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**ORIGINAL ARTICLE**

# 'I Don't Have Time For This': Stuttering and the Politics of University Time

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Over the last four decades, increasing numbers of disabled students have entered institutions of higher education worldwide. Since 1994, the South African Government has been committed to transforming educational policy to redress the past oppression of disabled persons. Educational policies, legislation and interventions have been implemented to promote inclusive education. However, recent studies have found disabled students continue to be excluded and discriminated against at institutions of higher education in South Africa. In this analytical autoethnography, I describe my personal experiences of stuttering at two South African universities, exploring personal life stories through Felt's (2017) concept of academic chronopolitics. I argue that chronopolitics, which exists in institutions of higher learning, acts as a barrier to inclusion and participation for disabled students, specifically those who stutter. I advocate for the creation of spaces that are enabling and inclusive for all disabled students.

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**Keywords:** autoethnography; chronopolitics; institutions of higher learning; stuttering; South Africa

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## Prologue

I arrived at the library at the university at which I was registered as a student. I had hoped to take out a book I would use in the write-up of my Masters dissertation. As I got to the counter to make an enquiry, the librarian noticed me. He then got up from his seat and came towards me. He proceeded to ask what he could assist me with. There was an uncomfortable silence. I just stared at him. I could not answer him. I just experienced a block—nothing came out of my mouth. I could hear my response being recited in my head, but I could not verbalise it. The librarian stared at me, saying nothing. As I stuttered through my response, the librarian gave me a blank stare. He then sighed and mumbled, 'I don't have time for this'. With that, he turned his back on me and started walking back to his seat. I remained standing there for about five minutes hoping the librarian would return. Instead, he looked back at me, annoyed. I then left the library feeling disabled, embarrassed and powerless.

## Introduction

Universities, as prominent academic institutions, are made up of multiple assessment structures that are governed by stringent time pressures (Berg & Seeber 2016; Cannizzo 2018). These structures, alongside their indicators, shape knowledge and agency and are introduced to improve and assess the quality, efficiency, speed, transparency and manageability of institutions of higher learning (Dahler-Larsen 2012; Felt 2017). However, authors have identified the negative consequences of these structures, for example, it being detrimental to individual well-being and intellectual work, and restricting the inclusion of broader social values (Cannizzo 2018; Fochler & de Rijcke 2017).

Chronopolitics 'refers to the politics of time governing academic knowledge generation, epistemic entities, and academic lives and careers, as well as academic management processes more broadly speaking' (Felt 2017: 54). In this article, I reflect on my personal experiences as a university student living with stuttering. Through the lens of recent examples from my life, I discuss how chronopolitics, which exists in institutions of higher learning, aids the discrimination and oppression of disabled students, specifically people who stutter. As feminist disability scholars argue, it is unavoidable to talk about the personal without highlighting the political (Morris 1992; Reichart 2014; Wendell 1996). Therefore, personal stories can shed light on those inaccessible and oppressive structures and ideologies that exist in society (Kittay 2019; Lourens 2018).

## Disability and Institutions of Higher Learning

Over the last three to four decades, increasing numbers of disabled students have entered institutions of higher learning (IHL) worldwide (Mantsha 2016). It has been estimated that 11% of all students enrolled in IHL in the United States

are disabled (NCES 2016). Since 1973, universities in the United States have made concerted efforts to promote the inclusion of disabled students (Eckes & Ochoa 2005; Herridge 2017; Pingry 2007). The anti-discrimination legislation of 1973 encouraged the expansion of services to accommodate 'deficiencies' of disabled students (Pingry 2007; Yell & Katsiyannis 2004). In line with models of disability based on the insights of the social model, attention has turned increasingly to questions of how the campus environment may be deficient and exclusive of disabled people (Pingry 2007; Yell & Katsiyannis 2004). University campuses have become more proactive in terms of campaigning for access, anticipating inaccessibility, and educating campuses about inclusion and their faculty about inclusive course and curriculum design (Herridge 2017; Mole 2012).

