# STRAIGHT TALK ON STUTTERING

Second Edition

# STRAIGHT TALK ON STUTTERING

## Information, Encouragement, and Counsel for Stutterers, Caregivers, and Speech-Language Clinicians

*By*

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*To the loving memory of my parents, Sarah Ellen and*
*Lloyd Darl Hulit, and my brother, Mark James Hulit,*

*And to the sources of my greatest joys and pride,*
*Pamela, Yvonne, Carmen, Scot, John, Christopher, Lance,*
*Benjamin, Peyton, and Brianna*

# PREFACE

This book is not for everyone. It was written for people who stutter and for those who interact with people who stutter, including caregivers, teachers, and speech-language pathologists.

I have tried to write this book in a *reader friendly* manner, and I have tried to make it as practical as possible. Even though it is a reasonably thorough review of what we know about stuttering, there is a heavy emphasis on what I would consider to be *bottom-line conclusions,* not on the details of the theoretical speculations and the research findings that have driven us to these conclusions. I do not pretend that this presentation is free of my own life experiences with stuttering because that would not be true. I am a stutterer. I am a clinician who specializes in the treatment of stuttering. I am a teacher who is passionate about helping others learn about stuttering. These perspectives have heavily influenced how I have written this book. In the pages that follow, I offer my insights, opinions, and advice, but I am careful to indicate that I am addressing the reader, not as a guru of truth, but as a person who has gained some understanding about stuttering through my professional and personal experiences with this disorder.

The second edition of *Straight Talk on Stuttering* is divided into two parts. The first part includes basic information about the disorder. In these chapters, I address common questions people have about stuttering, such as *What is stuttering?, What causes it?, How does it develop?, Can it be prevented?, Are there things parents can do to help a child who is stuttering?, How has stuttering been treated in adults?,* and *Are there things the adult stutterer can do to help himself?* In the first part of this edition, I have included a new chapter entitled *Living with Stuttering.* This chapter includes ten suggestions about living victoriously with stuttering. It is a very personal, stutterer-to-stutterer account of lessons I have learned and want to share with those who have carried stuttering into adolescence and adulthood. The second part of the book is a description of the therapy approach I use with adults and children who stutter. This part includes another new chapter, *Evaluating People Who Stutter.*

In writing this book, I have not avoided the technical language speech-language pathologists use in reference to stuttering, but I have taken great care to make sure that each technical term is adequately explained the first time I use it. In addition, there is a glossary at the end of the book that includes definitions of many of the terms that might be unfamiliar to some readers.

Before beginning the journey through the pages of this book, the reader should know that stuttering is an utterly fascinating communication disorder. Because it is surrounded by so much mystery, so many unanswered questions, and so many myths and misperceptions, it can be a frustrating disorder to study, treat, and endure. I have tried to dispel the myths, correct the misperceptions, answer as many questions as I believe are answerable, and above all else, I have tried to weave a message of *hope* for all people who stutter, a message I believe is absolutely justified.

Lloyd M. Hulit, Ph.D.

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# STRAIGHT TALK ON STUTTERING

# Part One

# UNDERSTANDING STUTTERING

# Chapter 1

# INTRODUCTION

## What the World Needs Now

Burt Bacharach is one of the most prolific songwriters of his generation. One of his best known songs is *What the World Needs Now Is Love,* recorded by Jackie DeShannon in 1968. When I wrote the first edition of this book, I thought about the lyrics of this song. When the time came to write the second edition, I decided to include a few of Bacharach's words to make a point about the book you are beginning to read. Actually, after browsing through this first paragraph, you may decide NOT to read the book, but I ask that you at least finish this first chapter before abandoning my message. Consider a few of Bacharach's lyrics: *What the world needs now is love, sweet love . . . Lord, we don't need another mountain . . . There are oceans and rivers enough to cross.* The general idea is that there are many things in life that are overstocked, but there can never be enough love. One could make the argument that what the world does not need is another book about stuttering, and on some level, I would have a difficult time refuting that assertion. There are plenty of books about stuttering–enough to fill a library devoted to this one subject. In the early years of speech-language pathology as a profession, there was more written about stuttering than all other communication disorders combined. That is no longer true, but it is interesting that a disorder affecting only about 1 percent of the world's population at a given time still commands considerable interest.

