Chapter 4

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Acceptance and Stuttering

We are speech and language therapists who stutter. We both have personal experience of interiorised stuttering, and issues and challenges around acceptance have been important in our journeys. We also specialise in working with adults who stutter and will draw upon this experience throughout this chapter. Please note that we have used the terms ‘stuttering’ and ‘stammering’ interchangeably.

How does acceptance relate to stuttering?

Some background

Many stuttering therapists have recognised the importance of acceptance in therapy. It is interesting that as we explore the literature, we can see that they are using the term in different ways and incorporating it into therapy with different objectives.

Cheasman (2013) has described avoidance-based coping strategies as the behavioural correlates of a non-accepting stance towards stuttering. Van Riper (1973) describes an extensive desensitisation phase to therapy, during which people are encouraged to approach stammering and reduce avoidance. This is partly in the service of acceptance, but it is also there to pave the way for the modification stage. It is interesting to note that he also talks about acceptance in relation to therapists’ stance towards their clients’ stammering: ‘with a warm and accepting and interested therapist, the amount of anxiety elicited by these old stimuli progressively decreases’ (p. 267).

Joseph Sheehan’s whole therapy programme focusses on avoidance reduction, and within this approach, clients are encouraged to stutter more openly and freely (Sheehan, 1970). He describes different levels of avoidance including role-level avoidance, i.e. people who stutter (PWS) avoid taking on the role of being a person who stutters. However, it is not really clear if he is writing about acceptance for its own sake, or rather, acceptance of the 'stutterer role' as a paradoxical means towards becoming more fluent. He writes: 'the result is a person who accepts himself and adjusts freely to either the stutterer role or the alternating normal-speaker role, who struggles minimally against himself when he stutters and who feels freedom and comfort in the speaker role whether he stutters or not. The combination of self-acceptance and role acceptance leads to freedom in the speaker role, with prevalent fluency as the ultimate product' (1970, p.22).

For both Van Riper and Sheehan, the purpose of avoidance reduction work was partly to move towards greater ease of speech. Some more contemporary writers would challenge any approach that incorporated speech modification as being truly about acceptance (Campbell, Constantino and Simpson, 2019). Plexico et al. (2005) carried out qualitative research asking PWS to identify key factors in successful stuttering management, and found that many identified increasing acceptance as playing a major part. Plexico et al. (2009) write: 'Acceptance acts as a counterpunch to maladaptive secondary behaviours, and helps increase psychological health and adaptive coping strategies' (p. 110).

Yaruss (2012) writes more along the lines of what we understand by acceptance when he says: '…achieving increased acceptance of stuttering is an active process – not giving up but working steadily towards 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' (p.187).

What do we mean by acceptance?

Acceptance is a term which is frequently used both by PWS and speech and language therapists (SLTs). How can we understand it then, as a helpful or therapeutic quality or stance? It is important to start with trying to define the term and for us, as authors, to say what we mean by it. The Oxford Dictionary definition is 'the act of agreeing with something and approving it'. This does not seem particularly helpful in our context. So, what do we mean by it? It's tricky, because whilst we might all think we know what it means, it's a term that can actually carry very different meanings to different people. It can be a very loaded term. For example, to some people it can imply resignation or giving up, to others it means gritting your teeth and just getting through something. Neither of these meanings seem particularly helpful or therapeutic. We have found it increasingly helpful to look at acceptance through the lens of mindfulness. Mindfulness is an approach that carries work on acceptance at its heart and so let us start with two definitions from the mindfulness literature.

Segal et al. (2002) define acceptance in terms of allowing and state: 'allowing experience means simply allowing space for whatever is going on, rather than trying to create some other kind of state' (p.276).

Harris (2009) writing from the perspective of an *Acceptance and Commitment Therapy* (ACT) exponent says: 'Acceptance means allowing our thoughts and feelings to be as they are, regardless of whether they are pleasant or painful, opening up and making room for them and letting them come and go as they naturally do.' (p.134).

