

# 1 The Construction of the Disabled Speaker

## Locating Stuttering in Disability Studies<sup>1</sup>

*Joshua St. Pierre*

To be natural is such a difficult pose to keep up.

—Oscar Wilde

### INTRODUCTION

Spoken discourse is often given as the most basic and universal form of exchanging information and as such has occupied a central role in questions of human rationality, agency and identity. However, even within disability studies, very little thought has been given to the actual form of speech production as an embodied act. In this chapter, I intend to focus on stuttering, which has received attention in the emerging literature of disability studies for the most part as a pertinent example or useful anecdote. This is surprising not only because roughly 1% of the population stutters, but also because the social nature of stuttering makes it an unavoidably public disability.<sup>2</sup>

Discourse around stuttering and other communicative disorders is not nonexistent; several academic journals are devoted to speech pathology and therapy, support groups offer their services to stutterers, and a handful of autobiographies can be found that draw out the experience of stuttering.<sup>3</sup> Yet what is both interesting and telling about the existing literature is that stuttering is consistently framed as an individual, biological defect to be coped with, managed or cured. Little attention has been given to what can be learned from resisting the urge to “fix” stuttering and instead reflecting upon what it can reveal about the ways we are accustomed to understanding speech, communication and disability.<sup>4</sup> By gathering stuttering from the fringes of disability theory while questioning the dominant methodology surrounding stuttering discourse, this chapter seeks to understand the ways in which the disability of stuttering is not simply biological or natural, but is made meaningful by society in three interrelated ways.

Highlighting the distinctively dialogical nature of communicative disabilities, I first argue that “broken speech” is constructed by *both* a speaker and a hearer. Next, since stuttering is an embodied act, attention must be given to

the construction of the speaker's body. Lastly, this chapter calls attention to the liminal nature of the stutterer, who is neither clearly abled nor disabled. This liminality can help explain the unclear and conflicting expectations forced upon stutterers, who, unlike many other disabled people, are often expected to perform on the same terms as the able-bodied. Disfluency can thus be interpreted as a distinctly *moral* failure: the failure of a stutterer's will and self-discipline, which undercuts and threatens capitalistic virtues.

Before moving on, I wish to flag quickly what might be the rather surprising de-emphasis of speech therapy within this work. Although speech therapy plays a significant pedagogical role in the stutterer learning to identify herself as such, it is simply not possible within the constraints of this work to do justice to the role of speech therapy in the construction of stuttering. I recognize that expectations of efficiency, clarity and pace are often reinforced by speech pathologists. While person-centered therapy importantly focuses on developing levels of fluency set by the client, the assumption is still that if she wants to be taken seriously, the stutterer must learn to master fluency techniques (relative to her goals) so as to present herself adequately. This concern is altruistic, and speech therapy does much good. However, given their position of authority, speech pathologists do not merely reflect how things are in the "real world," but participate in *creating* the world of normalized speech expectations and constructing the stutterer within that world. With this being said, I must largely bracket this conversation for the time being.

## THE MEDICALIZATION OF STUTTERING

Insofar as stuttering has not been formally theorized, it comes as little surprise that stuttering has been understood almost exclusively through the medical model. Stuttering is accepted as a problem within the medical model, identified both clinically and medically as *something* to be managed and fixed. As I will show, the medicalization and management of stuttering compels stutterers to understand their stutter in a very specific way.

The prevalence of the medical model in our society's reaction to stuttering is evidenced by many recent attempts to cure or manage stuttering. For instance, in 2009 the longed for "wonder drug," Pagoclone, intended to reduce disfluencies, went into clinical testing. The initial results, which came as no surprise to many, showed that "the study did not meet its pre-specified criteria for success."<sup>5</sup> However, Endo Pharmaceuticals holds that there were some "trends of interest" that are currently under review. Medically, there is ongoing genetic and neurological research into the nature and causes of stuttering. To cite one example, Dennis Drayna, co-author of the 2010 study "Mutations in the Lysosomal Enzyme-Targeting Pathway and Persistent Stuttering" which revealed three genetic mutations in the brains of stutterers, comments that "the sooner that stuttering is recognized as a biological disorder, people can get down to using that understanding

. . . to better treat the disorder.”<sup>6</sup> Drayna’s optimism in the power of science to cure disability is certainly not surprising as it is emblematic of the medical model. Technologically, altered auditory feedback devices (AAF) are becoming increasingly popular; the SpeechEasy, which is worn in the ear and echoes the speaker’s words at a slight delay and altered pitch, is advertised as a “discreet anti-stuttering device.”<sup>7</sup> Though SpeechEasy has so far resulted in mixed success, technological augmentations can only be expected to increase its usage.

