

# Finding My Voice over Zoom: An Autoethnography of Videoconferencing Experience for a Person Who Stutters

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Existing videoconferencing (VC) technologies are often optimized for productivity and efficiency, with little support for the soft side of VC meetings such as empathy, authenticity, a sense of belonging, and emotional connections. In this paper, we present findings from a 15-month long autoethnographic study of VC experiences of the first author, a person who stutters (PWS). Our findings shed light on the hidden costs of VC for PWS, uncovering the significant emotional and cognitive efforts that other meeting attendants are often unaware of. As the current burden of being heard in VC-based communications falls primarily on PWS, we propose a set of design implications for a more accommodating communication environment in which everyone, including technologies used for communication, share the responsibility and efforts to include and respect all voices.

CCS Concepts: • **Human-centered computing** → **Empirical studies in HCI**.

Additional Key Words and Phrases: Stuttering, videoconferencing, autoethnography, computer-mediated communication, accessibility

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## 1 INTRODUCTION

One percent of the population stutters[9]. While typically characterized by the speech behaviors such as repetitions, prolongations, and blocks, stuttering can also result in adverse emotional and cognitive reactions to everyday communication, negatively impacting the overall quality of life for people who stutter [80]. The communication challenges experienced by people who stutter are often driven by the negative responses of listeners rather than speech disfluencies themselves [15]. Ample research has demonstrated that people who stutter regularly face social rejection [19, 24], stigma [11], and discrimination [13], which can restrict all aspects of life, including socializing with others [10], achieving educational goals [34], and pursuing employment opportunities [37].

In the era of distributed work and telecommunication, the everyday communication challenges for people who stutter are often compounded by the use of telecommunication technologies that are *not* designed to accommodate and incorporate diverse speech and communication patterns. Recent benchmarking of automatic speech recognition (ASR) systems showed a significant disparity between system performances for fluent and stuttered speech [51], making speech interfaces inaccessible to people who stutter [8]. Similarly, previous research on stuttering and videoconferencing identified both benefits and challenges of videoconferencing (VC) for people who stutter, shedding light on the extra - yet invisible - emotional and cognitive efforts required for people who stutter to participate in personal and

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53 professional communication via VC [83]. This work expands on previous studies to better understand the *hidden* cost of  
54 videoconferencing for people who stutter through an autoethnographic study of the VC experiences of the first author,  
55 who is a person who stutters. Spanning over 15 months and a variety of VC situations, the collected autoethnographic  
56 data allow us access to the intricate cognitive and emotional labyrinth a person who stutters often needs to navigate  
57 through when participating in VC calls, offering unique insights on the experiences of videoconferencing for people  
58 who stutter.

59  
60 Our contribution to HCI, CSCW, and accessibility research is twofold.

61 First, we bring a methodological contribution by deploying autoethnography to collect intimate, longitudinal data  
62 from a population that is often overlooked, yet significantly impacted by telecommunication technologies. The au-  
63 toethnography process was designed and instrumented to cover a wide range of VC contexts and situations, representing  
64 the variability of stuttering and the dynamic relationship between the speaker, audience, and technology. Qualitative  
65 and quantitative data were collected over 43 VC meetings regarding the behaviors, feelings, and thoughts experienced  
66 by the first author before, during, and after the meeting, providing a rich source for our analysis and reflections.  
67

68 Second, by examining the rich data collected through autoethnography, we also contribute to a first-person in-depth  
69 understanding on the dynamics and complexities of the thoughts and feelings underlying the meeting behaviors of people  
70 who stutter. Our findings suggest that, despite socio-technical constraints and speech difficulties created by stuttering,  
71 people who stutter can still achieve a satisfying and rewarding VC experience with mindfulness, self-compassion, and  
72 support from their audience.  
73

74 As videoconferencing becomes the dominant medium for professional communications, it also introduces a host of  
75 new challenges, such as physical and mental fatigue [6, 32], distractions [52], and reduced sense of connectedness [77].  
76 While these challenges are universal, they could have a disproportional impact on the lives of marginalized social  
77 groups, such as women [27, 72] and people with disabilities [62, 76, 83, 86], making workplace less equitable and  
78 inclusive. By extrapolating the experiences of people who stutter, our research offers important design implications  
79 for VC technologies that could benefit everyone. We argue that, instead of focusing on efficiency and productivity,  
80 future VC technologies should invest on improving the emotional experience of videoconferencing, attending to socially  
81 challenging moments, and facilitating the emotional exchange among participants. Researchers and designers of VC  
82 technology should also explore the value of vulnerability in video conferences, creating mechanisms and opportunities  
83 for participants to share vulnerable moments and identities to build deeper, trusting relationships with each other.  
84 Lastly, our autoethnography of VC experiences uncovers the potential for VC as an effective and convenient medium  
85 for self-therapy. Future VC technologies should explore the opportunities to support users in both difficult moments  
86 and long-term growth.  
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## 92 2 RELATED WORK

93 In this section, we review prior work on stuttering to provide more background information. Then we discuss current  
94 video conferencing technologies and their benefits and challenges to people with disabilities. Lastly, we review the  
95 method of autoethnography especially the adoption of autoethnography in accessibility research to situate our work.  
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### 98 2.1 Stuttering

99 Stuttering affects approximately 1% of the population worldwide [9]. Although the condition is typically characterized  
100 by the speech behaviors that people who stutter (PWS) may exhibit, such as repetitions (“li-li-like this”), prolongations  
101 (“lllllike this”), and blocks (“l-ike this”), stuttering also affects people on emotional and cognitive aspects [9], and a  
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105 large part of stuttering-related struggles are internal and not easily observed by the listeners (“iceberg theory”) [67].  
106 PWS suffer from negative thoughts and feelings, poor self-image, and avoidance behaviors due to stigma towards  
107 stuttering [9], as a result, experience a reduced quality of life in many aspects including mental health, relationship,  
108 education, and employment [20].  
109

110 Beyond these observable “speech disfluencies”, stuttering is more and more understood and defined by the subjective  
111 experience of the speaker, such as the feeling of loss of control of one’s speech [80]. The shift of emphasis on the  
112 subjective experience of stuttering in stuttering research and therapy led to a breakthrough on our knowledge about  
113 stuttering and therapy approaches that improve the long term wellbeing of PWS. Our work is inspired by this epistemic  
114 shift, gaining in-depth insights about stuttering and VC through autoethnography of a person who stutters.  
115

116 As a neurodevelopmental condition, stuttering is incurable but highly viable - stuttering behaviors and experiences  
117 vary greatly across individuals, situations, and conversation partners [81]. Capturing the variability has been challenging  
118 in the clinical setting, limiting both the research on stuttering and the generalizability of techniques and strategies  
119 acquired during speech therapy sessions to real life situations outside the therapy settings. The causes for variability  
120 in stuttering are not well understood, however, research has suggested that it could be impacted by situations, tasks,  
121 audiences, and emotions of the speaker. Besides, fluency of the speech is not necessarily the goal for PWS. Research has  
122 shown that PWS find spontaneous speech, speech produced with little premeditation and effort, more enjoyable and  
123 meaningful, rather than fluent speech [17].  
124

125  
126 In HCI research, work on stuttering is underrepresented [8, 25, 35, 60], despite the prevalence of stuttering. Prior  
127 work identified current technologies supporting PWS in interpersonal communication through two approaches [83].  
128 One approach targeted at manipulating PWS and making them speak more fluently, for example, delayed auditory  
129 feedback (DAF) [74] enables speakers to hear their voice with delay to create a “choral effect” and improve temporarily  
130 fluency. Another approach aimed at manipulating the speech without necessarily changing the behavior of the speaker.  
131 For example, Google project Relate has a Repeat feature to repeat what speakers said in to clear and synthesized voice  
132 to help people with non-standard speech [2]. However, all these technologies focus on fixing or hiding stuttering speech  
133 rather than helping PWS accept and embrace the incurable nature of stuttering and improve the subjective experience  
134 of stuttering.  
135

136  
137 Although stuttering is incurable, many PWS could benefit from self-help groups and professional speech therapy [78],  
138 especially speech therapy that incorporates mental health approaches such as , Cognitive Behavioral Therapy (CBT) [47]  
139 and Mindfulness-based therapy [7]. Prior work on speech therapy highlights the importance of better understanding  
140 how people experience during and around moments of stuttering including personal (affective, behavioral, and cognitive  
141 reactions) and environmental contexts, which will bring improved treatments addressing both the speech behaviors  
142 related to stuttering and its associated negative impacts [78].  
143