We can see from this that we are talking about a very particular attitude towards experience, and an attitude that is present in the face of a wide range of experience. Giving the range of meanings that people can attribute to acceptance we have found it helpful to use a range of alternative terms:

- Allowing things to be here
- Letting be
- Making space for
- Opening up to

We invite people to bring attitudes such as **curiosity**, **tolerance** and **friendship** to their experience and ask them if they would be **willing** to make space for something to be here. All of this is moving in the opposite direction to resistance. In more traditional stuttering therapy terms, these attitudes foster approach rather than avoidance. Acceptance thus goes against attempts to control or fix, both of which are often used by PWS to manage stuttering. Attempts to control and fix can often lead to greater struggle and suppression.

It is important to understand that within a mindfulness framework, acceptance is the very antithesis of passive resignation. Allowing, letting be, making space for, and opening up to, are all active processes. Acceptance in this way becomes an active 'turning towards experience' and interestingly, things can start to shift when we stop trying to make them different. In line with this, Segal et al. (2002) cite Rosenberg (1998) who says: 'sometimes the best way to get from A to B may be to be more fully at A' (p. 138). It is this different way of being with difficult experience that is at the heart of mindfulness-based approaches to therapy. Through allowing what is here to be, we start to cultivate a different relationship to that which we find difficult, and paradoxically, this different relationship can lead to change.

The extract below from 'The Guest House', a poem by Rumi (a medieval Sufi poet), illustrates how radical an approach is being advocated:

'This being human is a guest house
Every morning a new arrival
A joy, a depression, a meanness
Some momentary awareness comes
As an unexpected visitor.
Welcome and entertain them all!'
(Translation by Barks et al., 1995)

Acceptance and stuttering modification therapy

Based on our many years' experience of working with adults who stutter, the intention of this section is to demonstrate how acceptance, in the sense of letting be and opening up to experience, plays a vital role in the change process, and how we as therapists can facilitate this process. We use the stuttering modification therapy approach to illustrate the centrality of acceptance, but some of the ideas are generic in nature and can be usefully applied when using any type of approach.

For detailed descriptions of stuttering modification therapy, please refer to chapter 7 in this book as well as accounts offered by Manning and DiLollo (2017) and Ward (2018).

Meeting the client for the first time

An adult client presenting for therapy has already started their journey towards acceptance, although they might not recognise it as such. The fact they are seeking help indicates that they are, at the very least, at the stage of preparation or at the stage of action, as described in the Stages of Change model (Prochaska & DiClemente, 1983). They will have acknowledged their stuttering to be sufficiently important for them to ask for professional help. This acknowledgement is a vital first step towards acceptance.

The initial meeting between client and therapist is a golden opportunity for the therapist to provide a much-needed counter-narrative from what the client might have experienced before. A client-centred attitude (Rogers, 1961) and the warmth and empathy of the therapist (Van Riper, 1973) are key here. Throughout therapy, instead of judgement, she offers compassion and empathy; instead of hastily offering solutions, she makes time to listen and to understand; and instead of setting herself up as the expert, she recognises the client's strengths and their innate potential for change.

In this way, the therapist lays the foundations for a strong and trusting therapeutic alliance. It is our experience that, even early on in the relationship between client and therapist, the client is ready to express freely their thoughts and feelings about their stuttering, and to start to move from a position of denial and avoidance to one of openness and hope.

The use of language plays an important role here: whereas the client might describe his stuttering negatively (for example ‘my stutter gets worse when I’m stressed’), the therapist can demonstrate a different and accepting way of looking at stuttering by consistently using non-judgemental language (for example ‘so you stutter more when you’re stressed’). The use of language in relation to stuttering will be discussed further in the section on the social model of disability and stuttering.