The medical model would have us see stuttering as a problem which must be managed through these sorts of means. The “success” or “failure” of these attempts at management is presently of little consequence, since what interests me is both the prevalence and influence of the drive to manage stuttering. What is both significant and troubling about the management of stuttering is not that it occurs but rather that management prompts stutterers to objectify their own body—specifically the speech production system—and treat it as shameful, while also extracting stuttering from its social, cultural and economic contexts, allowing the pervasive narratives of stuttering to go unquestioned and unchecked.

The quantification of disability, commonplace in the medical model, helps shape stuttering “into a concrete *individual* issue, abstracted from *interpersonal* interaction and interpretation,” making it definite and easier to deal with for the medical establishment.<sup>8</sup> For instance, speech pathologists regularly use fluency counters to calculate the rate and percentage of disfluencies spoken per minute. Through this practice, pathologists isolate stuttering from an interpersonal communicative action to a very precise biological malfunction, thereby making stuttering into a concrete *thing* which can and should be dealt with.<sup>9</sup> The process of becoming arduously aware of every deviant syllable as something misspoken and out of place requires and reinforces a paradigm of objectification. That this paradigm is harmful is evidenced by Petrunik and Shearing’s consideration that “stutterers experience stuttering as the work of an alien inner force (*often referred to in the third person as ‘it’*) which takes control of their speech mechanism. Stuttering is something which stutterers feel happens to them, not something they do” (emphasis added).<sup>10</sup> Stuttering as an unwanted and an invasive “it” is evidence of the objectification and distancing stutterers are impelled to feel towards their speech through the medical model. This model is therefore woefully inadequate to resist the ways medicalization and social structures reinforce the oppression of disabled speakers through objectification and abled/disabled binaries.

#### COMMUNICATIVE NORMALCY AND THE CONSTRUCTION OF THE HEARER

Stuttering as a communicative action is a distinctly social phenomenon that cannot properly be reduced to the physical difficulty of producing sounds,

but must be situated within its social fabric. Paralleling the way in which speech has no meaning outside of an interpretive context involving a hearer, so stuttering cannot be understood apart from expectations of “normal” hearing. What if we saw stuttering as constructed by a hearer prejudiced against “broken” speech as well as its speaker, and thus as a product of ableism? Would this allow us to dismantle the myth that stuttering is an individual defect and responsibility?

To this end, I turn to Rosemarie Garland-Thomson who locates stuttering amongst a range of disabilities that disrupt the normal expectations of human communication:

The uncontrolled body does not perform typically the quotidian functions required by the elaborate structured codes of acceptable social behavior. Blindness, deafness, or stuttering, for instance, disturb the complex web of subtle interchanges upon which communication rituals depend.<sup>11</sup>

Elaborating on Garland-Thomson’s reference to stuttering, prolongations—“aaaapple”—or repetitions—“p-p-p-p-potato”—disrupt subtle vocal inflections that convey meaning and similarly, speech blocks including facial grimaces, tension or freezing deny an interlocutor a significant part of communication.

In one sense then, stuttering makes the transmission of information more difficult than “normal” speech. An unaccustomed hearer often works harder to analyze non-verbal cues, to understand the meaning of words that are twisted and stretched beyond their defining phonetic structure, and to decipher syntax from sentences that are halted mid-way only to be backed up to get a running start. This interpretive process is made even more difficult by the frequent discomfort of watching / listening to a stutterer form a sentence with difficulty. However, regardless of the severity of the rupture, the responsibility for this disruption of communicative rituals does not fall singularly upon the stutterer as she deviates from “normal” speech, but also upon the hearer whose ability to pick up upon the “web of subtle interchanges” is heavily conditioned by “normal” hearing.