144  
145 In our research, we followed the practice and kept a detailed record of these factors in collecting autoethnography  
146 data to better understand the variability and the moment of stuttering, which we elaborate more on in our method  
147 section.  
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## 149 2.2 Videoconferencing

150 Videoconferencing(VC) has become an integral part of people’s daily professional and social lives, especially in the wake  
151 of the global shift to remote work and social distancing practices since the COVID-19 Pandemic. VC offers real-time  
152 interactions across distances with diverse affordances of audio and video communication, when a face-to-face meeting  
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157 is not feasible[31]. Despite the benefits, videoconference also poses challenges such as reduced non-verbal cues, turn-  
158 taking confusions, constant distractions, "Zoom fatigue", reduced physical movement, heightened self-consciousness  
159 from self-view, and connection issues [6, 52]. The shift to VC also comes with implications for our social connections.  
160 While VC keeps people connected over distance, it doesn't necessarily facilitate spontaneous interactions and deep  
161 connection as in face-to-face settings, potentially leading to feelings of loneliness [59].  
162

163 In accessibility research, VC brings people with disabilities unique benefits and accessibility challenges. For people  
164 who stutter, VC brings the benefits of reducing mental barriers to show up and makes it easier for them to hide their  
165 stutter via various ways such as rehearsal, turning off the camera to hide physical tension, and using fluency-inducing  
166 technologies [83]. While prior work found general consistency in the aforementioned VC challenges, such challenges  
167 are often amplified by the nature and social consequences of stuttering [83]. For PWS, video conferencing presents  
168 distinct hurdles: the constant self-monitoring from self-view which brings stress and negative emotions, heavy leans on  
169 voice for turn-taking that puts PWS at a disadvantage, and the reduction of non-verbal communication channels that  
170 PWS relied on.  
171  
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173 We also observe and compare our experiences with other disability communities. Zolyomi et al. [86] interviewed  
174 autistic adults on their VC experiences and found sensory sensitivities, cognitive challenges, and anxiety made VC  
175 interactions difficult for them. Similarly, Tang et al. [76] interviewed 25 individuals with different types of disabilities on  
176 their telework experience, and found that while telework provides users with disabilities more flexibility and control to  
177 work in a preferred environment, they experienced unique challenges centered around turning on videos, e.g., People  
178 who are blind turn off their videos as they can't see or don't want to show themselves, so they will only be represented  
179 as a picture with their name. Neurodiverse people often need to put in more effort to manage their video and audio.  
180 Findings from prior work offer valuable insights into the unique challenges and VC experience through interviews with  
181 people with disabilities, which informs the design of more accessible technologies. However, we still lack a longitudinal,  
182 personal, and reflective perspective, and emotional depth of the VC experience for PWS that are hard to capture via  
183 interviews. To fill this gap, we review the method of autoethnography and justify our adoption of this approach in the  
184 next section.  
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### 189 2.3 Autoethnography

190 Autoethnography, a subset of first-person research methods, refers to an approach in that researchers become participants  
191 in an ethnographic study to get a first-hand understanding of users' everyday lived experiences [4]. Autoethnography  
192 method has become increasingly popular in HCI in the past decade [33, 40, 42, 43, 55, 57, 63, 73]. It provides a unique  
193 perspective that embraces the subjectivity in the research, *"Autoethnography is one of the approaches that acknowledges  
194 and accommodates subjectivity, emotionality, and the researcher's influence on research, rather than hiding from these  
195 matters or assuming they don't exist"* [29].  
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198 Autoethnography also has the unique benefit of obtaining an intimate and long-term understanding of nuanced experi-  
199 ences when studying users is difficult and out of reach [26]. For example, Jain conducted a 2.5-year autoethnographic  
200 travel journey of him as a hard-of-hearing individual, offering valuable insights on accessible travel technologies design  
201 [42]. Homewood [40] employed an 18-month autoethnography of using self-tracking technology to mitigate long  
202 COVID and provided rich design implications of pacing technologies.  
203

204 In accessibility research, researchers with specific disabilities or challenges adopt autoethnography to provide rich  
205 and firsthand insights into their experiences and enhance the design of more accessible technologies [42, 43, 57, 73].  
206 For example, a microsoft research team provides an autoethnographic reflection on their experiences as a mixed-ability,  
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208

209 virtual team, discussing the changing accessibility barriers and offering guidelines to support accessible virtual team  
210 collaboration [57]. While VC is a routine activity for many, for those with speech disorders like PWS, it's layered with  
211 the emotional and cognitive effort required to manage one's speech and identity [83]. Although prior work utilized  
212 interviews with PWS to understand the challenges of participating in VC for PWS, the diverse internal in-the-moment  
213 challenges faced by PWS during VC, varying across contexts, are difficult to grasp fully through conventional research  
214 methods.  
215

216 In light of this, we adopt autoethnography for a longitudinal exploration of the first author's VC experience. By  
217 drawing from the deep and personal experiences of the first author, both as someone who stutters and an HCI researcher,  
218 we aim to provide a unique and complementary perspective that goes beyond the insights gained from traditional  
219 user-centered design and research methodologies. It's worth noting despite the unique benefits, autoethnography also  
220 presents challenges such as the inherent subjectivity and bias, balancing the personal and the analytical voice, emotional  
221 intensity, and vulnerability of the researcher [5, 44, 50]. Considering those challenges and benefits, we carefully adopted  
222 the autoethnographic method by (1) having structured detailed documentation for the first author's VC experience  
223 through Google form (2) having other authors supporting the first author practicing reflexivity in research meetings  
224 and the writing process.  
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### 228 3 BIOGRAPHY 229

230 This paper is based on the autoethnographic account of the first author's experience with videoconferencing over a  
231 15-month period from May 2022 to July 2023. To contextualize the autoethnography, we first share the background  
232 information about the first author, in particular, her history with stuttering, her use of videoconferencing, as well as  
233 other aspects of her identity that could impact her stuttering and videoconferencing experiences.  
234

235 The first author is a person who stutters and has been stuttering since childhood. Consistent with recent research  
236 reports [56], the first author has experienced strong negative reactions and social stigma to her stutter, and no  
237 professional or peer support, as she grew up in China. As a result, the first author has developed strong emotional  
238 reactions and self stigma of stuttering, and acquired a variety of avoidance strategies [69] to conceal her stutter. The  
239 top strategies include word substitution, use of filler words, circumlocution, and avoidance of high-stress speaking  
240 situations such as showing up to meetings late to miss self introductions. With decades of practice, many of these  
241 avoidance strategies have become an integral part of the first author's speech behavior in place of typical stuttering  
242 behaviors such as sound repetitions and prolongation. The first author's stutter can be described as covert stuttering, "*a*  
243 *type of stuttering experience that occurs when a person who stutters conceals his or her stutter from others, attempting to be*  
244 *perceived as a nonstuttering individual*" [28].  
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248 The first author started receiving speech therapy services in the US in her late twenties, with a focus on fluency  
249 shaping techniques [36] that alter the speaker's speech-motor behaviors (e.g. speech rate, breathing pattern) to produce  
250 more fluent speech, with little support on attitudes and feelings associated with stuttering [85]. Similar to the experience  
251 of many other stutterers who received fluency shaping therapy [85], the first author did not find those techniques  
252 sufficiently effective in real life situations and withdrew from the therapy after 1.5 years of weekly individual sessions.  
253 After a 7-year break from speech therapy, the first author was then referred by a co-worker who stutters to an  
254 acceptance-based speech therapy program for covert stutterers [12] that met weekly for two hours over Zoom and  
255 lasted for six months between October 2021 and April 2022. The first author found this program tremendously helpful  
256 in coping with the negative emotional and cognitive impact of stuttering. The first author then participated in a few  
257 other acceptance-based stuttering therapy programs that featured different approaches including Acceptance and  
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261 Commitment Therapy (ACT) [7], Avoidance Reduction Therapy for Stuttering (ARTS) [69], and Trauma-Informed  
262 Therapy [70]. The positive experience with acceptance-based speech therapy helped the first author establish and accept  
263 her identity as a person who stutters and contributed to the change in her perspective to value open and comfortable  
264 stuttering over fluency.  
265

266 Despite the documented benefits of self-help groups and community support for people who stutter [41], the first  
267 author did not participate in any stuttering-related self-help group or community events until recent years, as she  
268 had been deliberately concealing her stuttering behavior and rejecting her identity as a person who stutters. The  
269 first author was first exposed to the stuttering community in 2019, when she was introduced by a co-worker to the  
270 employee resource group (ERG) for employees who stutter at her workplace. Although reluctant, the first author  
271 participated in group meetings hosted by the ERG and soon started to appreciate the value of shared vulnerability and  
272 overwhelming support within the community. As the first author explored her identity as a person who stutters, she  
273 started engaging with other local and global stuttering communities in the US, UK, and China in early 2022. As of the  
274 time of this research, the first author has found a diverse network within the stuttering community, participated in  
275 and led various community social events, conferences, and workshops. The extensive interactions with the stuttering  
276 community exposed the first author to the prevalence of structural barriers faced by people who stutter, motivating the  
277 first author's current work to create an accommodating and supportive social environment for stuttering.  
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279