In keeping with the global trend, the government of the country in which I live and study—South Africa—has been firmly committed to transforming educational policy to redress the past imbalances and oppression of disabled persons (Muthukrishna & Schoeman 2000; Ntombela & Soobrayen 2013). Since 1994, educational policies and legislation (such as the White Paper 6, the Higher Education Act 101 of 1997 and the South African National Plan for Higher Education) have been implemented to promote and establish inclusive education in South Africa (Ntombela & Soobrayen 2013). In response, South African institutions of higher learning have been designing programmes inclusive of disabled students (Mutanga & Walker 2015; Muthukrishna & Schoeman 2000). Some higher education institutions in South Africa have established Disability Units (DUs) to offer specialised services to disabled students to facilitate access and inclusion of these students at their institutions (FOTIM 2011). Typical services that DUs offer to disabled students include, among others, an alternative test arrangement, such as extended time, taking the test and exams in a separate room, having the test read aloud, having a scribe for the test primarily for students with visual impairment (blind and partially sighted), adaptive equipment, provision of materials in alternative print (e.g., braille, large print and tape-disk), peer tutoring and permission to tape record lectures (Mole 2012; Pingry 2007). Disability services in South Africa now have a national organisation, known as Higher and Further Education Disability Services Association (HEDSA), committed, amongst other things, to 'Promoting equity, diversity and inclusivity within all Higher Education institutions' (HEDSA 2018: para. 2).

Despite these interventions and policies, recent studies have found that disabled students continuously encounter challenges in higher education (Mutanga 2017, 2018; Ramaahlo, Tönsing & Bornman 2018). One such study was conducted by Mutanga (2017, 2018) at two South African universities. Mutanga (2017, 2018) argues that, although South Africa signed and ratified the United Nations Convention on the Rights of Persons with Disabilities in 2007, the situation for disabled students has remained largely unchanged. For example, his research showed that disabled students continue to experience exclusion in terms of accommodation, class and timetable arrangements; access to spaces; teaching and learning; assessment; attitudes of staff and students; and funding arrangements (Mutanga 2017, 2018). This phenomenon was attributed to the fact that higher education institutions primarily measure inclusion based on the numbers of disabled students they admit each year (Mutanga 2017, 2018). Sufficient attention is not dedicated towards improving the opportunities and freedoms available to each student (Mutanga 2017, 2018).

In the study by Ramaahlo et al. (2018), the ineffective implementation of policy at IHL was also identified as a contributing factor for the discrimination and marginalisation of disabled students. This study found that while provisions within disability policies at South African universities are multifaceted (including most of the dimensions of inclusive education), there are gaps in the provision of resources that hamper the policy from taking full effect (Ramaahlo et al. 2018). Provisions in disability policies of universities are aimed at ensuring equity amongst all disabled students entering the higher education system (Ramaahlo et al. 2018). The gaps in these provisions result in the exclusion of disabled students and, ultimately, denies them their right to an inclusive higher education system (Ramaahlo et al. 2018).

While Mutanga (2017, 2018) and Ramaahlo et al. (2018) raise important issues, their studies discussed the discrimination experienced by physically disabled students primarily in terms of limitations found within the infrastructure and resources of the university. In this paper, I will address the university experience of people who stutter. Until now, limited research has described the university experiences of such individuals (Butler 2013; Meredith & Packman 2015), especially in low- or middle-income countries. A study by Butler (2013) sought to investigate the effect of having a stammer on academic achievement in terms of the progression into higher education. The study revealed that a number of participants were hesitant to enrol in university because of negative school experiences (Butler 2013). Those who decided to attend university commonly indicated that stammering had a negative impact on their experience of higher education (Butler 2013). Participants typically avoided social interaction and found it challenging talking during class and doing seminar discussions and presentations (Butler 2013). Similar findings were presented in a study by Meredith and Packman (2015) on the experiences of university students who stutter. The study illuminated stories of dissatisfaction (Meredith & Packman 2015). Participants felt that stuttering negatively impacted on social interactions and academic performance (Meredith & Packman 2015). For instance, in certain incidents, students purposefully underperformed and avoided communicating with lecturers and peers to avoid the stress of stuttering (Meredith & Packman 2015). Few students had access to appropriate disability support services at university (Meredith & Packman 2015). As I shall show, the concept of academic chronopolitics may be a productive way to engage with and further unpack the experiences of students who stutter at IHL. Reflecting on my own experiences, I argue that chronopolitics, which is a key feature of the