Necessary to detailing the hearer’s role in the construction of stuttering is therefore a wider understanding of communicative normalcy as such. Opening up the notion of “normal” communication, Tanya Titchkosky’s contention that “an unexamined position of normalcy is the unmarked viewpoint only indirectly available to human experience as an unobtrusive background expectation” importantly applies just as easily to expectations of hearing as to expectations of speaking.<sup>12</sup> For example, when a heavily accented speaker addresses a crowd straining to understand what is being said, it is common to blame the abnormal speaker because the hearers as the dominant group occupy the seemingly invisible position of normalcy. A homogenous audience does not think to question that a heavy accent presents a communicative difficulty (or is even an accent at all!) because

*they* cannot adequately *hear*, since, as stated by Iris Young, “the dominant groups need not notice their own group being at all; they occupy an unmarked, neutral, apparently universal position.”<sup>13</sup> Yet inversely, when any of those hearers travels to a place where “accented” speech is dominant, the assumed normalcy of their hearing is challenged, indicating that the normalcy of communication is settled primarily in terms of group dominance and not in simple terms of speakers vs. hearers. Dominant hearing groups hide the construction of their normalcy, passing themselves off as occupying a naturally given position.<sup>14</sup> When hearing *does* require extra effort, the dominant group is veiled behind its universal and unmarked position. Therefore, not only are communicative norms constructed by speakers *and* hearers, but also deviation in this communicative relation is shouldered disproportionately by the minority group.

This asymmetrical relationship is exhibited clearly in the instance of “abled” hearers and “disabled” speakers. Since “abled” hearers hold the dominant position within our society—numerically and influentially—they are unmarked and consequently it is taken for granted that to hear normally is to understand clearly recognizable and defined speech patterns. Behind a veil of universality, these expectations solidify into communicative “rules” that stutterers seem to violate. Insofar as dominant “abled” groups hide their constructed normalcy, speech becomes “broken” and the speaker *alone* is constructed as unnatural, abnormal and therefore disabled.<sup>15</sup>

This claim is amplified by the common assumption that hearing is passive and speaking is active, i.e. a speaker projects words and a hearer simply and neutrally absorbs them. The passivity of the senses, particularly the passivity of hearing, has a long history in Western philosophy.<sup>16</sup> From this perspective, it is easy to understand why stuttering is seen as an individual problem of a *speaker*, for a hearer occupies the position of an objective receptacle, whose passivity (which frees her from interpretation) reliably mirrors the objective nature of the “broken” speech. As a result, hearers have a right not to do any work in hearing and any difficulty in understanding accordingly falls upon the active speaker, not the passive hearer.

Yet this line of argumentation is quickly overturned by the widely held model of perception in the philosophy of science—“theory ladenness”—emphasizing the *active* nature of perception.<sup>17</sup> In this way, Anna Storozhuk contends that, “Perception is . . . active information gathering and, in many aspects, is determined by a mindset or expectations . . . The movements of the perceiver testify that perception is not a simple reflection of the reality, but is accompanied by the activity of the perceiving subject.”<sup>18</sup> If hearing is not a passive process, but the active *collection of information* based upon expectations and former experience, then hearing cannot retain the position of a neutral recorder but is implicated in the highly politicized practice of defining and enforcing normalcy of speech based upon normalized expectations of hearing.<sup>19</sup>

Accordingly, the stigma encompassing stuttering must take into account the interlocutor's "faulty" hearing. Listening to someone sputter, stammer, and haltingly form words, hearers may lose patience, be unable to follow, or finish sentences for her, therein erroneously (and frustratingly!) making assumptions about what she is trying to say. In these ways, hearers are actively collecting and interpreting information in an insufficient and discriminatory way and contributing to the construction of a stutterer's speech as "broken."

