

Interview with Franklin H. Silverman, Ph.D., Professor of Speech Pathology and Audiology, Marquette University

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Interviews Neurogenics, Cognition, and Executive Function Interview with Franklin H. Silverman, Ph.D., Professor of Speech Pathology and Audiology, Marquette University

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SP/Beck: Dr. Silverman, it is a rare honor to meet you. Thanks for allowing me to visit with you in your home in Wisconsin. Silverman: My pleasure Dr. Beck, I'll call you Doug, and why don't you call me Frank? SP/Beck: Thanks Frank. Will do. How long have you been a speech-language pathologist? Silverman:

SP/Beck: Dr. Silverman, it is a rare honor to meet you. Thanks for allowing me to visit with you in your home in Wisconsin.

Silverman: My pleasure Dr. Beck, I'll call you Doug, and why don't you call me Frank?

SP/Beck: Thanks Frank. Will do. How long have you been a speech-language pathologist?

Silverman: I've been a speech-language pathologist since 1960, so it's been 43 years.

SP/Beck: You've been involved in many professional, social and political issues as a speech-language pathologist.

Silverman: Well, in addition to wearing a hat as a speech-pathologist, there are several ways I wear that hat. Would you like me to talk about those a little bit?

SP/Beck: Absolutely.

Silverman: I am a member and one of the founders of the Text and Academic Authors Association (TAA) and I've been president of the TAA. I travel around to universities giving workshops for people contemplating authoring books. I try to tell them the good and the bad sides of being an author.

SP/Beck:I'd be interested to hear your thoughts on those issues.

Silverman: Well, if you think you're gonna become a millionaire by writing a book, forget about it! Then again, your books did pretty well didn't they Doug? Hopefully there's financial gain, but there can be other benefits too. In my case it's been something else. Since 1984, I've been very involved internationally, and of all places, in the Arab Middle East. I have a photograph of myself being greeted warmly by Yasser Arafat in 1994. I've also received an award from His Royal Highness Prince Sultan.

SP/Beck:That's amazing. Do you speak Arabic?

Silverman: No I don't.

SP/Beck:So you lectured in English?

Silverman: I lectured in English but it becomes even more interesting because I'm Jewish. As you know, if you take a look at the entry visa requirements for Saudi Arabia they will not admit anyone who has an Israeli stamp on their passport and they will not admit anyone who's Jewish. I'm probably the first Jewish person who's knowingly been given an award by His Royal Highness Prince Sultan, and the award was 27 thousand dollars.

SP/Beck:Wow! What was the award based on?

Silverman: Based on my research in speech pathology. It was an international competition. Previously, I had no involvement with the Arab world. It was probably the last place in the world I ever thought about teaching.

SP/Beck:Sure, I can understand that. How did all of this start?

Silverman: In 1992, I received an invitation from Saudi Arabia. They were going to have their first rehabilitation conference and they requested that I submit an abstract and if they accepted it, they would fly me over and I'd be there for a week. My colleagues thought I was nuts, and I thought I was nuts too, but I did it. I wanted to make certain they knew I was Jewish because I thought the rehab people there were probably very decent people and I certainly did not want to create an uncomfortable

or embarrassing situation for anybody. It would serve no purpose. So, I submitted an abstract and they invited me. I was there for a week and I had the most wonderful experiences I've ever had in my life. I thought that would be my first and last involvement in the Middle East. Then about a year later, our government provided a \$10 million grant to train Palestinian speech-language pathologists, audiologists, and teachers of the deaf in the Gaza Strip. So I became involved with that too. I was one of the instructors. I went over again, and I was even more concerned about them knowing I was Jewish. It wasn't as safe the second time. I found out that of my 33 students, 25 were males, and 24 of them had been jailed previously by the Israelis! But the funniest thing was, they were some of the nicest guys I ever met.

SP/Beck: Did you know who your students were going to be when you agreed to go over there?

Silverman: I sort of knew. The program was being conducted between Lamar University in Texas and the Society for the Care of the Handicapped in the Gaza Strip. There was a medical doctor who had been conducting a series of educational programs in Gaza in terms of rehabilitation and various aspects of it. I eventually went over there four times and I taught three classes in the program. The students would go to class six days a week for 10 hours a day. We came as close as we could to the ASHA requirements in audiology and speech language pathology. That \$10 million grant went in part to build a state-of-the-art audiology clinic and a state-of-the-art speech clinic. Anyway, the students eventually found out I was Jewish and they seemed OK. No problem as best I could tell. But frankly, I was leery about it, and that's one of the reasons they dragged me over to see Arafat.

