Dan Seed ([00:01](https://www.rev.com/transcript-editor/shared/B7PsFXS6Rj_ta1fRjBKdOWyG-7VKKzos8V7jm5GamSs1lmetYe9b8H2ePiYDX8lSbwNYgNefTxAcigJwQzbrtSVM0gE?loadFrom=DocumentDeeplink&ts=1.53)):

Hello and welcome to Big Ideas, a podcast from Texas State University. I'm your host Dan Seed from the School of Journalism and Mass Communication, and this month we're joined by Dr. Far Irani, a professor in the university's Department of Communication Disorders. Dr. Irani's research interests focus on stuttering and fluency disorders, and he is here to talk with us about some of his recent research in these areas. It's an area that I'm interested to learn more about is I have an uncle who stutters and I'm familiar with the challenges that he faces on a day-to-day basis with his communication with family and others. And so Dr. Irani, thank you so much for being here.

Farzan Irani ([00:40](https://www.rev.com/transcript-editor/shared/Z7ru_Y4udNl1J7-_aIErUXfP5dsR2Qb-bLCNoHYu5pUDwSYduZAjj2CzX6AaXW57_9tBqUF4FFf8EzE76JQCI2wWvgs?loadFrom=DocumentDeeplink&ts=40.83)):

Thank you. My pleasure. And thank you for having me. I'm really excited to share a little bit more about stuttering with everyone.

Dan Seed ([00:47](https://www.rev.com/transcript-editor/shared/AbdyLx9iA1BBmRXNf6i3v9Inbd8VKtuMTiXGfgjcDJXt7lPUAPuUFvzs45pUJKpNgKxEhdSnZfGIyYjxw3cVLai-wDg?loadFrom=DocumentDeeplink&ts=47.73)):

We're excited to have you here to learn more about this First question, what drew you to make this research and area of interest your life's work?

Farzan Irani ([00:55](https://www.rev.com/transcript-editor/shared/SCDHh_Ta1Dq5_ykLfwDLKBm7NyeN8gq3d_Gf1AAAYuohm7KtV_FJ5PtfpikYt5vJJjfhwpyPMq9G-_3HWxlSr6JRUMk?loadFrom=DocumentDeeplink&ts=55.92)):

When I started my graduate program is when I am originally from Mumbai in India, and I grew up there and I completed my undergraduate studies over there. At the time, I had enrolled under my father's suggestion, enrolled in the program is speech language pathology. And the idea, what I had thought I was getting myself into when I enrolled in the program as an undergraduate was I had thought about stuttering or what in India has referred to as stammering, and I had known and had a friend in childhood who did stammer. So I knew about stammering. I did not know about how vast the field of communication disorders actually was. And so when I started the program is when I got introduced to working with children with language disorders, working with feeding and swallowing issues and a little bit of stuttering. So as I was nearing the end of my graduate program, sorry, the end of my undergraduate program in India, I started to really go back to that idea of and continue to have an interest in stuttering.

([02:02](https://www.rev.com/transcript-editor/shared/M5Ev1l5hq7aJnLbHEBevcHZrCvksoLEka1RPDQH6dyFQnHgRF3_ALTqo6k_HN0a8CAtMTlHYEKvZ2lxdEdMgub2ltC4?loadFrom=DocumentDeeplink&ts=122.73)):

And so I started exploring graduate programs in the United States. And just from reading my textbooks, I knew that there were a lot of pioneers in the field in America who actually started themselves. And when I was looking through these programs, the one I ended up going to for graduate school at Bowling Green State University had a person who specialized in stuttering, Dr. Rod Gobel. And he started himself and he also ran an intensive program of stopping therapy every summer, which is what really kind of drew me to that school. And as soon as I landed, I was given an opportunity for a research assistantship under his mentorship, which I obviously took up very quickly, switched over from a master's level to a combined master's and PhD program. And that's where I really went deep in and started to really understand stuttering beyond just an academic topic to a more personal topic.

