The experience of individuals who stutter who have attended the Dublin Adult Stuttering Course.

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Thanks to Maria, Amy and Rebecca, and all of my colleagues and friends for their support and advice over the past two years.

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Most importantly to my Parents, thank you for believing in me, for your constant love, support, and encouragement. Without you, this achievement would not be possible. Thank you for everything you have done for me.
AUTHOR’S DECLARATION:

I hereby declare that this project is entirely my own work, in my own words, and that all sources used in researching it are fully acknowledged and all quotations properly identified. It has not been submitted, in whole or in part, by me or another person, for the purpose of obtaining any other credit / grade. I understand the ethical implications of my research, and this work meets the requirements of the Education and Health Sciences Research Ethics Committee.

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ABSTRACT:

Background and Aim: When an individual who stutters struggles to speak, the consequences of the disorder are clearly revealed. Stuttering is a communicative disorder that presents itself as an interruption to the forward flow of speech. Sheehan (1956) suggested that the stuttering behaviour is the result of a conflict between opposed urges to speak and hold back from speaking. This ‘holding back’ from speaking consequently results in learned avoidances such as; avoidance of communicative situations, avoidance of communicative interactions or avoidance of certain words or sounds. Sheehan hypothesized that a significant reduction in avoidance behaviours, will resolve conflict and thus reduce the stuttering behaviour. This signifies that one of the main goals of treatment would be the elimination of all tendencies to avoid. The purpose of this study, therefore, is an exploration of the experience of individuals-who stutter-and who have attended a specific treatment course for adults; the Dublin Adult Stuttering course (DAS). This therapy course is designed to gradually reduce avoidance and increase acceptance of being a person who stutters. Of particular interest were perceived changes resulting from attending the DAS course. It is hoped that this study will provide a better understanding of the nature of stuttering, how it changes and which elements of therapy are deemed to be useful.

Method: Four individuals who attended the course no more than 7 years ago were individually interviewed and their responses transcribed. A phenomenological methodology was applied. Inductive thematic analysis of the four semi-structured interviews was conducted.

Results: Analysis of the data generated 6 main themes(1) Awareness(2) Avoidance(3) Feelings(4) Experience of the course(5) Outcomes of the course

Discussion: A comprehensive treatment approach was employed by the DAS course. This addressed underlying aspects of the disorder in addition to rather than instead of increased fluency. Participants regarded this approach as the most beneficial aspect of the therapy course. Additionally, following therapy, there was little or no indication of the negative emotions that accompanied the participant’s experiences before the course.

Keywords: Stuttering, Therapy, Dublin Adult Stuttering Course, Experiences, Phenomenology, Thematic Analysis.
INTRODUCTION:

Nature of Stuttering:

Stuttering is a disorder of communication that has been studied from many different perspectives over the years (Corcoran & Stewart, 1998; Blood, Blood, Tellis & Gabel, 2003; Weber-Fox, Spencer, Sruill & Smith, 2001; Hayhow, Cray & Enderby, 2002; Daniels & Gabel, 2004). A number of researchers agree that stuttering is a multi-factorial disorder that affects the individual in a variety of ways resulting in adults who stutter bringing a lifetime of communicative experiences to the therapeutic environment (Crichton-Smith, 2002).

To an observer the most obvious presentation of the disorder is disruptions to the flow of speech for example repetitions, prolongations, or blockages (Bloodstein & Berstein Ratner, 2008). However to the individual, who stutters, the effects of the disorder go much deeper than that and the division between surface behaviours seen by an observer and life experiences of those who live with the disorder is reflected in the countless theories about stuttering (Bloodstein, 1993).

Much of the clinical research on stuttering has quantitatively focused on the more observable and overt aspects of the disorder, determining severity, predicting chronicity and attempting to improve fluency. Research on therapeutic experience and outcomes from a qualitative perspective is limited. As Stewart (1996) stated not only is the clients own experience of stammering of upmost importance but it is also suggested that it may have therapeutic value in understanding individual differences in the maintenance of fluency.

Sheenan (1956) suggested that stuttering is a consequence of a conflict a speaker experiences between opposed urges to speak and hold back from speaking. This ‘holding back’ can result in learned avoidance behaviours of communicative situations or interactions as well as words and sounds. Sheenan went onto suggest that the primary and secondary symptoms of stuttering, the observable characteristics and the more psychological aspects-respectively, may be accounted for by these learned avoidance behaviours. Therefore, from the standpoint of therapy as well as systematic theory it is important to reduce the stutterer’s avoidance behaviours (Sheenan, 1956). Considering this multi-dimensional nature of stuttering it is important that future research focus on the experiences of those who live with a fluency disorder as well as their experience of therapy and use this information to improve treatment programs, monitor therapeutic outcomes.
and ultimately improve quality of life for these individuals. Consequently, research should place an equal, if not more, of an emphasis on the covert, or less observable, features of the disorder (Sheehan, 1956).

The purpose of this study, therefore, is an exploration of the experience of individuals-who stutter-who have attended a specific therapy course for adults using a phenomenological based methodology. The therapy was designed for people who stutter to gradually increase acceptance of stuttering and reduce avoidance. A reduction in avoidance should lead to a reduction in stuttering and a reduction in negative reactions and perceptions. It is hoped that this study will provide a better understanding of the nature of stuttering, how it changes and which elements of therapy are deemed useful.

*The role of quality of life and the ICF in relation to stuttering:*

Quality of life is a dynamic and multi-dimensional concept that is broad enough to account for several features of the speaker’s experiences of living with a stuttering disorder (Yaruss, 2010). Quality of life encompasses four dimensions: physical functioning, social functioning, role functioning, and mental health (Franic & Bothe, 2008). Although quality of life is a concept that is not routinely assessed in treatment outcomes research, a compelling case can be made for the inclusion of a quality of life measure in a comprehensive test battery (Yaruss, 2010). Franic and Bothe (2008) have also identified the need for a health-related quality of life measure that is specific to stuttering. The very nature of stuttering has made the assessment of treatment outcomes a challenging undertaking. Yaruss (1998) & Yaruss (2007) suggested that the ICF provides an ideal framework for evaluating the experiences of people who stutter, for it describes all of the relevant components typically included in the speaker’s “complaints” about stuttering. Using the ICF forms a useful foundation for research that attempts to describe the broad consequences of stuttering (e.g., reduced quality of life) that may be experienced by people who stutter and may, ultimately, be addressed in treatment (Yaruss, 2010).

*The influence of Quantitative and Qualitative research on stuttering:*

In the past researchers primarily focused on causal explanations and specific characteristics of the speech mechanism (Daniels, Gabel & Hughes, 2012). Although this adherence to systematic methodology has allowed the discipline of speech and language therapy to
progress significantly, Quesal (1989) and Corcoran and Stewart (1998) encouraged researchers to look beyond physiological characteristics and include the social experiences of people who have a communication disorder into their research.

Experimental designs—while based upon a powerful research paradigm—are not always sufficient to account for the complexity of human communication (Daminco 1993 cited in Tetnowski & Daminco 2001). Experimental research is designed to control certain variables however, according to Tetnowski & Daminco (2001) in establishing such control the complexity and dynamism of an authentic communicative context is often lost. For example, there have been examples where the findings of specific quantitative studies have been difficult to replicate. Specifically, research involving speech rates (Kelly & Conture, 1992) and response time latency (Yaruss & Conture, 1995) yielded different results. Analysis of these studies suggests that the problem might not lie with the way the research was implemented but the underlying concept of the design itself (Yairi et al 1993; Zebrowski, 1995). Consequently, the literature supports a multidimensional approach to stuttering that would require an expansion of research beyond the experimental paradigm (Tetnowski & Daminco, 2001). Suggesting an alternative research paradigm that may be employed to provide different kinds of data specifically, an application of qualitative research methodologies can assist in advancing our knowledge of stuttering (Tetnowski & Daminco, 2001).

A critical review of overt measures in stuttering research:
In the past therapeutic efficacy has typically been measured by the reduction in overtly observable and countable events of stuttering such as repetitions and prolongations (Guntupalli, Kalinowski, Saltuklarogly, 2006). Bloodstein (1995) reviewed 162 studies investigating the efficacy of therapeutic interventions in stuttering. Surprisingly, he found that approximately 95% of these 162 studies found significant reductions in the demarcated overt or peripheral stuttering behaviours (Guntupalli et al 2006). The high levels of fluency generated appear to reflect transitory inhibitory fluency stages generated by the therapeutic intervention (Guntupalli et al 2006). In direct contrast to the aforementioned high success rates, Craig & Hancock (1995) reported relapse rates of over 70% following therapy, which concurs with the findings of many other studies (Craig & Calver, 1991; Craig, 1998). Using a self-report method, Yaruss et al (2002) showed that approximately 60% of
people that underwent numerous treatment methods could not maintain their fluency after the treatment regardless of the treatment approach. In addition, 52% of the participants stated that they were unable to achieve the same fluency in real life situations. In another survey study Hayhow, Cray & Enderby (2002) found that no single therapeutic technique could be singled out as being particularly beneficial, and that only 24% of respondents found techniques such as prolonged speech effective. O’ Brian et al (2003), collected objective and self-report data from adults who stuttered that had completed a prolonged speech therapy program. The participants provided subjective ratings of the various parameters related to fluency before and after therapy. They did this on a nine-point scale with the lower end representing positive ratings and the higher end representing negative ratings. Results showed that 80% of participants rated 4 or above regarding their discomfort and 50% rated 5 or above regarding difficulties in using employed speech outside of the clinic (Guntupalli et al 2006). These results clearly indicate that the participants lacked a sense of comfort and ease when using prolonged speech in social situations. Using a qualitative method Stewart & Richardson (2004) investigated the effects of therapy and concern was raised that therapy had not helped in transferring skills from clinic to everyday situations. Their results highlight the significance in involving clients in the evaluation process and suggest that the gold standard for effectiveness should be one in which the client perceives the outcome as being effective and of value (Guntupalli et al 2006). Finn (2003) points out that evaluation of treatment change, based on assessment of objective criteria, do not assure a clinically significant change and further argues that the evidence-based guidelines require the evaluation of the values and concerns of the client. Many continue to think that we only need change the techniques but fail to understand that the measurement tools may also have failed providing a falsely inflated picture of success. To discover this we simply need to ask those who stutter and were receiving therapy to tell us about the techniques (Guntupalli et al 2006).

The evaluation of qualitative research in stuttering:
Corcoran & Stewart (1998) were among the first researchers to step away from the quantitative research paradigm that was heavily focused on observable behaviours and overt measures of stuttering, to a more qualitative research paradigm. They did this by using self-reports of individuals who stuttered and their experiences of living with a
stuttering disorder. Despite lacking sufficient details around the method of data analysis employed, Corcoran & Stewart (1998) found suffering to be the primary theme emerging for individuals who stuttered. This seemed to be rooted in their experience of being blocked and obstructed in their attempts to speak, resulting in helplessness, shame and fear, thus leading to avoidance strategies. Although results of this study could not be generalized due to the small sample size, it was consistent with guidelines for qualitative research (Patton & Westby, 1992) and paved the way for qualitative research in stuttering. A study by Crichton-Smith (2002) concurred with the findings of the aforementioned study however; they found that individuals experienced varying amounts of these elements at different stages of their lives. For some, suffering was acute in childhood but had dissipated gradually over time, whereas suffering was still a key part of their lived experience for others.

Using a retrospective analysis Hugh-Jones & Smith (1999) found that 83% of respondents remembered being bullied leading to short and long-term consequences particularly on self-esteem and social relationships. However, the sample size and open-ended responses by the participants restricted the extent to which specific effects could be examined in detail. Additionally, the participants were being asked to recall experiences as far back as 30 years perhaps affecting the accuracy of the findings.

Although the results of Klompass & Ross’s (2004) study could not be generalized to the broader population of adults who stutter, due to the non-probability convenience sampling techniques, it generated rich descriptions of the personal meaning attached to stuttering and how it affected the real world. A population cohort design by Craig, Blumgart & Tran (2009) provided additional conclusions that stuttering negatively impacts on social functioning, emotional functioning and mental health status.

Tetnowski and Damico (2001) demonstrated the advantages of qualitative methodologies in research into stammering. However, the value of a qualitative approach applied to evaluating therapeutic effect from a client’s perspective was not included in their list. Prior attempts to document treatment outcomes in stuttering have focused primarily on the overt stuttering behaviours themselves (i.e., interruptions in speech). Despite the difficulty in measuring the intrinsic aspects of speaker’s experience of stuttering, Yaruss (2001) suggested the need to evaluate changes in a speakers overall communication experiences following treatment by using measures that would assess speaker’s reaction to stuttering,
treatment, functional communication, and quality of life and stuttering. The goal of these measures being to collate information not readily available from existing stuttering measurement instruments, which tend to focus primarily on the stuttering impairment, as opposed to the philosophical perspective of individuals. Yaruss & Quesal (2006) developed an instrument *The Overall Assessment of the Speakers Experience of Stuttering (OASES)*, as a foundation for the development of a comprehensive measurement instrument that can be used both in daily treatment and in outcomes research. Yaruss (2001) implied that significant disagreement is likely about the application of such instruments for different treatment approaches and perhaps further disagreement about interpretation of results. Others have stated that they are not entirely convinced of the importance or measurability of emotional and cognitive aspects of the disorder (Ingham, 2003). Regardless, the literature contains numerous studies documenting reductions in stuttering that speakers can achieve when using various methods of controlling fluency but significantly fewer studies documenting changes speakers achieve in other, less-observable aspects of the disorder. If clinicians and researchers wish to adhere to the principles of evidence-based practice when selecting broad-based treatment approaches, then more comprehensive documentation of such changes is clearly needed (Yaruss & Quesal, 2006).