So why did I write *Straight Talk on Stuttering* in the first place, and why am I writing a second edition? Because while it is true that there are plenty of books about stuttering, this one offers a different view than most. I have written about stuttering from a personal perspective, which is NOT unique, but it is a personal perspective shaped by four decades as a teacher and clinician as well as a lifetime of experience with the disorder itself, and that does separate my presentation from most others.

In order to appreciate what this book has to offer, therefore, it is important that you know I am a stutterer. There was a time in my life when I considered myself a stutterer, first, last, and always. When I was an adolescent, it was difficult for me to place my stuttering in any meaningful personal context because it seemed almost larger than my life. Fortunately, I can now put my stuttering into proper perspective. It is one small part of who I am. More accurately, it is one small part of what I do and has nothing to do with my essential personhood. This perspective has been gained, in large measure, as I have learned to control my stuttering so that it no longer controls me.

One of my qualifications as author of this book, therefore, is that I am a stutterer. I have lived with this disorder most of my life, certainly all of the life I can remember. I want to make it clear, however, that my experience as a stutterer is the least of my qualifications. I am also a clinician, counselor, and a teacher. In these roles, I have learned infinitely more about stuttering than I have as a stutterer. The problem with trying to understand stuttering from the inside is that you see only one point of view, and even that point of view is distorted by the incredibly personal nature of the disorder. Stutterers tend to want others to understand stuttering the way they have experienced it. If every stuttering experience were the same, we would only need one view, one understanding, but stuttering experiences are as vastly different as people are different. There is some common ground, however, and we will best understand the disorder if we look for the common ground stutterers share. I have found some of that common ground in my work as researcher, clinician, and teacher. It is that understanding of stuttering I want to share with you.

Despite the countless books, portions of books, and journal articles written by psychologists, psychiatrists, philosophers, physicians, physicists, rhetoricians, speech-language pathologists, and by stutterers themselves, despite all the research, all the theorizing and speculation, despite all the analysis and discussion, stuttering remains one of the most misunderstood of communication disorders. Much of the misunderstanding is justified. We have simply not been able to put together many facts about stuttering, which means that much of what we think we know is based on shreds of evidence about which there has been much conjecture. Some of the misunderstanding is not justified. Many writers over the centuries have mistaken their personal biases for *truths* and have written about stuttering as though the puzzle has been solved. No matter what you may have been led to believe, this puzzle has not been solved. There is still infinitely more about stuttering we do not know than we do know. In many important respects, it is as much an enigmatic mystery today as it was 100 years ago.

One of the indisputable facts about stuttering, as I have already noted, is that there are hundreds of books on the subject you could read, but most readers would not find the majority of these books particularly helpful. Many of these books are too theoretical to be of much practical value. Others are so steeped in research data and analysis that the reader loses sight of the essential questions about stuttering because the authors of these books become so absorbed in discussing the strengths and weaknesses of research design and the nuances of statistical interpretation that the essential questions are either ignored or obscured. Many books on stuttering are so obviously biased toward a single theoretical interpretation of the disorder that the reader gains an extremely narrow view of a very complicated, life-pervasive problem. Some authors overreact to some of the problems I have identified here, and in an attempt to make stuttering understandable, they provide descriptions that are entirely too simplistic.

In my work as a clinician and counselor, I have found that adult stutterers and the parents of young stutterers want and need information that is best provided in material that can be read and pondered. I can give a client a great deal of information in a one-hour session, but it is not likely that much of the information I share will be retained for long. There is also the real danger that what I have said will be remembered incompletely and incorrectly. According to the common maxim, *A little knowledge is a dangerous thing.* I have no doubt that this is true, and I am even more convinced that a little knowledge that is warped by failed memory, distorted perception, or incomplete understanding is even more dangerous.

In my work as a teacher of future speech-language clinicians who will work with stutterers, I have become increasingly sensitive to the problems students experience in trying to understand this disorder. They are frustrated by the fact that there are no clear answers to the most basic questions about stuttering. While I am convinced it is professionally inappropriate and irresponsible to provide simplistic answers to complex questions, I am even more convinced that students who are considering the issues surrounding stuttering prior to their first clinical experiences with people who stutter need to understand, in the clearest possible language, what the questions are. They also need to know, in the context of all that has been written about stuttering, what the most responsible answers to these questions seem to be.