SP/Beck: What did Arafat have to do with any of this?

Silverman: Nothing really. He was there because they had a graduation going on, and Arafat was the commencement speaker. In fact, he was supposed to be the commencement speaker for the Speech Path & Audiology Deaf Program, but an hour before his speech, they told him he had to fly to Egypt. So we shook hands, I met him, and after a little while he had to leave. I remember he was sure to tell me he is not anti-Jewish, he's anti-Zionist.

SP/Beck: The experiences you've had as a speech-language pathologist are quite remarkable!

Silverman: Yes, thank you. The program originally was set up as a certificate program. Lamar University could not award a degree. When I was over there, I got involved in it as an adjunct, and then they wondered if it would be possible to get Marquette University involved to partner with Lamar and actually offer a Bachelor of Science degree. I was to be the intermediary. Eventually all the professors went over to Gaza, under Palestinian control. Usually we would teach a course intensively for about three or four weeks at a time and then come back. And as one of the main highlights throughout my

career, I'll always remember I was able to arrange for 33 young men and women to get university degrees. And almost all of them are from refugee camps.

SP/Beck: Are they working as speech-language pathologists?

Silverman: Some are and some aren't. As you probably know, the condition now in the Gaza Strip is awful. Some have left. There are a few in the United States, some are in Canada, and some are in England.

SP/Beck: Did you always want to be a speech-language pathologist?

Silverman: Not at all! When I was in high school I didn't even want to go to college. I wanted to be a professional photographer. It's all I was interested in.

SP/Beck: I noticed you have three cameras on the table here.

Silverman: In fact, I have at least 200 cameras scattered around the house. But the point is -- that's all I was interested in. Up until the time I went to undergraduate school I did horribly academically, absolutely horribly. Some of it was because of my stuttering. I had no interest in going to college. I just wanted to be a photographer. One of my jobs at that time was working as a barker in an amusement park in a while-u-wait photographic concession.

SP/Beck: I know the term "barker" but then, I'm 48-years-old. A barker for people not familiar with the term is the front man or the person trying to attract attention to the show or the exhibit. Well, how did you get from being a photo-barker to being an SLP?

Silverman: My sister is four years younger than I am, and she went to Emerson College and was studying speech pathology. Emerson is in Boston and my family was in Providence, Rhode Island. So, during her freshman year, we would drive to Boston, take her out to lunch or dinner, and drive back. I was making 75 cents an hour. When the minimum wage went up to \$1 an hour, I got a big increase. I realized that I was not very talented photographically. I also realized that in order to be successful you had to be a real good salesman and, with my stuttering, it didn't seem likely to happen. So one day, as we were driving her back to her dorm, my sister said, "Frank, you ought to go to college. All of the authorities in speech pathology stutter." Believe it or not that got me thinking about it, and of course, I went.

SP/Beck:If you had it to do again, would you be a speech-language pathologist?

Silverman: Yes.

SP/Beck:So you took a rather circuitous route into speech-language pathology and you graduated with your doctorate in what year?

Silverman: I graduated with my doctorate in 1966 from the University of Iowa.

SP/Beck:When did you retire from Marquette?

Silverman: I haven't retired. This is August 2003, and everything depends on my brain tumor, which is a bit unpredictable. I am going to teach again, beginning in about two weeks. Let me tell you what happened. The plan was that I would teach one more academic year, which would make me 70 and at that point I would retire. In March of 2003, I found out I had a brain tumor. So, first of all there was the uncertainty about my prognosis, and my ability to keep teaching. There's also something else that's rather involved, and that too, is very important to me.

SP/Beck:Would you like to talk about it?

Silverman: Oddly enough, yes. It's The Monster Study.

SP/Beck:I'm sorry, but I have no idea Frank. What is the Monster Study?

Silverman: In the late 1930's, in an orphanage in Iowa, Wendell Johnson was doing research on general semantics. They went into an orphanage and took six children who were normal speaking children, and apparently turned at least a few of them into stutterers.

SP/Beck:What?

Silverman: By making them self-conscious. It was totally concealed. Only a few people knew about it. I was one of them. What happened is Wendell Johnson developed his theory on the cause of stuttering based on the Monster Study. In other words, he knew this caused kids to stutter because he had done it.

