

## What Does It Mean to Say That a Person “Accepts” Stuttering?

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As a speech-language pathologist who specializes in stuttering, I often receive calls or emails from people seeking new information about stuttering therapy. Most of the time, people want to know what the “latest research” shows or whether there are any “new techniques” that might help them overcome their stuttering. These questions are certainly understandable, for many people who stutter have experienced limited success in treatment. Sometimes, people see improvements in their speech in certain situations (such as the therapy room), while continuing to have difficulty in more important situations (such as at work or in social settings). Other times, people experience notable improvements in therapy across a variety of situations but find that these gains are short-lived. Unfortunately, relapse following treatment is a very common problem for people who stutter, and many people have expressed their dissatisfaction with the results of speech therapy, regardless of the specific nature of that therapy.

There are many reasons that people may experience these difficulties following speech therapy. For example, research has shown that there are many speech-language pathologists who are not well-trained in the science (and art) of working with people who stutter. As a result, many people simply receive poor or inadequate therapy. Sadly, it is far too easy for some speech-language pathologists to base their assessments on short-term gains achieved in the therapy room, and thereby believe that their therapy is effective even if the speaker is experiencing little or no substantive improvement in the real world. Moreover, changes in speech, which can be tremendously difficult for people to make in the first place, are even more difficult to maintain over time. Thus, even if good treatment is available, it may still not yield the broad-based, durable improvements that people who stutter understandably desire.

Perhaps the most straightforward reason that many people have difficulty in stuttering therapy (and the reason that is the most difficult for many, including speech-language pathologists, to acknowledge) is the basic fact that there is no simple cure for stuttering. Many decades of more or less valid clinical research has sought to uncover remedies for people who stutter. Some of these treatments have been extreme, resulting in physical or emotional harm to the speakers. Other treatments have had beneficial effects, even resulting in dramatically improved speech fluency and overall communication. Overall, it is fair to say that tremendous progress has been made over the years in improving our understanding of what stuttering is and how it can be minimized, and clinicians have steadily improved in their ability to help people who stutter overcome the burdens of their condition.

Still, as I talk to people about their experiences in stuttering therapy, the discussion inevitably turns to the question of whether there is a true *cure*. I am often amazed when I realize that the majority of people who contact me have never really been told this most basic fact – that there is no simple cure – in a clear and straightforward manner. It is no wonder, then, that so many people are constantly seeking the next big advance in treatment, looking for a miracle, and hoping against hope that their stuttering will just “go away someday.” The harsh reality is that such a cure does not presently exist, regardless of what some more entrepreneurial (and less empathetic) practitioners may suggest. This is not to say that there will never be a cure or that our treatments may not improve considerably through ongoing research and new discoveries. At present, however, the idea that all people who stutter should be able to eliminate their speaking difficulties through some simple (or even complex) treatment protocol is simply not valid.

Acknowledging that there is no straightforward cure for stuttering does *not* mean, however, that there is no hope for people who stutter. As noted above, people can experience dramatic improvements in their

ability to speak more easily (and more fluently) through traditional speech therapy, through their own explorations, including self-therapy and self-help, and even through less widely accepted or alternative treatments (though empirical research studies on these types of interventions are generally unavailable). Just as importantly (or maybe even more importantly), many people who stutter can diminish or even eliminate the *negative consequences* of stuttering in their lives so they are not adversely affected by their speaking difficulties. Regardless of the specific nature of any particular treatment approach that may be considered, however, different people who stutter will experience these gains to differing degrees and at different points in their lives. For the present, there is no treatment that can consistently help all people who stutter stop stuttering all the time.

As a result, no matter how successful people who stutter may be in or out of treatment, there is still a significant likelihood that they will continue dealing with stuttering *in some fashion* throughout their lives. This does not mean that they will always stutter severely or that stuttering will necessarily prevent them from saying what they want to say or doing what they want to do. In fact, I have known many people who stutter who have learned to successfully manage their stuttering so it no longer causes a significant burden for them. Some people have accomplished this through improvements in speech fluency associated with learning speech management strategies. Other people have achieved this goal by reducing their negative reactions to stuttering so they are no longer as bothered by their speaking difficulties. (Notably, this improvement in their communication attitudes toward stuttering consistently results in improvements in their speech fluency, even though increased fluency was not the primary reason they set out to decrease their concerns about their speech.) Still others find their success through a combination of speech management strategies and techniques aimed at minimizing their negative reactions. Regardless of the specific path individuals may take toward achieving improvement in their communication, it is worth recognizing that the most common paths to success do not appear to involve complete elimination of the stuttering behavior across all situations or for all time. Coping with—and effectively managing—both the stuttering behaviors and the consequences of those stuttering behaviors appear to be the “common denominator” of durable improvements for people who stutter.

This discussion of whether there is a cure for stuttering can lead to a set of very important questions: *If there is, truly, no cure for stuttering, what is there for the person who stutters to hope for or to work toward? What is the point of working on speech if the stuttering is never going to go away completely?* In other words, if there is no cure, does this mean that people who stutter just need to accept their stuttering? In brief, the answer is yes, or, perhaps, a *qualified* yes—it depends upon what you mean by *accept*.

The purpose of the remainder of this brief chapter is to address this issue of what it means to say that a person accepts stuttering. Readers should note that the fact that this chapter addresses acceptance of stuttering should not be interpreted as indicating that people who stutter may not also want to incorporate speech or stuttering management strategies into their overall treatment regimen. As noted above, the combination of effective management and acceptance is probably the most viable path to improvement for many people. Still, acceptance of stuttering is a concept that has unfortunately been very poorly understood by speech-language pathologists, people who stutter, and the public at large, so it seems worthwhile to consider the topic further.