I have tried to write a book for stutterers, the parents of stutterers, and for speech-language pathologists in training and in practice that describes stuttering in plain English, an explanation of the disorder that does not go unreasonably beyond what we actually know about stuttering. I have tried to provide practical advice for clients, parents, and clinicians who must deal with stuttering on a daily and personal basis and who are not particularly interested in the great, and often esoteric, debates waged by the experts, debates incidentally that have so far not moved us very close to the *truth* about stuttering.

There is also a very personal reason for my writing this book. I want to convey the message that stuttering is not nearly as funny as it is depicted in cartoons and comedic movies, nor is it necessarily as tragic as some stutterers allow it to be. My stuttering was most devastating when I was in elementary school. It was not the most severe at that time, but it had the most profound influence on my life during those years. Children are especially vulnerable to criticism and teasing when they are 6 to 13 years old, and I was no exception. Children, and even some adults, cannot tolerate being different, and there is no doubt that people who stutter are set apart from people who do not. People are, by their human nature, social and communicative beings. The individual whose ability to talk is limited by any speech or language disorder is penalized in many ways. He may be ostracized, teased, or mocked. He may be perceived as incompetent or stupid, the object of pity or scorn. As is potentially true of anyone with a speech or language disorder, the stutterer loses some of his communicative ability, but he might suffer more than other communicatively disordered people because his disorder can be seen as well as heard, and because it often catches listeners unaware, provokes shock, and sometimes laughter. It should not be difficult to understand how the stutterer comes to feel persecuted and why he might come to think of himself as a stutterer, first, last, and always. Many stutterers do, in fact, allow stuttering to dominate their lives, to define who they are as people, but the key word here is *allow.*

Some years ago, I watched a television interview with a young girl, about nine years old, who was dying of cancer. She was being interviewed because she had an extraordinarily positive attitude for someone who was facing death, and particularly for someone so young. The interviewer wanted to know the source of this attitude. When he posed the question, the little girl reflected for a moment, obviously giving this very serious question the thought it deserved. Her answer became part of my personal perspective on life and on my speech disorder, and I will never forget it. She said that when she first found out she was dying, she was frightened and angry. During every waking hour of those first weeks and months after her diagnosis, she was consumed with terrible thoughts about the cancer that was inside her. As time passed, however, she came to an understanding of her illness that significantly changed her attitude and the quality of the life she had left. It was an insight that was as profound as it was simple. She came to understand that the cancer did not own her. She owned the cancer, and she had control of her life, no matter how short that life might be. Cynics might suggest that this little girl could not have reached this determination without the help of adults. I would submit that it does not matter if this was a self-discovery or a facilitated discovery because it was obvious that she understood the difference between owning the cancer and the cancer owning her, and it was obvious that knowing the difference made a difference in the way she chose to live her last days in a failing body. There are at least two important lessons for the stutterer in this little girl's story.

First, the stutterer often was a *woe be unto me* attitude about his stuttering, believing that nothing could be worse than the agony of stuttering. One does not have to look very far to discover that such an attitude about stuttering is preposterous. There are many conditions with which a person might be afflicted that are far worse than stuttering. I do not want to be unduly harsh on stutterers who choose to wallow in self-pity because I have spent time in the self-pity pit myself, but it is crucial that the stutterer recognize at some point in his life that he has not been struck by life's cruelest blow. I would rather not stutter, of course, but when I step back from my speech disorder and view it within the total tapestry of human problems, it is not nearly as tragic, not nearly as life-altering, and certainly not as horrific as I tend to imagine it when I view it only from the inside out.

The second lesson to be learned from the dying girl concerns ownership. We all have the potential to be slaves to something about ourselves we do not like. If I am unusually short, I can become so obsessed with my shortness that everything I do is affected by my perception of myself as *short.* I cannot play basketball because I am too short. I cannot ask that special girl for a date because I'm too short, and surely she could not like a short person. I'm not even going to ask for that promotion I know I deserve because the boss does not like short people. On the other hand, I can refuse to be a victim of my shortness. I can choose to view my shortness as one part of who I am and go about the business of living my life without always thinking first about the shattering shame of shortness.