280 Aside from stuttering, the first author works in technology research and development, with experiences and expertise  
281 on data science, accessibility, HCI, and AI. The first author had worked as a software engineer and research scientist in  
282 a large US technology company, and is now working in a small nonprofit organization. Throughout her professional  
283 career, the first author has used videoconferencing extensively for distributed collaboration, however, as she became a  
284 permanent remote worker and work from home full time since March 2022, videoconferencing becomes the dominant  
285 medium for her professional communication and she on average spends one to two hours each day on work-related  
286 video calls. She also spends on average two to three hours per week participating in stuttering-related events such as  
287 speech therapy and self-help groups over videoconferencing (i.e. Zoom). Overall, videoconferencing is currently the  
288 most prominent channel for the first author to connect and communicate with the external world outside her immediate  
289 family. Understanding and improving her videoconferencing experience is thus particularly meaningful for the first  
290 author, both professionally and socially.  
291  
292

293 Intersectionality plays a role in the first author's videoconferencing experiences as well. As a woman, an immigrant,  
294 a non-native English speaker, and a tech worker in the male-dominated field, the first author has experienced constant  
295 pressure to "lean in" and to pass as fluent. At the same time, the first author recognizes her privileges as cis-gendered,  
296 upper-middle class Asian woman due to her socio-economic status and educational attainment. The first author  
297 acknowledges that her experiences might not be shared by other people who stutter, as stuttering community is not  
298 monolithic but immensely diverse over personal and sociocultural dimensions.  
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300

301 The other authors, who do not self-identify as people who stutter, joined the first author later in the research journey  
302 in supporting her in analysis and the presentation of the autoethnographic data, especially connecting her personal  
303 narratives with wider social, political, and cultural meanings [4]. Their positionality introduces a more balanced  
304 perspective of analyzing autoethnography while still keeping the authenticity in the personal account of the first author.  
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## 4 METHOD: AUTOETHNOGRAPHY

### 4.1 Motivation for autoethnography

The first author started documenting her videoconferencing experiences in early 2022, inspired by her conversations with other people who stutter and her participation in different speech therapy programs including the Acceptance and Commitment Therapy (ACT) [7] and the Avoidance Reduction Therapy for Stuttering (ARTS) [69].

Similar to many other people who stutter, the first author found videoconferencing have unique, new challenges for her communications [83]. When discussing these challenges in self help groups, the first author was recommended writing therapy [65], for its effectiveness in helping other group members reflect and heal from difficult speaking experiences. The first author thus started documenting her most challenging speaking experiences in free-form writing to record the situation and her feelings.

Around the same time, the first author started participating in a group speech therapy program with ACT approach, which emphasizes on recognizing and accepting emotions and thoughts associated with stuttering without letting them dictate one's actions. To practice the ACT principles outside the therapy sessions, the first author decided to set goals around certain emotions and thoughts she wanted to experience during certain video calls and be mindful about her emotions and thoughts, especially when physically struggling with her speech.

The first author was concurrently participating in ARTS therapy, which encouraged people who stutter to identify and challenge their avoidance behaviors such as avoiding certain words or avoiding to speak at all. This therapy approach inspired the first author to start tracking her avoidance behaviors in VC meetings.

The first author then structured her free-form journaling about videoconferencing into a Google form with sections covering goals and summary of speaking situations, emotional, cognitive, and speech experiences, as well as avoidance behaviors. The first author also extended coverage of situations beyond the difficult ones, so that she would be able to practice different strategies and understand factors impacting her speaking experiences across a variety of situations.

### 4.2 Journaling tool

To document the first author's VC experiences quantitatively and qualitatively, we designed a Google form survey based on SLP literature and practice [17]. The original SLP survey focuses on the everyday speaking context of stuttering, including multiple choice questions and Likert scales. We adapted the wording to the context of VC, and added open-ended questions to document subjective and emotional experiences. Specifically, this survey was structured into six primary sections:

- (1) Speaking goals: This section captured the utility, behavioral, emotional, and cognitive goals for the virtual meeting, alongside 5-item self-rating scales of how successfully these goals were met.
- (2) Speaking partner: Information about the conversation partner(s) such as their gender, social status, and if the partner also stutters.
- (3) Fluency: Questions included 5-item rating scales on speech fluency such as frequency of blocking, usage of filler words, and sentence restarts, and open-ended reflections on fluency.
- (4) Spontaneity: Spontaneity refers to how speech is "*with little premeditation and effortless production, and it is enjoyable and meaningful.*" [17]. Questions included a 5-item scale on the degree to which the first author could communicate spontaneously, the physical and mental tension involved, and open-ended reflections on spontaneity.

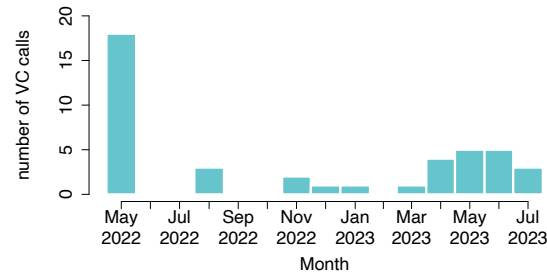


Fig. 1. Data entry frequency per month

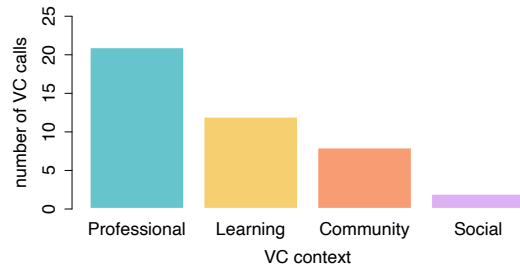


Fig. 2. Breakdown of autoethnographed VC calls by context.

- (5) Avoidance: Questions of 5-item scales on the tendency to avoid certain words and direct eye contact, and open-ended reflections on avoidance.
- (6) General assessment: Questions on overall satisfaction and emotions after meetings.

### 4.3 Data collection

The first author used the Google form to document her experiences of 43 VC meetings over a 15-month period from May 2022 to July 2023. Figure 1 shows the temporal distribution of the documented VC meetings. While she managed to document her meetings regularly at the beginning of the period, the data became sparse at times: there were some breaks in recording when her regular work schedule was disrupted by traveling and vacations; the data collection was less frequent when her workload got heavy (Nov 2022 - Mar 2023). Further, the manual journaling was repetitive and time consuming. It took on average 20 minutes to document just one VC meeting, which became laborious and emotionally taxing after being already exhausted and overwhelmed by videoconferencing, making it challenging for her to maintain momentum and consistency.

The data collection documented a variety of VC meeting contexts and speaking situations, as seen in Figure 2. Almost half of the documented meetings were in a professional setting (21, 49%), including team meetings, partnership calls, interviews, and work-related public presentations. 12 VC meetings (28%) were related to learning, including speech therapy sessions and online training sessions such as parenting workshops. 8 community events (19%) included speaking at community gatherings or with other people who stutter (e.g. National Stuttering Association's chapter meeting, the World Stuttering Network's annual conference). Finally, two documented VC meetings (4%) were purely social, as one-on-one meetings to hang out with friends and acquaintances who lived in other places.



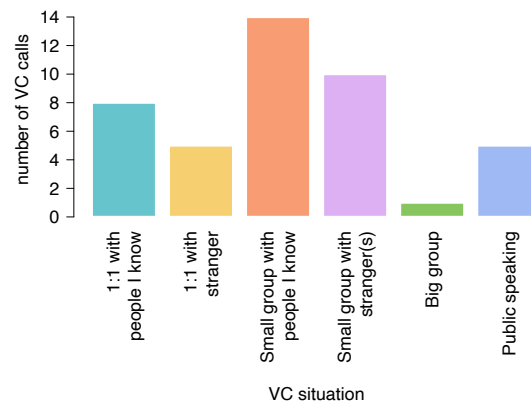


Fig. 3. Breakdown of autoethnographed VC meetings by group size and familiarity. Smaller groups and familiar partners are considered less stressful.