**Conclusion:**

It is clear that continued research is needed to establish valid benchmarks for clinically meaningful speech and attitudinal and emotional outcomes (langevin et al 2010). Ideally, assessment of treatment outcomes should include aspects related to three primary components of stuttering—core behaviours (such as stuttering frequency and duration of stuttering moments), secondary behaviours (escape and avoidance behaviours), and affective aspects of stuttering (self-perceptions, attitudes, feelings, and anxiety levels), (Guitar, 1998). Nonetheless, to discover the majority of this data it would be advantageous to ask those who stutter and were receiving therapy to convey their experiences. Although self-report measures are better able to encompass a more holistic view of the disorder and test therapy’s rigour outside the confines of the clinic, the clinicians expectations and the desired response set they are currently only considered as supplements to objective measures of stuttering frequency (Guntupalli et al 2006). Considering this, the goal of the present study is to use a qualitative approach to evaluate the therapeutic experiences and
outcomes from a client’s perspective who have attended the Dublin Adult Stuttering Course (DAS).

METHOD:
The present study did not set out to prove or disprove hypotheses or to test theory; rather it sought to generate phenomenological data from which an understanding might be developed (Taylor & Ussher, 2001). A phenomenological qualitative research approach was used. Questions formed from a phenomenological perspective are aimed toward developing a description of the essence of the experience being investigated. The participant’s views and experiences were paramount in this research, as it is believed that those who experience the phenomenon being studied are most suitable for providing comprehensive descriptions about the phenomenon being studied (Moustakas, 1994).

Participants:
Both general and specific criteria were used to select the participants. In general, participants needed to be (a) willing to fully share their experiences of the phenomenon (b) able to adequately communicate their experience regarding the phenomenon (c) willing to fully share their experiences of the phenomenon. More specifically participants needed to be (a) a person who stuttered (b) an adult over 18 years of age (c) a person who had attended the DAS course within the last 7 years.

The participants in this study included one female and three males, all with successful careers, ranging from 20-60 years of age, each of whom stuttered into adulthood. All participants were Irish, had English as their first language and were living within Ireland. All had completed the DAS course 6 to 7 years ago. All participants had received some type of stuttering therapy, at various stages in their lives, prior to the course.

Recruitment and Sample Size:
Participants were contacted by email, by the Speech and Language Therapist who ran the DAS course. The sample size used in qualitative research methods is often smaller than that used in quantitative research methods. This is because qualitative research methods are concerned with garnering an in-depth understanding of a phenomenon. The present study
was not concerned with generalizing to a larger population but endeavoured to create themes from the data while attending to how the ‘lived experience’ of the participants could be understood. Therefore, the sample size of this study was deemed appropriate as it was considered that reaching saturation of a small sample of in-depth interviews was most important.

Procedure:
Ethical clearance for the study was obtained from the Education and Health Sciences Research Committee at the University of Limerick. Participants were advised that they could withdraw from the course at any stage and that all information collected would be confidential. Furthermore, participants were provided with contact details should they experience difficulty during the study.

All participants, having read and signed information-consent forms were interviewed and audiotaped for 60 minutes. Interviews were conducted by a Speech and Language Therapy student and took place in a private, quiet and neutral location. Another student was also present. A semi-structured interview process that was similar to that used by Corcoran & Stewart (1998) was employed. Open-ended questions were used flexibly, and were adapted or elaborated according to the demands of the individual context, in an attempt promote a two-way dialogue with which to explore key themes (Taylor & Ussher, 2001). The interview questions were worded in a way as not to impose any bias on the participant. No planned prompts were used during the interview however; unscheduled prompts were used to elicit further elaboration if clarification was need from the participant. Examples of such prompts were ‘Tell me more about that’, ‘Why do you think that is’, How did you feel about that’. Each participant was given as much time as they needed to respond to the questions.

Credibility and Reliability:
It is important to note that prior to interview conduction students had no clinical fluency placement. Furthermore, students had no prior knowledge of the DAS course and were not involved with its development or running. However, at time of coding and analysis of the interviews students had been in receipt of a certain number of fluency lectures thus improving their knowledge regarding stuttering.
All Interviews were recorded and transcribed verbatim. Inter-rater reliability indicates the degree of consistency between different researchers for the transcription and coding of interviews (Dodd, Hua, Crosbie, Holm & Ozanne, 2002). To achieve this, the interviewer transcribed all four interviews. Another research student was then provided with the audio recordings to carry out a verbatim transcription of the interview. This was to ensure valid transcription from audio recordings. Transcriptions were consistent between the two researchers.

In addition, member checking was used to ensure valid interpretation of statements within the transcripts. Member checking was conducted by emailing participants with the themes derived from analysis of the transcribed interviews. Each participant was asked to review the themes and comment on their appropriateness, this was to ensure that themes were consistent and representative of that individual’s experience. Participants were also encouraged to add any relevant information that they may have failed to communicate during the interviews. Participants were satisfied with the themes generated and no new issues came to light as a result of member checking.

**Analysis:**

Responses generated by participants were analysed using the data-driven inductive thematic analysis procedure as described by Haynes (2000). This process began with a familiarization of the data. This allowed for the identification and coding of meaningful units of text relevant to the research topic. Data was coded inclusively so as not to lose the context of the surrounding data, a common criticism of coding (Braun & Clarke, 2006). Following this, units of text dealing with the same issues were grouped together in analytic sub-themes and given provisional definitions. It is important to note that the same unit of text may have been included in more than one sub-theme. Saturation of the data set was reached by systematically reviewing the data to ensure that a name, definition and exhaustive set of data to support each sub-theme were identified (Frith & Gleeson, 2004). The inductive thematic analysis resulted in the generation of approximately 200 codes. These codes were further collated into 13 sub-themes with further analysis refining these sub-themes into 5 main themes.
RESULTS:

Coding of the Data Set:

The primary purpose of this study was to investigate the individual’s experience of a specific therapy course for individuals who stutter as well as to document and compare any perceived changes reported by the individual pre and post therapy. To accomplish this, four participants were interviewed. Two of whom reported being overt stutters while two reported being covert stutters. They provided rich descriptions of their experiences that informed the development of the findings of this study. The first level of analysis involved coding the data set. This involved extracting the experiences of the individuals, relating to the course and to the stuttering disorder itself, from the narratives that were provided by the participants. Table 1 shows some examples of the experiences reported by the individuals.

Table 1: An example of some of the meaning units extracted from the data set.

<table>
<thead>
<tr>
<th>No.</th>
<th>Meaning Unit</th>
<th>No.</th>
<th>Meaning Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I had a stammer</td>
<td>23</td>
<td>Physical effects of stuttering</td>
</tr>
<tr>
<td>2</td>
<td>That’s just the way I talk</td>
<td>24</td>
<td>Hated speaking</td>
</tr>
<tr>
<td>3</td>
<td>Ready for therapy</td>
<td>25</td>
<td>Couldn’t see light at the end of the tunnel</td>
</tr>
<tr>
<td>4</td>
<td>Person first stammer second</td>
<td>26</td>
<td>Psychological aspect</td>
</tr>
<tr>
<td>5</td>
<td>Stuttered as long as I can remember</td>
<td>27</td>
<td>I’m not normal</td>
</tr>
<tr>
<td>6</td>
<td>Awareness of ‘stupid stuff’ in head</td>
<td>28</td>
<td>Something wrong with me</td>
</tr>
<tr>
<td>7</td>
<td>Worried about people’s perceptions</td>
<td>29</td>
<td>Low confidence</td>
</tr>
<tr>
<td>8</td>
<td>Avoided talking</td>
<td>30</td>
<td>Feeling worthless</td>
</tr>
<tr>
<td>9</td>
<td>Avoided words</td>
<td>31</td>
<td>Poor quality of life</td>
</tr>
<tr>
<td>10</td>
<td>Avoided situations</td>
<td>32</td>
<td>Supportive environment</td>
</tr>
<tr>
<td>11</td>
<td>Avoided situations at work</td>
<td>33</td>
<td>Normalization of stammering</td>
</tr>
<tr>
<td>12</td>
<td>Won’t be able to join in</td>
<td>34</td>
<td>Talking about stammering helped</td>
</tr>
<tr>
<td>13</td>
<td>Didn’t know much about stammering</td>
<td>35</td>
<td>Sorry I didn’t do it therapy earlier</td>
</tr>
</tbody>
</table>

Categorizing the data set into sub-themes and themes:

After the meaning units were extracted from the data set and coded they were then categorised into common or recurring sub-themes. Although there was variability in the experiences of the participants the sub-themes presented were consistently expressed across the data set. Commonalities across these sub-themes were identified from which the five main themes were generated. A structure of (a) experiences before the course (b)
experiences of the course and (c) experiences after the course was imposed on the data and had not arisen out of the data set. Figure 2 illustrates the thirteen sub-themes and five main themes, within the imposed structure, that were collated from the initial coding of the data set.

**Figure 2: Themes identified from the narratives of each of the 4 participants**

<table>
<thead>
<tr>
<th>Experiences before the course</th>
<th>Theme: Awareness</th>
<th>Sub-theme Acceptance</th>
<th>Sub-theme Perceptions of Self</th>
<th>Sub-theme Awareness of others reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences of the course</td>
<td>Theme: Avoidance</td>
<td>Sub-theme Situations Avoided</td>
<td>Sub-theme Strategies used for avoidance</td>
<td></td>
</tr>
<tr>
<td>Experiences after the course</td>
<td>Theme: Feelings</td>
<td>Sub-theme Negative perceptions of Stuttering</td>
<td>Sub-theme Negative effects of Stuttering</td>
<td></td>
</tr>
<tr>
<td>Experiences before the course</td>
<td>Theme: Experience of Course</td>
<td>Sub-theme General Opinion</td>
<td>Sub-theme The Therapy</td>
<td>Sub-theme Iceberg</td>
</tr>
<tr>
<td>Experiences of the course</td>
<td>Theme: Acceptance</td>
<td>Sub-theme Quality of Life</td>
<td>Sub-theme Feelings</td>
<td></td>
</tr>
<tr>
<td>Experiences after the course</td>
<td>Theme: Outcomes of Course</td>
<td>Sub-theme Acceptance</td>
<td>Sub-theme Quality of Life</td>
<td>Sub-theme Feelings</td>
</tr>
</tbody>
</table>
Theme-Awareness:

Sub-Theme-Acceptance

All four of the participants contributed meaning units to this sub-theme. This sub-theme arose from the participant’s descriptions of (a) how there was an initial lack of acceptance and acknowledgment of their stutter, (b) the importance of accepting and admitting to themselves that they were a person stuttered “I’m someone who stammers”, (c) identifying the impact stuttering was having on their quality of life, and (d) how reaching this level of acceptance is important for therapy. Participant D stated,

“I kind of felt like I’d like to see if I could get some therapy done. I was just a point in my life where I decided I would give it a go”

While participant B stated,

‘I hated speaking, I absolutely hated it...it just got on top of me. I needed the therapy’

All participants decided they had reached a point in life where they wanted therapy to address their stammering. No indication was given by the any of the participants that any other individual such as partner, family member, Speech and Language Therapist, had explicitly influenced their decision to acknowledge their communication disorder. Each participant began researching therapeutic possibilities of their own accord with participants stating; “I started to seek out help”. However, one participant suggested that her decision to engage in therapy came to pass because of her daughter’s stammering diagnosis. Participant A stated,

“She started stammering and then I was just hypersensitive....So I made a point of going to see the Speech and Language Therapist....So then if I’m asking this little girl to be open about stammering and to be accepting then I need to”.

Sub-Theme-Awareness of other reactions:

All four participants described the awareness of and the impact that negative reactions from familiar or unfamiliar persons can have on their desire to engage in speaking situations. All four participants consistently contributed meaning-units to this effect. After speculating about this, participants went on to say that they “were worried about people’s
"reactions", that they were often “hurt when people reacted badly” and that if they got a bad reaction they would “stop talking”. Participant B stated,

“A person may laugh nervously or just laugh-that’s like sticking a knife in you”

Participant D stated that they “tried to ignore others reactions” to their stammering, while participant C assured that they did “not blame others for their reactions” as stuttering can be an “uncomfortable situation”.

The effect of these negative reactions is apparent as can be seen in this statement by participant A, “I could see people’s reactions to me...when I could see people’s reactions to me I could see how it made them uncomfortable”. While participants did acknowledge that “everyone reacts differently”, it was still a difficult aspect for all respondents.

Sub-Theme- Perceptions of Self:

All participants contributed significant and poignant meaning units to this sub-theme. The participants described how they perceived themselves being a person who stuttered. Responses were predominantly negative and highlighted the perceptions these individuals had of themselves because of their stuttering. This was particularly true of the more covert stutterers. Participant A, in particular, struggled with this stating “I was hiding it most of my life...I thought there was something wrong with me”, “I thought I wasn’t good enough...I thought I was not normal”. The respondent was constantly aware of “stupid stuff” in her head and was consumed with feelings of “worthlessness” and “self-doubt”. Additionally, some of the other participants stated that they were “frustrated” and “didn’t know what they were doing when they stuttered”, they too conveyed the experience of having stuttered all off their lives and the impact trying to hide it had on them.

Theme- Avoidance:

Sub-Theme- Situations Avoided

The participants all described how they avoided various situations, interactions, words and sounds because their stuttering. Prior to receiving any therapy, participants’ quality of life was greatly reduced because of their avoidance behaviours. Participants described how evading situations lead to them avoiding meeting their friends, avoiding certain types or
roles at work, not wanting to speak and not wanting to engage in various activities of daily living such as, going to the shops or getting public transport.

One participant described his avoidance behaviours, “I avoided everything...I avoided life in general”. Another participant described how she “avoided talking”, “avoided situations”, “sat at the edge of the group” and “avoided going into any speaking situation”. All participants reported that they would also avoid certain words, sounds and/or sentences.

Sub-theme- Strategies used for avoidance

In addition, all four participants admitted to using avoidance strategies. All of the avoidance strategies outlined purported to the avoidance of words and sounds and not to situations. This is not to say that participants did not engage in avoidance strategies for various situations, gatherings or interactions but they were not conveyed by the participants during the interviews.