structure and regulation of the contemporary IHL, acts as a barrier to inclusion and participation for disabled students, specifically those who stutter.

### **Autoethnography as a Method**

Autoethnography is an approach in which the researcher uses their personal experiences as an important aspect of research (Butz & Besio 2004; Maseti 2018). The researcher specifically gives voice to those untold life stories that reveal painful experiences, thoughts and emotions (Adams, Jones & Ellis 2015; Lourens 2018). Yet, autoethnography goes beyond the sharing of personal stories (Ellis, Adams & Bochner 2015; Lourens 2018). It can provide meaningful insight into cultural experiences—shedding light on those oppressive structures and ideologies that exist in society (Morris 1992; Reichart 2014; Wendell 1996). Autoethnography hence acts as a perfect theoretical framework for this article. It creates a platform 'to write about personal and often emotive disability (auto) experience within the context of a poorly resourced country (ethno)' (Lourens 2018: 569).

Writing openly about my disabling experience of stuttering is not easy. Stuttering is a complex disorder that has a significant impact on people who stutter (Alqhazo et al. 2017; Bloodstein & Ratner 2008). The impact goes beyond the actual speech difficulties these individuals experience (Alqhazo et al. 2017; Bloodstein & Ratner 2008). It includes social and psychological issues and is frequently accompanied by emotions of shame, guilt and anger, which largely stem from society's depictions and reactions to those who stutter (Alqhazo et al. 2017; Bloodstein & Ratner 2008). Therefore, writing about my experience of stuttering is challenging because it involves unlocking deep and painful emotions, thoughts and experiences. These emotions have generally pushed me towards silence. This silence is not unique to my story. Disabled people, specifically individuals who stutter, are commonly taught to deny and to conceal disabling experiences of stuttering to avoid shunning and discrimination in many societies (Shahani 2015; Watermeyer & Kathard 2016). And so, I write despite having the urgency to remain silent. I am writing this article because I believe individual experiences are instrumental in illuminating those disabling and changeable social truths (Ellis 2009).

The umbrella term 'autoethnography' is broad. Autoethnographies do not necessarily take on the same forms. Authors use different techniques to communicate personal stories. Some authors use art and poetry (evocative autoethnography), while analytical autoethnographers employ theory to elucidate how their own story raises and addresses broader theoretical and conceptual questions (Ngunjiri, Hernandez & Chang 2010). My own analytical autoethnography is a retrospective recollection. A retrospective recollection is an explicitly subjective and qualitative approach that utilises the researcher's personal memories and lived experience as material for analysis (Nowakowski 2016). I applied Felt's (2017) concept of academic chronopolitics to expand and make sense of my experience of stuttering at two South African universities.

In an attempt to protect the names of the two universities and individuals outlined in my story, no identifying information was included in relation to my experience. I am cognisant of the fact that I did not include the perspective of the persons mentioned in my story. My only defence is that this is my story and hence part of the truth.