Figure 3 presents the distribution of the autoethnographed VC meetings based on the VC meeting size and the familiarity of the meeting partners. The smaller the group (e.g., 1:1 meetings) and the more familiar the meeting partners, the first author expected lower stress levels. Most meetings (24, 56%) involved a small group, followed by 13 (30%) 1:1 meetings, and 6 (14%) VC meetings with a large group or public speaking.

#### 4.4 Data analysis

Our data includes the first author's 43 responses to the Google form questions, including her answers to multiple choice questions, self-ratings of fluency, spontaneity, avoidance, overall satisfaction, and reflection notes.

We used the statistical computing language, R, to analyze the distribution and relationship of quantitative data. We first explored the dataset by plotting and calculating the general distribution of collected data over dimensions such as meeting context, situations, and the types of audience. We then normalized all the likert-scaled rating into the range of (0 – 1] to calculate the Pearson correlations between all the variables to understand the relationship among them. Our correlation analysis showed statistically significant correlations among variables under the same group. For example, almost all the ratings for questions under the “Spontaneity” section correlate strongly with the rating for “Talking was ...” (from “Easy” to “Effortful”). This finding allowed us to pick the most representative question from each section in the overall analysis and filter out highly correlated questions in the future version of the autoethnography. Lastly, we deployed linear regression model to understand the key factors associated with general meeting satisfaction. By using the rating for overall satisfaction as the independent variable and representative questions from each section as the dependent variable, we found strong association between satisfaction and avoidance ( $p < 0.05$ ) as well as fluency ( $p < 0.05$ ).

In general, our quantitative data analysis provided useful insights that informed further explorations in our qualitative analysis. Although limited in scale, our quantitative data also offered sufficient statistical power for us to unpack themes observed in our qualitative analysis in some cases.

Our qualitative findings are based mostly on the analysis of the first author's reflection notes in the Google form entries. This analysis included open- and axial-coding [66] and the practice of reflexivity including the following steps:

- 469 (1) In the first round, the first author and the second author read through the data separately and conducted  
 470 open coding, creating open codes and memos as brief comments that represented interpretations of the first  
 471 author's reflection entries (open-coding). For instance, we have comments such as "hard to gauge audience  
 472 reactions without video" and "talking about stuttering in a large group" to describe challenges that the first  
 473 author experienced during VC, "using filler words to get out of blocks" and "turn off self-view" to indicate  
 474 strategies she used during VC, and "encouraging words from the audience" and "affirmative facial expressions  
 475 from the audience" to represent supporting factors she documented.
- 476 (2) Next, then two co-authors met to discuss the codes and refine them, grouping codes into categories (axial-  
 477 coding). For example, "staying in blocks" and "open stuttering" were grouped under the category "strategies  
 478 used during VC". We performed the open- and axial-coding process iteratively several times.
- 479 (3) In addition to coding the reflection notes, the first two co-authors also engaged in three 75- to 120-minute  
 480 conversations, in which the second author asked questions based on the first author's journal entries. These  
 481 included clarification questions and deeper reflection questions to help her develop personal narratives (e.g.,  
 482 How has this challenge changed over time? How has your strategy of to get yourself out of blocks changed  
 483 over time?), and practice reflexivity.

484 In reporting our qualitative findings, we present vignettes of three representative videoconferencing situations,  
 485 where we provide rich and vivid descriptions and interpretations to show an intimate account of the first author's VC  
 486 experience as a PWS, uncovering hidden cognitive and emotional struggles she experienced, and how the current VC  
 487 affordances supported or marginalized her in social interactions.

488 For the findings sections, we shift to a first-person singular narrative to bring out the first author's emotional and  
 489 inner voices. We also hope that a closer and more intimate voice will enable the reader to better empathize with the  
 490 lived experiences of a person who stutters. Quotes are taken from the first author's journal for videoconferencing  
 491 situations and are lightly edited to fix grammar errors and typos. Sensitive information, such as names of peoples and  
 492 organizations, are redacted to protect the privacy of other parties.

## 501 5 FINDINGS: QUANTITATIVE OVERVIEW

502 Across different VC contexts, I spoke at different situations that were associated with a range of stress levels for me.  
 503 Stuttering is highly variable and often situation dependent [81]. Some situations, such as public speaking, were the  
 504 most challenging for me, while others, such as one-on-one meetings with a friend or colleague, often felt easier.

505 It is important to note that my autoethnography is not a random sample of all my VC meetings, but oversampled  
 506 high stressed, challenging situations, as it also served as a form of writing therapy [65] for me. As a result, I was more  
 507 likely to report the experience of stronger physical tension, which led to more struggled speech. As illustrated in  
 508 Figure 4, for nearly half of the VC meetings (20, 46.5%) in my autoethnography, I experienced "somewhat high" or "high"  
 509 physical tension (Figure 4a); and speaking was "somewhat effortful" or "effortful" in 21 (49%) autoethnographed calls  
 510 (Figure 4b). As a result, my speech fluency varied (see Figure 4c, ranging from "4 - one or two disfluencies in total" (13,  
 511 30%) - which is my baseline speech, to "1- several disfluencies per sentences" (3, 7%) - which is when my speech was most  
 512 struggled (see Figure 4c. For most VC meetings, my fluency felt in between, and I would have one or two disfluencies  
 513 per sentence (12, 30%), or several disfluencies in total (15, 35%). Although I stuttered in most of my VC meetings, I have  
 514 been making conscious efforts to not let my speech difficulties dictate what I said. As shown in Figure 4d, for 33 out  
 515 of 43 VC meetings (77%) in my autoethnography, the possibility of disfluency had a little or no effect on what I said.

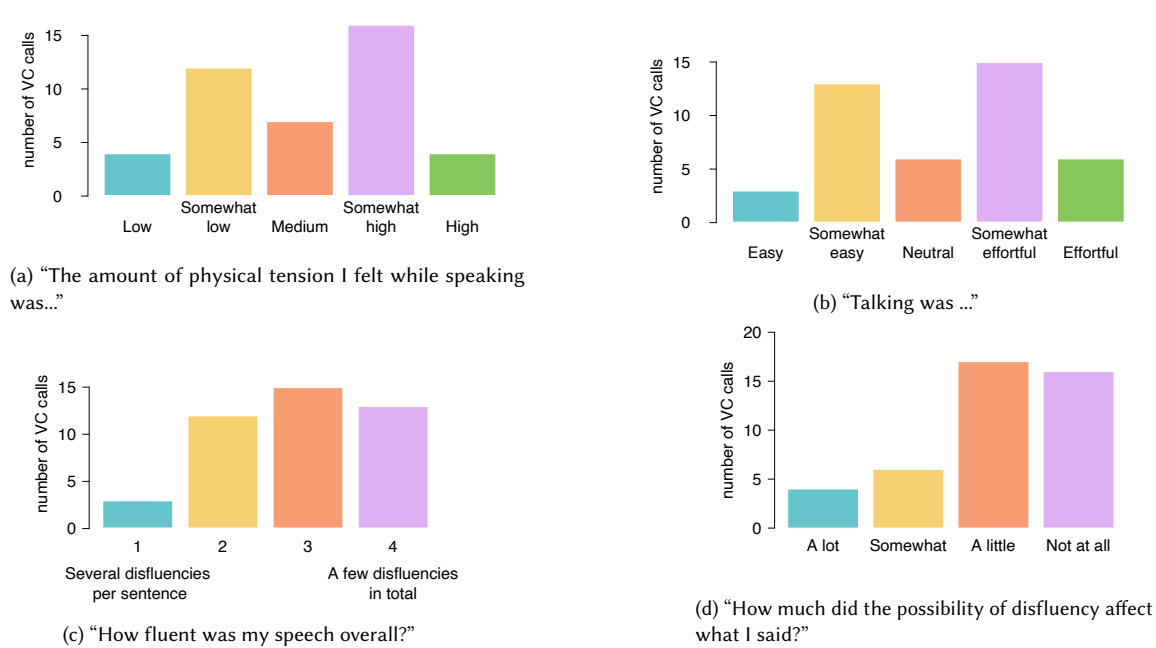


Fig. 4. Breakdown of collected autoethnographic data over key dimensions, including the amount of physical tension experienced during the call (a), the effort it took for me to speak (b), my speech fluency during the call (c), and how much I altered what I said due to the fear of stuttering (d).

In fact, I was often able to catch myself when I was about to switch words I had difficulty with, and forced myself to struggle through those words with effort and disfluencies.