Once again, the assumed normalcy of hearing hides these possible contributions to the communicative breakdown and shifts the responsibility entirely upon the speaker. It is important to emphasize that I am not arguing stuttering is merely a result of hearers constructing this variation of speech production (stuttering) as abnormal, but contrarily, that in a dialogical process the hearer and speaker are bound together in the act of communicating and thus "broken" speech is constructed from *both* the speaker and the hearer. This view reinscribes my thesis that stuttering as a disability is not necessarily or primarily natural or biological but is a discrimination against "abnormal" communicative variations.<sup>20</sup>

Yet while the dialogical nature of stuttering is a necessary condition of the present Western construction of stuttering, it is not a *sufficient* condition. Stuttering cannot adequately be understood as mere "interference" or "de-synchronization" between a receiver and sender, a phenomenon that can easily be imagined in various data relay systems. Stuttering is rather an embodied act involving the physical production of words—e.g. enunciation, articulation and vocalization—within a historical and socio-cultural situation. For this reason, I turn now to the construction of the speaker's body in the cultural imagining of stuttering.

## THE CONSTRUCTION OF THE EMBODIED SPEAKER

The speaker cannot be cognized as an ahistorical and non-particular entity, a simple medium of communication, but must be conceived as a *body* situated in a historical context. Titchkosky, in affirming the social significance of the body, is of assistance in contending that "bodies are only found within locales of interaction, within interpretive milieus and ideological structures such as health and beauty, and the specific language or genre through which all this is expressed."<sup>21</sup> Outside of these contexts, bodies would mean nothing and in a substantial sense would *be* nothing.<sup>22</sup> Yet, the ways in which the body is inscribed with meaning are not neutral, but are often used to hierarchize and regulate. As such, this frame of reference often termed 'body politics,' is useful in tracing the social conditions and ideologies which give rise to the construction of stuttering within the domain of liberal individualism and North American capitalism.

The stutterer finds and defines herself in a context dominated by expectations of efficiency. Welded to notions of success and productivity within capitalism, expediency of both labor and communication sets the terms for participation in our socio-economic system while also enforcing the production of the sorts of subjects it requires. That is, in light of body politics, the body is *itself* interpreted as that which is meant and required to be efficient and productive. On the one hand, as I will argue below, the stutterer feels immense pressure from *without*, from environmental expectations to speak quickly and not waste anyone's time. Otherwise she may not get a chance to speak, or she may be punished for exceeding her allotted time. Yet these constructions of "normal" pace are derived from what it means to have and use a body. In failing to conform to expectations of expediency, the stutterer *herself* is constructed as a faulty instrument that is inefficient and less useful. From this angle, the stutterer feels the pressure of pace from *within*, the pressure to be the sort of efficient subject valued and required for participation.

To parse out the stutterer's failure to meet outward expectations of pace and efficiency, I draw on the valuable connection that has been made between disability and industrialization. With the onset of the Industrial Age, time took on a strong economic meaning and was carefully carved up into neat slots enabling the possibility of recording and calculating productivity with precision. Susan Wendell draws upon this idea and makes explicit the connection between time and disability: "Pace is a major aspect of expectations of performance [and] non-disabled people often take pace so much for granted that they feel and express impatience with the slower pace at which some people with disabilities need to operate."<sup>23</sup> As explained by Wendell, the significance of an industrialized world is not only that it brought another version of time, but also that pace and matching expectations of productivity are taken for granted and assumed as the norm. Bodies not capable of meeting expectations of pace and productivity are therefore disqualified from full participation not only in the economic sector but also in social situations.

Stuttering intersects with this theoretical re-working of time insofar as stuttering interferes with established and codified rhythms of communication. The more communication-dependent a workplace, the more perspicuity and speed in communication would be valued. Carried forward to a post-industrial capitalist world in which the mantra "time is money" is cardinal and the exchange of information gains center stage, stuttering becomes a serious economic liability. The inability to match the required "professional" pace of conversation in work situations disqualifies stutterers from full participation and therefore marks them as disabled. Wendell's contention that non-disabled people take pace for granted and subsequently are impatient with those unable to meet these expectations is particularly fitting in the instance of stuttering because stutterers lack not the ability to communicate, but the ability to communicate in the "right" way and



within the “appropriate” amount of time. For example, stutterers often cannot jump into a conversation quickly enough to make their point before it moves along to another topic. Furthermore, stutterers often feel extreme pressure to be succinct, not to waste anyone’s time, and therefore fearfully remain silent. Stutterers are also interrupted, ignored, or—and this is likely the most difficult—not taken seriously when their sentence takes an extra ten or twenty seconds to complete.