### **Academic Chronopolitics**

'Time constitutes one of the most fundamental aspects of human experience and of social life' (Ylijoki & Mäntylä 2003: 57). A long line of research by scholars such as Adam (1994, 1995, 2006), Baraitser (2017), Flaherty (1987) and Zerubavel (1985) have given considerable attention to the study of temporality. These scholars argue time is central to understanding the social world and regulating the lives of social entities, such as families, professional groups, religions, communities, organisations and even nations (Adam 1994, 1995, 2006; Baraitser 2017; Flaherty 1987; Zerubavel 1985). Recently, analyses have indicated the emergence of a complex infrastructure of multiple temporalities that shape knowledge, agency and productivity at academic institutions, such as universities (e.g., Felt 2017; Gibbs et al. 2015; Ylijoki & Mäntylä 2003). Felt (2017) developed the concept of chronopolitics to analyse the politics of time governing academic knowledge, productivity, work and evaluation at universities. She argued that universities, as leading academic institutions, are constantly challenged regarding their ability to perform within temporal constraints in educating the next generation of knowledge workers and ensuring the progressive flow of innovation. She points out universities are thus made up of multiple academic systems as well as indicators that require individuals to perform specific tasks according to rigorous timeframes. Consequently, the theatre or performance of these tasks shape the way time is performed at universities. If at any point a problem is detected with the existing temporal regime, a new structure is introduced alongside indicators. This move is aimed at improving self-control, efficiency and manageability of the research system (Felt 2017).

One example of such temporal structures is university curricula (Clegg 2010, 2015). Different disciplinary curricula possess unique and diverse temporal structures (Araújo 2005; Clegg 2010). These curricula determine the agency and participation of individuals in disciplines (Clegg 2015; McLean, Abbas & Ashwin 2013). Students are hence required to carry out certain tasks according to varied timeframes (Clegg 2015). Researchers have claimed such temporal systems could also be oppressive in nature if students do not adhere to designated times and timings of curricula (Fochler & de Rijcke 2017; Hassard 1991; Ylijoki & Mäntylä 2003). Hassard (1991) specifically argued temporal structures in organisations repress individuals' experiences and impose on them discipline and standardised requirements. This may

be particularly true for people who stutter. In the university setting, course outlines highlight tasks that need to be completed within certain time frames. Part of performing these tasks is the ability to communicate in a quick and efficient manner (Johnston & Bashir 2017). Johnston and Bashir (2017) stated such communications act as a prerequisite for a number of course modules. These authors note modules are primarily aimed at assessing the verbal ability of students; thus verbal testing, individual presentations and group presentations are chosen as methods of assessment, particularly at postgraduate level. However, people who stutter experience delayed and unusual communicative rhythms and tempos that interrupt the normalised 'choreography' in communication (St. Pierre 2015). For this reason, students who stutter experience difficulty completing these oral assessments in the allocated time frames, and as a result, students frequently avoid these modules. In situations where students do take these modules, they are marginalised and may feel inept and powerless because they are unable to perform the required oral assessments (Johnston & Bashir 2017).

### **Experiences of Time as a University Student who Stutters**

It was January 2011; I had just registered for my Honours degree in psychology at a South African university. I was excited to have been selected from hundreds of applicants to be part of the small group selected to do an Honours degree (the first year of postgraduate study in South Africa). I was one step closer to making my dream a reality: becoming a registered clinical psychologist, which required completion of a professional Masters degree, and admission to which was even more competitive than to Honours. I was also aware that Honours removed me from the large lecture venue with literally hundreds of students to a class of only 34 students. I knew verbal ability was one of the primary aspects assessed in this course. So I was aware that I would be required to host seminars, do presentations and take part in class discussions. As an undergraduate student, I had not been required to speak in class. I was able to 'pass as normal' (Goffman 1963). Reading Goffman's (1963) work (i.e., *Stigma: Notes on the Management of a Spoiled Identity*) helped me to understand the concept 'identify with the stigma'. The reactions of students and lecturers helped me reach the conclusion that I experienced stigma because I possessed a stigmatised identity. Stigma, the assignment of negative worth on the basis of devalued characteristics (e.g., stuttering), has been a consistent presence in my life. It was therefore important for me to pass as normal. People who stutter, as well as other disabled individuals, are all too familiar with this experience. The shame and stigma associated with the disabled identity commonly encourage people with impairments to dissociate themselves from any hurt, vulnerability or struggle (Watermeyer & Swartz 2008). There is a strong desire to prove one as 'un-disabled' in light of the demeaning projections from broader society (Watermeyer 2009). In an attempt to not be perceived as damaged, weak, dependent or the 'cripple' of stereotype, disabled persons may be hesitant to express all aspects of their vulnerable self (Watermeyer 2009). Likewise, my shame feelings motivated a desire to behave, talk and act like a fluent person in every situation. It was particularly strong in the context of my face-to-face encounters with fluent speakers. However, in Honours, my secret would be out that I am a stutterer. For this reason, I met with one of the lecturers in the department to discuss my suitability for the programme as a person who stutters. He assured me my stutter would not be an issue or have a negative effect on my chosen career path. Indeed, I was optimistic about starting my Honours.