Clients’ expectations

In our experience a client, new to therapy, might come with the expectation that their stuttering can be fixed or ‘cured’, through the help of the expert therapist. These expectations need to be discussed sensitively and carefully so that the client retains hope for change. At this early stage, the therapist encourages the client to view therapy as a journey, where curiosity, an openness of mind and a willingness to experiment will serve the client well. Use of the term acceptance is likely to be unhelpful at this early stage of therapy, as the client might well interpret this as meaning they need to resign themselves to the fact that they stutter, and that change is not possible.

Stuttering modification therapy

The section below draws upon stuttering modification therapy as practised at City Lit (Cheasman & Everard, 2013), strongly influenced by the work of Van Riper (1973) and Sheehan (1970).

The success of this type of therapy depends on the client’s ability to approach both covert and overt aspects of their stuttering, to unpick avoidance strategies they might have developed over time, to develop a different attitude towards their stuttering, and to learn ways to stutter more easily.

First stage: identification

Identification can be seen as an integral step along the way towards acceptance, in the sense of opening up to, and being with, what is. The client learns to identify in detail their own particular pattern of stuttering in a curious and interested way, alongside their thoughts, feelings, and avoidance behaviours linked to stuttering. This detailed exploration encapsulates the radical point made earlier, namely that willingness to be fully present and open to our experiences enables us to make wise choices and to change. The therapist actively creates an atmosphere where stuttering is allowed, encouraged, and welcomed. Examples of stuttering are sought out and examined, instead of avoided and denied. In this way the client becomes more open to experiencing moments of stuttering, and develops both the facility to describe their own stuttering pattern and to be fully aware of the physical sensations of stuttering, for example through the use of tallying and freezing. Similarly, the client is encouraged to explore in depth their thoughts and feelings in relation to stuttering and their strategies for coping with it.

This is by no means an easy stage of therapy: often a client has spent many years avoiding moments of stuttering, and possibly not sharing with others the impact of their stuttering, or even denying to themselves their thoughts and feelings about it. Opening up and being willing to experience both the overt and covert aspects of stuttering takes courage, strength and time. Some of the tasks associated with identification can be confrontational and painful, such as the client watching a video of themselves in which they see and hear themselves stuttering. Building up gradually to this level of confrontation can be helpful, for example, by watching videos of other people stuttering and by having the support of the therapist when watching their own video.

Second stage – desensitisation

Once the client has become more knowledgeable about their own stuttering pattern and their cognitive and affective responses to it, they are likely to be more open to their own experience of stuttering and ready to move to the next stage of desensitisation. Cheasman and Everard (2013) described the long-term goals of desensitisation as becoming ‘more open and accepting of stammering and for negative emotions about stammering to reduce’ (page 137). It is important for the client to be willing to open up and experience the emotions related to stuttering, some of which will be painful and difficult. Interestingly, back in 2013 we referred to these emotions as negative with the underlying implication that they are unacceptable. We now use alternative less judgemental terms such as painful, difficult and unhelpful.

In this phase of therapy, changes in attitude are brought about predominantly through changes in behaviour: avoidance reduction, self-advertising and voluntary stuttering.

Avoidance reduction work is instrumental to the client moving towards a greater acceptance of stuttering, as it directly addresses the approach-avoidance conflict described in the introduction. Avoidance of stuttering occurs at different levels (Sheehan, 1970), and can be viewed as the opposite to acceptance. It can be seen as a natural aversive response when stuttering is viewed as unacceptable. In contrast, reducing avoidance behaviours, such as going for a specific word rather than changing it, or speaking up in a meeting rather than staying quiet, exemplifies opening up to the experience of stuttering. In this way, a client demonstrates that they are willing to show their stuttering rather than concealing it. By openly stuttering, the client prepares the way for speech modification: it is not possible to modify moments of stuttering if they are hidden by a myriad of sophisticated avoidance strategies.