Despite a relatively large percentage of higher-stressed VC meetings in my autoethnography, I was generally satisfied with myself in VC meetings. As shown in Figure 5a, I found myself positively satisfied (5-7) after an overwhelming majority (38, 88%) of VC meetings in the autoethnography. While the satisfaction did drop with the increasing amount of physical tension I experienced during the VC call (see Figure 6a, I was able to find satisfaction from situations when I was able to say what I wanted to say despite my stutter (see Figure 6b). Not letting stuttering get in the way of one's authentic self is one of the most essential goals for acceptance-based speech therapy and something I had been struggling with the most in the past. Being a covert stutter meant that I have developed and internalized a whole set of avoidance strategies to conceal my stutter, including avoiding certain words, sounds, people, and situations. Being mindful about my avoidance tendencies and committing to what I wanted to say had been both challenging and rewarding: making me feel frustrated and embarrassed in the moment of stuttering but accomplished and satisfied afterwards (see Figure 5b).

To sum, my autoethnographic data covered a wide range of speaking contexts and situations in which I experienced different levels of stress and physical tension, resulting in different amounts of physical tension and stuttering behaviors. This degree of variability in speaking situations and stuttering behaviors is typically difficult to capture in observational or interview studies. Despite speech challenges, I was able to find satisfaction in most of the VC meetings with commitment to what I wanted to say and acceptance of my stutter. The emphasis on speaking situations with higher

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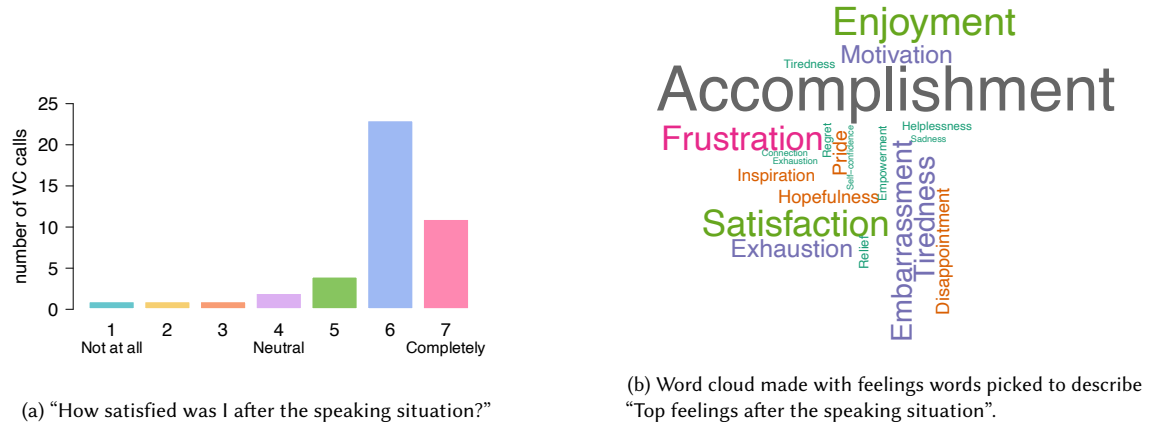


Fig. 5. Overall satisfactions and experienced emotions with VC meetings in autoethnography

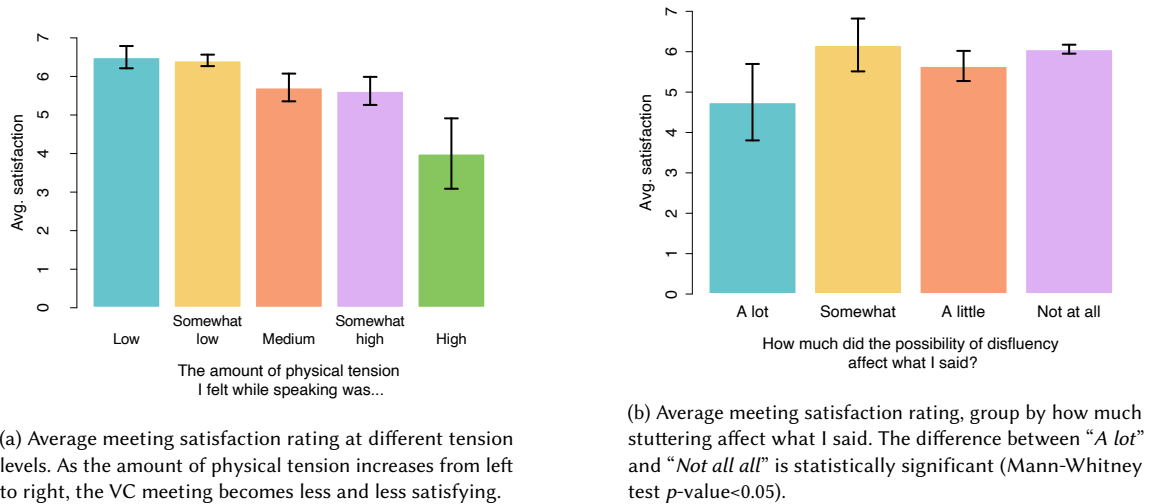


Fig. 6. Relationship between meeting satisfaction and experienced tension (a), and satisfaction and avoidance (b)

tension and the longitudinal data collected offer a unique opportunity to understand what made videoconferencing challenging for a person who stutters and how such challenges impact someone in the long term.

## 6 QUALITATIVE FINDINGS: THREE VIGNETTES

### 6.1 Public speaking in a panel: stress, struggle, and accomplishment

Public speaking is often my most challenging speaking situation, causing the worst physiological struggles when I speak, as well as the highest stress before, during, and even after the speaking situation.

625 In April 2023, I was invited to speak at a research panel over Zoom. The panel targeted academic and industry  
626 researchers working on speech-related AI technologies, and the audience, about 50 people, also included SLP researchers,  
627 therapists, and people with speech diversities.

628 Provided with a list of pre-selected questions for the panelists, I outlined rather than scripted my answers, to force  
629 myself to be more spontaneous during the panel. The primary goal I set for myself for participating in this panel was to  
630 make a valid contribution through sharing my ideas, knowledge, and experiences, and engaging with ideas shared by  
631 other panelists and audience. Anticipating the tension for me in this situation, I expected to feel anxious, embarrassed,  
632 and scared, and to have automatic negative thoughts about myself when I speak. I was feeling nervous days before the  
633 panel. Behavior-wise, while I expected to have speech struggles, I set goals around reducing filler words and using  
634 words I'm typically afraid of using.  
635

636  
637 As soon as I joined the Zoom call, I experienced a rush of physical tension, and had several serious blocks when  
638 introducing myself. Being the last one to introduce myself, I realized that I was the only panelist who stutters, which  
639 made me more self-conscious, as noted in my reflection:  
640

641  
642 *None of the other panelists stutter. I was the only speaker who stutters, it definitely made me stand out and*  
643 *feel alone. But I made a point at the beginning that I will stutter more openly to give others an exposure to*  
644 *stuttered speech.*  
645

646 In my introduction, as part of my self disclosure as PWS, I explained that my stutter was somewhat unique that I use  
647 lots of filler words and pauses, rather than the more typical stuttering patterns such as sound or word repetition or  
648 prolongation. While the self-disclosure did not necessarily reduce the tension I felt while speaking, it did help me to  
649 clarify potential misinterpretations of my use of filler words as being unprepared or forgetting what I was about to say,  
650 and served as self advocacy.  
651

652 Another stressor in this situation was the technical setup of the panel that spotlighted the speaker. As a result, I  
653 couldn't turn off the self-view and had to see myself speaking the whole time. I wrote in my autoethnography: "*it was*  
654 *distracting and not empowering.*" My experience echos previous findings that for PWS, the self-view in VC often puts  
655 them in direct confrontation with their stutter, creating heightened stress and additional distractions [83].  
656

657 Overall, several factors in this situation played against me and made speaking particularly challenging: a large,  
658 unfamiliar audience that I cannot see or directly engage with, the expectation for me to perform and speak as an  
659 expert, being the only speaker who stutters, and the technical setup of the Zoom panel. Consistent with the reported  
660 experiences of other people who stutter under similar conditions [81, 83], I struggled with my speech throughout the  
661 panel session. I felt a high physical tension while speaking, and later documented: "*I used a lot of filler words... several*  
662 *times a sentence. And I also did some retries when I blocked*". As a result, I was uncomfortable with the situation, was  
663 worried and lacked confidence every time I was about to speak, and felt embarrassed by my speech. I noticed the  
664 automatic negative thoughts such as "*I am the worst speaker*", "*People will not be able to understand me*", and "*People will*  
665 *not value my opinion since I stutter so much*".  
666