In particular, it seems that many people (including both clinicians and people who stutter) mistakenly equate acceptance of a problem with “giving up” on further improvements in that problem. One prominent speech-language pathologist—a clinician and researcher with many years of experience in this field—captured the essence of this (in my opinion, misguided) view by lamenting “a trend in the literature toward counseling children to accept their stuttering and to learn to cope with its negative side effects instead of working directly on the stuttered speech as if to say that we are *throwing in the towel* on the effort to achieve fluency...” (Nippold, 2011, p. 99; emphasis in the original). The statement clearly conveys the sense that acceptance is in some way antithetical to speech improvement—that it is an admission of defeat or a statement of the belief that one’s speech will never get better. Lest readers think

that this opinion is, in some way, isolated, it is worth recalling that it has long been fashionable for certain clinicians (particularly, those who tend to focus their treatments programs primarily on “the effort to achieve fluency”) to refer to people who have come to terms with their stuttering as “happy stutterers.” (The term is generally used in a pejorative fashion.)

Fortunately, it appears that although such views may be strongly held by some clinicians, they are not universal. The statement quoted above provoked a very strong response by more than 100 individuals (including speech-language pathologists, stuttering specialists, and people who stutter), who joined together to protest the tone and message of the original article and to encourage people to view stuttering in a more comprehensive and empathetic manner (Yaruss, Coleman, & Quesal, in review). Their message was that acceptance of stuttering is not the same as giving up—in fact, acceptance of stuttering can open the door to a wide range of improvements in a person’s life, including reduced tension and struggle during both fluent and stuttered speech, reduced negative emotional reactions, reduced difficulty interacting with people across conversational settings, reduced adverse impact on quality of life, and improved communication and speech fluency.

Of course, just as acceptance of stuttering does not mean “giving up,” it also does not mean that one has to *like* one’s stuttering. I have often heard people talk about acceptance of stuttering as getting to the point where they just didn’t mind their stuttering quite as much. It’s not that they did not care anymore—they certainly cared about themselves and about their communication abilities. It was more that they had reached a time in their lives when they did not struggle against stuttering so actively—where they had achieved a “truce” with their speech or a tolerance of the fact that moments of stuttering would occur and they did not need to fight with them. Importantly, as they began to achieve this improvement in their overall attitude toward stuttering, they also began to find that they stuttered less, and that their remaining stuttering events were less physically tense and less disruptive to their communication. Certainly, these changes can be viewed as worthwhile improvements in a person’s speaking ability in spite of the fact that they do not involve a complete elimination of stuttering.

If a speech-language pathologist can come to terms with the idea that some degree of acceptance of stuttering is a worthwhile component of therapy for many (if not all) people who stutter, the next question that might arise is, *how can speech-language pathologists help their clients who stutter achieve greater acceptance of stuttering?* A related question—and one that is just as important, given the fact that many people who stutter do not have access to speech-language pathologists with expertise in stuttering—is, *how can people who stutter help themselves achieve greater acceptance of their stuttering?*

Fortunately, numerous authors have provided helpful guidance, both for speech-language pathologists and for individuals who stutter, about how people can work toward a greater acceptance of stuttering. Examples include the classic writings of pioneers such as Johnson, Sheehan, Williams, and Van Riper, as well as the more recent work of authors such as Manning, Molt, Murphy, Quesal, Shapiro, and many others. In essence, these skilled clinicians have described procedures that can help people who stutter learn more about the process of speaking and what goes on in their speech mechanisms during moments of stuttering, to become more aware of their feelings (both emotional and physical) during fluent and stuttered speech, to become better able to tolerate the emotional and physical discomfort that often accompanies stuttering (i.e., to desensitize to stuttering), to reduce fears associated with the sensation of loss of control, to become less concerned about other people’s (generally mistaken) biases and beliefs about stuttering, and, ultimately, to spend less time thinking about whether or not stuttering will occur so communication can become more spontaneous and “free.”

In clinician-guided therapy, these goals are often addressed through education, exploration, and exposure activities similar to those seen in cognitive behavioral therapy (CBT) and related approaches. People who stutter can also work toward these same goals through self-therapy, in which they strive to become more open about their stuttering, more willing to speak regardless of their level of fluency at a given moment,

and less prone to struggle with their speech when they feel that stuttering is likely to occur. Obviously, these are goals that are achieved gradually; they typically require significant effort on the part of the speaker (and the therapist, too).

In the end, we can see that achieving increased acceptance of stuttering is an active process—not giving up, but working steadily toward a future in which the speaker is able to communicate more effectively and more easily, with less concern about stuttering. Speakers who have achieved greater acceptance of stuttering not only find it easier to communicate, but also easier to live the life they want to live, no longer held back either by their stuttering or by their concerns about stuttering. As such, acceptance should be viewed as a primary goal in treatment; not a back-up plan or last resort, but a starting place upon which clinicians and people who stutter can build a strong foundation for success both in and out of therapy.

### References

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### Biographical Sketch

J. Scott Yaruss, PhD, CCC-SLP, BRS-FD, ASHA Fellow, is an associate professor at the University of Pittsburgh. A former board member of the National Stuttering Association, his research examines the onset of stuttering and methods for evaluating treatment. He has published more than 130 papers, articles, chapters, or booklets on stuttering, including the Overall Assessment of the Speaker's Experience of Stuttering (OASES).