The person who stutters also needs to do some serious thinking about what owns whom or who owns what and how the difference can make a difference in the living of his life. No one can dispute that stuttering is a disorder of speech, but the person who stutters can make a choice about his disorder. He can choose to make the stuttering a handicap, or he can choose to own the disorder, and once he has claimed ownership, he can choose to seize control over his disordered fluency. I want to make a final point here about stuttering and choice. The stutterer can choose to be fluent. The process toward becoming fluent is difficult, sometimes painful, and usually long, but it is possible. The stutterer can make the choice. People who are blind, deaf, paraplegic, or who are terminally ill with cancer or AIDS can, like the stutterer, choose to own their conditions, but they cannot choose to overcome them to the same extent that the stutterer can choose to overcome his stuttering.

These lessons lead quite naturally to the first specific, practical piece of advice I want to offer to all people, including parents, siblings, friends, teachers, and speech-language clinicians, who interact with stutterers. Do not pity the stutterer. Do not mock, tease, ridicule, or torment the stutterer in any way, but please do not pity him. Your pity is not constructive and may directly feed the fires of the stutterer's feelings of inadequacy and despair. If he perceives that he is helpless, that he is the prisoner of a tongue that cannot flit about his mouth with the dexterity required of normal speech, or lips that either stick together or remain paralyzed in an open position, or a larynx that has a broken *on/off* switch, your pity will only reinforce his belief that his speech mechanism is broken. Your pity supports his self-deprecating complaint that he ". . . just can't help it!" No matter the stutterer's age, he needs your unqualified acceptance. He needs whatever understanding you can muster. He needs your support and encouragement, but he absolutely, positively does not need your pity, and as surprising as it may seem to some people, most stutterers abhor pity more than they despise the teasing and mocking, more even than the stuttering itself.

The longer I live with my own stuttering, the longer I study the disorder, and the longer I work with stutterers and the parents of stutterers, the more convinced I become that the single most important key to success in dealing with this disorder is *understanding*. Clients and/or their parents are often looking for easy, miraculous cures when they come to speech-language pathologists for help. There are no miracle cures in the treatment of stuttering. There are no tricks, no shortcuts to long-term success. The successful treatment of stuttering is grounded in motivation, dedication, commitment, patience, courage, and understanding. If you are reading this book as an adult stutterer, I hope to give you a basic understanding of the disorder so that you might be prepared to face it objectively, with courage, and with a determination to modify what can be modified. If you are reading this book as the parent of a young stutterer, you need to understand the disorder well enough that you can separate the stuttering from the child. If you are a clinician, you must understand the disorder more thoroughly than the client in your care because it will be your responsibility to guide the client and/or his parents on the journey from fluency disorder to fluency order. The guide must always know the trail better than those who are being led. No matter your role in dealing with the stuttering problem, you must know that if the stutterer understands his disorder, at whatever level is appropriate to his age, motivation and commitment to the therapy method being utilized will follow. Conversely, if he does not understand stuttering, he is likely to believe that it is a condition beyond his control, and as long as he believes that stuttering is beyond his control, there is no reasonable hope for improvement.

The second chapter of this book, **Stuttering: Up Close and Personal,** includes my own stuttering story and some personal insights about the disorder. The remainder of the first part of the book is designed to address the most common questions I am asked when I counsel stutterers and parents. The answers to these questions are basic to an understanding of the nature of stuttering, but the reader should be forewarned. The answers are not neat and tidy. I want to reiterate that there is much we simply do not know about stuttering. It is a communication problem that does not conform to simple answers. There is very little we can say by way of description or explanation that will be true for all stutterers because the disorder is extremely variable and because individual stutterers who might share many of the same symptoms, will react to those symptoms differently. With this disorder, the reactions of the stutterer are often far more critical in determining the impact of the disorder on that person's life than the symptoms to which he is reacting. The reader should also be aware that some of the answers I will provide might make some stutterers uncomfortable because I will repeatedly restate my view that the stutterer is ultimately responsible for his problem. No matter how much he eventually understands the problem, no matter how competent a clinician is in providing treatment and counsel, the stutterer must decide if he is a person who sometimes stutters, or if he is a stutterer, first, last, and always. The answer to that question will ultimately determine the stutterer's fate, at least that part of his fate that will be affected by his speech.

The second major part of the book is concerned with the treatment of stutterers. It deals specifically with the treatment of adult stutterers, young beginning stutterers, and young advanced stutterers. It includes advice about environmental therapy, interviewing techniques, and about how to counsel the parents of young stutterers. The final chapter describes some of the problems involved in evaluating stuttering, and while recognizing that there are as many ways to evaluate stuttering as there are to treat it, I suggest an evaluation protocol with which I am comfortable.