All participants engaged in similar types of avoidance strategies or “tricks” from “switching words around” and “substituting words” to “starting sentences again”, “using fillers” and “planning ahead”. All participants claimed that they had “hundreds” of strategies and although they were “a very roundabout way”, “effortful” and “time consuming” these were the lengths they went to in an effort to avoid being “caught out” or “found out”.

Theme-Feelings:

Sub-theme- Negative perceptions of stuttering

Participants were asked to describe their stammer before they attended the DAS course. Overall responses by the participants were negative. Participant A described it as having two lives,

“I had a stuttering life and a normal life...the stuttering life was this huge secret that you had with you all of the time”, the participant went on to say that, to her, stuttering was “fear”, “fear of anyone finding out” and “fear of my secret life being exposed”. Other participants described their stutter as a “struggle”, “embarrassing” and “uncomfortable”.

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Sub-theme- Negative effects of stuttering

Given the negative perceptions the clients had of their stuttering disorder it is no surprise that participants experienced a range of negative effects as a result. Participants indicated that they suffered physical effects such as, “pulled muscles in neck and shoulders” because of tension and avoidance strategies. All of the participants indicated that stuttering and trying to avoid it was significantly affecting their lives with one participant feeling they were not “good enough at work”. Participant C stated “I’m afraid of my stammer....I have no control over it” and participant B stated that he was “stressed”, “anxious” and “could not see the light at the end of the tunnel”.

Theme- Experience of the course

Sub-theme- General Opinion

All four participants discussed their opinions of the course and all were positive. While participants claimed that the course was “challenging” and “intense”, they reiterated that this was in a “good way”. All the participants claimed that the residential course was better as opposed to the course that was run on a weekly basis however; none of the participants attended the weekly course so this comparison was unreliable. Participant C stated that the course “was well worth the investment of time” and three out of the four participants stated that they were sorry they did not do it earlier. All participants stated that attendance on the course was the most work they had ever done on their stammering and that “it was helpful meeting others” with “varying severities of stammering”.

Participant B made the most noteworthy comment stating that the course “Put the person first and the stammer second”.

Sub-theme- The Therapy

All of the participants discussed their experiences of the therapy and aspects they deemed to be constructive and beneficial. All participants found that the teaching of strategies such as voluntary stammering and sliding were advantageous as it gave them “a sense of control” over their stammering all the while acting as a good method for desensitisation. All four participants reported the benefits of a “supportive environment” and “meeting other people
who stammered” as a way of “normalising stammering” and realising that that they “were not the only one who stammered”. All participants put great emphasis on these points thus, stressing the importance of support and normalization in the therapeutic environment.

Sub-theme - The Iceberg

All of the participants contributed meaning units to this sub-theme and indicated whether they were overt or covert stutterers. Participant A claimed that overt and covert stutterers “all have similar feelings”. All four participants referred to the ‘stuttering iceberg’ which is an analogy to highlight the fact that so much of the stuttering disorder is under the surface and that “dealing with what you cannot see is important”. One participant stated that for her “the top of the iceberg is tiny and the bottom is huge”. Participants recognised there is a “psychological aspect” to stuttering and posited that “the course isn’t just based on making you fluent its dealing with other issues” while another participant stated “to work on fluency alone with me would have been pointless”.

Theme - Outcomes of the course:

Sub-Theme - Acceptance

All four participants contributed meaning units to this sub-theme and there was a noticeable difference from responses given before the course. Some of the statements from the participants included “stammering is just normal now it is nothing”, “my attitude has changed”, “I have come to terms with my stammering”. Participant B stated that his stammer “didn’t really bother” him anymore and that “there are more important things than stammering”.

Sub-Theme - Quality of Life

All participants described how their life had improved since attending the course. Some of the meaning units that contributed to this theme included; “I’m living my life and not pretending”, “I do things I would never have done before”. Other participants claimed their outlook on the future had changed and was more positive “my feelings and outlook on the future has changed”, “the course gave me a platform from which to move on”.
**Sub-Theme - Feelings**

All participants contributed meaning units to this sub-theme and described their feelings towards stammering following the course. There was a significant reduction in the negative meaning units expressed and participants conveyed more positive feelings regarding their stuttering. Participant A, who described herself as a covert stutter, stated “I do stutter openly now and I don’t go away and cry about it...I am comfortable when I speak and I don’t mind telling people”. While participant D stated “If I stammer-I move on, I don’t think about it...my feelings about stammering would be different without the course”. Participant C claimed that following the course he knew more about his stammering and how he felt about it and that this “was good”. All participants contributed meaning units claiming that they could successfully use the strategies thought on the course and that after the course they felt like fluent speakers. While all participants acknowledged that, there was no “quick fix” and that you “have to put in the effort”, they recognised that their lives were much better since completing the course and that their “attitudes had changed”.
DISCUSSION:

There has been a long standing dichotomy between treatments that focus on increasing fluency and treatments that focus on helping people to reduce negative attitudes (Yaruss et al 2012), a distinction that has been debated extensively over the years (Bloodstein & Bernstein Ratner, 2008). Authors such as Contour (2001) and Smith & Kelly (1997) have supported the idea that stuttering is multi-dimensional disorder and that those who stutter are a heterogeneous group. Accordingly Blumgart, Tran, Yaruss, & Craig (2012) suggested that the degree of stuttering that an individual experiences may be only moderately related to the impact that he or she experiences. In this view, it is suggested that stuttering intervention should include multiple goals for each individual’s distinctive needs. Such broad-based approaches to treatment are considered within the scope of Speech and Language Therapists. Specifically the ASHA scope of practice states that “Speech and Language Pathologists work to improve quality of life by reducing impairment of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors” (ASHA, 2007). These terms are all drawn from the ICF model discussed earlier.

Much of the previous clinical research on stuttering has focused on the more quantifiable and observable aspects of the disorder such as, determining severity, predicting chronicity and attempting to exclusively increase or improve fluency. ASHA has determined that our role as clinicians is not only to improve speech fluency: it is also to address the broader concerns that may result from difficulties with the production of fluent speech (Yaruss et al 2012).

Considering this, three elements arising from the participants’ experience of stuttering and experience of the treatment course will be discussed (a) experiences before the course, (b) experiences of the course, and (c) experiences after the course. Before discussing these elements the reader should be reminded that the primary purpose of this study was to discover, from a small number of speakers’ perspectives, experiences and perceived changes resulting from attending the DAS course. The degree of experiences reported were individualistic, however, strong commonalities were observed among participants. The findings should not, therefore, be taken as generalizable to all persons who stutter.
(Corcoran & Stewart, 1998). Zyzanski, McWhinney, Blake, Crabtree, and Miller (1992 cited in Corcoran & Stewart, 1998) spoke to this point:

“The qualitative researcher is not particularly bothered by a lack of generalizability. He or she is under no illusion that his or her observations and interpretations necessarily apply to other persons, events, or contexts. Rather he or she endeavours to construct as thick and detailed a description as possible of his or her particular setting and circumstances so that others who encounter his or her description can determine its possible applicability to their settings and circumstances” (p. 245).

Experiences before the course:

The participants’ descriptions of their experience of stuttering, before the course, coincide with the analysis of other authors who have investigated the perceptions of participants who stutter (Corcoran & Stewart, 1998; Crichton & Smith, 2002; Anderson & Feldsenfeld, 2003). Participants consistently described themes of gradual awareness, avoidance, negative reactions of others, negative perceptions of self, negative emotions, and restriction across many aspects of their lives. These findings are also consistent with the findings of a phenomenological study by Plexico, Manning & Dilollo (2005). When the participants described their core experiences of stuttering before the course, the themes typically included speaking situations however, the descriptions consistently went beyond the difficulties of communicating and extended to the participants’ overall responses to their global life experiences, again consistent with the findings outlined by Plexico et al (2005). Up until the commencement of the therapy course stuttering was a major theme of the individuals’ lives. Before the course, participants regularly provided examples of psychosocial features demonstrating feelings of acceptance, anxiety, avoidance, struggle, embarrassment and fear. The psychosocial features reflected in the responses of the participants’, supports the personal factors and reactions proposed by Beilby, Byrnes, Meagher & Yaruss (2012).

The sensitive narratives of the participants provided insight into their individual experiences of living with a stutter. Additionally, the most poignant insights emerging from the interviews pertained to those relating to psychosocial influences on stuttering. From the speakers’ perspective effects and experiences of the disorder and the severity of the
problem is represented by these intrinsic features, as much or more than, it is by the more obvious surface behaviours. The consistency of these findings strongly indicates the negative experiences that individuals with a stutter can live through, and the impact it can have on their quality of life.

**Experiences after the course:**

Six to seven years post therapy all participants were presenting with an optimistic and positive interpretation of themselves and their lives, which provide a sharp contrast to the experiences conveyed by the participants prior to the course. The responses by the participants were congruent with those observed by Plexico et al (2005). There was little or no indication of the numerous negative emotions that accompanied the descriptions of their experiences before the course. It was apparent that the participants had reorganized and continued to expand their views of themselves, their stuttering disorder and their overall potential on many levels.

The participants’ descriptions of both their initial and current experiences go far beyond the surface features of the problem (i.e. the frequency and overt characteristics of stuttering). The participants indicated a clear sense of acceptance, accomplishment, and change in attitude and feelings and genuinely felt that their lives were now unrestricted by the possibility or occasional occurrence of a stuttering episode. Indeed, while it was not uncommon for some participants to suggest that maintaining these changes was difficult at times, as sometimes “life sometimes gets in the way”, all participants recognised that they had to “put the effort in” and that maintenance of therapeutic gains is a “gradual process”.

**Experiences of the course:**

Any determination of the benefits of stuttering treatment should include validation by the client of changes in the intrinsic features of the stuttering disorder (Plexico et al 2005). In describing the characteristics of the DAS course, the participants interpreted its focus on the underlying, less observable and covert characteristics of the stuttering disorder as an effective therapeutic experience. As a result of taking part in an effective therapeutic experience participants expressed a sense of motivation, acceptance, reduced negative feelings and overall an improved quality of life. Alternatively, when describing the
characteristics of an ineffective therapeutic experience, therapy perceived as focusing heavily on fluency alone was considered, by the participants’, to be “pointless”. As reported by the authors of previous investigations of successful outcomes for people who stutter, most of the participants do not report absolute fluency but, on occasion, continue to self-assess and manage their much-improved fluency (Plexico et al 2005). The fact that the participants indicated that they were successful in spite of some stuttering informs us about both the nature of the stuttering phenomenon and the variety of possible indicators for assisted (and unassisted) outcomes. The descriptions by the participants unmistakably indicate that absolute fluency is not a necessary nor sufficient criterion for success concurring with findings from a study by Plexico et al (2005).

Considering this, the importance of strategies for targeting fluency should not be disregarded. All participants reported their ability to use the strategies, as well as reporting the benefits and improvements in speech as a result of the strategies thought on the course such as, voluntary stammering and sliding. Participants felt that using such strategies gave them a sense of “control” over their stuttering. Consequently deciding “how and when” they wanted to stutter, reduced their avoidance and feelings of helplessness and increased their perception of ownership and control over the disorder.

Additionally, an interesting theme that arose from the interviews and warrants mentioning was that of therapeutic alliance during stuttering treatment and its importance in promoting successful change in the individuals’ ability to communicate. Results of a recent investigation by Plexico et al (2010) indicated that an understanding of the “stuttering experience” is essential for a clinician to be perceived as effective by a client. Although it is clearly the case that many naturally fluent clinicians are fully capable of understanding the stuttering experience, it is occasionally assumed that a personal history of stuttering is a prerequisite for a clinician to be effective. This was unquestionably true of the present study and, although not a direct aim of the study, all participants provided descriptions to this effect suggesting importance of the clinicians’ characteristics in the therapeutic environment and for therapeutic outcomes. These findings concur with those of Plexico et al (2010).
Clinical Implications

The clinical experience, therapeutic focus and characteristics of the clinician, appear to have an important effect on the clients’ experiences and thus success in therapy.

It is apparent from the study that the comprehensive approach of the DAS course and its focus on other goals such as, acceptance, desensitisation, and avoidance-reduction, *in addition to* rather than *instead of* increased fluency is of great magnitude. The efficacy of this approach was confirmed when all of the participants reported becoming particularly desensitised to stuttering leading to acceptance of their stuttering and of being a person who stuttered. According to Yaruss et al (2012), acceptance and desensitisation can minimise the desire to avoid stuttering and none of the participants indicated that avoidance was a factor in their current lifestyle. Desensitisation and acceptance are said to be interrelated reducing the sensitivity around stuttering and thus, paving the way for greater success in the management of speech fluency (Yaruss et al 2012). The current results suggest that individuals who have had a positive therapeutic experience and are able to successfully manage their stuttering, adjust the way they approach themselves and their speaking ability. Participants conveyed that they were now able to alter the way they think about whom they are and what they are able to accomplish. Now, rather than hiding themselves and their stuttering, the participants continue to be motivated and disclose their stuttering, without consequence, if they choose to do so. The participants can make behavioural changes and gain confidence using the techniques that help to alter their patterns of speaking and stuttering. These behavioural changes coincide with cognitive changes in how they view themselves and their problem. Although there is likely to be a great deal of variability in their fluency, they gradually but persistently are able to make behavioural and cognitive changes as they interact with others in their daily environment and improve their overall quality of life (Plexico et al 2010). Participants in the current study found the specific approach and techniques of the DAS course to be helpful in reaching their goals of successful management of their stuttering.