Similarly, self-advertising (also known as self-disclosure) is an important tool in becoming more open about stuttering (Boyle & Gabel, 2020). The client discloses that they stutter in situations of their choosing, by saying something along the lines of ‘By the way, I stutter so it helps if you give me a bit more time.’ Although relatively simple, this type of direct and assertive statement can be extraordinarily powerful and encourage openness and honesty. It can also be useful later on in the therapy process, when the client is working on modifying moments of stuttering. They might choose to say something like ‘I’m working on my speech right now so I might sound a bit different’. By disclosing that they stutter, the client is giving themselves permission to stutter and for the listener to be prepared for some stuttering. However, sometimes the effect of self-advertising backfires, in that the client discovers that when they mention their stutter, their speech becomes easier. They then misguidedly use self-advertising as a means not to stutter. In this case, the client can be encouraged to use some voluntary stuttering, another powerful desensitisation tool as described below.

The purpose of voluntary stuttering is to deliberately stutter openly. It is based on the premise that when we set out to do the very thing we fear (in this case stuttering), the fear is likely to decrease dramatically. It is a powerful antidote to avoidance of stuttering, and demonstrates that, more often than not, the fears surrounding stuttering are unfounded.

By practising these different aspects of desensitisation work, the client will stutter more openly and is likely to develop a different attitude towards their stutter, so that they are ready for the modification stage of therapy.

Third stage: modification

The aim of modification is for the client to stutter more easily during individual moments of stuttering. To achieve this, the client needs to be aware of the moment of stuttering and allow it to be, rather than try to escape from it. All types of modification (pre-block, in-block and post-block) require the client to respond calmly to a moment of stuttering, rather than react against it, which often leads to struggle and tension. Bailey (2019) makes the crucial distinction between the underlying dysfluency (the impairment), and learnt struggle behaviours:

> 'For me, struggle is everything we do, often very inventive and sometimes extreme, to try not to stammer, essentially to avoid experiencing or showing the moment of dysfluency.' (p. 25)

Modification techniques, as well as avoidance reduction work during the desensitisation phase, enable a client to reduce their 'struggle behaviour' and to move more easily through a moment of stuttering. The manner in which modification is taught is important: the client is encouraged to allow moments of stuttering, rather than trying to control them. This is particularly relevant when teaching in-block modification, where the client learns to move forward and leave the stuttering moment in an easier way. Developing a more accepting, allowing, curious approach to stuttering facilitates work on modification.

Acceptance and interiorised stuttering

People with interiorised stuttering typically present with high levels of fluency, high levels of avoidance, and often very strong and painful emotions about stuttering. We have chosen to include a separate section about this group, as acceptance can be particularly challenging for them. They often connect strongly with Sheehan's concept of role-level avoidance (Sheehan, 1970). Most PWS can speak fluently some of the time and so have a 'fluent self' or role. They also stutter sometimes and have a 'stuttering self' or role. Role-level avoidance can be said to take place when the person would stutter but does not want to have this role, or does not want this aspect of self to be seen. They try to be the 'fluent them', when this is not actually the reality at that time. Many PWS try to do this, but a key difference for people with interiorised stuttering is that they can apparently 'play this game' successfully. Often they can get away with it and 'pass' as fluent. They do not stutter overtly and listeners do not identify them as PWS. This level of avoidance cuts right to the heart of identity and acceptance – there is a fundamental lack of acceptance of being, and allowing oneself to be seen as someone who stutters. All sorts of avoidance strategies from the other levels described by Sheehan are recruited in the service of concealing stuttering. All of this avoidance serves to maintain the fear of stuttering and feeds the stuttering dynamic. This analysis of the interiorised stuttering dilemma leads to 'coming out' as a PWS becoming a central part of the therapy process (Cheasman & Everard, 2013).

Identity issues are further complicated by the fact that people with interiorised stuttering do not fully identify with fluent speakers because they know that they stutter. They often also do not fully identify with other PWS, a dilemma vividly described by Tanya below. Acceptance is often facilitated by 'coming out' and also by starting to feel less alone and different. For this reason, we find that people benefit greatly from being in a group with others with interiorised stuttering. Groups can foster shared identity, which can lead to greater levels of acceptance.