SP/Beck:I cannot believe what I'm hearing. Frank, this is outrageous.

Silverman: But he couldn't reveal it, it was 1939. With all the stuff going on in Auschwitz and across Europe, this sounded an awful lot like that, and they kept it very quiet for a long time.

SP/Beck:I have never heard any of this before. I am absolutely amazed.

Silverman: Johnson put his theory forward, and it was really quite successful in preventing stuttering. Beginning from the 1940's to the 1970's he was able to use indirect clinical evidence to support his theory, but he said nothing about the Monster Study. Then over time, the presented evidence fell apart in the 1970's. His theory was rendered invalid. That was also the time when people and society we're switching from viewing abnormal behavior as having a psychological cause, to a physiological cause which is where we're at now.

SP/Beck:What was his theory specifically?

Silverman: His theory was that all children go through a phase between the ages of about 2 and 5 years, when they repeat syllables quite a lot. I don't know if you can recall your own children when they were that age, but they all do it. It's not true stuttering -- it's perfectly normal behavior. Some do a little bit, some do a tremendous amount of it. What happens is that parents get upset about it and they tell the child to stop! Which draws attention to it, and the child gets attention, which is a form of reinforcement, for repeating the sounds.

SP/Beck:Straight out of B. F. Skinner.

Silverman: Yes. They reinforce it. The child tries to not be dysfluent and it just becomes a vicious circle and it precipitates stuttering. So if the parents don't get upset about it, the child most likely won't stutter, there is an 85-95% chance the child won't stutter.

SP/Beck:And so that's Johnson's theory?

Silverman: Yes. The belief was the diagnosis of stuttering is the cause of stuttering. In 1988, I was the whistle blower. I published a study in the "Journal of Fluency Disorders" where I reported on the Monster Study. It was essentially ignored professionally, except a couple of interesting things happened. A reporter for the "San Jose Mercury" found out about it and was able to find these people that became stutterers from participating in the study.

SP/Beck: Frank, how did you learn about the Monster Study?

Silverman: Between 1965 and 1967 I was at the University of Iowa as a full-time research associate. The person I was working for was Dean Williams. I was the last research assistant for Wendell Johnson, and I found out about The Monster Study from the person who had taken over the Stuttering Research Program, Dean Williams. He told me about it.

SP/Beck: Was it ever published?

Silverman: No it was never published but it was unusual for another reason too. The Monster Study was a master's thesis. When the master's thesis was completed, the children were not stuttering, and everyone thought that's the end of it. Then what happened was a few months later Wendell Johnson got a frantic call from the orphanage that the children had begun to stutter. They were not able to reverse it. The question was, would this persist life long?

SP/Beck: Which gets us back to the reporter for the San Jose Mercury?

Silverman: Exactly. The reporter from the San Jose Mercury was able to get into the orphanage's records and he ended up getting fired because what he did was unethical, he didn't let them know he was a reporter. But he found two or three of the research subjects or their families. As it turned out, in at least a couple of those cases, the stuttering persisted life long. As a result of that, right now, there is a \$10 million suit against the State of Iowa and I was hired to be the expert witness.

SP/Beck: This is simply amazing.

Silverman: Yes. In fact, I still am their expert witness. But I found out about this suit and they wanted me three days before surgery for my brain tumor. There is a basic condition called anomia, a word finding problem, and I definitely do have that!

SP/Beck: So this fellow wrote an article exposing the Monster Study.

Silverman: Yes. It was published as a two-part front-page article and it was picked up throughout the United States in 2001, when things really broke open. As I mentioned a moment ago, the reporter got into the orphan records while he was a graduate student in journalism at the University of Iowa, but he did not disclose that he was a reporter. So as a result, he was fired by the newspaper and it became a very questionable issue of ethics. And now I am giving a deposition as an expert witness regarding the Monster Study.

SP/Beck: Frank, how many children were involved in the Monster Study?

Silverman: Six. It would be nice if they're still alive and could be located. The woman who did the masters thesis is still alive, and she will be, or has been deposed. She's in a retirement home somewhere in California. I'm the only professional still alive who really has a full knowledge of it. I've been given a contract for a book on it that has the working title "The Monster Study: When Ethics and Science Collide." It's an odd thing to be in this position.