After the first class of the Honours year, we were divided into groups of five to host hour-long seminars. Unfortunately for me, I was part of the first group to present. This meant that I was scheduled to present the following week. I was so anxious, but with the help of my group members, I felt a bit more confident about doing the presentation. We decided that each member would present for fifteen minutes on their topic. On the day of the seminar, all I could hear was my heart racing and feel the sweat on my palms as my turn to speak drew closer. The two group members who presented before me each presented quite well during their time-slot. Eventually it was my time to speak. I could not utter a word. I was experiencing a block. At that point, all I could hear was the clock ticking and all I could see were the bewildered (and bewildering) eyes of the class looking at me. I then attempted once again to verbalise my presentation, but nothing proceeded from my mouth. Because of time pressure, it was necessary for the content to be covered during the seminar. As a result, the lecturer requested that one of my group members take over from me. I felt so powerless and embarrassed. I just wanted the earth to swallow me up. I left that seminar room with tears in my eyes.

Similar to many disabled persons, I felt like I did not fit comfortably into the shape of the world. I was in a state of 'misfitting' (Garland-Thomson 2011, 2015). I was continuously faced with subliminal messages that only wholeness and perfection is acceptable (Watermeyer 2012), and I felt neither whole nor perfect. Structural and social barriers persistently drummed the message that I do not have membership to 'normality' (Lourens 2018). For example, throughout my Honours year, no real attempt was made by the department to make the programme enabling for me. No adaptations were offered, neither did I have the confidence to ask for any. More fundamentally, I had no idea that I had any right to ask for accommodations.

I endured many disabling situations. As the year progressed, the time pressure became more apparent. There was pressure to do introductions, to host seminars and to participate in class discussions. Depending on the level of fluency on the day, these exercises were either carried out successfully or with great discomfort and embarrassment. Indeed, I knew my embarrassment worked to my detriment because we were informed that potential clinical Masters students were being chosen based on their ability to communicate fluently and efficiently in class. I knew I was far from fluent. I was unable to speak a sentence without stuttering. At times, I felt both invalidated and intellectually inferior because my tempo and rhythm was not to the standards of my fellow classmates and that of the programme. Due to my irregular

tempo and rhythm, I began feeling I had nothing meaningful to contribute, that my stuttering, disfluent voice had no influence and that no one was interested. In many ways, this belief was not far from the truth as I was forced to keep up with the pace and rhythm of the programme. I felt like no one wanted to listen to my difficult disability experiences. After all, disabled persons are frequently socialised to believe the nondisabled world is not ready to listen to their disability experiences (French 2004; Watermeyer 2013; Watermeyer and Swartz 2008). From a very young age, disabled children often learn to deny parts of their disability rather than to cause anxiety for others (French 2004). Furthermore, I was all too familiar with comments and questions that assumed if I put in enough effort I would not trouble others with my lack of fluency. Examples of these would be statements such as 'You cannot remain quiet in class. You need to make an effort to contribute to class discussions. Isn't there a way you can speak fluently? What about speech therapy, will that not help a bit?'