667 However, I managed to not let the negative emotions and thoughts stop me from engaging with the panel. Instead, I  
668 mindfully noticed and accepted the emotions and thoughts without letting myself get distracted by them, and proceeded  
669 with my intentional actions: I raised my hand every time I had something to say, even for questions I did not plan to  
670 speak about; I made conscious efforts to not switch my words, even those that are always challenging to me; I also  
671 pushed myself to make connections with other panelists and the moderator by acknowledging the points they made  
672 earlier during my turn and debating with their opinions that I did not agree with, even though saying names and  
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677 contradicting with others are both typically difficult for me speech-wise. I ended up speaking more than I planned to  
 678 and eagerly jumped into the conversation - which was typically harder for me and other people who stutter to do so  
 679 over VC [83]. I felt compelled as the only speaker who stutters to share my lived experiences and advocate for the  
 680 stuttering community, and found my perspectives valuable for the panel that I was willing to take the risk to speak up.  
 681 As I reported for this speaking experience:

682 *I had lots of blocks but did not change what I wanted to say. I did feel embarrassed and had lots of*  
 683 *physiological reactions before I started speaking, but I was glad that I did it!*

684 *I made an effort to reference other panelists and participants by names and credit their points. The self intro*  
 685 *was hard but I self-disclosed at the beginning and made a point about why I did that.*

686  
 687 In the end, this speaking experience was satisfying to me, the top feelings recorded in my journal were “satisfaction”,  
 688 “pride”, “accomplishment”, “frustration”, and “exhaustion”. Feeling frustrated and exhausted from my speech struggles  
 689 did not negate my experience in this situation, but contributed to my sense of accomplishment and pride that made the  
 690 whole experience even more satisfying. The satisfaction was achieved by my commitment to challenge myself and my  
 691 actions to speak authentically, as well as from the audience’s acknowledgment and appreciation to what I said and did  
 692 in this panel:  
 693

694 *I was able to say everything I prepared to say, as well as raising my hand every time when I felt I had new*  
 695 *things to add. I was quite spontaneous and definitely showed both the enthusiasm and the knowledge I*  
 696 *have on the topic. One participant private messaged me to say that I was a good speaker, and thanked me*  
 697 *for both the content and the passion.*

700 *Several audience members messaged me to thank me for saying what I said. And several other panelists*  
 701 *added me on LinkedIn.*

702  
 703 In this high stakes situation, I was able to come across as an expert in the field and felt that my contribution was  
 704 valued, and at the same time my authenticity and vulnerability was respected and appreciated by my audience. I believe  
 705 that these factors together helped build meaningful connections with the audience. The support from the audience and  
 706 the recognition of my own efforts helped me get through the frustration and exhaustion caused by the physical and  
 707 mental struggle with my speech, and reframed this challenging experience into a rewarding one. It proved that despite  
 708 the high tension and low fluency, I can still feel satisfied and enjoy speaking, as I refocus my efforts away from my  
 709 struggle and toward actions that align with my core values of authenticity, connection, and growth.  
 710  
 711

## 712 **6.2 Public speaking with community: finding strength in shared struggle**

713 I started participating in various stuttering community gatherings and conferences in early 2022, when most of these  
 714 events were online or hybrid. While speaking to a big group was still a challenge for me, I found public speaking with  
 715 and to other people who stutter immensely valuable - as documented in previous research [41], interaction with and  
 716 support from other people who stutter could help me desensitize myself to the speech behavior of stuttering, and  
 717 eventually develop self acceptance and efficacy with the identity of a person who stutters.  
 718

719 In April 2023, I was invited to give a 5-min speech at a stuttering community virtual conference organized by a U.S.  
 720 university. There were about 30 speakers, all people who stutter, who had participated in the same speech therapy  
 721 program at the host university. There were about 100 people in the audience, including people who stutter, their friends  
 722 and families, and speech language pathologists (SLPs).  
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729 I prepared an outline, rather than a script, for my speech, as I wanted to speak to my audience in a direct and  
730 authentic way rather than reading from a script. In addition to setting a goal to myself to accept negative emotions  
731 and thoughts while speaking publicly, I wanted to challenge myself with behaviors I usually avoid when speaking to a  
732 large non-stuttering group. For example, I intended to stay in a block silently instead of trying to cover it up with filler  
733 words, and to stutter voluntarily at words that I do not normally stutter - both activities used in my past speech therapy  
734 to desensitize myself to stuttering.  
735

736 Although public speaking at this scale is usually preceded with lots of anxiety, I was feeling relatively relaxed before  
737 this event, as I noted: “it helped that it was a stuttering community event, since stuttering was understood and expected. I  
738 definitely felt more calm with a group at this scale than in a non-stuttering event.” During the event I was more relaxed  
739 right before I spoke, noting that “When I waited for my turn, I didn’t get the strong heart bumping sensation that I normally  
740 have, but felt relatively calm.” Knowing that other speakers and people in the audience also stutter made me feel safe  
741 and understood ahead of and during this situation, since we all shared the same struggle.  
742  
743

744 Consistent with findings from stuttering research [79], shifting my communication goal from fluency to authenticity  
745 and connection did help reduce my speech struggles. During my presentation, I was in turn more fluent than usual  
746 with this size of audience, but nevertheless still had one or two blocks per sentence. Although my speech was not as  
747 struggled as it sometimes is, I did find myself frustrated and disappointed each time I habitually employed my avoidance  
748 behaviors - such as using filler words to get over the speech block and looking away from the camera when I blocked.  
749

750 While my visceral reactions towards speech blocks showed the fear of stuttering that was still ingrained in my body,  
751 the supportive reactions from the audience, similar to the experience reported in the previous vignette, helped me  
752 overcome my fear and find joy in my experience:  
753

754 *I was spotlighted on Zoom but I immediately switched to gallery view that allowed me to see more of the*  
755 *audience’s reaction, and that was quite helpful. I especially appreciated a few audience members whose*  
756 *facial expressions changed along with my speech (smiling when I was saying something lighthearted or*  
757 *sarcastic, and intensified when I was saying something emotional and raw). I felt supported and felt the*  
758 *connection with my audience. I really enjoyed this connection, although my frustration with my speech*  
759 *kept on distracting me from it.*  
760  
761

762 I noticed that, contrasting to a virtual conference with non-stuttering audience, most of the participants turned on  
763 their camera and appeared engaged throughout the two-hour Zoom call, making it much easier for speakers like me to  
764 see and connect with the audience through the gallery view.  
765

766 Hearing other speakers stutter also had a tremendous impact on me. First, it helped to normalize disfluencies, and  
767 enabled me to notice and challenge my own self-stigma towards stuttering. As I noted:

768 *I did notice that I maybe subconsciously paid attention to other speakers and compared myself with them. I*  
769 *even felt a bit more nervous when several speakers in a row who sounded very confident and fluent, and felt*  
770 *a bit of a relief when a speaker had more severe stuttering. I was able to notice this thought pattern and*  
771 *caught my desire to fluency...*  
772  
773

774 Second, I also learned from, and was inspired by other speakers communicating effectively while stuttering. I noticed,  
775 for example, a couple of speakers positioned their cameras to show more of their body language and gestures, and  
776 several people held their eye contact the whole time while having intense speech struggles, and wanted to model myself  
777 on their VC communication strategies and their ability to keep the audience engaged over long, silent blocks. Besides  
778 the speech behavior, I was also empowered by self-compassion, and self-advocacy attitudes demonstrated by several of  
779  
780

781 the younger speakers, for example, I recorded, “(I really liked the message from one college student who advised everyone  
782 to ‘give yourself permission to talk the way you wanted, and live the way you wanted.’ Very inspiring!”