While the twenty extra seconds it may take a stutterer to complete a sentence can be consequential in some situations such as performing a surgery, commanding a military exercise, or alerting your child of a traffic danger, twenty seconds is clearly not pressing in the vast majority of life’s situations.<sup>24</sup> Thus, while stuttering is in part socially constructed through social expectations of performance as related to pace, this “lost time” only gains its full significance as a meaningful lack of ability *qua* bodily deviance.

Efficiency and pace in and of themselves are inadequate in explaining why stutterers are marginalized and pitied in a way in which those who speak slowly, in a second language, or are long-winded, are not. We are often (intentionally or otherwise) inefficient with our time, so the fact that a stutterer is marginalized results from something beyond a desire to maintain a swift pace and be an efficient subject. For this reason, underlying the anxiety-riddled demands of efficiency, the stutter is more primarily constructed by the ideal of being able to master one’s body. The issue is not so much that we expect speakers to be efficient, it is that we expect a speaker to *be able* to be efficient if and when they so desire.

Interpreting the significance of the extra twenty seconds it may require a stutterer to complete a sentence through the lens of body politics, it can be demonstrated that more than just a length of time, twenty seconds signifies a deviance from the liberal individualist and capitalist ideal of bodily mastery. If, as Garland-Thomson asserts, an autonomous and mastered individual within the ideology of capitalism is imagined as having “invio- late boundaries that enable unfettered self-determination,” the seemingly uncontrollable repetition of words and syllables along with the involuntary facial tics that often accompany stuttering signal a susceptibility to external and hostile forces overrunning compliancy and self-government.<sup>25</sup> From this perspective, stutterers possess a tenuous grasp over their bodies which can at any moment be disrupted by the stutter itself.

Consider these disclosures of speech pathologist Ida Whitten: “My stuttering was a constant problem to be dealt with every time I spoke. I might at any moment feel a stuttering incident coming,” and again, “The stutterer will relapse unless he continues to work *every day*, perhaps every waking hour, to keep his speech good.”<sup>26</sup> The stutterer must continually wrestle (often in vain) with her body to subdue it and bring it back under control. In this way, the vulnerability of the stutterer’s body troubles the cultural fantasy of the body as a “stable, neutral instrument of the individual will” for, though significant, it is not the stutterer’s relative inability to control



her body that is most troubling.<sup>27</sup> Rather, it is the fact that her body is not docile, that it obtrudes *at all*, which marks it as deviant. As such, twenty extra seconds tick away, not marking time so much as serving as an increasing reminder of the body's failure to be a concealed and neutral medium of communication.

In *Stuttering: A Life Bound up in Words*, Marty Jezer writes of his despair in job hunting and of one forthright interviewer who told him:

I'm going to be frank. You've got all the qualifications to be a good copywriter. But in advertising it is image that counts. Executives aren't as impressed by talent and creativity as they are by a person's ability to fit in. They want to be comfortable with everyone they employ, and so they want the people they employ to be like them . . . Take care of your speech and come back. You'll never get a job in advertising until you learn to talk.<sup>28</sup>

Jezer's narrative is striking because the discrimination he faced was not due to his *ability* (or lack thereof) in itself. Rather, Jezer's interlocutor could hardly have been more lucid in his admission that to participate fully in the capitalist world, people must be normalized and thereby reinforce the identity of the North American Ideal: successful, productive and mastered. Until stutterers "learn to talk"—which is code here for not threatening the North American Ideal—they will find themselves outside full participation; for identifying with the stutterer "would remind the non-disabled," states Wendell, "that their ideals imply a degree of control that must eventually elude them too."<sup>29</sup>

In failing to live up to the ideals set by liberal individualism and capitalism, stutterers act as a reminder of the fragile mastery we have of our bodies and of the social downturn that quickly follows the failure to uphold and project this ideal of mastery. This "failed identity" is not limited to the economic sphere, but is superimposed over the stutterer's whole identity as a citizen, tainting and stigmatizing how she is understood by herself and others.<sup>30</sup>

## CONCLUSION: STUTTERING AND LIMINAL OPPRESSION

By way of conclusion, I intend to reflect upon stuttering's liminal position as a disability in order to elucidate further the distinctiveness of the stutterer's "failed identity" and create space for stuttering within disability studies. Along with several other disabilities, including chronic fatigue syndrome and ADHD, a stutterer is not clearly perceived as abled or disabled. Many stutterers resist the term 'disabled' because of the associated stigma and the desire to be sensitive to those with "real" disabilities, and the lack of literature in disability studies is surely an indication that stuttering is not prominently identified as a disability. Conversely, it has been demonstrated here

that stutterers are disabled insofar as they suffer from marginalization within society. Being caught in that indefinite territory between disability and ability, the conception and treatment of stuttering is thus uniquely framed.