I raised the issue of my application with my supervisor (also the then convener of the clinical Masters programme at the university). He cautioned me against applying for clinical Masters. Although he felt I was trainable and strong academically, he made it known that my stutter would be the disqualifying factor because the course is fast-paced and was not designed for individuals who stutter. He also told me that I had time on my hands: he was only 30 years old when he applied for clinical Masters and I was only 22 years old. He encouraged me to get more life experience and said that I should apply for clinical Masters only once I had overcome my anxiety and got my stutter under control. I needed to do this in my own time. The responsibility of managing 'your' own impairment is very relevant to the lives of many disabled persons (French 2004; Garland-Thomson 2009; Lourens & Swartz 2016). Sally French (2004), a disability scholar who is visually impaired, writes about the earliest memories of relatives denying the reality of her disability and anxiously encouraging her to pass normal. She recalls her parents anxiously showing her a rainbow and asking, 'Can you see it?' After several attempts, and in a plight to protect the feelings of her relatives, she told them she could see the rainbow. Similar to French (2004), it is well cited that able-bodied persons commonly refuse to acknowledge the reality of disabled persons and instead normalise their experiences—ignoring the discomfort and limitations of the impairment (Garland-Thomson 2009; Lourens & Swartz 2016; Watermeyer & Kathard 2016).

The conversation with the course convener made me realise that my dream of becoming a registered clinical psychologist was slipping away. I, however, was determined to become a registered clinical psychologist. Rejecting the advice of my supervisor, I decided to apply for a place in the clinical Masters programme. As in other countries, entry to the clinical Masters programme is highly competitive in South Africa. The application process is arduous. Applicants are first required to do a written application. If the application is accepted, the applicant is shortlisted and invited to be interviewed by a selection panel, consisting of staff from the department of psychology. In addition to the interview, other exercises are conducted to assess the competence of the applicant. Once the process is completed, approximately six to seven applicants are selected for the programme.

My application was rejected. Initially, I assumed I did not meet the requirements for acceptance into the programme. I knew the committee had a preference for individuals with life experience, preferably 34 years of age and older. Being 22 years of age, I assumed I was too young and therefore required more life experience. My supervisor, however, told me that my application was rejected because I am a stutterer. He was angry I had gone against his advice and submitted an application. He did not speak to me for several months. When I applied for a place in a Masters programme at another university, he (my supervisor) submitted a very poor referee report. One of the programme administrators in the department made me aware of this. She cautioned me against submitting the referee report and requested I ask one of my other lecturers to write a more favourable report.

Later that year, I once again defied my supervisor's wishes and applied for a place in the research Masters programme. This is a training in psychological research and does not necessarily require work with the public. I was shortlisted and invited for a selection interview. After this interview took place, however, I was informed my application was unsuccessful. I was disappointed because I knew I met the requirements: I was able to conceptualise a research project, I had a good mid-year aggregate and I was identified as a proficient writer by my supervisor and other lecturers in the department. This was eventually confirmed in a meeting I had with one of the panel members a week later. This panel member assured me I was a preferred candidate. However, the programme was not designed for a person who stutters, and therefore my application was rejected. I was informed about a previous student who had been admitted into the programme. This student was a young woman who stuttered. The panel member made it known the committee members had had reservations about admitting this student into the programme. I was told that because of the student's stutter, she struggled to do presentations efficiently and to contribute orally to class discussions. The committee felt the student had wasted time and had held the class back. According to the lecturer, the student had been defensive about her stutter and had always blamed other people, when in fact her impairment and its effect on the class was her responsibility. In light of the above, they could not allow another person who stutters to disrupt the structure and pace of the programme. Once again, I was encouraged to reapply once I had gone away and 'fixed' my stutter in my own time. I felt really discouraged and hopeless. It seemed like I was at a dead end. Towards the end of the year, I heard of the counselling internship offered by the department that would lead to registration as a counsellor. I applied for the internship. This application, too, was rejected because the department stated they were unable to find a placement for a person who stutters.