SP/Beck: Frank, you're a speech-language pathologist, you stutter, and you have been involved with fluency issues for a number of decades now. What's your theory about what causes stuttering?

Silverman: The same thing. I'm in a position where I'm in a minority. Many professionals would not be at all unhappy if I would just retire and disappear! You know what happens when some people have built their professional reputation for 25 years insisting that stuttering is organic -- the last thing they want someone to say is, it's not organic. But I believe it is not mostly organic. I'm one of the few who advocate for old Wendell Johnson's theory. I don't claim that every child begins to stutter this way, that would be ridiculous. There are probably a number of ways. There could even be a genetic factor that makes some kids more sensitive than others, and then if that child is in an environment that encourages stuttering, there you go. So again it's not just psychological, you can have a combination of the two. But even saying that makes people upset.

SP/Beck: I think we're at a point in society where we look for genetic predispositions for smoking, drug abuse, alcoholism, child abuse, and some people believe they have found genes that determine specific behavioral traits, but I have not been convinced. I believe that to a large degree these are social and environmental issues, although, I too, try to leave the door open, perhaps there is a genetic predisposition, but I don't want to ignore the evidence in front of me while searching for zebras. If we as individuals can say that XYZ is physiologic, rather than psychologic or behavioral, perhaps we can take

less personal responsibility for our flaws, and I can imagine that would be an attractive alternative in many situations.

Silverman: I view it exactly the same way.

SP/Beck:OK, back to stuttering. What is your thought as to the best approach for children who stutter? Obviously you've advocated not paying attention to it, not making it a big deal.

Silverman: That's right, unless the children truly have begun to stutter.

SP/Beck:And what do you do at that point?

Silverman: At that point, I recommend using the same approach, take the child's attention off speech and focus on communication. I work with the parents, modifying their behavior and reactions.

SP/Beck:Rather than the child?

Silverman: Correct. So in essence, I think we stand an excellent chance of preventing young kids from developing stuttering. There are likely genetic factors and there are likely interactive environmental factors. If a child has actually begun to stutter, you can't make believe the child is not stuttering. Some intervention is needed. The intervention may be mainly working with the parents and the teachers. But an important thing to look at here, is that when we think of a disorder, according to the World Health Organization, we should look at impairments, disabilities, and handicaps. In the case of stuttering, the impairment would be stuttering itself. Disability of course would be something like they avoid using the telephone, etc., and the handicap would be the worse part of all. They limit themselves so much. One thing I always point out to my students is -- don't take me as an average person who stutters. I'm far more outgoing. The average stutterer would not take a job as a university professor, primarily giving lectures all day! The other thing I feel very strongly about is if the child has begun to stutter, I'm going to want to keep it stopped at the impairment level, and reduce or eliminate it as much as I can from going into a disability or a handicap. I believe that if a person began to stutter at the age of 3 and the person is still stuttering at age 23, you're not going to stop it. It's not going to happen. This does not mean you can't help the adult who's stuttering, of course you can. There are things we can do, strategies we can use; such as get the person to reduce the impairment and one of the simplest ways is just to bring it out in the open and acknowledge it. For example, when we first shook hands, I told you I stutter. If we had never talked about the fact that I stutter, what would you have done? Were you supposed to acknowledge it, or were you supposed to make believe it wasn't happening?

SP/Beck:I don't know. But I'm glad YOU brought it up first! OK, I appreciate your thoughts on stuttering, and they make sense to me. If I may, let me switch gears here. How many textbooks have you written?

Silverman: I've written about 25. I've written on Speech, Language, Hearing, Legal Aspects, clinical research design, and other related topics too.

SP/Beck:Actually I have read a few of them, and I recently interviewed you regarding your online text. You have an amazing ability to clearly explain difficult concepts.

Silverman: Thanks, I just like to tell stories.

SP/Beck:What was going on in early 2003, that made you seek medical attention?

Silverman: I had hypertension. I had been running about 220/120, which if you know anything about hypertension -- that's high! I had one internist who tried to get it down and really wasn't able to. Another internist actually did get me down to a reasonable level, using loads of medication. The problem was when I stood up afterwards, I'd feel really weak. I went to see my internist and he said I think you ought to do an MRI. I said let's do it, that was on a Monday. The MRI was on Friday. I wasn't expected to hear anything until the next week. Apparently what happened was as soon as the MRI was developed, there was a radiologist who immediately saw these huge tumors and all he said was "You'd better go see the internist." The internist said there is at least one large tumor, and we'd better see a neurosurgeon. The neurosurgeon said it had to be taken out. There was no way of knowing at that point whether it was malignant or not but it has to be done fast. So I was scheduled for surgery on Friday. Within a week of diagnosis I was on the operating table. I was in shock.