At City Lit the therapy programme for people with interiorised stuttering is not radically different from programmes for people with more overt stuttering. However, there are a few key differences which are described elsewhere (Cheasman & Everard, 2013). For many people attending interiorised groups, stuttering is often a painful, sometimes shameful, secret. Self-advertising can be a key strategy on the road to greater openness and acceptance. A client writes: 'self-advertising has been key for me……it really got to my assumptions that people would be critical and has me accept myself more' (Cheasman & Everard, 2013).

Clients may start to let people in their lives know that they stutter and also that they are having therapy, because going to therapy can also be a secret activity for some. Again, there can be some particular challenges here for people with interiorised stuttering. For example, it might be that after many months of building up to letting someone know they stutter, the person they come out to responds in a non-accepting or invalidating way such as 'oh, no you don't really stutter' or 'yes, well everyone does that sometimes'. The more people can help educate others through describing particular aspects of interiorised stuttering, the more likely they are to understand. People often find that talking about the stuttering iceberg (Sheehan, 1970), and how their own iceberg has been almost completely submerged, can be helpful here.

Work on acceptance and reducing role-level avoidance can be liberating and challenging, as summed up by a client who wrote: 'the key learning is that stammering is a part of me and I need to not dislike that part of me so actively. When I was 14 a friend said to me, 'It's just a part of you' and I was very upset. I now see that I need to embrace that part more. This for me is also the biggest challenge.' (Cheasman & Everard, 2013).

Acceptance and Commitment Therapy and use of metaphors

A chapter on acceptance and stuttering would not be complete without reference to *Acceptance and Commitment Therapy* (ACT), a mindfulness-based approach which in recent years has much influenced our clinical practice with adults who stutter. Integration of ACT into stuttering therapy is described in chapter 12 of this book, and we have written in detail about ACT's clinical application (Cheasman & Everard, 2013; Everard & Cheasman, 2021).

Harris (2008) coined the phrase 'Embrace your demons and follow your heart' to summarise the overall aims of ACT which are:

- To help create a full, rich and meaningful life, whilst accepting the pain that inevitably goes with it.
- To teach skills that will allow more effective management of painful thoughts and feelings, thereby reducing their impact.

In this section the focus will be on ways in which acceptance of both overt and covert stuttering can be cultivated, using ACT metaphors within the context of stuttering modification therapy.

Dropping the struggle

Struggle is a well-known characteristic of stuttering, either in the sense of physical struggle during a moment of stuttering, or in the sense of struggling against painful thoughts and feelings associated with stuttering. This wanting to escape difficult experience is reactive and part of the human condition – we want to experience more of what we enjoy, and escape what we perceive as difficult. ACT brings this idea to life through the use of metaphors. In our clinical experience, two metaphors which particularly resonate with people who stutter are 'stuck in quicksand' (Harris, 2009) and 'dropping the rope' (Eifert & Forsyth, 2005).

Stuck in quicksand: the client is asked to picture themselves suddenly stuck in quicksand with no immediately obvious way to escape. Anyone's instinctive response in this situation would be to panic and try to extract themselves as quickly as possible, but the risk of this strategy is that the more we struggle, the deeper we sink. The counter-intuitive response is to stay calm and lie back, thereby spreading our body weight evenly so we are less at risk of sinking deeper. These markedly different ways of responding can be applied to how a client might respond to a moment of stuttering. They can either panic and try to escape from the moment through increased physical tension, or they can allow themselves to be 'with the moment' of stuttering and move through it in an easier way.

Dropping the rope: the client is asked to visualise themselves in a tug of war with a monster representing painful feelings such as self-doubt, anxiety, fear, or shame. The client is holding one end of the rope, the monster the other end. All of the client's energy and attention are caught up in the struggle. When asked what the alternative might be, a straightforward response would be to 'drop the rope'. This metaphor illustrates how easily we can focus all our energies on trying to get rid of difficult thoughts and feelings, leaving us little time to focus on what's important to us. By dropping the rope, we acknowledge that the thoughts and feelings are there, but we don't need to do battle with them.