Finally, results of this study, which coincide with the results of a study by Ahn & Wamplod (2001), illustrate that an understanding of the “stuttering experience” is essential for a clinician to be perceived as effective.
Limitations and future research

As with any qualitative study, the findings from the current study are not based on a “representative” sample nor has there been any attempt, by the study, to control any potential confounding variable such as, age, previous therapy or the severity of stuttering. While the findings did generate rich descriptions of the personal meaning attached to stuttering, and how it affects an individual, they are limited to the experiences of the participants of this study and so are not representative of the experiences of all individuals who stutter who have attended a specific therapy course. This study did draw from the experiences of a group of participants and procedures were put in place to ensure that conclusions reached reflected the experiences of those individuals (i.e., see method section for details on credibility and reliability). However, another potential limitation of this study was the inter-rater reliability regarding the coding of the interview transcripts. Greater steps could have been taken to ensure that coding of interview transcripts, between two different individuals/researchers, was consistent.

Future research may focus on a number of outcomes from this study. Firstly, it may be useful to further explore the effective characteristics of clinicians in therapeutic interactions between clinicians and clients. Consequently, and in line with findings from Plexico et al (2010), it may be productive to match the therapeutic characteristics of a clinician with that of a client to promote a therapeutic alliance that is likely to result in successful outcomes. One implication of the results may be identifying particular therapeutic approaches and specific techniques and furthermore, how to develop a therapeutic environment that will facilitate changes in the essential structure of a speaker’s stuttering experience with a larger more diverse group of individuals who stutter.

Participants did not provide a great amount of detail, experiences or information regarding follow up groups. Therefore, it may also be beneficial to further investigate the role that follow-up or support groups have to offer and what, if any, benefits they provide in terms of the maintenance of gains made in therapy particularly given the fact that stuttering is a lifelong coalition. Additionally, future research may also direct more focus to what triggers an individual to begin seeking therapy. Do they have to or need to reach a certain level of acceptance for example.
Finally, considering that all participants reported the benefits of attending therapy within a group, it may be advantageous to future stuttering intervention to investigate whether direct therapy or group therapy is more beneficial in terms of experience and outcomes.

**CONCLUSION:**
Results of this study, lends support to viewing stuttering as a multidimensional problem. Taking a comprehensive approach to stuttering treatment that focuses not only on the observable speech disfluencies, but also on the broader consequences of stuttering an individual might experience, is imperative. Particularly within stuttering treatment, documenting and evaluating the effectiveness of intervention is a critical component of any clinical endeavour. Specifically, within the context of evidence-based practice any determination of the benefits of treatment should include validation by the client of changes in the intrinsic features of the disorder (Plexico et al 2005). Therefore, by addressing the individuals entire experience of stuttering, clinicians can help minimise the adverse reactions and impact of the disorder resulting in better outcomes in terms of overall communication (Yaruss et al 2012).
REFERENCES:


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3. How do you feel your speech is now?
4. How long has it been since you completed the course?
5. Tell me about the therapy course you attended?
6. What has your life been like since the course?
7. How do you feel your speech has been since the course?
8. What do you remember about the course?
9. Did you attend follow up group(s)?
10. How long after you finished the therapy course did you attend the follow up group(s)?
11. Why did you attend the follow up groups?
12. What was your experience of the follow up groups?
13. What are your thoughts about the future?
14. What does stammering mean to you?
15. What did it mean to you before?
16. What are your feelings about stammering now?
Codes generated from Interview Transcriptions:

1. ‘Stuttered as long as I can remember’
2. Stuttering and speaking were always one
3. Early memories
4. Hiding stuttering most of life
5. Awareness
6. No one knew
7. Enormity of secret
8. Stuttering life & Normal life
9. Low confidence
10. Fear of anyone finding out
11. Poor Quality of Life
12. Low self-Esteem
13. Something wrong
14. Not normal
15. Enormity of Secret
16. Unhappy could do better
17. Not good enough
18. Fear of secret being exposed
19. Worried about peoples perceptions
20. Life would be over
21. Feeling kind of worthless
22. Where she was
23. Anxious for children
24. Fear of them stammering
25. Oversensitive to stammering
26. Awareness of ‘stupid stuff’ in head
27. Avoidance
28. Strategies to hide stuttering
29. Self-doubt
30. Awareness of people’s reactions
31. Did not want
32. Fear
33. Intense
34. Immersed
35. Supportive Environment
36. Preparation for real world
37. New Strategies
38. Normalization of Stammering
39. Increased confidence
40. Making the effort
41. Gradual process
42. Iceberg
43. Need to focus on more than just overt features
44. Covert
45. Similar feelings
46. Course Challenging
47. Facing Fears
48. Acceptance
49. Course Great
50. Trust the course
51. Identification of stammering
52. Identification of feelings
53. Acceptance
54. Effort of hiding secret
55. Time consuming
56. Doesn’t make you less of a person
57. Improved QoL
58. No more hiding
59. Reduced negative reactions to stuttering
60. Stuttering normal
61. Improved Confidence
62. Positive outlook on life
63. Lack of awareness 63(a) didn't know much about stammering 63(b) Didn't know I was stammering 63(c) natural to me
64. Attitude more than speech changed
65. Lack of education on stammering
66. Fast paced speech
68. Now I take my time
69. Uncomfortable talking about stammering
70. Ignored others reactions
71. It's ok to stammer
72. Content about speech
73. Feelings about stammering would be different without course
74. Psychological aspect to stammering
75. Speech not a huge impact on life 75(a) not that big an issue
75(b) never really thought about it
76. Ready for therapy 76(a) reached a point in life 76(b) give it a go

77. I had stammer

78. Education about stammering 78(a) Know alot a stammering now 78(b) course gave me knowledge

79. Stammering interfering with Work

80. Importance of education

81. Varying severities of stammering

82. Obvious I stammered

83. I stammer openly

85. Anxiety

86. Strategies to avoid stuttering

87. Barriers

88. Support form peers

89. Lost stammer for some years

90. Came back

91. Past experience

92. Negative association with stammering

93. Certain situations were a problem

94. Physical effects of stuttering

95. Stressed

96. Hated Speaking

97. It got on top of me

98. DAS

99. ‘Kind of just got on with it’

100. Difficult situations

101. Struggle
102. Person first stammer second
103. Couldn't see light at end of tunnel
104. Good times and bad times
105. Needed therapy
106. Group work
107. Discussing and analysing different situations
108. Stammering is part of me
109. Everyone has their flaws
110. Less conscious you are
111. Speaking on the phone
112. There is more important things than stammering
113. Other people aren’t worried about your stammer
114. Experiences build up
115. Positives of stammering
116. Humour
117. Stammering can be an uncomfortable situation
118. Remember the bad experiences not good
119. Sorry didn't do therapy earlier
120. Without build of resistance therapy would have been easier
121. Difficult to change
122. Didn't have a significant impact on personal life
123. Trying to improve communication skills
124. Need to communicate
125. Didn't mind missing out on things
126. Work encourage therapy
127. Negative
Embarrassing
No control over it
Afraid of stammer
Doing well
Started to forget about new strategies
Want to start thinking about it again
Want to start talking about it again
Want to start practising strategies again
Can slip back into old habits
At times I can successfully use strategies
Times I can’t use strategies
Lack of focus
Lack of practice
Need to reinforce techniques
Thought about techniques and used them
Focused
Effortful using techniques
Didn’t think about it too much (course when I started)
Never felt scared
Never felt like going home
I’m glad it wasn’t easy to walk out
Covered a lot on the course
Worth investment of time
Empowerment
Most work I had ever done on my stammer
Course helped me to progress
It was well worth doing the course
Still a feeling that stammering prevents me from doing things
Have more control over it now
No longer restricted at work
No longer frustrated
No longer feel restricted at work
Can have negative feelings at times
Frustration with self for not practising
Follow up groups beneficial
I needed techniques to use
No quick fix
Difficulty talking to others who stammer
Still not open about stammering
Can't just tell people
Thought to listen to other people
Negative reactions to people recognising stammer
Don't blame others for their reactions
I've done what I wanted to do
Maintain eye-contact important to me
Maintaining eye-contact can be difficult
What would I be like without my stammer?
Don't really remember it starting
Don't think about stammering episodes too much
Forget about it
That's just the way I talk
After the course felt like a fluent speaker
181. Came to terms with stuttering
182. I’m not the only one
183. Other people like you
184. Not such a big deal
185. Talking about stammering was helpful
186. Comfortable with my stammer
187. Course has helped alot
188. Started to look for help
189. Stuttered since I was very small
190. You feel hurt when people react negatively
191. A person might laugh nervously or might just laugh
192. That’s like sticking a knife in you
193. I avoided talking
194. Hundreds of tricks not to talk or be caught out
195. I hope they don’t talk about that or I wont be able to join in
196. Sitting on the edge of the group
197. Not wanting to be asked anything or talked to
198. Tried to avoid any situations or discussions about stammering
199. Huge secret there with you all the time.
Client Information Leaflet: Adults who stutter

The experience of individuals who stutter who have attended the Dublin Adult Stuttering (DAS) speech and language therapy course.

Introduction: This information sheet tells you the reason for this study and what will happen to you if you take part. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

Why is the study being done?
This study looks at the experience of participants of a specific therapy course for adults who stutter. One theory suggests that stuttering is based on avoidance, e.g. of certain sounds or words or situations. The more that people try to avoid stuttering: the more that they will stutter. The therapy is designed for people who stutter to gradually reduce avoidance and become more comfortable with stuttering. A reduction in avoidance should lead to a reduction in stuttering and the impact of stuttering in their lives in the long term. Findings from this study, it is hoped, will provide further information to speech and language therapists on the exact nature of stuttering, how it presents and changes and how it can be treated more effectively.

Why have I been chosen?
Your speech and language therapist referred you to me as being a suitable candidate for my study.

Do I have to take part?
No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive.

What will the study involve?
You will be asked about your experiences of stuttering since attending the Dublin Adult Stuttering course through an informal interview and questionnaire. A Student Speech and Language Therapist will carry out the interview. The findings for each participant will be checked with that participant in a brief follow-up visit by the interviewer lasting up to 30 minutes.
What if there is a problem?

If you experience any difficulties during the study please use contact details below.

Will my taking part in the study be kept confidential?

Yes. All information which is collected about you during the course of the research will be kept strictly confidential.

Contact details: Clinical Therapies, University of Limerick,

This research study has received Ethics approval from the Education and Health Sciences Research Ethics Committee. If you have any concerns about this study and wish to contact someone independent you may contact:

Chairman Education and Health Sciences Research ethics Committee

EHS Faculty Office

University of Limerick
CONSENT FORM

Research title: The experience of individuals who stutter who have attended the Dublin Adult Stuttering (DAS) speech and language therapy course.

Researcher:

Please initial each line after the following:

1. I confirm that I have read and understand the information sheet dated .......................... for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I give my permission for the audio/video recording of me to be used in part or in whole for the purpose of research. I understand that my anonymity will be ensured.

4. Do you wish the results of the assessments to be made available to your speech and language therapist? Yes □ No □ (Tick as appropriate)

I agree to take part in the above study

-------------------------------------------  -------------------------------------------  -------------------------------------------
Name of subject                          Date                                  Signature

-------------------------------------------  -------------------------------------------  -------------------------------------------
Name of researcher                       Date                                  Signature
Dear DAS course participant,

As part of a Final Year MSc Project at the University of Limerick, Student Speech and Language Therapists are investigating the experience of individuals who stutter who have attended the Dublin Adult Stuttering (DAS) speech and language therapy course.

The project will involve hour-long semi-structured interviews for individuals. This data will be transcribed and shorter follow up meeting will take place with you to check the transcribed findings of the initial interview. The data will then be analysed and written up. All data will be used anonymously in the project.

Findings from this study, it is hoped, will provide further information to speech and language therapists on the exact nature of stuttering, how it presents and changes and how it can be treated more effectively.

If you would like to take part and contribute to the research please email us on info@stuttering.ie

This research study has received Ethics approval from the Education and Health Sciences Research Ethics Committee. If you have any concerns about this study and wish to contact someone independent you may contact:

Chairman Education and Health Sciences Research ethics Committee

EHS Faculty Office

University of Limerick
Process of thematic analysis
Theme: AWARENESS

Sub-theme: Consciousness of others reactions

Sub-theme: Perceptions of self

Sub-theme: Acceptance

Before the Course:

Circles labeled "Codes" connected to each sub-theme.
Theme: ACCEPTANCE

I had a stammer and I didn't like it

I needed therapy

Reached a point in life where I wanted therapy

I have a stammer

Decided to give therapy a go

I have a stammer

Started to look for help

I have a stammer

No more hiding

Ready for therapy
If I got a bad reaction I would stop talking. I was worried about people's reactions, I don't blame others for their reactions.

Someones look can hurt. You feel hurt when people react negatively.

A person may laugh nervously or just laugh – that's like sticking a knife in you. Someones look can hurt.

Sub-Theme: Awareness of others' reactions

Tried to ignore others reactions to my stammering.

I was worried about people's reactions. If I got a bad reaction I would stop talking.
Sub-Theme: Perceptions of Self

Became covert when I was about 8/9
I thought there was something wrong with me

Low confidence
Self-doubt
Stuttering was natural to me
I didn’t know what I was doing when I stammered

I was not normal
I was sensitive to stammering
I was not good enough

Unhappy could do better
I needed to communicate
Frustration with self for not practicing strategies

I hid stuttering most of my life
Aware of ‘stupid stuff’ in my head

I thought that was just the way I talked
Less conscious of it you are the better
I don’t really remember it starting

Impossible to understand what I was doing when I stammered

I think I was about 4/5 when it started
Less conscious of it you are-the better
Dont really remember it starting

I didn’t know what I was doing when I stammered

Stuttering was natural to me
If I got a bad reaction I would stop talking. I was worried about people's reactions. I don't blame others for their reactions. You feel hurt when people react negatively. Someone's look can hurt. A person may laugh nervously or just laugh— that's like sticking a knife in you. Tried to ignore others' reactions to my stammering.