It will not escape the attention of careful readers that a number of general themes will be visited and revisited in this book. Even some basic facts about stuttering will be mentioned more than once. Any repetition of general themes, such as taking responsibility for one's life, being tough-minded in dealing with difficult problems, and remaining objective even when it seems easy to give in to self-pity and anger, is calculated and purposive. One of the lessons I have learned as a teacher, parent, and coach is that one should never assume that a message sent one time will be received. If the message is important, it should be stated, restated, reviewed, resurrected, and reinforced; so if some of my messages sound familiar, you are correct, and they may actually become so familiar, you will remember them. There are certain theoretical views about stuttering, and pieces of evidence that tend to support or refute these views, that I will mention more than one time. In each case, I will try to re-establish context and extend understanding, but you should be forewarned that you will be exposed to some pieces of the stuttering puzzle more than once. There is, in all of these restatements, what I call *purposive redundancy*.

Because I am writing this book for a wide audience that includes adult stutterers, the parents of children who stutter, teachers and other professionals who interact with stutterers, speech-language pathologists in training, and speech-language pathologists in practice, it is not written in a traditional textbook style. I will not be making reference to a long list of journal articles and scholarly books, for example. I will make these references only when absolutely necessary, but it is proper that I mention several people who have profoundly influenced me as a teacher, clinician, scholar, and stutterer through their writings. They are Charles Van Riper, Oliver Bloodstein, and Wendell Johnson, three men whose insights into stuttering have shaped the collective thinking of my profession about this disorder for many decades. They have facilitated my understanding of my own stuttering. They have inspired me to continue to search for answers to questions that sometimes seem unanswerable. I have used several of their works as references in this book, and their theoretical and clinical views will be heavily represented in the pages that follow.

## And Now A Few Words About Political Correctness . . .

We are living in an era of great sensitivity about political correctness. There is serious debate about how far we should go in our efforts to avoid hurting people by using language that some people, or some groups of people, might find offensive. In this debate, I tend to come down on the side that asserts that we should call people what they prefer to be called, that no group can decide for another group what labels or descriptive terms are appropriate. I believe, for example, that only Native Americans can decide if using words referenced to Native Americans to name athletic teams or mascots is offensive. I believe that women have a perfect right to be offended by terms of endearment that are clearly demeaning.

The debate about political correctness has now touched stuttering, and I must confess I am troubled by the arguments in this case. Some in my profession, and many people whose lives have been impacted by stuttering, are insisting that we should no longer use the word, *stutterer,* that we should instead use the phrase, *the person who stutters*. I understand the argument. That is, the phrase, *the person who stutters,* supports the view I have already expressed in this chapter, that stuttering is just one behavior this person produces, that stuttering is not the beginning, middle, and end of this person's identity. I am troubled by the argument, however, because *stutterer* is a perfectly legitimate agentive form. That is, a stutterer, by definition, is a person who stutters. That is what the agentive form of a verb accomplishes. A worker is a person who works. A runner is a person who runs. A singer is a person who sings, and a stutterer is a person who stutters. I have chosen to use the word *stutterer* in this book, therefore, because I do not find it personally offensive. It is not demeaning. It is simply the agentive form of *stutter,* and in that capacity, it works quite well.

The issue of gender language must also be addressed. I am certainly sensitive to this issue because I believe that attitudes about gender are reflected in the words people use to describe women and men, and I believe that children's attitudes about women and men are, to a large extent, shaped by the words they hear in reference to each sex. It is not difficult to understand, for example, that a boy who hears words in reference to women such as *babe, chick, sweetie, honey,* and *darling,* will come to believe that females are people who need to be protected and taken care of, as opposed to people who are strong, capable, and independent. I have no problem with the idea that we should avoid language that is clearly sexist, language that demeans people based on gender. As a writer, I do have a problem with using *he/she,* or with a careful rotation of *he* and *she,* because this unnatural attention to gender words gets in the way of the message. Unfortunately, English does not include the kind of gender-neutral pronouns that would solve this problem.