Developing a different relationship with thoughts and feelings – Passengers on the bus

Closely linked to the idea of dropping the struggle is the metaphor 'Passengers on the bus'. This is used to illustrate how our thoughts, feelings and urges can sometimes hijack our behaviour, and reduce our ability to move towards what's important to us. In the metaphor, we are all drivers, in charge of our own particular bus of life. The passengers on our bus represent our thoughts, moods, feelings, and urges – some of which are helpful and some of which are not. The less helpful ones question the direction we are taking, urge us to stop the bus or take some other direction. The first step is to notice our passengers, next to name them, and then to change our relationship with them.

Ultimately, the aim is to allow passengers to be there, to be willing to have them on board, but without needing to engage with them. This concept of willingness is key in ACT and is another way of describing acceptance. Let us demonstrate this through an example. When working on avoidance reduction, a client might choose to speak up in a meeting in the service of their value: 'being an effective team manager'. If in the past they have always stayed quiet in this type of meeting, their values-based goal to speak up is likely to elicit anxiety and fear of how other might respond. Their passengers might suddenly become very vocal and include thoughts such as 'They'll think you're incompetent if you stutter', 'Much better to play it safe and stay quiet', 'You can always send an e-mail after the meeting to make a point', 'You know you're going to stutter on that word and make a fool of yourself'. The client can be prepared for their passengers clamouring for attention in this way and be willing to experience these thoughts and feelings, making space for them and allowing them to be. Developing mindfulness skills is a vital part of helping clients to manage their passengers more easily, and ways to do this are described by Everard and Cheasman (2021).

There are many other ways through which acceptance can be cultivated using an ACT approach, including special acceptance-based mindfulness practices and defusion strategies. The reader is encouraged to consult Harris (2019) for a highly accessible and comprehensive overview of the ACT approach.

The social model of disability in relation to acceptance

'How do I accept myself and the way I speak, if others don't accept me the way I am?'

This question is highly pertinent to the debate about acceptance, and raises a crucial issue: how can we as therapists encourage clients to make space for their stuttering and the way they feel and think about it, if society persists in believing that stuttering is an unacceptable way of speaking, and that people who stutter should learn to speak differently?

This non-accepting attitude stems from the medical model of disability; a model so deeply influential in the way that society views disability that we are not aware of its power over us. The medical model asserts that disability is something that is 'wrong' with a person's body or mind, and that the person needs to be 'treated' or 'cured' by an expert. When applied to stuttering, the medical model sees stuttering as something deviant and abnormal, whereas fluency is considered normal and desirable. From this comes the very clear and binary message that stuttering is bad and fluency is good, which leads to people who stutter avoiding stuttering and seeking therapy to become more fluent. As a result, responsibility for change lies within the person who stutters. The influence of the medical model cannot be underestimated, and it is important for us as therapists to recognise its power and its impact on how we deliver therapy.

In contrast, the social model of disability (Barton, 1996) makes the useful distinction between impairment and disability, and maintains that people are not disabled because they have an impaired body, mind or means of communication, but because contemporary society neglects their needs and rights, thereby placing barriers in their way. Applying these concepts to stuttering, the impairment is the physical stutter (repetitions, blocks, and prolongations) and the person who stutters is only disabled when faced with different types of barriers. Environmental barriers include automated call systems and open plan offices; structural barriers include telephone interviews and conference calls; and attitudinal barriers include lack of time and patience, prejudice, and discrimination. Regarding the latter, external attitudes can easily become internalised so that people who stutter quickly develop beliefs around what they can and cannot do. Campbell, Constantino and

Simpson (2019) provide a detailed explanation of the social model approach as applied to stuttering, sharing perspectives from therapists, disability activists and people who stutter.