**Sub-Theme:**
Consciousness of others' reactions

I was worried about people's reactions.
If I got a bad reaction I would stop talking.
Theme: Avoidance

Sub-Theme: Situations avoided

theme: Strategies used for avoidance
Sub-Theme: Situations Avoided

- Avoided anything that involved speaking
- Avoided going to the bank
- Avoided life on a social level
- Avoided going on the bus
- Avoided social activities

- Wanted to avoid anyone finding out
- I was embarrassed at work
- Avoided certain types of jobs
- Avoided situations that avoided

- Wouldn’t really have avoided that many situations
- Feared to avoid situations or conversations about something
- Hated thinking about anything to talk about

- Didn’t want to go into those speaking situations
- Avoided taking

- Hoped they don’t mention anything about whatever I can’t be able to join in
**Sub-theme:** Strategies used for avoidance

- I had lots of avoidance techniques
- I used lots of tricks
- I had a real round-about way of doing things
- Predicted words that were coming
- Started sentences again
- Switched words around
- I became very good at avoiding & hiding
- Put in lots of fillers
- Substituted words
- Switched words around
- Poor eye-contact
- Hundreds and hundreds of tricks
- I had lots of avoidance techniques
- I would show receipts instead of talking
- Count the people ahead of you in class
- I used lots of tricks
- I would take really deep breaths and then wouldn’t be able to let them out
- I became very good at avoiding & hiding
- Put in lots of fillers
- Switched words around
- Substituted words
- Started sentences again
- Predicted words that were coming
- Put in lots of fillers
Before the Course:

**Theme:**
**FEELINGS**

- **Sub-Theme:** Negative Perceptions of Stuttering
  - Codes

- **Sub-Theme:** Negative Effects of Stuttering
  - Codes
Sub-Theme: Negative Perceptions of Stuttering

- Fear
- Fear of secret being exposed
- Fear of anyone finding out
- Stuttering is very negative to me
- No quick fix
- Embarrassing
- Care just last people
- No one knew
- What would I have been like without my stammer
- Had more of an impact of my work life than personal life

- Embarrassing
- Had more of an impact of my work life than personal life
- No quick fix
- Stuttering is very negative to me
- Care just last people
- No one knew
- What would I have been like without my stammer

- Stuttering can be an uncomfortable situation
- Barriers can make it worse
- Stuttering and speaking were always one
- Having to speak all the time got on top of me
- Everyday was a struggle
- Secret with you all of the time
- Fear of anyone finding out
- Huge secret
- Fear
- Fear of secret being exposed
- I had a stuttering and normal life

- Everything was rushed
- Wasn’t comfortable talking about it
- Varying severities of stammering
- Struggle
- Barriers can make it worse
- Varying severities of stammering
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Sub-Theme: Negative Effects of Stuttering

- Could not speak on the phone
- Absolutely hated speaking
- I was getting pain in my shoulders
- Found it difficult to talk to others who stammered
- Restricted me at work
- Can have negative feelings
- Negative associations with stammering
- There was good time and bad times
- No control over it
- Maintaining eye-contact can be difficult
- Completely hiding it
- I had a stammering life and a normal life
- I was afraid in case children would stammer
- Completely hiding it
- Felt like I wasn't good enough at work
- A lot of effort to hide it
- Time consuming hiding it
- Avoidance
- I was anxious
- Stressed
- Negative experiences build up
- Fast paced speech
- I didn't know what I was doing
- Eye-contact is difficult for me
- I spoke really fast to get everything out
- Restricted me at work
- Found it difficult
- Time consuming hiding it
- Felt like I was good enough at work
- Afraid of my stuttering
- There was good time and bad times
- No control over it
- Maintaining eye-contact can be difficult
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- Negative experiences build up
- Face-to-face speaking
- Restricted me at work
- Found it difficult
- Fast paced speech
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- I didn't know what I was doing
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During the course:

**Theme**

Experience of Course

- **Sub-Theme**
  - General opinions
  - The Therapy
  - Iceberg

**Codes**

Codes

Codes

Codes
The course empowered me.

Most work I had ever done on my stutter.

Never felt scared.

Worth investment of time.

Never felt like going home.

Well worth doing the course.

Sorry I didn't do it earlier.

The course helped me to progress.

Course was good.

Residential helped you build on things.

Really good the whole environment.

They put the person first, stutter second.

Get a lot out of the course.

I was immersed on course.

It was intense.

I had to trust the course.

It was a gradual process.

Residential was good.

I was facing my fears.

Didn't question it too much.

What have I got to lose.

Course was fairly intensive.

Course was good.

Residential was good.

Prepared you for the real world.

I think Residential is needed.

First time in a room with others who stammered.

Course was fairly intensive.

Worth investment of time.

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Residential was good.

Prepared you for the real world.

I think Residential is needed.

First time in a room with others who stammered.
Meeting other people who stammered was helpful. Seeing different grades of stammering was helpful. Supportive environment was important. Techniques they thought we never done before. I learned a lot about the therapy.

Voluntary stammering was helpful. I covered a lot about my stutter. I accepted it and got rid of the clutter in my head. Articulating thoughts and getting them out there important to me. Supportive environment was helpful. Discussing and analysing different situations was important. Talking about personal stuff was quite intense.

Voluntary stammering good for desensitisation. Sliding gave me a sense of control. Learning about slaming was a big thing for me. It gave me a lot of knowledge. Learning to voluntary stammer.

Talking about stammering was helpful. We covered a lot. I learned a lot about my stutter.

Filling out a sheet everyday saying how you felt about your stammer.

I needed the therapy. I took a lot of different things from the therapy. I learned a lot about my stutter. Talking about personal stuff was quite intense.

Supportive environment was important. How everybody around you.

Talking about stammering was helpful. Supportive environment was helpful.

Meeting other people who stammered was helpful. You see that you are not on your own. Thought we to listen to others who don't stammer.

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Talking about stammering was helpful. Supportive environment was helpful.
To work on fluency with me would have been pointless. For me, the top of the iceberg is tiny — the bottom is huge. A lot of stuff is in your mind. For me, the top of the iceberg is tiny — the bottom is huge. A lot of stuff is in your mind. For me, the top of the iceberg is tiny — the bottom is huge. A lot of stuff is in your mind.

Past experiences influence future experiences. You remember the bad experiences. There is a psychological aspect. You overthink every situation. Everyone has different experiences. The less conscious you are, the less you remember the bad experiences.

You build up resistance. It’s better to focus on yourself. You remember the bad experiences. Without building up of experience, therapy would be easier. People who stutter overtly and covertly have the same feelings. You remember the bad experiences — they affect you.

Thats the thing about stuttering: you’re carrying around 20 years of baggage. Everyone has different experiences. You build up resistance. It’s better to focus on yourself. You remember the bad experiences. Without building up of experience, therapy would be easier. People who stutter overtly and covertly have the same feelings. You remember the bad experiences — they affect you.

The course isn’t just based on making you fluent; it’s dealing with other issues. Iceberg — dealing with what you can’t see is important. Psychological stuff needs to be dealt with. The course isn’t just based on making you fluent; it’s dealing with other issues. Iceberg — dealing with what you can’t see is important. Psychological stuff needs to be dealt with. The course isn’t just based on making you fluent; it’s dealing with other issues. Iceberg — dealing with what you can’t see is important. Psychological stuff needs to be dealt with.

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Over and covert stutterers vary similar. The less conscious you are — that’s the thing about stuttering: you’re carrying around 20 years of baggage. Everyone has different experiences. You build up resistance. It’s better to focus on yourself. You remember the bad experiences. Without building up of experience, therapy would be easier. People who stutter overtly and covertly have the same feelings. You remember the bad experiences — they affect you.

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After the course:

**Theme**
Outcomes of the course

- **Sub-Theme** Acceptance
  - Codes

- **Sub-Theme** Quality of Life
  - Codes

- **Sub-Theme** Feelings
  - Codes
Sub-Theme
Acceptance

- Acceptance
- Its ok to stutter openly there is still a whole person there if you do
- I'm not the only one there are other people like you
- Everyone has their flaws
- There are more important things than stammering
- You worry about it all the time you will never live your life
- A stammer should never define you
- Other people don't care about your stammer
- It's part of me and who I am
- Everyone has their flaws
- I'm content about my speech now
- My attitude has changed
- I came to terms with stuttering
- I stammer openly

- I don't feel frustrated anymore that's a big deal
- I would feel more negatively about my stammer without the course
- It's fine it's not a big deal
- I'm comfortable
- If I stutter it doesn't matter
- Just saying I'm someone who stammers
- No more hiding
- I don't mind telling people now
- Stammering is just normal now it's nothing
- Whether I stammer or not now is not the most important thing to me
- Its ok to stutter openly there is still a whole person there if you do
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Sub-Theme
Quality of Life

I do things I would never have done before.

You have to live your life.

A stammering situation you know that's just the way I talk.

Speech doesn't have the same kind of emotional impact.

No more secret life so my life is enhanced.

I'm living my life and not pretending.

My feelings and outlook on the future have changed.

My life is hugely different.

I would never have progressed in work without the course.

The course gave me a platform from which to move on from.

It doesn't have a grip over me any more.

Stammering—less of a big deal now I have more perspective.

Speech doesn't have the same kind of emotional impact.

No more secret life so my life is enhanced.

I'm living my life and not pretending.
**feelings**

- I can successfully used the strategies Course gave me knowledge.
- I felt like a fluent speaker after the course.
- Everyone has accepted me.
- I've broken down little bits of the barriers.
- Changed how I feel about the future.
- Course gave me knowledge.
- Attitude more than speech changes.
- Now I take my time.
- Knowing about my stammer and how I feel about it is good.
- I do stutter openly now and I don't go away and cry about it.
- I am comfortable when I speak.
- I can slip back into the old ways.
- Sometimes, I have to force myself to think about the techniques.
- I want to talk about it as think about it more.
- Using the techniques can be effortful.
- I feel like a fluent speaker after the course.
- I felt like a fluent speaker after the course.
- I felt like a fluent speaker after the course.
- I can talk on the phone now.
- I don't blame anyone for reacting in an awkward way.
- I am quite confident.
- Everyone has accepted me.
- Changed how I feel about the future.
- I can talk on the phone now.
- I was pretty psyched after the course.
- I was pretty psyched after the course.
- I can successfully used the strategies.
- I felt like a fluent speaker after the course.
- I do stutter openly now and I don't go away and cry about it.
- I am comfortable when I speak.
- I can slip back into the old ways.
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Interview Transcription: A

Question 1: Tell me about your life and speech before the DAS course and how it impacted on you?

I stuttered as long as I can remember. I’ve never known not stuttering and speaking. I became covert very early on, probably when I was about 8 or 9 yrs of age. I became really covert so to anyone else listening to me, they wouldn’t have known I stuttered. My family wouldn’t have known, or any of my friends wouldn’t have known. It was kind of something that weighed on me because I had this secret that nobody else could know and that nobody else knew and that nobody else could know and I wouldn’t let anybody else know. I suppose parallel to that, I had a normal life in the sense that I went to school. I had friends. I was involved with activities with the girl guides. I did sport. I had a social life. I went to UCD for a year and then I dropped out because there was just too many people and too much. I suppose one of the things growing up was that I would have had sort of low confidence, low kind of self-esteem because I thought there was something wrong with me or that I wasn’t quite right, or that I was quite normal. Then I started work and I kind of knew I started in the civil service as a clerical officer and I kind of knew that I was much better than that. I knew I could do more than that but I didn’t know how I was going to get out of this and I decided I would go back and study at night which I did and then I changed jobs and then I ended up working in marketing and I ended up working in market research and making presentations and going to conferences and going to international conferences and speaking publicly. But all the time, thinking that I was never quite good enough because if somebody found out that I stuttered then really, they were just going to think so badly of me that you know, life would be over and I mean I got married and I had kids and so like I had this normal life going along but then beside it, there was always just this huge thing that if people found out that I stuttered or if people saw me stammering or you know that really I just felt kind of worthless. So that was the kind of background that was where I was. And then I had two kids. The first two kids and I was like a hen sitting on an egg waiting to see if they would hatch into somebody who stuttered and they didn’t. Then I had my third child and I was like waiting for her to be OK, like the first two. But then she had delayed speech and at about two or two and a half, she was saying like ten single words and she wasn’t starting to put sentences together so then I brought her to a speech therapist to be assessed but then she also had ear and she had that sorted. But then as soon as she started speaking, she started stammering and then I was just like hypersensitive. ’Cause I didn’t want her to have all that stupid stuff going on in her head. I had so I em you know, made a point of going to see the speech and language therapist and then she started speech therapy and then she started speech therapy so then, you know I started being very open with her about stammering and that it was OK to stammer and at the same time, just completely hiding it myself. So and then em if I’m asking this little 6 or 7 year old to be open about her stammering to be accepting then I need to like go and behave and show by example rather than by speech so that was it.

Question 2: And still no one knew about your own stammering at that stage?

No.