783 Despite the frequent speech disfluencies in the virtual conference, I found the speakers engaging, their messages  
784 resonating, and my own speaking experience highly enjoyable. Even though I did not know most of the participants  
785 or speakers before, I felt connected and energized afterwards, and the VC experience satisfying. This experience  
786 demonstrated that emotional connections can be built over videoconferencing with mindfulness and intentions, and it  
787 takes real work to *be present* rather than merely having a presence. Showing-up on camera, attentive listening from the  
788 audience, and the speakers’ full-body communication and demonstration of vulnerabilities, all contributed to the positive  
789 experience of a large virtual conference that could easily be lost to anonymity, fatigue, and disengagement [6, 77].  
790 Speaking with the larger community enabled me to learn and grow with other people who stutter, and find strength  
791 and inspiration for my own VC communications from the shared struggle.  
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### 796 6.3 Struggle and frustration over a one-on-one meeting

797 In contrast to the satisfying experiences of speaking to large audiences presented in the previous vignettes, I now share  
798 a VC experience that, while it started as low tension, ended up very intense and unsatisfying. This was a 1-on-1 meeting  
799 with Kelly (pseudonym), whom I met for the first time over Zoom as a potential consultant for my organization’s work.  
800 I was pretty excited going into the meeting, as I usually enjoy introducing our work to new people who are interested  
801 in getting involved. Further, I find one-on-one meetings with peers to be generally low stress for me.  
802

803 I usually have more speech struggles at the beginning of a conversation, especially when meeting someone new,  
804 before I build connection and trust with them to feel safe to stutter. Often, it is even harder to establish this initial  
805 connection and trust I need via videoconferencing. My strategy is often to start with small talk, finding something  
806 interesting in the other person’s Zoom background to comment on, and gradually ease into self-introduction.  
807

808 Following this strategy, I started the conversation by commenting on Kelly’s room in the background and asked  
809 where she was located. Kelly answered laconically, not picking up the small talk or reciprocating an interest in me.  
810 After another awkward attempt at small talk, I quickly recognized her lack of interest in it, so I moved on to introduce  
811 myself, with an informational self disclosure about my stutter. Her reaction to my self disclosure was: “It’s okay”, which  
812 I found disempowering, as I was not asking for permission to stutter.  
813

814 Despite the bumpy start, I continued on to share some personal stories related to the history and motivation for my  
815 current project. I had done similar introductory calls many times before and always had a good experience starting  
816 with personal stories, as they help build an interpersonal connection that is valuable for long-term collaborations.  
817

818 Kelly muted herself while I was talking, and she did not give any verbal responses nor did show much of a facial  
819 expression, although it seemed that she was occasionally taking notes with pen and paper. With the lack of verbal  
820 and non-verbal feedback, it was difficult for me to assess her interest or engagement with the conversation via VC. A  
821 familiar, yet uncomfortable feeling of insecurity started to rise in me, with thoughts like “I am losing her and making a  
822 fool of myself because of my stutter” popping up in my head.  
823

824 Such emotional and cognitive reactivity to stutter was stressful, triggering the “fight-or-flight” responses in my body,  
825 building up noticeable physical tension in my chest and speech musculature, and making my speech even more struggled.  
826 Noticing myself in this reinforcement cycle of struggle, I spent some effort to calm myself down by telling myself that,  
827 as she was taking notes, she must have found some value in what I said. This positive thought also encouraged me to  
828 continue talking instead of self censoring.  
829  
830  
831  
832



833 A few more minutes in, as I was talking, Kelly raised her physical hand. I immediately stopped and waited for her to  
834 speak. The first thing she said was that my introduction was too long and ineffective and that she did not know where  
835 it was going. Getting this response from her was unexpected and discouraging, as I reflected later:  
836

837 *I was mainly trying to tell my personal stories to connect, but she was here for business. (...) I was actually*  
838 *feeling okay before that, especially when I saw her taking notes, I thought she was getting insights that*  
839 *were useful and already had ideas for me and [Organization name redacted]. But at that moment I realized*  
840 *that she was not getting anything, and that was both a surprise and a disappointment.*  
841

842 While I did not mind her interruption and understood the good intention in her comments, the sudden realization  
843 of the misalignment between her and my goal half way through the meeting made me feel like a failure, and her  
844 comment about my introduction made me feel judged and incompetent. I wished I was able to pick up cues about  
845 this misalignment earlier in this call, but with her side muted and fewer non-verbal signals compared to in-person, it  
846 was nearly impossible until she gave me this explicit feedback. I wrote later that “*I was extremely embarrassed by that*  
847 *comment, almost to the point that I wanted to hang off the call and hide.*”

848 The feeling of embarrassment and inadequacy was so overwhelming, that “*it lingered and impacted my willingness to*  
849 *speak for the rest of the meeting*”. As a result, I spoke less, with more struggles, and often looked away from her to hide  
850 my discomfort:  
851

852 *My fluency was not great at the beginning, but it really suffered after she interrupted me and started giving*  
853 *me feedback about the elevator pitch. However, the bigger problem after that moment was that I did not*  
854 *want to speak any more. (...) I was not able to maintain eye contact when I spoke, especially in the later*  
855 *part of the meeting when the embarrassment was looming over my head.*  
856

857 This experience was also traumatizing as it brought back lots of painful memories from my past of being asked to  
858 talk faster, being interrupted, and being questioned about my competence and intelligence due to my speech speed. As  
859 recorded in my notes:  
860

861 *I felt unheard and inadequate again. I felt reminded that I should not take up space, even if I was trying to*  
862 *believe otherwise. (...) This meeting left me feel like both a big disappointment and emotional trauma.*  
863

864 This experience demonstrates that while the stutter itself does not prevent me from speaking up and connecting  
865 with my speaking partners, it is others’ reactions to the way I speak - shaped by traumatic past experiences with  
866 stuttering - that create the disabling barrier for me to engage and enjoy the conversation. Microaggressions towards  
867 stuttering, even unintentional, can result in self-censorship, disengagement, losing connection by avoiding eye contact,  
868 disappointment, and low self-esteem for people who stutter. It stands in stark contrast to my experience presented in  
869 previous vignettes, where feeling valued and appreciated by my conversation partners can lift these barriers and lead to  
870 a sense of achievement in spite of struggled speech.  
871

872 Lastly, despite the strong cognitive and emotional reactions during this call, reflecting on the experience postmortem  
873 through journaling was effective for externalizing and distancing my negative thoughts and feelings. Through writing  
874 my experience I was able to examine my struggle with self-compassion instead of blaming myself.  
875

## 876 7 DISCUSSION

877 We summarize our findings and discuss their implications to VC technology and virtual meeting practices.  
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## 7.1 Supporting emotional experiences of videoconferencing

Videoconferencing can be exhausting [6]. The limited nonverbal channels to connect with people [61], the mental stress from the “Zoom gaze” [6, 32], and the constant distractions from one’s environment [52], all contribute to the heightened cognitive load of video conferences for all participants [77]. For people with disabilities, such extra cognitive cost, combined with the accessibility and technical barriers created by videoconferencing technologies, could make videoconferencing more emotionally draining and unsatisfying [23, 76, 83, 86]. Not sharing a physical space also makes these cognitive and emotional challenges with videoconferencing less visible to others in the meeting, leading to further marginalization and disengagement of people with disabilities.

However, existing technical investigations on videoconferencing technologies have been largely concentrated on efficiency and productivity in the context of collaborative work [46, 64, 84], with a recent trend on AI-facilitated note-taking and seamless transitions between auditory-visual-textual content to facilitate information delivery and exchange [1, 48, 49, 71]. Yet the emotional experience of videoconferencing remains overlooked and under-supported. Our study offers a first-person account of VC experiences, across a wide range of situations, revealing unique insights into the emotional challenges and socio-cognitive efforts needed to participate in VC meetings. For example, although it would be easier to read a scripted presentation over VC for efficiency, in some cases, the first author prioritized spontaneous, authentic connections with the audience over the precision of the message. Given the rising popularity of auto-transcription and note-taking by AI, how to create and preserve the value of spontaneity and authenticity when speaking via VC is a question worth investigation. Besides, as observed in previous research [38], ableist microaggressions in the virtual environment - such as telling the first author “it’s okay” for her to stutter when she self-disclosed - also become harder to ignore or push back on when the lack of nonverbal cues makes it difficult to “read” people and situations.

Stuttering also introduced extra constraints to the first author’s VC experience, which not only imposed a significant emotional and cognitive cost to participate, but also amplified the gap between *presence* and *being present* in virtual meetings, allowing us to better understand the inner workings and complexities of the thoughts and feelings underlying the meeting behaviors. For example, when experiencing frustration and exhaustion from speech struggles, the acknowledgment and connection with the audience could have a dominant effect on a person’s willingness to speak openly or self censor.

We thus urge videoconferencing researchers and developers to design for the “soft” side of VC experiences such as authenticity, empathy, a sense of belonging, and emotional connections. Those elements are essential for human communications and very often, what make the communication experience meaningful and satisfying. Instead of focusing on the words spoken, VC technology can help us respect and pick up the meaning of the silence between words, and empower its users during those challenging moments of embarrassment, hesitancy, and isolation, with acceptance and compassion. For example, rather than auto switching to the next speaker with detectable speech, VC technologies can facilitate turn taking by providing a mechanism for the current speaker to indicate end of their turn. Similarly, when a speaker demonstrates speech challenges, the VC platform can empower them by showing affirmative messages, amplifying supportive feedback from the audience, and informing others to be patient and accommodating. While the significant, yet invisible, emotional and cognitive labor required to be heard is currently shouldered solely by people who stutter, future VC technologies need to be more attuned to the emotional experiences of the participant, facilitating the fair share of responsibilities and efforts to create an enjoyable and rewarding telecommunication experience for all.