([03:02](https://www.rev.com/transcript-editor/shared/ck8If20Rr1Y8tbcBuV0ZvUsXzUNxn9okHSOSiuccnzqKTKcyHM-zS-PsbwgbuyBTcnE_-LmiK8qIzgU8oUXCx2JTTIs?loadFrom=DocumentDeeplink&ts=182.29)):

And during my graduate school years were the most formative for me because not only did my advisor stutter, we had a cohort of four of us in the doctoral program, and I was the only one who did not stutter. So I spent a lot of time, and I mean a lot of time, almost all of my waking hours with colleagues and really dear friends who I'm extremely close to even today, who stutter. It went beyond just an academic idea like, oh, I'm interested in understanding the mechanics to really an in-depth personal understanding of what it is like just simple things like making a phone call and the type of reaction or going to a coffee shop and ordering a drink and someone trying to finish their name for them or someone trying to finish the drink that they want, and just noticing this whole psychosocial dynamic around it. So that just really spurred my interest in the topic more and more and brought me to where I am today.

Dan Seed ([04:10](https://www.rev.com/transcript-editor/shared/htF4025qC52g_O8Cg3u5_B76T3IR1GpUK6hdTXoWChWAAvFamPnCozt6F-HIgXhLk54FV7DzHS7yogvOMsyBK42kIDg?loadFrom=DocumentDeeplink&ts=250.84)):

So in your work, and you are based up in Round Rock, which for folks that aren't aware, that's where a lot of our clinical courses are and majors as well, the hands-on stuff, nursing in particular is one that comes to mind. So in your work as a professor, as a researcher, are you also involved in working with clients hands-on, or are you strictly in the academic and research side?

Farzan Irani ([04:36](https://www.rev.com/transcript-editor/shared/BH833hGeC6fk8-BF93pqFAsPVROIF2Bi8CN-Df1qNIBrjAxVSWEeZhQMAGrmOcLJ4NpDaLC1OdbIrGe-Q-8KYBOkQTA?loadFrom=DocumentDeeplink&ts=276.28)):

Absolutely. Great question. So just a little more background, our department actually was when I started at Texas State University as an assistant professor back in the fall of 2010. We were still located on main campus in what is now called as Encino Hall. We stayed on that campus till 2018, and then summer of 2018, we wrapped up and we started fall 2018 here in Round Rock in the new building that's called Willow Hall. I am actually very heavily involved clinically. I have, since starting my career at Texas State, I have consistently, we have run a summer intensive program modeled after what my advisor used to do, but a slightly different structure that meets every summer in July for two weeks. And we have had clients come in, not just locally, but from other states, but also internationally. We've had a client from India, we've had a client from Egypt fly in to attend this program.

([05:36](https://www.rev.com/transcript-editor/shared/Xt36R2Z66lvxdCPSFMW0Zb2rHxlJm0omj5tRkLNTzfDXNwE9dLiaWz6zzpMA-2XAx0TOaRRSUN52IejQU7h5snMPTpU?loadFrom=DocumentDeeplink&ts=336.37)):

So no, while I'm classified as academic faculty, I'm also very clinical. I spend summer with almost my summer too is a hundred percent clinical. And throughout the year, I continue to supervise the therapy via telepractice, which is online just like we are on Zoom. And I also created an online support group for all the clients who have been through my intensive program so they can stay connected with me and with each other. So it's not therapy, but they continue to kind of engage with the community, so to speak, with individuals that they share a common bond with and a common language, so to speak. So yeah, I'm very heavily invested on the clinical side

Dan Seed ([06:21](https://www.rev.com/transcript-editor/shared/vc8ONykli1M_pOEcXcMZUljU_kmzyiH095AL7f71rvsbGbDscxRbQj6CVrOA6O6qwoKAeUrVDey92PciO27V_nlCd7g?loadFrom=DocumentDeeplink&ts=381.17)):

And that certainly has to be important in your research and your academic background to be able to, so to speak, get your hands involved in that or work with people. It must help inform you or help at times rekindle or ignite that passion that you have for what you do.

Farzan Irani ([06:39](https://www.rev.com/transcript-editor/shared/idEkIwrArcdp9Y3VmTKsdlLAwHbz70yoKeDiBOTYSFRwSauFfy9Yl4UKj_3wwXBRQz1rlcV7YSYf9cLkoPG4Rsx2RHQ?loadFrom=DocumentDeeplink&ts=399.32)):

Yes, it's tremendous. In fact, during my support group meetings, I always joke, I'm not sure who's benefiting from this, you guys or me, because we get into these really in-depth conversations. Suffering is one of those conditions where everything else is neurotypical. The only change is in the fact that there are these interruptions during speech that come and go. They're there consistently, but how much that happens is inconsistent and only a person who experiences it day to day can give the insights that are needed to further the research, whether the research is to understand why stuttering happens, to understand why it is inconsistent, to understand why it follows a certain pattern that it does. Getting that insight from people who do stutter is critical and getting it from a number of different individuals at different age levels, at different skill levels, different points in their lives, they all affected by different, and they all share different stories, different perspectives. We still have a common theme, and that allows someone like myself to really become more invested in the community and learn what the experience of stuttering is from an outsider perspective of course, but also ask questions, research questions that are relevant and can make practical changes for the better.