Tell me more about how it affected you?
No I would have avoided words I would have avoided situations I would have switched words around I would have put in lots of fillers lots of um ah em you know going back starting sentences again em all those kind of behaviours just to avoid anybody finding out that I stammered em and I would have had a high level of natural fluency em but then you just learn to think far ahead so you are predicting the words that are coming and whether you are going to be able to say them or not and as you are thinking you are planning ahead well im not going to be able to say that word so ill substitute it with some other word em so you know none of my friends knew my family which sounds strange my family didn’t know to the extent that when I told them I was going to do em speech therapy they sort of said ah ye but you used to stutter as a kid you know you grew out of that you don’t stammer you haven’t stammered since you were 7 so that was

**When did you start to hide your stammering?**

Cause I could see people’s reactions to me and I know as I am explaining it it sounds mad but when I could see people’s reactions to me and I could see how it made them uncomfortable first of all I didn’t first of all I didn’t really talk I avoided talking and then when I did talk if I got a bad reaction then it would put me off talking again So things like my friend Ann lived next door and I went one day and I asked for her and it just got stuck in a big block so after that I just brought my sister and she would ask for Ann that way I wouldn’t have to talk So all these hundreds and hundreds of tricks you learn in order not to talk or be caught out

**How did you feel about your daughter stammering?**

I suppose it was kind of to be honest if she hadn’t started stammering I would probably never have addressed it because em half of the time I kind of thought in my head this is mad you know I don’t really stammer because nobody hears me so maybe I don’t stammer maybe it is something else so its I would say if she hadn’t started stammering but then I thought I think around that time I was probably reaching a point where I kind of didn’t want to have all that rubbish going on in my head I didn’t want to be pretending I didn’t want to go into those speaking situations where you have to be completely prepared because so you don’t get caught get caught out em but I think really I wouldn’t have done anything if she hadn’t started to stammer

**How did keeping this ‘secret’ make you feel?**

eh, ye well it was really it was kind of em like it was just there with you all of the time every time you went into a speaking situation whether it was out with your friends for a pint you’d be going ok well I hope they don’t start talking about whatever because I’m not going to be able to join in with that Or you know telling a story about something and you could feel the blocks coming and then you’d lose confidence and you’d be sitting on the edge of the group not wanting to be asked anything or talk So it was there all the time it was there it was from the time you’d get up in the morning thinking how I have to make this presentation and thinking what if I stammer what if I block what if somebody notices what if what if you know its like I said you are going through this parallel thing where you are in work and you are doing ok and your getting promoted and you’re like and then there is a part of you going ye well if they find out you will never get another job and they will find some way of putting you in the corner And you know you are going your sensible heading is telling you there is nothing wrong with you and the other side says you know you actually don’t deserve to be here you know which you know is mad
How long ago did you complete the course?

2005 the residential course for me it was great because it was really intense and for me that was a good thing because I was totally immersed in it then when you leave after the week it’s a bit of a shock to the system because you don’t have everybody around you It would have done things to prepare you for leaving like going into shops and having to do voluntary stammering and things like that I mean I think the advantage to having the weekly one is that you can learn something and go practice it and come back the next week for advice if it didn’t work and overtime you get used to the idea because the thing about the intensive one is that you do voluntary stammering and its great but you’re doing it with your friends and the support of the thing and you have to go in the shop the next day and you don’t have anybody there to support you so you know there is a big kind of a divide so em so I think they both have their advantages personally I’m glad I did the residential one

Do you or did you attend any of the follow up programs?

Ye I would have gone to the DAS groups and I would have gone to the ISA groups as well and I still go to them

Why do you think you still attend these groups?

Its em ye its kind of em its to meet other other people who stammer and it’s not that I want to prefect or work on techniques its more, this is a group of people who understand where and I came from and where I come from now and its I suppose like it’s an environment it’s a safe environment because you know most of the time I’m ok with the way I speak and it doesn’t bother me but there are times when something will happen and I will think oh no now I’m back to wherever and it’s good to be able to go somewhere and know you are not going back to wherever you were no you’re not this is what you can do so kind of it’s good to share with other people so it’s just having that kind of support so been safely supported.

In your opinion, what do you think helped you transfer the gains you made on the residential DAS course, and the skills you learned, into your everyday life?

Well to be honest it was really making and effort it was going to the follow ups even if you had done nothing in between the kind of monthly meetings it would give you a bit of a boost and by going to these meetings you were constantly brought back on track it was making the effort and I suppose it was taking small steps all the time doing you know little small things and I know now its like seven and a half years and its like you know after two years I suppose there would have been big changes but again there were things or situations that would still bother me and I would still think about you know there was still situations I would go into and I would use all my tricks and avoidances and I’m going I don’t want to do that anymore so the next time I go out how am I going to do that so it is it is you know chipping away little bit by little bit it does require working on it and being kind of sensible and knowing that it’s not going to be sorted in a month or a week or a year or two years you know
What do you think was the most beneficial aspect of the course?

Like if you had done like 8 yrs ago if you had done an assessment on me I wouldn’t have stuttered so how would you have measured my stutter you know like the iceberg well for me the top of the iceberg is tiny and underneath was just huge so to work on fluency with me would have been pointless like if that’s all you would have been doing so and even I suppose what I found really surprising from the course even the people who stuttered overtly like under the iceberg was just so huge like they would have had all the same feelings as me you know they would want people to know they stuttered even though they stuttered openly you but it’s still a huge issue for them and for me that was one of the surprising things for me doing the course was that people who are overt and covert are actually very similar

Tell me about the course?

Ye it was very it was challenging because the thing about being covert you are trying to hide it all the time so I would have tried to avoid any situations or any discussion about stammering or if I accidentally met someone who stammered it was like get me out of here So going into a course where you know everybody stammered and having to deal having to face I mean having to see people that stammered openly means I had to face something that I really didn’t want to accept in myself you know Em so it was like eh so that’s what it was like kind of going into it now I mean it was great the course was great cause I kind of went in going what have I got to lose here so I’m just going to go with this and whatever like I kind of decided I was going to have to trust the process of it and not kind of question it too much and wait see where it was going and what it was going to do and it was the first time I suppose I really talked about stammering so it was really good from the point of view of just getting rid of a lot of stuff and getting rid of alot of the thoughts that would have been in my head just actually articulating them and getting them out there and actually saying it just saying you know just saying I’m someone who stammers and I don’t really like it, I don’t really like stammering but you know if I can work towards a point where I accept it and I don’t have to deal with all of the clutter in my head you know if I can work towards that So from that point of view you know it was really it was really good and it was em I suppose as well the fact that it was in a group it meant that I wasn’t having to battle this once I had decided that I was going to do this that I was trying to battle this on my own and that I had support both from the speech and language therapist and also from the group of people that were there Em so that was really good

Tell me a bit more?

meeting other people and you know finding out that it was like I thought I was really clever finding out lots of these different tricks to hide the stammer but then I found out lots of people actually have those tricks But to know that other people went to to such lengths to hide hide their speech and you know it was also good for seeing you know, the ridiculous side and the funny side and the extent you go to to hide your speech and you know saying five sentences in order to avoid you know one one word em and sort of you know kind of stripping all that stuff out and finding that it is not that helpful and all that energy all that time and energy you waste and all that sort of stuff em so and it was that thing about its actually ok to stutter openly and there is you know still a whole person there even when you do
If you could give me one word to describe your stammer before you attended the course, what would it be?

Em I suppose em I suppose fear fear of people finding out fear of stammering in public fear of what would happened if I stammered so it was just living life in fear

What techniques that you learned on the course do you find helpful?

Ye I would em I would use voluntary stammering em I would use em sliding and I know they are kind of the same thing but when I would use voluntary stammering is when I would put it in on purpose but when I would get stick on a sound I would hold that sound and slide it out so those would be the two things I find really useful em my eye contact as you may have noticed is not very good but it is something I work on constantly em but I do find it helpful but it is something I’m not very comfortable with and I find it really hard and very difficult

Given that you were so covert, what were your feelings about voluntary stammering when it was first suggested to you?

No I suppose for me it was a little bit different because my daughter had been doing it so I had been practising with her em so it wasn’t kind of a new a new concept for me but I had seen things I had seen the kind of control that she got from using it so it made sense in my head and particularly for me as a covert em like I wasn’t going to stutter openly that wasn’t I had spent so so many years not stuttering openly that it just wasn’t going to be possible for me so to be able to do voluntary stammering meant that I could get used to the idea that I wouldn’t speak fluently you know what I mean so that was so that was good from a desensitisation point of view and also for me just to even get used to the idea that it was ok to stutter openly and that nothing awful would happen

Tell me about more about the voluntary stammering?

Control in the sense that em not in the sense that I could speak more fluently because I could speak fluently with all the tricks but control in the sense that I I could decided when and if I was going to stammer em and how I was going to stammer so it was control in that cause you know for me as a covert it was like I didn’t want to be stammering out of control I didn’t want to be the one standing there getting stuck and blocking with all the movements and stuff so for me you know that was kind of so stammering with control so stammering, so it meant if I held the sound that meant I was still stammering but it wasn’t it something I was going to decide how I was going to be.

Tell me about your life now, and your speech since you have completed the DAS course and how it has changed?

Em it is em ye I mean its hugely different in the sense that like my life hasn’t change in some ways because like I still have my family and I still continue to work and I still do all the things so my normal life if you like but that normal life has been enhanced by the fact that now I don’t have that parallel secret life going on beside it em, the thing for me now is that I do I do I do stutter openly on occasions but I don’t go away and cry about it now which I would have done before em if I stutter and if I don’t it doesn’t matter like my speech doesn’t have the same kind of emotional impact now that it would have done before and I you know I don’t see like for me as a covert fluency is not the kind of big thing because I had that but the fact that I am comfortable when I speak whether I
stammer or not is you know like that’s the important thing for me and I feel that’s what I have and I don’t mind like telling most people that I stammer and I have told most of my friends and they are like sure I never heard you stammer it doesn’t really matter so what’s the big deal and you know before you know when I was like if I said that to them immediately after the course I would have said to them you know it is a big deal it is a big deal and now I’m like well they obviously don’t see it as a big deal and that’s ok because they can’t know what it was like and the fact that I hid it for so long from them I didn’t want them to know I stammered and that I want them to know why should they accept it when I have been pretending so I suppose you know my life is the same in some ways but it is different in that I feel I am actually living my life now and not pretending

You described your stammering before the DAS course as ‘fear’ what are your thoughts about it now?

Just normal there is nothing you know there is nothing

And your thoughts about the future?

Em well ye the future em and it’s interesting cause I never really like when I was so covert before I did the course the future always worried me and I always because it was always what if what if what if now the way I see the future anything is possible whether it’s my speech or something else I don’t have that what if you know the future I see is very positive

Do you feel you are better able to understand what your daughter is going through with her stammering because you also have a stammer?

Ye absolutely 100%

In your opinion, do you think it has been beneficial to her to have received speech and language therapy early on?

For her yes I think I think what it’s done for her is to kind of normalise it you know it’s kind of em like you know the whole em she doesn’t see therapy as something that will fix her or cure her it’s a way of helping her helping her to kind of find solutions that will work for her but I think the fact that she is now beginning to problem solve at 14 and you know I think that’s kind of easier than if you were an adult going to therapy for the first time because you know you have all that other build up in your head that she doesn’t that she doesn’t have or have to the same extent.

Interview Transcription: B

In your opinion what was your life/ speech like before you attended the DAS course?
Ye I would have avoided everything life in general, the phone, the phone was a big thing, speaking on the phone. But I think thats how it is for most people. Like I worked in aoub so I had lots of avoidance techniques lots of little tricks I used in different situations like showing someone a receipt rather than having to say the amount like 8 was always hard for me to say so if the receipt came to 8.40 I used to just print of the receipt and show it to them so by the time they had looked at it I would have got the word out, that was like a real roundabout way but there the things you do you do things like that so eh, ye I would have avoided situations like the bank, going in, thats something I would have wrote about a lot like the windows on front of ya so you have already got a barrier in your head so a lot of things like that ye. I suppose I didn’t focus on it as much when I was young I kind of just got on with it I was kind of lucky in a way that my friends never emphasised it. Like, people would jeer you in school and stuff like that obviously but they jeer everyone, you know that kind of way, so it didn’t really matter.

**Did you find school difficult?**

Eh ye so it was like speaking out in school so if they wanted you to read a sentence or a certain paragraph in a book they would start at one end of the class and work their way through the tables so you would count the people ahead of you and you would find your paragraph and you would read it and read it and read it until it got to you different things like that but, em, as I said school wasn’t too bad I was kind of lucky that I was in, not the popular crowd, but I never didn’t have friends so I was kind of lucky like that I suppose whereas other people weren’t. I kind of lost my stammer for a couple of years like when I was like 10yrs until I was like 12yrs, not that I lost it but my Mam said I didn’t really have it that bad but then when I was 13yrs it came back and it has been like that ever since so I have never been any worse or any better but no school was ok but speaking out in class was difficult ye.

**At what age was your stammer noticed?**

Eh I think when I was about 5 I think, 4 or 5, and I done a bit of speech therapy but it was very old school where you went in with your parent and they sat you down and got you to read a page and then you went out of the room and they spoke to your Mam about it and then you went back and done the same again.

**For how long did you attend speech therapy?**

Not that long well you didn’t go a lot because well I would have gone a good few time but it would have been over a long period of time but I could read the bible and not stutter you know, that’s not my problem you know, it’s more like different situations and different things and you associate an experience with a past situation and that’s when the problem is.

**When did you attend the DAS course?**

It was September 2006 and I didn’t attend any more speech therapy until I went on the DAS course.

**Why did you decide to do the DAS course?**
I just went online because at work I was just getting so, I was getting pains across my shoulders. I’ve gone through loads of different tricks so there was a stage when I used to take really deep breaths in and then I used to get stuck on the words and then I wouldn’t let the breath out so I used to pull muscles in my shoulders and in my neck and I was just getting stressed out and I hated speaking, I absolutely hated it and I was working in a pub so that wasn’t good because in there you have to speak all of the time so it just got on top of me then. Then I just went onto the ISA page and there was a link on there for DAS. I then went for an assessment and then they said ye they thought the course would be right for me.

If you had to describe you stammer in one word before you attend the DAS course what would it be?

Struggle. Everyday a struggle from the minute so get up because everything was a struggle. You think of stammering before you think of anything else. Like if you have to go to the bank you put it off for four days so then for that four days there is a lot of built up anxiety and then you are getting more and more anxious. I would put off phone calls or get somebody else to make the phone calls for you and they are called facilitators I think I came across that somewhere before but em, ye just a struggle the whole time.

Tell me about your experience of the DAS course?