The ambiguous boundaries of stuttering within this model can help explain the unclear and conflicting expectations forced upon stutterers. Unlike the experience of being blind or deaf, stutterers are clearly expected to perform on the same terms as the able-bodied. No one would likely tell a quadriplegic to “walk already” or a deaf person to “listen up,” since it is understood that these actions are beyond their control. However, since a stutterer’s disability is not understood as absolute, since the stutterer is ostensibly not *really* disabled, stuttering can evoke irritation out of listeners who wish that she could just “spit it out!” Implicit in this violence is the undergirding assumption that stuttering, unlike other disabilities, is ultimately within one’s control. That stutterers are expected to communicate on the terms of the abled but cannot live up to these expectations is the basis of much of the shame and embarrassment accompanying the disability.

Stuttering, especially when diagnosed, is understood as something that *could* be fixed with enough hard work and self-discipline. I do not deny that this claim is seemingly inconsistent with my previous contention that stutterers are marginalized precisely because they lack self-mastery over their bodies. For as a liminal form of oppression, stuttering dwells in the periphery of the cultural imaginary and is the result of ambiguous social anxieties, not well-defined taxonomies. Stuttering is the aggregate of conflicting social expectations of the urgent desire and repressed impossibility to achieve mastery over oneself. Yet insofar as stuttering *can* seemingly be “fixed” with enough self-discipline, this failure can be interpreted as a distinctly moral failure.<sup>31</sup>

In order to illuminate the moral failure of stuttering, it may be useful to compare cultural reactions to stuttering with cultural reactions to fatness. In *Revolting Bodies: The Struggle to Redefine Fat Identity*, Kathleen Lebesco argues that anti-fat sentiment arises not only because fat people are (apparently) not as productive as the rest, but also because their body is a deliberate affront to the virtues of capitalism. Lebesco contends that “the endorsement of a Protestant ethic ideology leads one to view [fat] peoples as willful violators of traditional American values such as moral character, hard work, and self-discipline.”<sup>32</sup> Fat people must be lazy and indulgent since they *could* control their bodies if they really wanted to.

Stuttering, as a moral failure, follows a very similar pattern. Since stuttering is constructed as an individual and invasive problem which can be managed if not cured (virtually everyone has that distant acquaintance who used to stutter), continued disfluency cuts against the philosophy of limitless individual achievement through hard work. As such, stuttering, like fatness, is not merely an affront to capitalist virtues by representing inefficiency and a lower productivity but is—tacitly perhaps—punished on moral grounds as well. If my argument holds, a stutterer cannot easily

appeal to a moral high ground as a way of resisting discriminatory taunts, practices, and structures, since that ground has been shoveled onto the other side. The stutterer cannot claim to be a victim of “immoral” discrimination when they themselves are just being lazy. Defenseless in this way, the stutterer can hardly avoid identifying her stuttering body as something to be fixed, managed and controlled; something of which to be ashamed.

The liminality of stuttering places it in an unusual position with respect to disability theory. Stuttering is a “less visible” disability than many others, particularly in regards to its social effects when compared to, for example, blindness or cerebral palsy. When stuttering *is* brought to the fore, it is often not interpreted as a “severe” disability, that is, society does not discriminate against stuttering as a whole (nor recognize it through funding and support) to the same degree that it does many other forms of physical and mental disabilities. While much of this likely has to do with the stutterer’s wily ability to go incognito, often passing within society, it still causes one to wonder how much discrimination is required to be classified as disabled. In this sense, I am hesitant to place stuttering categorically alongside more visible disabilities. Yet, in the same breath, stuttering comes under distinct social pressures and punishments absent from the experience of clearly defined and visible disabilities.