Dan Seed ([08:13](https://www.rev.com/transcript-editor/shared/9sgXjOZp6rSKbB1ktU87HovpCWM7P9ajJSwmb6d86bmHgTblPBsumpSy2Gq39IAXNNWioNpwQ-_vr2TT053CtdwD05c?loadFrom=DocumentDeeplink&ts=493.88)):

Now reading up on this topic, in preparation for the interview, I ran across two terms that are fairly prevalent in the research, and there's a distinction between the two stuttering in Disfluency. Could you help us better understand the differences between the two and are they related at times or are they two separate situations?

Farzan Irani ([08:35](https://www.rev.com/transcript-editor/shared/cD0SX1DG256hCrxIMKSgz9ectixZYdkWgEucPqhniWHUz4c8zQaZ9CIhTDIQlIkdbHsL8nzZb2npu056oICOPaXKZCA?loadFrom=DocumentDeeplink&ts=515.45)):

Absolutely. Great question and thank you for asking. That is one of my pet peeves because oftentimes one of my closest friends, he is the best man of my wedding. My kids call him Uncle Lee, and he lives down in Corpus Christi. And whenever we go out to get lunch or dinner, go out for a meal and we are seated. And when he tries to place an order, that's usually when his stuttering kind of peaks. And so one of the strategies he uses is disclosure. He'll let the wait staff know, oh, but I'm a person who stutters, so give me a minute to finish what I have to say. So it's kind of like letting them, giving them the heads up, but also self-advocacy so they do not finish his words for him. I would say eight out of 10 times you hear a nervous giggle followed by, oh, I stutter all the time too. That is not malicious. It is a person being a little uncomfortable, but also trying to put the other person at ease. But the very fact that someone would say, oh, I stutter all the time too, tells you something that as a society, we often confuse stuttering with this fluency. This fluency is, let's see what I just did over here. Having those interjections, this fluencies tend to be a way that most of us buy time.

Dan Seed ([09:59](https://www.rev.com/transcript-editor/shared/8tueHbD9BzIZPx9bXVADaKCt1ZmG88t8x0HXv92ncPSsFQA0OrjPliQNdZ-bAfb0K4wyrb-0YqP-7B4WTRTFq943kSA?loadFrom=DocumentDeeplink&ts=599.19)):

The ums and

Farzan Irani ([10:00](https://www.rev.com/transcript-editor/shared/wcxEucpsFUU4dTNVbSNjG95UONBtVpTHNOozWT-Li1ntmJ-6_3EU5XVHzQSVjIjcsog6CM-Sm9JTvJZvEIDaMKTFA_E?loadFrom=DocumentDeeplink&ts=600.66)):

Ahss. Yeah, those interjections, sometimes we may repeat a word, but they're often tied to us trying to think about what we are, what we need to say next. And I purposely interjected another disfluency called as a phrase, repetition over there I repeated a phrase, these are what we call as normal or typical disfluencies. All of us experience these on an everyday basis. It is very rare for a person like ourselves who do not stutter to experience what are classified in our literature, stuttering, disfluencies. Those take the form of something. And I threw in a little extra tension at the end because listeners would not be able to see that I was stuck while attempting to say the word, like those are called silent blocks or sometimes stretching out a sound like this. Or the most common would be repeating that initial sound or initial syllable in a word.

([11:10](https://www.rev.com/transcript-editor/shared/SdLIVVl2LP_nCnxd43aRgN4c8-oRCFLycTIrw8EYyw2XHMJCfcjKlK77CFudMi9q_ONquWNtWf1v6B9mTsuQ9xAaON0?loadFrom=DocumentDeeplink&ts=670.5)):

Those disfluencies we experience only under duress. If we are giving a very important presentation and we are extremely nervous, we would experience those types of disfluencies. But some people may go through life without ever experiencing them. Stuttering is different. People who stutter, stuttering is in childhood, is diagnosed based on the presence of those disfluencies, those three significant ones I talked about. And in adulthood, most people continue to have a lot of those disfluencies that neurotypical speakers would not experience. And so stuttering is distinctly different, but there is a small window in time where most of us experience even some of the stuttering like this fluencies, which gives rise to more stereotypes such as nervousness, because you and I may experience these when we are nervous. And so it is natural for us to make the assumption, oh, this person is just nervous. So stuttering is actually very different from disfluency or being disfluent. All of us are disfluent, but not all of us stutter.