Based on this experience I decided to leave the university. I felt seriously let down and vowed to never return. I was accepted for a Masters degree at another university. Despite leaving the university where I felt so disabled and excluded, these experiences have never left me. It has had a lasting effect on the direction of my career and its success. The reality rings true for me that higher education institutions remain disabling and oppressive spaces for people who stutter. Indeed, the opening vignette of this article describing my experiences in a university library took place at a different university.

### Concluding Reflection

In reflecting on my experiences as a person who stutters navigating higher education spaces, I must consider the question of whether fluency is in fact a requirement for certain professions. I would argue, for example, that air traffic controllers should be able to communicate fluently and quickly, and I would not regard it as discrimination were I to apply for training as an air traffic controller and be excluded, just as I would not want to be operated on by a surgeon with limited vision. Clinical psychology, along with other professions, has been seen as contributing to what is called 'the talking cure'—much of the work operates in conversation. I understand (and I have ample experience of this) that my stutter could make other people uncomfortable, including clients I would want to treat as a clinical psychologist. I do not think this is a trivial issue, and it is certainly one that would need to be considered. But, just as Swartz (2010) has suggested in thinking about access of blind people to clinical psychology training, it is important to try to separate issues that may well affect the work from issues of prejudice and exclusion. Does the fact that some patients may be uncomfortable consulting a clinical psychologist who stutters mean that nobody who stutters should be trained in that profession? This question, it seems to me, is analogous to the question, 'Does the fact that some patients may be uncomfortable consulting a clinical psychologist who wears a hijab mean that nobody who wears a hijab should be trained in that profession?' To me, the example of the hijab demonstrates the discrimination involved in asking such a question. I am capable of engaging in and understanding conversations. To the extent that any person who applies for training in clinical psychology is able to assess their own skills and qualifications, and acknowledging that in a competitive field not all skilled and qualified people may be admitted to training, I believe I have the qualifications and skills for training to do the job. In my view, there is place for clinical psychologists who stutter. A large body of literature has stressed the importance of professionals' own lived experience in helping professions, from ideas of the 'wounded healer' to theorising on peer support. The wounded healer, for example, is an archetype that suggests clients gain healing from individual wounds and personal struggles of the psychotherapist (Kirmayer 2003; Zerubavel & Wright 2012). The wounded healer is said to be familiar with the difficulties of the client and is thus thought to have a deeper empathetic connection and higher credibility regarding the recovery process (Jackson 2001; Kirmayer 2003; White 2000). Likewise, through the theorising of peer support it is argued the establishment of a social relationship between the client and health professional is pivotal for the maintenance of health and well-being (Dennis 2003). Indeed, while fluency provides a comfortable way of communicating with patients, the practice of psychology is also about promoting the subjective well-being and personal development of patients (Biswas-Diener, Diener & Tamir 2004). An aspect of this process is creating a safe and comfortable space where patients can share their problems and receive counselling. This is particularly important for patients who stutter. Studies (e.g., Daniels & Gabel 2004; Klompas & Ross 2004) have found people who stutter are frequently confronted with feelings of shame, which causes them to shy away from sharing their lived experiences. Having psychologists available who have insider knowledge of these struggles could be an advantage. Psychologists who stutter may be especially well placed to introduce strategies that would promote the well-being of patients with communication disorders and aid easy and respectful communication during therapy sessions. They may also be able to create a safe environment for people who struggle with other issues as their own struggles, and their success at living with these, may create a sense of hope and comfort.

