending to stammer should not be deceived about what this means. Just as the black [sic] never accepts bigotry and discrimination in their obvious and subtle forms, the stammerer never adjusts to the physical discomfort and the emotional pain that mark his [sic] disorder. (1989: 214)

Moreover, the presence of the ‘wise’ raises further problems for those attempting to pass, given their familiarity with the various ploys and ‘tricks of the trade’ which people who stammer adopt to avoid dysfluency.

Concluding Remarks

Perfect fluency is something against which everyone falls short at least periodically. Using a sociological analysis, we see that stammering, as a social fact, is dependent upon the accounting practices of individuals in social interaction. For Goffman, the incisive sociological consideration is that the impressions received from everyday performances are subject to disruption. For symbolic interactionists, the question is not how to distinguish ‘real’ from ‘false’ impressions, but to discern those impressionistic mechanisms that claim people’s sense of reality. As Goffman observes:

Stigma management is a general feature of society, a process occurring whenever there are identity norms. The same features are involved whether a major difference is at question, of the kind traditionally defined as stigmatic, or a picayune differentness, of which the shamed person is ashamed to be ashamed. One can therefore suspect that the role of normal and the role of stigmatized are parts of the same complex, cuts from the same standard cloth. (1968: 155)

Lloyd Hulit’s (1989) study of speech therapy students who were required to simulate stammering found that the students experienced the entire range of negative emotions commonly experienced by people who stammer. Many of the students felt ‘emotionally drained’ at the end of the simulation and found themselves spontaneously manifesting the reactions and employing the devices that are found among people who stammer.

Thus, the strategies that the stigmatized employ when passing and covering, and the accounting practices that all individuals use in social interaction to define the difference between stammered and non-stammered speech are of sociological interest insofar as they provide valuable insights into the interaction of self and society, the tenuous distinction between ‘normal’ and ‘abnormal’, and the conceptual boundaries of disability. Indeed, further analyses of stammering using the social model of disability will only emphasize that the definitional boundary between fluent and dysfluent speech is indeed tenuous and permeable. As Goffman notes, stammering is a matter of degree rather than
kind. For this reason, the accounting practices that individuals use to manage social interactions that involve degrees of stammering are crucial to sociological analysis. For instance, references to people who stammer as emotionally insecure, neurotic, over-intelligent, suffering from ‘nerves’, gifted, and, as people who think faster than they talk or vice versa, are indicative of common accounting practices (see Dalton and Hardcastle, 1989: 71–8) and lend support to Goffman’s assertion that:

... we construct a stigma theory, an ideology to explain his [sic] inferiority and account for the danger he [sic] represents [and] tend to impute a wide range of imperfections on the basis of the original one, and at the same time to impute some desirable but undesired attributes, often of a supernatural cast, such as ‘sixth sense’ or ‘understanding’. (1968: 15–16)

It is accounting practices such as these that are of particular interest to sociology because they provide examples of the micro-processes through which individuals create and maintain the differentiation between ‘normal’ and ‘stigmatized’.

Moreover, stammering provides a particularly keen example of an aspect of social interaction that is considered fundamental, taken for granted and thus occluding the need for critical analysis. The unique insight that ethnomethodological and symbolic interactionist perspectives provide makes this an ideal starting point for research into stammering.

Notes

1 There is no definitional distinction between the terms ‘stammer’ and ‘stutter’ and they are often used interchangeably. While the term ‘stutter’ predominates in the American literature, ‘stammer’ is used most frequently in British English language publications (Enderby and Emerson, 1995: 130; Manning, 2001: 38).

2 Some researchers argue that a minority of people who stammer in public also stammer when alone. However, this finding is based on tape recordings of individuals when alone, and we would argue that the presence of the tape recorder effects a social interaction. At the same time, it is difficult to assure the validity of self-reported absence of stammering in private. Our central argument is that stammering is a distinctly social event, the nature of which is negotiated by the complexities of the interaction order (Goffman, 1982).

3 This parallels the major argument of the social theory of disability, that people are only disabled when in the context of social interaction.

4 The situation is aggravated even further by the intermittent nature of stammering, a feature which makes Goffman’s distinction between discredited and discreditable all the more relevant. Whether one is discredited or discreditable is directly related to the degree of ‘visibility’ or ‘perceptibility’ of the particular stigma (1968: 64–8). For most people who stammer, the ‘visibility’ of their stammering fluctuates in response to a variety of factors such as audience size and status, context of interaction and mood. Moreover, the ‘decoding capacity’
of the audience also has a significant influence on the degree of visibility of a particular stigma.

5 While there has been some interesting work on the relationship between stammering and telephone interaction in recent years (James et al., 1999; Leith and Timmons, 1983; Ryan et al., 1998), the rapid growth of mobile phone communication (both verbal and textual) over the last decade suggests that further research in this area may yield substantial sociological dividends.

6 Interestingly, the practice of passing is in direct contravention of most professional advice. Resonant of discourse employed by well-known support groups such as Alcoholics Anonymous, the majority of speech therapists strongly believe that a person who stammers must acknowledge and accept stammering behaviour as a starting point for change. Many urge their clients to stammer openly and some even ‘voluntarily’ (Fraser, 1978; Sheehan, 1968, 1970b, 1975; Van Riper, 1973).

7 Various studies have shown that stammering elicits a wide range of negative stereotypical attitudes, even though empirical research seems to contradict such assumptions (Bloodstein, 1995; Hulit, 1989; Van Riper, 1982). Among the negative characteristics attributed to people who stammer are quietness, shyness, mediocrity, self-consciousness, passivity, unpleasantness, nervousness, introversion, anxiousness, reticence, unfriendliness and tension (see, for example, Dorsey and Guenther, 2000; Snyder, 2001).

8 These common experiences make possible the emergence of support and/or pressure groups and the growing success of various national and international organizations (including the National Stammering Project in the United States, the British Stammerering Association, and the European League of Stammerers Associations) seems to directly contradict Lemer’s claim that ‘stammerers … do not form groups of their own’ (1970: 181).

References


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