Dan Seed ([12:30](https://www.rev.com/transcript-editor/shared/FTympXZkU9RtSJVqc6a38RNiWFADxRhbl0oXkK0ygtpQYb7l7Be5mFVtr0CnmJCUbnE6wGOlPLVNZycwWPbMvBmsLQY?loadFrom=DocumentDeeplink&ts=750.46)):

Sure, absolutely. And the way that you were describing that, and I mentioned my uncle earlier in the broadcast, that's what he does, right? That he has those difficulty communicating those times where the tension is really strong and it's not a nervous thing. He can be talking to family, his own children, and that comes out, and I appreciate you for making that distinction so people are more aware between the two as you gave the example of your friend, because it helps us understand the stutter's perspective and what it is that they're going through. So the first piece of research that we'll delve into is one that you worked on with Dr. Raul Rojas from the University of Texas at Dallas. You and Dr. Rojas received a grant from the American Speech Language Hearing Association's Office of Multicultural Affairs to look at disfluencies and bilingual children, specifically those who speak both Spanish and English. And these are also children who don't stutter. So we're going into that disfluency mode here. What made this particular project unique in your field? And then walk us through what the takeaway was from that piece of research.

Farzan Irani ([13:43](https://www.rev.com/transcript-editor/shared/7U75YyzhIormiU2YCRXRn18H46Agf6Vxx8VXBHbG456qEI7mIyztiaYlORD8xt0gHyknQCmVdbIOso489i6ZVy8trE8?loadFrom=DocumentDeeplink&ts=823.15)):

Absolutely, I'd love to, just a really quick update. So Dr. Rojas has since moved to the University of Kansas. So when it comes to stuttering, there is a lot of confusion out there. In fact, a lot of speech language pathologists who do not receive the type of training that they should during graduate school in order to feel comfortable. In fact, surveys have repeatedly shown that speech language pathologists do not feel comfortable working with children who study. And other population speech language pathologists do not feel comfortable, are well-trained to work with is bilingual children, which when you put the two together, we have a very potent mixture over there. And the history of our field history, historically speaking, there has always been this consideration that bilingualism might be a potential cause of stuttering, and I will nip that in the bud. It is not a cause of stuttering, but historically people have felt stuttering begins as soon as a child starts to acquire language.

([14:53](https://www.rev.com/transcript-editor/shared/0Yy-m_FKAqLQkndBqE5_nYSLPctCh73T6vrN48DZK5r3ygI0s9ZUqGYLU7BRklCsx_bQ8XgbK2oICr05m7Jx5JdPwBQ?loadFrom=DocumentDeeplink&ts=893.99)):

And around the age of between the ages of two and three, most often when children are starting to speak in short sentences and bilingual children may be a little more disfluent and of course tend to be more disfluent as our own research says. So a lot of people have postulated that maybe bilingualism might have something to do with it. Since it's happening during language development, adding a second language puts more load. And even if bilingualism doesn't cause suffering to happen, it's possible that if we remove the second language, the stuttering will go away. And I've heard this even here, in fact over here in Texas, I think it is a little bit more often, but there are parents who have taken their child who stutters or who suspected to stutter for therapy, and it has been recommended to them to withdraw the second language, make the child monolingual, and that will help with the stuttering.

([15:53](https://www.rev.com/transcript-editor/shared/LwEmfNcBEgyBlNk0XmJnpCerhqXRaRCelXq-od-RDX9ItQbeoHWDvcjXWNFsRHroxEVo9PA1thYsq7loQkeA4bBNPtA?loadFrom=DocumentDeeplink&ts=953.54)):

That'll help the stuttering go away, which is not really grounded in any empirical research. So naturally, since Dr. Rojas, he researches bilingual language development, and I research stuttering, and I'm also a multilingual speaker myself. We'd been talking for a while and we started analyzing and just looking at his own dataset, because children who are bilingual are at an increased risk of being diagnosed with a language disorder, oftentimes because one would not check their performance in two languages versus a singular language. And in the same manner they often are at a higher risk of being diagnosed as stuttering. Now, while the diagnosis of suffering would not cause suffering, it can definitely increase stigma. It can increase the child's overall social anxiousness. And so a few researchers have gone down this path even a little bit before us. And the data so far has been very sparse, very limited, and it does show that bilingual children who do not stutter.