Ye the course was good it was the first time I ever actually in a room with other people who stammered like at that age you know even in therapy when I was younger it was just one on one. So that was kind of it meeting other people who had different grades of stammering like there was some people who might not be able to put a sentence together and then other people who were covert so they wouldn’t speak at all until they knew they could get the sentence out. I’m quite overt like I don’t tend to try and hide it, it was good I mean you realise straight away you are not on your own so it kind of puts you at ease straight away so that was good. I don’t mean to be bad when I say this but you kind of realise that you’re not that bad compared to other people because there are some people who can’t put two words together and it doesn’t make you feel better but you kind of just say well my problems aren’t as bad so it give you an insight. But it dealt with the person first and the stammer second which is the best thing because your stammer should never define you as a person it’s just another part of you so like so that kind of thing was good like they done a lot of different situational things like bring you into a bank and put you into an environment that you already told them you weren’t comfortable in and then they told you to use different techniques so it was quite progressive in that way you were using what you learned that day that night. The residential one was good because you were in an environment where you were sticking with it once a day where I suppose if you were doing it once a week you go back and then undo everything you learned and then you go back in and feel great and then you undo it again. Whereas in that kind of environment where you were going to sleep and waking up in the same environment with the same people like when I came out of it I felt like I could stand up in front of the world if you know what I mean now I still stammered but you just look at it differently. The fact that the residential was continuous it helped you build on things and then at night sitting down with the group when it wasn’t in a therapy format like just having dinner or a drink and you felt much more comfortable with people, I can only imagine it was better that then weekly one because I was never on the
weekly one, I envisage on the weekly one that you would have lost everything by the following week. Like some of the techniques they though us like sliding on words like focusing on the first letter rather than the second letter like a vowel on the word so it kind of focused you to stick with the first sounds and slide on that as long as you need to, to get into the word stuff like that, that I would never done before. Rather than like the Maguire program say where it’s all about breathing and stuff.

Did you do any other therapy?

No I looked into it and I went to an open day and I thought it sounded very aggressive they kind of monitor you every week or every month and you have to do breathing techniques everyday for 20 minutes and they put like a strap around your chest and get you to breath in and that wasn’t what I wanted, that wasn’t what I wanted to do

Why did you choose the DAS course?

because they focus on the person first and the stammer came second you know because its all in your mind now once you stammer for I think the same period of time the stammer stops it’s just all in your mind everything you just over think every situation do you know instead of just trying to blank it out and go into a situation saying if I stammer I stammer it doesn’t matter ill get through it but before I never would have thought like that I couldn’t see the light at the end of the tunnel not that I’m there now but I’m just better and it was better to focus on yourself and they also thought you to listen to other people speak and you kind of realise that other people who speak ‘fluently’ they take pauses and even when you are on the phone sometimes like people don’t speak straight away and they take their time whereas your thinking I have to get the word out now, now like right now, whereas people tend to take their time and eh like they might not even be listening to you. They done group work as well where they spilt you into groups and they kind of just got you to speak about different situations and analyze different situations. So some people would be saying something really bothered them other people would be saying they got really worked up over something. Some of the tricks you hear, like people going into pubs and they only drank Guinness but they couldn’t say Guinness first so they would ask for a Heineken and a Guinness and they’d end up with four pints of Heineken on the table and no Guinness left and the bar man you be like is your friend not coming and you’d be saying ah ye he is coming soon. Like you’d say to yourself how do people like anyone who doesn’t stammer probably thinks that just crazy but that’s just what people do. Or paying for the bus even you’d always make sure you had the exact right amount of money to drop into the machine even turning the money around so the driver can see it then people used to say to me why don’t you go into the shop and get a travel card but then you have to go into the shop and ask for the card which is another situation like do you know what I mean.

How did you feel about the course?

No I really enjoyed it I thought it was really good the whole environment, I really liked it. It was a pity it had to end because you kind of come out of a bubble then like your kind of in that bubble you know. I came to one of the follow up meeting a couple of months after the course but that was it I kind of got a lot out of the course you know but then I suppose you go through your good times and bad times you know up and down.
They run the follow up meetings once a month and probably everybody that’s been on them has been on the DAS course and one point. So I came into one of them with a lad who was on the course with me, cause he ived near me and then I just never came back in not that I didn’t want to but it’s quite far away but that’s another excuse you make in your head just different things but I kept in contact with the speech and language therapist and I kept up to date with the ISA but I didn’t really get that much from the meeting it was more a support group and I didn’t really need a support group that’s not something I needed a lot of people do but it just wanted something I wanted. I needed the therapy and I took a lot of different things from the therapy as possible so all the techniques I tried to implement them but life tends to unravel all of the good work eventually.

**How do you feel about your life/stammer now after completing the DAS course?**

It doesn’t really bother me any more ah no it does every day but I try tell myself it doesn’t like I write a blog diary of a stutter it’s called and em, I just always say on that if you worry about it all the time you will never be normal and live your life. I’ve met people through the blog who has accomplished loads and I don’t know whether its healthy or unhealthy to live like that. I’d love not to have my stammer in one way but then again its part of me and who I am and everyone has accepted me for having it. I suppose it depends like on the phone it’s a big thing like I’m studying journalism at the moment and like I spend all day on the phone which is my worst nightmare but like you do it every day and make phone calls every day like I would have never done that I would have put it off so I suppose I’ve taken that from DAS as well. I think the older I got I just had to get on with it you know everyone has their flaws like I know people who are beautiful fluent speakers and they are afraid to pick up the phone and ring people so if their afraid you know what I mean I might be ok here.

**So has it changed how you feel about the future?**

Ye like I would have never even dreamt of working for a newspaper before but circumstances change like I never would have thought of speaking on the phone until I decided to do journalism it just didn’t pop into my head and the first time I went on work experience somewhere they said to me ‘oh we just want you to ring the Dublin captain there and get a few words off him about the match yesterday and I thought ‘oh no’ but I done it after awhile of looking at the phone he was probably a bit uncomfortable for the first few minutes but when you get into it. The introduction is the most difficult for me it’s like a clock ticking down I’m just waiting and then when they answer I’m like ‘ok I have to speak right now but I don’t you know.

**Do you think now that you are more comfortable with it and secure with it that people react to you differently?**

Eh ye definitely the less conscious you are about it the less...I think people read that in your body language like even the way you come across like people can tell like I went through a period of telling people the minute I met them that I had a stammer but then I kind of got past that now again. I suppose you have to think someone’s look can hurt but some people don’t even pick up on it other times. Like I’m really bad in some situations but here now I’m ok its not to bad but then on the phone or speaking to someone in authority like if you get stopped at a check point you’d roll down your window and I just want to say ‘ah how is it going guard’ and he’d think I’m after being drinking or something do you know cause you just get stuck on that word then and then you finally
have to get out and you eventually get to say ‘I actually have a stammer’ and the guard and sure he’s probably thinking this lad is having me on... if you see the lighter side of it you know but some people just cant some people probably have really bad childhoods and they have this defence mechanism up and they think everybody is the enemy. I have met loads of people like that on my blog and on facebook and they have just had constant bad experiences and they just haven’t been able to get past that I suppose I’ve been quite lucky like that. My view of it now I suppose I’m not going to let it get in my way anymore it still does every day but it’s kind to explain you know it’s not in a big way that it gets to me.

**Before attending the DAS course you use the word ‘struggle’ to describe your stammer how would you describe it now?**

Well it’s still a struggle but a stammer is like your pushing a car up a hill and you’re on your own, do you know, you make it a little bit of the way but you can’t make it all of the way. Whereas now I’m in the car and I’m driving slowly rather than pushing from behind. Ye it’s kind of like you have broken down little bits of the barrier over the years you know there is more important things to be worrying about than that. The more I spoke on the phone, like the introduction doesn’t get any easier, but it’s very hard to step back when you’re in a speaking situation but if you can do it, it opens your eyes hugely. Like if you can step and look at people when you are talking to them they tend not to bother I mean everybody has their own problems. That’s something they thought us on the DAS course everyone has their own problem and worries the majority of people aren’t worried about your stammer your making it as if it’s going to be their problem as much as your own like why would they worry about it. But then I suppose if you have really bad experiences there is a lot more layers to peel away before you get to that point. I was lucky that I didn’t I was always quite outgoing and confident in a way and people used to say that to me ‘ah your really confident’ and I used to think ‘ye you wouldn’t say that if you were in my head’. Then again people are all obsessed with the way they look or sound or they are too big or too small or round or whatever.

**Tell me about your blog when did you set that up?**

I had to do it for college we had to set up a blog so I started it some months ago but it’s after going through the roof the British Stammering Association and loads of the American associations retweet the stuff and put it up on facebook pages and the Irish Stammering Association they have put up links to it. From the feedback I got people found it really interesting to get to have a look at the experiences people with a stammer have and the struggles they go through on a daily basis. Other people put up stuff so they can contribute their experiences in Ireland and England. Its number one on google I’m going to make a few bob from my stammering!!

**Do you find from the blog that people are quite open about talking about their stammer or are they open to therapy?**

Well, probably not I always ask people to leave a comment to get people talking about stammering and you know some people do there are always some people who will leave a comment but some people can be quite negative like some people say it’s the worlds problem I’m the way I am because people have put me down and you kind of think no its your stammer it’s not their stammer. That’s
the way their seeing it you know I mean I don’t blame anyone for reacting in an awkward way like I’ve put loads of people in an uncomfortable position because of my stammer but it doesn’t mean that they didn’t like me its just uncomfortable sometimes like when I done DAS there was a guy and he was really severe and that was the first time I’ve ever met someone like that severe and I was kind of uncomfortable like I wasn’t looking down on him its just kind of an uncomfortable situation to be in sometimes.

Do you find it hurtful when people react negatively to you?

You do feel hurt a little but you try not to worry about it but if someone slagged me now I would confront them and tell them I have a stammer and at least I’m trying...I’d say that now but years ago I wouldn’t. Once I started working in the pub I was pretty good my stammer probably got worse but people seen me for who I was they seen past the stammer but I suppose everyone reacts differently everyone has had different experiences thats the thing about stammering your carrying round twenty years of baggage everyday in your head like if you go into the bank every bad situation you’ve had in your whole life in the bank comes back to you every time you go in or every day you get on the bus and it can be very hard to just leave that at the door and go in fresh and not bring that with you so thats why I think so much of it is psychological you are already creating a huge block before you’ve even attempted to speak so what chance are you given.

Do you think you will always have those feelings?

I think you’ll always have it unless you went in and had ten good experiences in a row once you get past the first part like you’ll be fine but I don’t think it will ever go like you’ve kind of carried it with you for so long it’s like if you eat something so don’t like then you are reluctant to try it again because you had a bad experience with it the first time I suppose its kind if like that. Then you don’t remember the good times or the good speaking experiences like I don’t ever remember having any good speaking experiences in the bank but I must have had because I’ve been in the bank thousands of times its always the bad experiences that stick in your mind it’s that baggage it’s so much to be carrying around with you like I used to get so anxious but I don’t as much anymore but em, I suppose people who have different /worse experiences then there are people who get long blocks they actually freeze and they can’t get out of it then they might start going red or something then like a person might laugh nervously or they might just laugh because they think it’s funny and sure that’s like sticking a knife in you so if that’s happened you a couple of times you know it’s not good.

Do you think awareness around stammering has increase?

Well how much awareness can you raise like you will make people more sensitive to it and then they will notice if you stammer would that be better? Like if you were trying to hide it because a lot of people who stammer do try and hide it then if everybody knew exactly what to look out for in a person who stammers would it work the opposite way maybe I don’t know. But everyone else has so much going on that’s what you have to keep telling yourself that people have their own problems and their own worries.
I think the more research and that’s done the better
**Can you tell me about your life and your speech before you went on the DAS course?**

It’s been a little while since I done the course it was in 2005. Before that like I had stuttered since I was very small I guess and I went through some kind of public appointment with my Mam I suppose I was about 10 or 12 or so. We talked a little bit about what was going on at the time and what was making me nervous or stutter basically and eh there was a few things there that were not really big things but anyway. I’m not really sure what happened after that but I basically had the one appointment and that was it. Then em, eh, I’m not sure if it was really em affecting me that much then em and then it started to affect me a fair bit in work and eh then I started to seek out the help of a private speech therapist eh I spoke to her for about maybe eh an hour one day its wasn’t really the best experience and I think I was expecting a lot more from it, she talked about maybe eh discussing it eh telling people basically that I actually stuttered and em I was thinking about some people to tell and then em well eh I just didn’t carry on with it.

**Would you have hid it from people?**

Oh ye ye, like there is only about half, maybe a dozen people that I have told say. My family know eh there is some people eh I guess that’d I’ve told who say it’s not a surprise but most of them and some of them were kind of surprised because by this point I became very good at hiding it I guess. So em then around that time I thought right eh will I actually do this and then I think for some reason eh what happened or the details of why I decided I’m not really sure but anyway I didn’t really take it any farther again. So then I brought it up with my Mother a year because the course and she kind of, she kind of reminded basically of the early session and she heard something on the radio about the DAS course so I got in touch with them luckily the timing was pretty good and I think I had a few weeks and then I went on the DAS.

**Why did you choose to do the DAS course at that time?**

It’s hard to say like eh if I had the opportunity to go when I was younger I definitely would have taken it I was sorry I didn’t do it earlier and then it would be easier to pick up and engrain techniques when I was younger because as you get older you build up resistance. All the life experience is build up and it’s hard to change it.