I never expected to have anything like this. That week I gave the final exams to my students and graded them, a little early, but it was beneficial, it got my mind off it. I mean what good does it do to think about it?

The operation was done on Friday. I was hospitalized after that, and they sent the tumor to Mayo just to get it verified because it's the worse kind of tumor you can have. It's a glioblastoma. On average, you can survive for seven months. The surgery went well and I was hospitalized for three weeks and then I had seven weeks of radiation, which meant almost five days a week getting radiation treatments.

SP/Beck: You have been through quite a lot, more than anyone should have to deal with. How are you doing with your diagnosis?

Silverman: It's difficult. I wake up at 7:00 o'clock in the morning and take the medication, and I feel really weak for about four or five hours. Not at night but during the day. I asked the radiation oncologist, "What causes this?" And he looked at me and said, "Bad luck." And in a sense this becomes really the best answer. The funny thing was that he told me about a woman who had this same type of tumor in 1997 -- and she's still alive. I looked at him and said, "You call that good luck?" So it's objective. I continue to write books and I'm under contract for ten of them.

SP/Beck: And what is your prognosis? You're closing in on that seventh month and you're still doing well?

Silverman: I had an MRI follow-up three weeks ago and the results were good.

SP/Beck: That's great news.

Silverman: That's pretty good news but they just can't get it all.

SP/Beck: Do you feel any different physically besides your anomia?

Silverman: I have visual problems. Visual perceptual problems focusing and some double vision, a little bit. I also have, it's truly weird, I look at a word and I know the first part of it and then there's like a delay and all of a sudden the word makes sense! All I can say is I never had that before.

SP/Beck: Frank, I know you are realistic, and I know you concentrate on the glass being half full. Tell me about the positives please. What is the silver lining here?

Silverman: The positives are that I get to really concentrate on developing closer relationships. The family became closer. I have time to heal and focus on relationships. I had a brother-in-law who had a physical exam, he was fine. He walked into his office, sat down at his desk and dropped dead. He was 52 or so. So it's nice to spend some time to get stuff straightened out. Everyone doesn't get to do that.

SP/Beck: How old are you?

Silverman: In a couple of weeks I'll be 70.

SP/Beck:What helps you the most? Do you prefer if colleagues and friends discuss this with you, or do you prefer that everybody just mind their own business?

Silverman: I prefer if they bring it out in the open.

SP/Beck:You did that with me. I mean I had no way of knowing.

Silverman: Yea, that's how I do things. Otherwise it's highly uncomfortable with you and I both walking on eggshells.

SP/Beck:So in some respects you are treating this as your stuttering. In other words, you put it out there for everyone to know and address?

Silverman: Yea, it's exactly the same treatment.

SP/Beck:What do you find most offensive, what reaction do people give you that really annoys you?

Silverman: I try not to get too annoyed anymore! We're all going to die. Some people think they're going to go real fast and they don't. There is uncertainty. But, back to your question, not much annoys me. One thing that was amusing is that because I know I am going to die sooner rather than later, I wanted to pick my memorial stone. As you might guess, I got the sample book. Then I had to pick the box, the location and so many details I never thought much about before. Finally, I decided to have them write "He taught. He wrote. He helped."

SP/Beck:I like that, it's perfect.

Silverman:Thank you. The next thing was, how do you want it laid out? They have computer programs for this. And then I had to decide, do I want to be "Dr. Franklin Silverman" for all eternity, or do I want to be "Franklin A. Silverman, PhD." But the thing that got even more complicated, and really struck me as funny was that I paid most of it on my charge card! Just something about that still tickles me.

SP/Beck:Frank, it is an honor to know you. Any other thoughts you'd like the readers to know?

Silverman: Yes, if they can, the best choice is to live to be 100. But I'm feeling very fortunate for the time I have had, and the time I have left.

SP/Beck:Thanks for visiting with me Dr. Silverman. I have thoroughly enjoyed getting to know you.

Silverman:Un-oh, we're back to "Doctor." Dr. Beck, the pleasure has been all mine, thanks for your time too. I had fun getting to know you too.