([17:04](https://www.rev.com/transcript-editor/shared/WS6r9_w4rwKsnxd8ciAdqcGhes063gnT8L90ys6xS7q7Y4ANcTltzpxBvvHMhUdcMs7pRayTrBSFmbi7MLmczPKd2-c?loadFrom=DocumentDeeplink&ts=1024.43)):

So if a person like myself or one of my colleagues who specializes in stuttering, if we were to assess the child, we would not draw the conclusion that the child stutters because we would look at it more holistically. But if a under-prepared clinician who has very limited exposure to both bilingual children and children who stutter were to do an assessment, they would go by the book. And if we go by the book means looking at what the normatives are, and the normatives that we have are only for monolingual English speaking children, which is 3% of stuttering like disfluencies, 10% of total. And they're very clear, well, not so clear, but their classifications that these are the disfluencies that fall in a stuttering like these are the disfluencies that would be considered other disfluencies. And sure enough, in those smaller studies, they did find that bilingual children had a higher percentage.

([18:00](https://www.rev.com/transcript-editor/shared/xwJuKlsuc2WnMjn0KREaImS_H7inr13TJ5hjpzfwAil1xazF66-AxhptYta0ludNEhrC7ywHLk_Tq8gAgPhr1brQtYo?loadFrom=DocumentDeeplink&ts=1080.94)):

They exceeded the threshold for both stuttering and overall disfluencies to be diagnosed with stuttering. So that's kind of like a red flag. And so Dr. Rojas already had cross-sectional database that he'd been collecting for his own language study. So we went in there and using this grant, we went in there and got the manpower to reanalyze all of the speed samples and determined, okay, what is the amount of these fluencies and classify and code, those disfluencies? But we decided to not only have a larger sample, but we are using a cross-sectional database, which means unlike others where it's a very narrow age range, we have it all the way from kindergarten up to fourth grade. And so we are trying to map out not just normative data, where do you cut off, but what is the trajectory? What is the pattern? Furthermore, another factor that research is not accounted for is how the profile of bilingual children's shifts, and that's what Dr.

([19:04](https://www.rev.com/transcript-editor/shared/CBVmTfm6G7lBzBnTiz1z0zjj-ea7kCxVv2EEUiLLrPtW0TC02Y5SYwldls7jqK_7ZBqyMeEo2ezkaSTyfTic6zAP2XY?loadFrom=DocumentDeeplink&ts=1144.47)):

Rojas is looking at from a linguistic perspective, from a language perspective, children who are bilingual, their stronger language will fluctuate and change with time and with exposure. Many of the children that he is assessing are in these immersion programs where they are learning English, so they're also classified as English language learners. And so their profiles are ever changing. And in fact, he looks at it in waves during the school year. You see the English profile strengthening during the summer, you'll see the Spanish profile strength. So we are starting the process and hopefully we can continue to get the funding to expand on this work even further than we have been at this point of really tying in not just the language profiles, but tying that in with fluency. How does changing language profile affect fluency? Because when we look at disfluencies in everyone, including those who stutter, but disfluencies, even in those who do not stutter, they are tied to language. They're tied to our use of language. Anytime we try to speak in a language that we are unfamiliar with, we are learning a new language, we rely more on listening to ourselves, we pause more, we would tend to have more disfluencies. And so we are starting to look at young children. We don't know much about young children and that fluency development and how do they profile shift, how do their fluency profiles shift in relation to their language profiles?

Dan Seed ([20:41](https://www.rev.com/transcript-editor/shared/2smWn6a6daYkEU04URCf78WlvvP0QJ89MfrerO0j4YMi8GMxbH7ivCFcnZHKFfy8NMPcg_hWn4LYvxipzDqk-oCUWmA?loadFrom=DocumentDeeplink&ts=1241.01)):

And that's incredibly important, especially with bilingual children, with the rise in bilingual speakers in the United States and in particular in Texas with a substantially growing Hispanic Latino population and a bilingual population as well, to actually dive into this and get a better understanding of it.