In building a coherent and stable understanding of disability, the pressure is to harmonize stuttering within conceptual patterns of disability studies, pigeonholing it within predetermined frameworks. I think, however, that space must be carved out in the emerging field of disability studies for liminal forms of oppression which straddle boundaries and disrupt the binaries of abled/disabled, normal/abnormal. Therefore not only does stuttering break ground for consideration of the distinctly communicative nature of disabilities such as cleft palate, autism, cerebral palsy and Tourette’s syndrome, but stuttering also requires of disability studies a posture of uncertainty in order to appreciate the specific experience of liminal forms of oppression.

## NOTES

1. My thanks to the *Canadian Journal of Disability Studies* for generously giving permission to reprint this article, as well as to the Living Archives on Eugenics in Western Canada project funded by the Community-University Research Alliance Program at the Social Sciences and Humanities Research Council of Canada for originally funding this project.
2. American Psychiatric Association, “Stuttering,” *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> ed., text rev. (Washington, DC: American Psychiatric Association, 1999), 307.0.
3. For example, *Journal of Fluency Disorders*, *The Quarterly Journal of Speech*, *Journal of Speech and Hearing Disorders*; National Stuttering Association, Canadian Stuttering Association; Marty Jezer, *Stuttering: A Life Bound up in Words* (New York: Basic Books, 1997); Ida E. Whitten, “The Face of All

- the World is Changed,” *An Autobiographical Study with the Focus on Stuttering* (Cincinnati, OH: Scott Zoller, 1989).
4. One exception might be Marc Shell’s *Stutter* (Cambridge, MA: Harvard University Press, 2005), which explores the phenomenon of stuttering from the perspective of comparative literature, noting and commenting on stuttering’s appearance in history and contemporary media.
  5. Endo Pharmaceuticals, “Endo Pharmaceuticals, ‘Research and Development,’” <http://www.endo.com/ClinicalStudies.aspx> (accessed July 10, 2011).
  6. Stephanie Smith, “Unlocking a Medical Mystery,” CNN, <http://www.cnn.com/2010/HEALTH/02/10/stuttering.genes.cell/> (accessed July 11, 2011); Changsoo Kang et al., “Mutations in the Lysosomal Enzyme–Targeting Pathway and Persistent Stuttering,” *New England Journal of Medicine* 362 (2010): 677–685.
  7. Speech Easy, <http://www.speecheasy.com/> (accessed July 11, 2011).
  8. Tanya Titchkosky, *Disability, Self and Society* (Toronto, ON: University of Toronto Press, 2003), 55.
  9. To be fair, speech therapists do deal with the emotional side of the experience of stuttering as well as explaining how psychological stress and low self-esteem can lead to greater disfluency; however, my contention is that “disfluencies” are still the problem to be avoided or coped with.
  10. Micheal Petrunik and Clifford Shearing, “Fragile Facades: Stuttering and the Strategic Manipulation of Awareness,” *Social Problems* 31, no. 2 (1983): 127.
  11. Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), 37.
  12. Tanya Titchkosky, *Disability*, 148.
  13. Iris Marion Young, *Justice and the Politics of Difference* (Princeton, NJ: Princeton University Press, 1990), 123.
  14. Of course, the example of heavy accents is not a perfect fit with this claim since ethnic/cultural groupings are a relatively recognized category (though this claim is rightfully challenged by many scholars) within society. Accents thus remind hearers that they themselves *are* a hearing group since the accent is a reminder of that person’s distinct culture, language, history and otherness. Disability however, is not yet recognized as a distinctive social group, but remains a lack and, to reference Beauvoir, an “inessential Other.” Accordingly, stuttering does not remind hearers that their difficulty in understanding is not given.
  15. It is worth noting that under this definition of communicative (ab)normalcy, ESL speakers may also be considered disabled. Such discrimination would indicate an overlap between the ableism working against stutterers and a culturally motivated linguistic ableism working against accented speakers.
  16. On the passivity of the senses, Descartes notes, “the non-interpreting pure observations were considered as the unproblematic source of information about the world. Passivity of perception guaranteed independence of the world being perceived from a perceiving subject . . . Perception understood as passive provided a possibility of reliable and adequate cognition of the world.” (Cited in Anna Storozhuk, “Perception: Mirror Image or Action?,” *Journal for General Philosophy of Science* 38, no. 2 [2007]: 372). On the passivity of hearing in particular, in *The Hermeneutics of the Subject*, Foucault observes Plutarch taking up this very concern. Relaying Plutarch’s treatise, *On Listening*, Foucault writes: “In audition, more than with any other sense, the soul is passive with regard to the external world and exposed to all the events that come from the outside world and may take it by surprise.”