Research psychology, on the other hand, does not require fluency. For the past four years, I have worked as a researcher. I have been involved in project management and have successfully conducted interviews and focus groups. I have written reports and published and presented papers at local as well as international conferences. In the case of research psychology, it is now much clearer that my being excluded was not to do with skills but more to do with cultural ideas about fluency attached to this profession and the academy in general, with fluency associated with quickness of thinking and ability (Butler 2014; Von Tiling 2011). My experience as a researcher has proven this idea to be misguided and discriminatory.

Concerted efforts need to be made to dismantle unhelpful cultural ideas about fluency being a necessary condition for academic competence, and to ensure that academia is more inclusive for disabled individuals, including those with communication impairments. The inclusion of such researchers could further shed light on those societal structures and ideologies that exist to oppress disabled individuals. This may prove beneficial for the development and strengthening of interventions and policies that would be sensitive to the rights of disabled people. My experience raises some important issues that are key for thinking about disability at higher education institutions, specifically in postgraduate programmes. It seems clear that selection processes for certain programmes (such as Honours and clinical and research Masters), even in institutions which claim to be inclusive, may be structured without thinking of the barriers they create for participants who stutter. There is an expectation that students should conform to the rhythms

and tempo of the university. If a student disrupts these rhythms and time regimes, in my experience, this may lead to the institution excluding the student. I was told more than once to 'fix' my 'problem' in my own time. There is in this a hierarchy of time values: the time of the institution is clearly more valuable and more worth protecting than the time of the individual disabled student. This is the message: either leave and do not return or fix your disability in your own time. Do not, through your impairment, interfere with the temporal structures of the university.

The key issue here is that of communication access. Communication access involves 'developing communication that is clear, comfortable and easy to understand and interact with, regardless of your preferred style of communication' (Pound & Hewitt 2004: 166). To achieve this, academics need to think creatively about new communication practices to engage and assess people who stutter. In my experience, this does not happen consistently.

For people who stutter and for individuals with other speech impairments the issue of time is crucial to an inclusive communication environment (French & Swain 2004). Greater thought should be given to how the tempo of disciplinary curricula could be slowed down and made more diversified and flexible to accommodate people who stutter and individuals with other communication impairments. It is important that the disabled student be fully involved at every stage of the process because disability is a complex and unique experience (French & Swain 2004). For instance, during oral examinations or presentations, students should be given the option to apply for extra time. In situations where a student may perceive their stutter to be too severe to carry out an oral exercise, they should be permitted to use communication equipment to record their presentation ahead of time.

Creating an enabling environment for university students who stutter also involves educating staff about stuttering, specifically how to respond to such individuals. One of the defining features of a disability, such as stuttering, is the ignorance of others in knowing how to respond (Pound & Hewitt 2004; Solarsh & Johnson 2017). My encounter with the librarian in the vignette at the beginning of this article is evidence of this. As for many university students who stutter, I have repeatedly been subjected to the oppressive and disabling assumptions and attitudes of fellow students, lecturers and other staff members. Therefore, I recommend management at higher education institutions provide staff with the necessary training to support, respond to and communicate respectfully with individuals who stutter.

Clearly, my own story and those of students who stutter raise issues in themselves, but they also raise more fundamental questions about contemporary universities. It is certainly not original for me to note the pace in contemporary universities is experienced as much faster than before (Felt 2017), and it is easy to link the quick production and output ethic of contemporary universities to broader questions of the impact of neoliberalism on higher education (Smith, Jeffery & Collins 2018; Taylor & Lahad 2018). Within the context of neoliberalism, time is a commodity, and different people's time is valued differently. The message I repeatedly received that I must 'fix' myself 'in my own time' reinforced the underlying assumption that my time, as a student who stutters, is of less value than the time of the university. As disability studies explores issues of time more fully, this question of different commodified times, and their perceived relative values, may be fruitfully further explored. The issue of commodified time, of course, and its impact on disabled people, extends beyond the university context and raises questions about how society is organised, what contributions are valued and why.

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The author has no competing interests to declare.

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