Farzan Irani ([21:02](https://www.rev.com/transcript-editor/shared/gEEMRKA562xInq2RVa5aGBUe4rBxVFzF3ORyjxdaWgwHXIy-Dbr5ork2EWUWnGvW6J5MFN_QrC6bOE_0oaJCQ_eX4Ww?loadFrom=DocumentDeeplink&ts=1262.38)):

Absolutely. I think as the students that we are graduating from our program who are going out there and being clinicians, they are going to continue to see and work with more and more bilingual clients. And this is important because it's not just children, it is also adults. And so across the lifespan, of course, we are starting out with children, but the next step of course, will be looking at children who stutter, who are bilingual, but also adults who are bilingual and stutter, going back and assessing what are we doing in terms of assessment? What are we doing in terms of therapy and how can we improve those services to match the client's needs?

Dan Seed ([21:42](https://www.rev.com/transcript-editor/shared/AdqTVwEJzERH0CUT1lhZ0A0Q2hoFTH6EN8BkDH8Hcxb9SeelmFsUXObngFz5a4L-0A1FdtcGsvh6fmoxs5VmSnBbALM?loadFrom=DocumentDeeplink&ts=1302.16)):

And we are joined by Dr. Faran Irani from Texas State's Department of Communication Disorders. And you provided a nice segue into the next piece of research when you mentioned therapy. In another study, you and Dr. Rojas estimated treatment outcomes of a behavioral stuttering therapy program. And just for background for our audience, according to the University of Cincinnati Children's Hospital, currently more than 3 million Americans stutter with males three to four times more likely to continue to stutter into adulthood than females. While there are people who continue to stutter into adulthood in what we might call a noticeable way, I suppose that's not always the case for adult stutterers. There are well-known people who have dealt with stuttering at points in their lives. President Biden has been very open about his stuttering. The actor James Earl Jones, Carly Simon, ed Sheeran, Marilyn Monroe, are among a group of well-known adults who have dealt with stuttering during their lives. So I would imagine that this kind of therapy that you've studied here can help alleviate that. I don't know if it can cure it, but alleviate it, which we can get into. But what are some of the challenges that adults who stutter face beyond simply communicating clearly and effectively? Let's start there and then we can get back into the study.

Farzan Irani ([23:01](https://www.rev.com/transcript-editor/shared/lqFKT79NmF5UD3EY0db4F5aEkNrUoitDnd-wNW2-ti0ZHSoJlUa8wNmDvXzU4Z6WSiw3qRT4S0quZbrtr_9Ry5Ct54M?loadFrom=DocumentDeeplink&ts=1381.06)):

Absolutely. Wonderful question. Thanks so much for asking that because this is something that is always, always on my mind. Stuttering is essentially when we think about it in the simplest way, an interruption in the flow of speech. But in reality, it is so much more than that. And when I train my students and when I plan out therapy, we rarely even worry about or think about the disfluencies themselves. What we think about is how is each person's life impacted by their stuttering? What are the things that they enjoy doing that they wish they were doing, that they're not doing because of their stuttering? The strange thing in life is we often create an opinion of self. We actually formulate our idea of self based on our surroundings, based on our society. And for the longest time, society has, and especially media has viewed stuttering as something that's funny, something to mock a condition.

([24:07](https://www.rev.com/transcript-editor/shared/06G_0u2eiW_HFs5xoY-unc-F_LoBL33qLemShhdbZBipYR8Y9qkr3Q2xCXVAQcXwcnVvDGxhHfV9b5yXalZmHsMvFjU?loadFrom=DocumentDeeplink&ts=1447.49)):

It's something that has often been stigmatized like porky pig. That's all folks. It's cute. It's also funny. And if it's not something to laugh at and not something funny, it's something negative, something evil. Like the guy who I believe the movie is called Primal Fear, where he has the split personality and there's the shy scared personality that stutters all the time. And then there's the big, bold, fluent personality that goes out and commits crimes. Or even in the latest Star Wars, they introduce a character who stuttered, and then he is a backs staber. And these are things that society views, and these are things that people who stutter who are part of society also view. And it creates an impression. It creates a stereotype of stuttering and of the person. And as a result, children who stutter very early in life start to fear it.