**Would I be right in saying you would describe yourself as more of a covert stutter?**

Oh yea definitely

**How much of an impact did your stammer have on your life?**

Em I guess I still do really from eh time to time so I’d say eh I’m fairly sure that I probably was eh doing it most of the way so you know, em, like well I guess at first it must have been a problem that my Mam or my family noticed you know because it was obviously serious enough at the time that she decided or we decided to actually go and stuff and then once I moved out and stuff it really wasn’t that much of an issue so it is kind of a cyclical thing so I’d be grand for awhile and then I’d be bad for a short while and then I’d get em bad again you know so eh because you know it wasn’t constant eh I was missing out on things but then I didn’t see that as a huge deal from then from a work point of view my career eh is quite important to me so basically that’s one of the main reasons I decided I was going to do something eh about it and actually go on the course because it was
interfering with my work. I mean in terms of personal life eh I didn’t really think it was interfering
that much there were certain situations that I possibly avoided I’d say but you know it wasn’t a
major part of my life and I didn’t feel I had to face those things all the time like I’m self employed so
em I need to be fairly upfront or confident as part of my job and for the most part it didn’t affect me
really I can’t think of a situation where I didn’t do an interview or I can’t think of a situation where
something in work that, that it really prevented me from doing something. It’s just more about
trying to improve my communication skills eh generally because with my job I have to talk to people
and I em, I guess em I had a fairly negative view of whether I would be able to do a job where I had
to talk more than I was actually doing. So maybe em that eh didn’t eh affect the type of role I went
for in work. Basically, because eh I started off on the technical side so you are just sitting in front of
screen all day then I moved to the business analysis side where you have to talk to people a lot more
go into meetings, do conference calls talk to people at all different levels of management including
those in authority basically and I guess I perceived that, that I wouldn’t have the communication
skills to actually make that jump and that’s probably part of the reason I also did the course.

Once I had done the course I had the confidence or some platform to actually eh make the jump. So
since, of course I have found that people who I, who I eh, I guess assumed that their level of
communication was at a particular level but once I’m actually in the role eh I find I’m very easily able
to eh, I was going to say survive, but to stay em, I guess I can do the job basically, more or less no
hassle you know but it doesn’t really depend on me being able to talk as fluently as I perceive that
people in those roles were talking.

**How would you describe your stammer before the attending the DAS course and what did it mean
to you?**

Well I guess em, eh, eh, it was something that was very negative, something I was very embarrassed
about and something eh I didn’t really know that much about and certainly something I had no
control over so it was something em that I was afraid of I guess really. I certainly felt that there
certain situations where it eh completely had the upper hand on me rather than me having any level
control at all.

**How would you describe it now since completing the DAS course?**

It’s been kind of strange because eh at the start I was pretty psyched after doing the course and it
was all pretty fresh in my head and stuff so for quite a long time two or three years I was using all of
the eh techniques and I was doing pretty well. Since then I kind of started not to really eh not to
really practice the eh sliding and eh what I have been thought and stuff so em I guess that’s part of
the reason why I’m here today to I guess force myself to actually think about it and to talk about it a
bit more and to get back into practicing the slides and the techniques we learned in the course.

**Why do you think you stop using the techniques that you had learned?**

I don’t know I mean eh Id say probably slipping back into the old kind of ways you know cause I was
kind of eh when I went on the course I would have been 32 so I had spent a lot of time doing the
same thing and then eh when I did the course I did a few nights I think a monthly meeting course I
did that for eh six months and then sort of gradually slipped, slipped away from it I guess you know.
So I guess there have been times now where I can really successfully use what we did on the course and then there have been times eh when I just can’t you know.

Tell me more about that?

Em well first guess would be lack of focus and practice to, to, to use, to reinforce the techniques we used because the week we had was one full week and it was kind of all day every day and then after that for quite awhile I used it a fair bit you know probably Id eh I’d say eh 90% of the situations where I actually thought about it and I used it then it sort of gradually slipped back so eh right now I’m very focused on this so em I guess its eh well I feel like I’m able to use some of the techniques now you know but eh there have been situations where I haven’t really felt that good and I’d feel quite negative you know.

Do you find it quite effortful using the techniques?

Now I do ye, now it’s a hassle basically to do it you know so that’s why I stopped doing them. I mean eh exactly why like I don’t think about it as much as I should you know really but that’s sitting here right now is probably the main reason you know.

Tell me about me about the course?

It was very tough like the first two or three days eh I was fine I mean I knew well eh I didn’t really think about it. I got there on the Sunday I think and it was nice all of the people were nice but the amount of eh personal stuff that you need to think about was quite intense you know so eh even though I found it good, I never felt scared, I know eh that just took the risk away.

No like eh in terms of the amount we got done I think the residential one was good like if I was recommending someone to do it again, even though at the time I thought it was a bit of hassle, it was definitely worth the investment of time I made you know.

What was the main point(s) that you took from the course?

Ye well I mean em its, it is a fair while ago but the feeling I remember was that eh we had a page basically that we filled out each day saying how do you feel about your stammer now. Oh it was a tree and there was a guy the top and one guy had his hands in the air but the one that struck me was the one on the platform basically and that was the key thing that I really got from the course that empowered me I learned a lot about my stutter and how I feel about it and the techniques so to use the slides and stuff I felt like I really...well it was the most work Id ever done on it but it was I felt comfortable with the way it was done and I really felt I had a platform from which to move on from then and to be honest I still feel like that like I’m sure I would feel more negatively about it today and I probably would still be doing my old type of work today if I hadn’t done the course so em if for some reason I decided never to do any more work on my stutter it would have been well worth it just for that alone.

How do you feel about your stammering now?
Eh I was going to say embarrassed but I’m not really sure thats it I think it might be more prevalent or well eh I guess it prevents me from doing more things I want to do right now I’m not sure if I can think of one word. I have more of a grip over it that it used to have to over me basically.

**What are your feelings about the future has your outlook changed since you did the course?**

Ye it has ye. Before I did the course I felt like there were certain types of roles and certain types of jobs that were closed to me and that frustrated me but I don’t feel like that now so thats a really positive thing. On a personal situation front I never really felt it was a big deal like there may be like there still are certain times when I’m talking with someone that I will have a serious problem like I had one on Saturday and eh after that I feel like I kind of my first thought is to have very eh I guess negative feelings about it but now I know like that’s not really the right thing to do so maybe it’s a little bit of frustration in myself for not having practiced more so that I wouldn’t sort of slip into the classic situation where I get stuck you know I did get stuck and you know its fine it’s not a big deal it’s just a small bit of...

**Do you think it would be beneficial for you to attend follow up groups now?**

Definitely, I mean I went to one recently with the ISA and em I’m not sure why but I didn’t really get that much from it there was like four people sitting around a table for some reason I was fine when I was there and talked a little bit and em it was fine I just didn’t really feel I got that much from it. Then I did a private appointment a few months ago because I was having some particular problems with conference calls in work. What I was doing involved doing a lot of work on the phone and depending on what I was doing some situations can be quite acrimonious so you have to either kick people or they are trying to kick you do you know what I mean it was no personal stuff just high standard American corporation stuff so eh I was having a bit of a problem with that so I went and talked about a few things and then I kind of got a bit better again and I still do the stuff we talked about when I am preparing for a call.

**Did you discuss techniques to use or your feelings about the speaking situation?**

It was more in the line of techniques because that’s what I needed and that’s what we decided I wanted to do.

**How/Why did you decided to do the DAS course?**

I don’t think I really researched anything I think my mother had heard about the course and then I looked it up on the website. It was only really on the course when they were talking about one or two other treatment programs but I didn’t really research the market. Like before when I went to private speech therapy and didn’t really know anything about it I was hoping for an instant quick fix and then I realised that wasn’t going to be possible so that’s probably another reason why I didn’t go ahead with that side of it you know. Then having been on eh the course it was obvious that like eh it was going to be a straight forward, snap your fingers type thing to fix and even being in the room with other people didn’t make me like I really had to get out of that situation straight away you so it was good in that way well it was like you know there was more people in the situation.
So you found it helpful meetings other on the course that also stammered?

Ye I did I still have problems about talking to other people who have a stammer. I haven’t a clue why I mean I guess it’s how personally I feel about it I’m not open about it, it’s really hard for me still to tell people like around the DAS time I told some people I told my best friend and that all went fine eh I told a few people and most people said they didn’t recognise or didn’t remember and that was fine but I can’t at least I feel I can’t just tell people I stammer. But there is a guy in my opinion who stammers in work one of the real senior guys and then one of the other things just struck me being on the course they thought us how to listen to people that made a big difference to me like if you listen to people talking on the radio like for instance George Hook doesn’t talk fluently at all but he does that for a living but there is another guy in work who stammers who I would have a good bit of dealing with and I just find it slightly more awkward I don’t know I guess its because we are the same but like the chances of me saying it to him are nil because I don’t know if he has done any em treatment whether if he you know. Like if someone had said that to me before I went on DAS I would have really reacted probably fairly badly so I wouldn’t bring it up you know.

How do you feel about telling people?

I’d be absolutely happy right now like I don’t feel the need to tell people. Then when I do you know it’s kind of awkward because 99.9% of people will tell you they hadn’t noticed and I’m there going are you taking crazy pills and then it’s never brought up again. I don’t blame them because I know that’s how I would react but when I told my best friend like sometimes if I ‘m having a deep and meaningful with a friend and I feel like saying it I will.

I don’t think it has made a huge difference to my life you know I have done what I wanted to do for the most part but if I can maintain eye contact and use the techniques I learned on the course it’s much more straight forward but I have often wondered if I would be more outgoing if I didn’t have a stammer.

Interview Transcription D:

DAS residential 2006

Tell me about your life/speech before you attended the DAS course?

Eh up to the course my speech didn’t really have a huge impact I went through school and college and work it was never really that big an issue eh when it started I started working in a call centre and from that job then I kind of felt like I’d like to see if could get some therapy done. I was on the phone most of the day and I got on grand but I was just at a point in my life where I decided I would give it a go eh just to see how I did.

Eh to be honest I never really thought about it much like I had a stammer and that was if well like I probably did a few tricks like substituting words and that but to be honest I didn’t know that much about stammering before the course I didn’t really know what I was doing it was just kind of a
natural thing to change words I suppose it’s a natural bit of stammering to have these tricks or to change words all the techniques you develop over the years.

**What age were you when your stammering was first noticed and do you remember that?**

Em I’ve been told when I was around between 8 and 10 I don’t really specifically remember how it started or when it started it was just ye its funny I just never remember when it was started I only remember what I was told by my parents which is when I was between 8 and 10.

**Did you attend any speech therapy when you were younger?**

Em I attended St John of Gods I think the reason for that was my parents wanted to see if it was a psychological thing they weren’t really sure why it was happening they weren’t really sure and they just wanted to see if it was something psychological em I did therapy as well, well looking back now it was supposed to be therapy but it wasn’t really therapy it was a drama teacher and she did eh it was a one to one session and in that I would eh read aloud poetry and she would have me doing exercises with the mouth say with the vowels eh pronouncing the vowels and doing stuff like that so.... like back then I thought it was therapy but I don’t know these days if it would be classed as therapy.

**Do you think your speech has change since doing the course?**

Em ye its changed I think my attitude more than my speech has change because I feel differently now about it than before the course. Em I just if I stammer in a situation I don’t think about it too much afterwards I try to move along as quickly as possible in the situation and then just eh forget about it...a stammering situation you know thats just the way I talk.

**Tell me about the course you attended?**

Eh ye it was 5 or 6 days and it was fairly intensive each day would start early in the morning and go on quite late into the evening. We would do exercises on voluntary stammering, with other well known speech therapist on their techniques using voluntary stammering we would have group sessions, learning how to properly voluntary stammer and learning about stammer as well was a big thing.

**How did you feel about it being a residential course?**

Em like I eh went along a few times afterwards to the weekly one as a guest em I think the residential is needed really like after the week I came out I felt like I was eh a fluent speaker I think the week long course would be better than the weekly course.

**How did you feel about the course?**

Em to be honest I found it helpful meeting others because it kind of helped you to comes to terms with it more like I’m not the
only person who has a stammer there’s other people here like you even though they may be more severe or less severe so it helped an awful lot on the course I think it was any way different than that I’m not sure if it would have worked as well.

**What was the main point that you took from the course and that you found the most helpful?**

Em probably that it was ok to stammer and that it’s not really such a big deal. I was always an overt stutterer.

**How would you describe your stammer before attending the course?**

Em probably the big thing before the course was fast paced speech. It was kind of to get through a situation I would try to talk faster maybe it was like a technique I would have used to try and get all the sentence out but I don’t do that anymore I take my time more and put in pauses.

**Would you have told people that you stammered?**

Eh not really like I think it was always kind of obvious if I was speaking to a group or one person even I think after a minute or two it would become apparent that I had a stammer it wasn’t really something I felt comfortable talking about either really

**How did other reactions make you feel?**

Eh most of the time they were ok anything that would kind of bother me I would do my best to let it go over my head and try not to be bothered by it that’s one of the things that the course thought me that you know it’s ok to stammer so to let things pass by me you know.

**Did you attend any of the follow up groups?**

Em ye well I went to a good few of those and then they stopped over a year ago almost a year ago and I havent been to any since the format change a bit I think but I used to go a fair bit. I found them helpful because there was support the social aspect of it and meeting up with people who did the course at a different stage and talking about it and talking about different things in general.

**What are your feelings about your stammer since completing the course?**

I’m very comfortable with it now eh as I said I stammer openly and I think the course has helped that a lot. I kind of stopped going to the self help meetings because I got to a point with my speech where I was comfortable enough and for the last 5/6 years I was involved a good bit in the meetings and I kind of felt I needed a breather like I do intend to go back again. It’s kind of given me a different perspective on my speech as well being away from things I don’t know I just kind of feel even more content about my speech. I think when I was around the meetings its nearly always on your mind whereas now it’s not it kind of seems even less of a big deal now it’s kind of given me a chance to...If I’m having a bad day it gives me a better perspective.

I think if I didn’t have the course behind me I don’t know what my speech would be like but definitely my feelings would be a lot different because I know so much now about stammering and eh before the course like eh before I even did the course I never even heard of the ISA like the course alone has given me knowledge.
Tell me more about that- Knowledge?

definitely knowledge made a difference it made all the difference

**Why do you think the DAS course was so successful for you?**

I think like eh the a course that’s just based on making you fluent it’s not dealing with the other issues like the iceberg it’s just dealing with what you can see so I think it’s important to deal with the other issues whether it’s like the eh psychological stuff needs to be dealt with separately outside of speech therapy its important just to kind of em kind of eh nick away at that too.