While I am willing to acknowledge the problem and assert my sensitivity to it, I will not write in a gender-neutral manner because it is simply too awkward. In this book, I will refer to the stutterer as *he* and to the speech-language clinician as *she.* My rationale for this strategy is based on two simple facts: (1) There are many more male stutterers than female stutterers, and (2) There are many more female clinicians than male clinicians. The gender references, therefore, accurately reflect the real world regarding the sexes, at least relative to stutterers and clinicians. More importantly, there are absolutely no value judgments involved in making these gender distinctions.

If any reader is offended by my decisions regarding political correctness in reference to people who stutter or the sex of people who provide therapy to people who stutter, please reread this sentence, and you will have a pretty good idea about why I made the decisions I made.

# Chapter 2

# STUTTERING: UP CLOSE AND PERSONAL

This chapter contains two messages. The first message is most directly aimed at people who stutter, but it is a message I believe should be heard by the parents and teachers of children who stutter, by speech-language pathologists who treat stutterers, and by anyone else who must interact with people who stutter. The second message is most directly aimed at all people who must interact with stutterers, but its message should be important to stutterers as well because it suggests that people who stutter are remarkably similar to people who do not stutter. Sometimes stutterers seem to believe that people who do not stutter are perfect communicators who have no empathy for the stutterer's communicative fears or failures. Stutterers need to know that all speakers experience communicative failure, that normal speakers are sometimes fearful in speaking situations, that all speakers are familiar with the embarrassment and frustration that are byproducts of speech failure, and that when fear and failure are great enough, all speakers sweat.

The first message is contained in a speech I gave to a group of stutterers, parents, and speech-language clinicians in New Brunswick, Canada. It is a personal account of my own stuttering, my own therapy experiences, and my personal perspective about this disorder that has so affected my life. The second message is contained in an article I wrote that was published in the *Journal of Fluency Disorders*. It describes an exercise that all of my graduate students must complete when they take my advanced course in stuttering. They go out into the community as simulated stutterers to learn for themselves, albeit on a very limited scale, what the stuttering experience is about. I have edited both the speech and the article so they will fit more neatly into the context of this book, but I have carefully preserved the message contained in each.

## My Life as a Person Who Stutters

My story as a person who stutters is remarkable because it is remarkably typical. The events of my life are not necessarily typical, but how these events relate, seem to relate, or do not relate, to the development of stuttering are typical, so a short journey through my personal history may help you understand how stutterers get from there to here, and also how some stutterers manage to get back to there, or at least as close to there as is feasible.

I am a male, and that is quite typical for stutterers. Stuttering is much more common among males than among females. My mother's pregnancy with me was full-term and uneventful, and that is also typical for stutterers.

I first became aware that I stuttered at the age of six years when I was in first grade in Lima, Ohio, but according to my parents, I began to stutter when I was about three or four years old. Both of these ages fit what we know about the onset of stuttering. Stuttering is considered a childhood disorder that usually begins between the ages of two and six years. Adult onsets do occur, but they are rare, and there is evidence that many apparent adult onsets are actually recurrences of childhood stuttering.

In order to appreciate the next part of my story, you need to understand some of the basic causality issues surrounding this disorder. Most experts agree that there are three kinds of causes that impact stuttering: (1) There are **etiological** factors, or underlying causes, those factors ultimately responsible for a person's becoming a stutterer. Most theories of stuttering address these causes. They suggest, for example, that stuttering is an organically based problem, caused by a defective larynx or by a central nervous system that is abnormal in some way. Others suggest that stuttering is a symptom of an underlying psychological problem, or that stuttering is strictly learned behavior. (2) There are **precipitating** causes, those factors that trigger the disorder when the right etiological factors are operative. Writers over the years have suggested that stuttering is triggered by shocks, illness, imitation, or by some emotional conflict in the person's life. (3) There are **maintaining** causes, those factors that cause stuttering to persist even when the etiological factors and precipitating factors are no longer operative. My personal story certainly has its share of possible causes. As I look back over my life, I tend to believe that these factors were probably coincidental to my stuttering, but I think you will agree that if one were inclined to want to find reasons for my stuttering, he would not have to look very far.

At the time I became aware of my stuttering, there were a number of dramatic things happening in my life, events that could easily have been blamed for causing me to stutter, or at least blamed for making my stuttering worse. My family was getting ready to move from Ashland, Ohio to Lima. My father had just finished college and was preparing for his first teaching job.