([25:13](https://www.rev.com/transcript-editor/shared/5avVovT8Jhjc-T_s1HuCdxPCHIwDdM4I7Kha3H9ryyMMma99hWu5sdLacjzHTSe5sfMJIjFINkD7Sil36kQgaN9Pbgo?loadFrom=DocumentDeeplink&ts=1513.58)):

They start to fear stuttering, but stuttering happens when you talk, which means, in essence, they're starting to fear talking. And it doesn't require a lot. It can require one teacher smoking or laughing. It can be one child repeating and saying, whoa, whoa, whoa, whoa. So one instance of mocking is enough to create that negative memory. And so moving forward, for a lot of people who stutter, and I cannot speak for all, but those who I know and whose story I know of, they even if they enjoy talking, they hold back a lot of the time. They do not engage because they're afraid of being mocked. And that affects social life, that affects educational opportunities, that affects vocational opportunities, like going out and doing an interview. It's scary for most of us, but it brings this self-talk of, oh, no one's going to employ me because of my study for a person who stutters. And then when it happens, that reaffirms. And so for us, for me, there is no cure for stuttering. I'll just put that out there upfront. But for me, it's not about how disfluent a person is or how many stuttering moments a person has. It's about how do we change that perception to where a person can enjoy communication because we communicate to connect. And so with therapy, my goal is how do we get that connection back?

Dan Seed ([26:50](https://www.rev.com/transcript-editor/shared/2kLbh3NkucKpD-EiEkzvRPkTUoPpyZVh-mN-U1JmApItN6IC9t9Z-NYE8DCuZ1vk6h2bXr_swcKSG3Ku040WzeEnOqo?loadFrom=DocumentDeeplink&ts=1610.85)):

And that's so important. And everything that you talked about as well with stereotypes and whatnot, it can make people feel as if they have a defect when in fact they don't, right, that the stutters are the bad guys in the movies or they do bad things or whatnot. It can make people then take that and internalize it, and I would think and look at themselves and say, my defective in a way when clearly they're not. And so in this particular study here, you observe both adolescents and adults. What were these therapy sessions like and what were some of the results? They were largely positive for those that continued with regular therapy.

Farzan Irani ([27:30](https://www.rev.com/transcript-editor/shared/lrrAJ9n-YFERkJW9CSWX34Lb9jsXofZ2QGY6Rg_FoVqcTxad8gYbW4uJaZi8cMxYO7G9aRc_Jpg5AvUmv60LLpyVut8?loadFrom=DocumentDeeplink&ts=1650.93)):

So all of them did. And this is where my clinical piece comes in. So this was collected over five summers and so five years total, and it was a 60 hour intensive in the summer. So in July, it went two weeks. We met five days a week. One of my colleagues and I, we ran the group sessions from 10 to noon every morning. And then one to five were individual sessions where clients and the student clinicians also got together a lot. A big part of our therapy is first and foremost education for the purpose of advocacy, helping each and every client understand what stuttering is and learn to advocate for themselves, however that might be. The other aspect of therapy is focusing on just communication, effective communication skills and strategies, body language, eye contact. In fact, we encourage our clients to stutter on purpose. We encourage our clients to let their stuttering happen instead of trying to mask it or tape it or change it in some way, but we do it in a mindful way and we do it in a way that makes it fun to talk. So my graduate students came up with some really, really genius games that they would play. We would play Jeopardy, which was simple, but they developed a game called People Bingo, where they created a bingo sheet and clients would get into teams and they would have to beat each other at crossing out their bingo sheet in order to cross out the bingo sheet. They have to keep asking people around campus if they are a Red Sox fan.

([29:08](https://www.rev.com/transcript-editor/shared/a3dR9D03bZlcE0aVUD-JwtEFVJyJNh2DBpWt8O7N8jX9Yd2qvLOuKzFs1e_uyOES6qTEBamTZ8r9TevsyITzpuWuxgQ?loadFrom=DocumentDeeplink&ts=1748.82)):

So now these teenagers who had for the longest time feared talking are going out there and talking to young students and their parents during student orientation,

Dan Seed ([29:19](https://www.rev.com/transcript-editor/shared/kLMvgDcOwgT6UdNfV40jFOCihkQICFtao70I2RLIJ5fkMobQqyUDbTnob_fMfFEWIZWTDyDuhJjKmABrdFdqqWyuMEU?loadFrom=DocumentDeeplink&ts=1759.89)):

What a great idea.