## 7.2 Designing for vulnerability

Vulnerability - “*the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally*” (Oxford Dictionary) - is a common part of human experience, especially for people with disabilities. However, as pointed out by Dagan *et al* in [22], existing HCI research and technology design rarely explore vulnerability as a design value, but instead focus on protecting and lifting people from their vulnerabilities. This idea of “resolving vulnerability” is also pervasive in the fields of accessibility and assistive technologies, with numerous efforts on *masking* or *fixing* disabilities [82] to enhance “productivity, efficiency, normalcy, and speed” [45].

Our autoethnographic data highlight the value of vulnerability in VC-based communications. ***Vulnerability draws attention and engagement.*** As documented in the second vignette (see Section 6.2), while a large online conference is typically wearying for its anonymity and lack of interactivity, the occurrences of intense disfluencies in the presentations by people who stutter infused the situation with such unpredictability and excitement that made the speech instantly more memorable and interesting - a phenomenon described as “*stuttering gain*” by Christopher Constantino (CCC-SLP and a person who stutters) [14]. ***Vulnerability builds trust and intimacy.*** As explained by Constantino in the same article, “*Every moment of stuttering is an exercise in trust, a verbal trust fall. We are asking the person we are speaking with to catch us*” [14]. Borrowing this metaphor, when the first author showed her speech struggles in professional and public settings (see Section 6.1 and Section 6.2), the support and the acknowledgment from the audience successfully “*caught*” her in her “*trust fall*”, allowing her to form an intimate, trusting relationship with her audience that led to mutually rewarding, satisfying communication experiences in naturally stressful settings. ***Vulnerability leads to authenticity and openness.*** By self identifying as a person who stutters at the beginning of the research panel (see section 6.1), the first author claimed the agency and privilege to speak openly about her authentic experience with speech technologies as a person who stutters, contributing valuable insights that would otherwise be missed in the conversation. In a nutshell, while the socio-technical constraints of videoconferencing make it harder to focus, connect, and be authentic in VC meetings than in person [77], vulnerability offers unique opportunities for engaging, trusting, and open communications over videoconferencing, enabling us to build deeper, intimate connections with friends, colleagues, and strangers in the telecommunication environment.

On the other hand, vulnerability does come with risk. When the first author’s self disclosure of her stutter was treated as seeking permission, the act of openness became disempowering. When her conversation partner showed little interest or patience to listen to her personal stories, she experienced strong emotional trauma that led to self censorship and social withdrawal.

We thus argue for the potential and the needs to design for vulnerability, and invite VC technology researchers and developers to explore the benefits of vulnerability, along with mechanisms for compassion and risk management. Drawing inspiration from the emerging norm of appending pronouns after one’s name in VC meetings, new socio-technical solutions can be designed to make self disclosure of vulnerable identities more natural and effective. Accessibility and telecommunication research should also be mindful about potential ableist assumptions when trying to help users “fit in” in virtual meetings [82]. Instead of focusing on constructing fluent speech [3, 30, 48], we need to dedicate more technical efforts and investments to recognize and normalize disfluencies and spontaneity [17] in telecommunications.

## 7.3 Reappropriating VC for self-therapy

Our autoethnography study also points to the potential for people who stutter to reappropriate their videoconferencing experience as a form of self-therapy. The reappropriation of everyday technology has mainly been studied in HCI in the

989 Maker context, as a form of technological resistance and self expression [75]. Recent research in accessibility explored  
990 the reappropriation of digital fabrication technologies as a rapid prototype tool for assistive technology, finding both  
991 the opportunity to create personalized, intimate assistive devices, and the technical and clinical challenges with this  
992 practice [39, 58].  
993

994 The first author's autoethnographic experiences with VC show that VC can be an effective and convenient medium  
995 for people who stutter to practice and track their communication skills and strategies outside speech therapy sessions,  
996 into everyday situations with a variety of audiences, tasks, and stress levels - which is recommended but hard to achieve  
997 in traditional speech therapy programs [18, 81].  
998

999 Videoconferencing comes with unique affordance for self therapy. As reported in previous study [76, 83], videocon-  
1000 ferencing offers greater control and flexibility over the environment where the conversation takes place. While the  
1001 speaking situation varies, the familiarity and the ability to customize their physical and virtual environment could be  
1002 useful for people to better manage both the risk of the situation they are exposed to and the corresponding tension they  
1003 experience. As the "loss of control" was reported as the core and most frustrating part of stuttering experience [78],  
1004 additional control for the speaking situation is naturally therapeutic and empowering. By taking control of the speaking  
1005 environment and having easy access to tension-diffusing tools and systems, people who stutter can prepare themselves  
1006 to systematically approach feared situations with a safety net - a key component of Avoidance Reductions Therapy  
1007 for Stuttering (ARTS) [69]. In practice, the first author would choose different types of avoidance behaviors that are  
1008 appropriate for different types of VC meetings. For example, in a low stress situation, she would work on reducing  
1009 word switching and filler words, while in high stress situation, she would let herself switch words and use filler words  
1010 when she struggles, but aim for showing up and self disclosing.  
1011  
1012  
1013

1014 Both Acceptance and Commitment Therapy (ACT) and ARTS encourage people who stutter to actively desensitize  
1015 themselves to negative feelings and thoughts associated with stuttering, noticing them with curiosity and acceptance.  
1016 However, it is often challenging to disengage with these feelings and thoughts, which often lead to struggles and  
1017 self-reinforcement. Similar to what was reported for many people who stutter [83], the first author took advantage of  
1018 the out-of-the-camera-view calming objects (e.g. artwork) and actions (e.g. breathing exercise) to go through challenging  
1019 stuttering moments, developing her mindfulness skills in coping with the stress and panic caused by stuttering. We call  
1020 designers to welcome such appropriations and incorporate such mindfulness practice in VC to support PWS in dealing  
1021 with difficult moments and develop resilience over time, turning VC experience into *everyday mindfulness* practice  
1022 [53, 54].  
1023  
1024

1025 The practice of autoethnography for VC experiences provided therapeutic value as well. As described in Section 4.2,  
1026 the first author's autoethnography entry was designed to begin with the utility, behavioral, emotional, and cognitive  
1027 goals for the virtual meeting, which needed to be filled up before the meeting started. Deliberating and writing  
1028 down these goals enabled the first author to reorient her communication around her core values, incentivizing her to  
1029 concentrate on value-based actions despite socio-emotional challenges. The free-form reflections over different aspects  
1030 of the speaking situation was also beneficial, allowing the first author to reframe automatic negative thoughts and  
1031 develop self compassion - a quality shown to reduce negative reaction to stuttering and improve overall quality of life  
1032 for people who stutter [21].  
1033  
1034

1035 As such, we find videoconferencing a meaningful channel for self therapy, and implore marginalized users to  
1036 reappropriate videoconferencing as an opportunity to practice and develop mindfulness and communication skills, in  
1037 addition to being a collaboration and information tool. Keeping the therapeutic use case of videoconferencing in mind,  
1038 VC technologies can incorporate practices and interventions developed in speech and mental therapy to support users'  
1039  
1040

1041 growth and development in mindfulness, self-compassion, and emotional resilience. For example, similar to having a  
1042 sticky note with positive messages at the edge of the computer monitor, VC platforms can have built-in, customizable  
1043 affirmative messages as seen in stutter-affirming therapy [16, 68]; VC platforms could also suggest users have quick  
1044 breathing exercise before the meeting starts, during the stuttering moments to reduce stress, and body scan meditation  
1045 after the meeting to wind down. This incorporation could make mindfulness more contextual and pertinent to users  
1046 beyond a separate daily practice [54].  
1047  
1048

## 1049 8 CONCLUSION

1050  
1051 This paper presents findings from a 15-month autoethnography of videoconferencing experiences of a person who  
1052 stutters. Drawing from the intimate, longitudinal data over a variety of VC situations, our study sheds light on the  
1053 hidden cost of videoconferencing for people who stutter, uncovering the significant emotional and cognitive efforts that  
1054 are often invisible to other meeting attendants. Our findings highlight the disproportional burden carried by people who  
1055 stutter to participate and engage in video conferences, calling for a more accommodating communication environment  
1056 in which everyone, including technologies used for communication, shares the responsibility and efforts to include and  
1057 respect all voices.  
1058  
1059

1060 While current videoconferencing technologies tend to be optimized for productivity and efficiency, our findings also  
1061 draw attention to the “soft” side of VC experiences such as authenticity, empathy, a sense of belonging, and emotional  
1062 connections. We thus urge VC researchers and designers to prioritize these values in videoconferencing, as they are the  
1063 vital elements of human communications and very often, what make the communication experience meaningful and  
1064 satisfying for participants.  
1065  
1066

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