- (Michel Foucault, *The Hermeneutics of the Subject: Lectures at the Collège De France 1981–1982*. New York: Picador, 2005).
17. See William F. Brewer and Bruce L. Lambert, “The Theory-Ladenness of Observation and the Theory-Ladenness of the Rest of the Scientific Process,” *Philosophy of Science* 68, no. 3 (2001): 176–186.
  18. Storozhuk, “Perception,” 377.
  19. Note also Lennard Davis’s insistence that, “we do not so much listen to a speaker as try to fit that speech into preconstructed categories, so that ‘we simply hallucinate word boundaries when we reach the edge of a stretch of sound that matches some entry into our mental dictionary.’” (Cited in Steven Pinker, *The Language Instinct: How the Mind Creates Language* [New York: Morrow, 1994], 159). In other words, the limpid clarity of speech is itself an illusion that conceals the extent to which the receiver of speech is continually improvising to make the act of talking make sense.” (Lennard J. Davis, *Enforcing Normalcy* [New York: Verso, 1995], 19).
  20. While I believe it helpful to shift attention away from the physiology of stuttering, which has monopolized the discourse, in favour of a discussion of disabling assumptions and socio-cultural structures, I am not suggesting that the stuttering body be denied. In fact, it is possible (as I am learning) that one who stutters may *want* to take pride in her stuttering body as a locus of disabled identity so as to fight against rehabilitation.
  21. Titchkosky, *Disability*, 58.
  22. “We are fully dependent on each other for the possibility of being understood and without this understanding we are not intelligible, we do not make sense, are not solid, visible, integrated, we are lacking.” María Lugones, “Playfulness, ‘World’-Travelling, and Loving Perception,” in *Feminist Philosophy Reader*, ed. Alison Bailey and Chris Cuomo (New York: McGraw-Hill, 2008), 73.
  23. Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York: Routledge, 1996), 38.
  24. Social model hardliners would argue that society is *set up* in such a way so that twenty extra seconds is consequential in such situations and therefore the structure of society which requires a certain pace is also constructing this disability. While there is obvious merit to such a view, the social model is inadequate in explaining the complex normalized construction of inefficient (communicative) bodies themselves.
  25. Garland-Thomson, *Extraordinary Bodies*, 45; compare with the stutter as an unwanted outside force.
  26. Whitten, “The Face of All the World is Changed,” 174–175; 166–167.
  27. Garland-Thomson, *Extraordinary Bodies*, 42.
  28. Jezer, *Stuttering*, 151.
  29. Wendell, *The Rejected Body*, 63.
  30. The construction of stuttering within late-capitalism has been gestured toward, yet not thematized in this present work. It is however worth noting that interventions such as Pagoclone and SpeechEasy, as well as Jezer’s experience of employability, all point toward the marketization of therapy, pathology and able-bodiedness native to late-capitalism. Important questions of the autonomy and agency of the stuttering liberal subject are raised within this sphere wherein *what* one does—that one is competent—is in many ways overshadowed by *how* these competencies are performed. The intense commodification and marketization of image within late-capitalism further oppresses one who stutters beyond what is experienced in industrialized capitalism.
  31. I would be overstating my case to say that stuttering is uniquely interpreted as a moral failure, for other liminal disabilities, particularly those like chronic

fatigue syndrome which are scarcely understood, are similarly condemned. In spite of this, speech impediments present themselves as a distinctive case due to the culture of therapy pervasively surrounding the disability. Within the discourse, it is established that stuttering most often *can* be successfully managed through self-disciplinary measures.

32. Kathleen Lebesco, *Revolting Bodies: The Struggle to Redefine Fat Identity* (Boston, MA: Massachusetts University Press, 2004), 55.

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