Farzan Irani ([29:21](https://www.rev.com/transcript-editor/shared/jXDdjpHxM8nNpf11FwOrwGM--NId4AjEChdeCKv13qMFqMgur2OVORDzXP8SgKqgb2ycZ_u5nGaUncGB67xv0D0H6iA?loadFrom=DocumentDeeplink&ts=1761.93)):

Or scavenger hunts where they have to ask people for where they can find a certain building or object on campus and take a photograph with it. We ask someone to take a photograph. So just kind of making it really social. And what we found was just doing all of these activities. We would work on some techniques to help with fluency or more of reducing the severity of the stuttering than the fluency. But we found that as people started to enjoy communicating, they were communicating more. And we see that in the results. And those were the results, the attitudes, the way they thought about themselves as communicators. That is what stuck the whole time. The fluency kept going up and down, which is fine, but to me that was actually a really cool result because even with the fluency decreasing, even with the amount of stuttering going up over time, their communication attitudes continue to get more positive, which tells me that they had detached their sense of self and their enjoyment in talking and communicating with how much they stutter or how much I hear them stutter. And so this is a program which is continuing in different forms and is actually growing in different ways. The data that was published in this article was just 2010 through 2015, just the first five years of that program.

Dan Seed ([30:45](https://www.rev.com/transcript-editor/shared/ykd3BmuniydRrIxbqog3HEUWlB0lPNnReln8P2XOqffn4BRIlhC3geZWdjeybUbQNDkumLcrdF4R5-2xXw-LuYkg4rY?loadFrom=DocumentDeeplink&ts=1845.55)):

And so that clinical experience, that clinical work that you're doing here, what are some future directions that you're looking at with that and your research as you move forward?

Farzan Irani ([30:54](https://www.rev.com/transcript-editor/shared/RHKKXLSUphcCYXQjE6FJwXnnZrXBXn1Nwn_hXUcXNIEJ1gg8NdrF0cg1kyf9TvESYQHHuqNeV8p3VNODa-9v3BDvtCs?loadFrom=DocumentDeeplink&ts=1854.85)):

Absolutely. So as I mentioned, the intensive clinic, when it used to happen in San Marcos, we would use the campus. We would go out and talk to people, and that's how we would work through some of that anxiety and increasing communication attitudes. Moving to Round Rock has taken us away from main campus. And in the summer, there's not a lot of people to talk to in on the Round Rock campus, which initially presented as a challenge, but in a way, any challenge can be flipped to an opportunity. And this is where we are working towards changing things up. We are changing the way the program is offered, but more importantly, I'm moving my research in a new direction and I'm forging new relationships. For example, the most important one that I'm working on right now is collaborating with Dr. Scott Smith in the School of Social Work who specializes in virtual reality. And we are working to hopefully test out whether virtual reality can take the place of walking around campus and that way kind of bring those experiences back into the therapy room through virtual reality. And so that is something I'm really excited about and hoping to test out within the next year or two and see if we can essentially recreate these wonderful therapy experiences and bring them to people's homes.

Dan Seed ([32:16](https://www.rev.com/transcript-editor/shared/QEzpDa-ntgpI9RA4Fc1Ck1gl8LdCXz07uXAnQdgTOdLljJ09dRWM0AvEje7g78fDhxtnm9TKOr1uCAh32JsP1Ra_gpo?loadFrom=DocumentDeeplink&ts=1936.6)):

That's really fascinating and it's interesting, and I would imagine that the hope is that that will help a lot of people who may be afraid or unable to make it to a therapy session to be able to go through this and help themselves out. I hope that our audience found this interesting and helpful for any folks out there, or if they have relatives that stutter to get a better understanding of what it is and what happens and causes and therapy techniques that people can go into. So Dr. Faran Irani, thank you so much for joining us and being here.

Farzan Irani ([32:49](https://www.rev.com/transcript-editor/shared/KQ3Xv3-Q7x6LgqslYMfvBgP5hxvaCJ25CaQwAnZbBDwfXAf2HUT7K_NldG_GN8QVMque4Ac0DGJrsErbDilNhGQUJvE?loadFrom=DocumentDeeplink&ts=1969.16)):

My pleasure. And thank you again

Dan Seed ([32:50](https://www.rev.com/transcript-editor/shared/652hMqfISWCWYqQciTq_w26soSTmxSFxqo1i6x4wvMazR-LWBuwxoi5ZdF3OVAlxJ09eRv1MvvRpznqbDBojDDh9HmA?loadFrom=DocumentDeeplink&ts=1970.33)):

For having me. And thank you for downloading and listening to this episode of Big Ideas. This is the first of our episodes for 2023, and we hope that you'll continue to listen throughout the year as we bring you more cutting edge research and ideas from the faculty here at Texas State University. Until next time, stay well and stay informed.