For therapists working within the stuttering field, it is important for us to understand how our ways of working are influenced by prevalent models of disability, and to start to challenge previously unquestioned assumptions and beliefs. A thought-provoking account of therapy is given by Bailey (2019), who describes the oppressive therapy she received in the past, with its overwhelming message that she needed to stop stuttering. She also describes more nuanced therapy which helped her to reduce her struggle behaviour, whilst recognising her value as a person who stutters.

Focusing on the issue of acceptance, what can we as therapists learn from the social model? Taken at its most radical, proponents of the social model would argue strongly that it is not the person who stutters who needs to accept their stuttering. Instead, it is society who needs to accept difference by dismantling the barriers which disable people who stutter.

However, the clients we encounter might well be unaware of the different ways of looking at stuttering, and have not come across different models of disability, the concepts of stuttering pride and prejudice (Campbell, Constantino & Simpson, 2019), and what this means personally for them as people who stutter.

As a starting point, we can make it clear that we recognise stuttering as a difference rather than a problem, and convey our acceptance of stuttering through our use of language. Clear guidelines on non-judgemental language is the focus of the Stamma campaign, ‘It’s how we talk’ (2020) – a useful reference point for us as therapists, and for clients and their friends and family. The aim of the campaign was to work towards creating a culture of respect and acceptance, by challenging the language frequently used by the media in relation to stuttering and the assumptions around it. It is important to acknowledge the important, ongoing work Campbell (2020) has done in this area.

As therapists, we can also show real empathy for the difficult thoughts and feelings our clients experience in relation to stuttering, and understand how such attitudes are a result of societal stigma. This will also help us recognise how difficult it may be for clients to start to open up to moments of stuttering, when internalised attitudes are deeply ingrained.

We can talk explicitly about the social model of disability with our clients, and help them explore what it means for them personally. In the spirit of ‘nothing about us without us’, we can work together with our clients to educate others (parents, teachers, work colleagues, managers) about the true nature of stuttering, and how they can start to dismantle both physical and mental barriers.

We can also provide opportunities for people who stutter to come together and learn from one another, and/or signpost our clients to groups of people (real or virtual) who stutter. From our experience of working with such groups, we know that attitudinal change is easier when clients can share their own journeys towards opening up to the experience of stuttering with each other. Initiatives such as 'Stambassadors' and 'Stambition' (Actions for Stammering Children, 2020), which focus on the world of work, give our clients the opportunity to hear and learn from others who stutter.

From looking at the implications of the social model of disability for stuttering and acceptance, it is clear that societal stigma needs to decrease dramatically, and in its place, acceptance of stuttering encouraged to flourish. We as therapists have an important role to play here.

Conclusion

We are delighted to have been given this opportunity to write about acceptance and stuttering from a number of angles. In our view, acceptance is the cornerstone for change. We recognise that work in this area can be both challenging and liberating, and hope that our ideas will support other SLTs working with people who stutter. To finish, we would like to share thoughts from two of our former clients, who we asked to write about issues relating to acceptance. Tanya first writes from the perspective of someone with interiorised stuttering. Second, Katy, focuses on the impact that the social model of disability has had on her.

Tanya

Discovering that my type of stammer has a name was a crucial first step on my road to acceptance – but it didn't happen until I was 30, when I heard about 'interiorised' stammering. Until then, I had no idea what to accept myself 'as' – as I did not consider myself to be a 'proper' stammerer (as I am often very fluent), but nor was I fluent (as I have moments of stammering, and periods of several weeks or months when my speech is less fluent). After several decades of practising avoidance (for example, word-switching), I was finding it difficult to stammer openly, as avoidance had become second nature. I found it was difficult to accept something that I was so committed to hiding, and it has taken a lot of work to start to dismantle all that. Since starting therapy at City Lit, I have become more accepting that I am a person whose speech sometimes includes stammering, and also moments of avoidance (such as word switching, changes to my breathing to force out words, and non-speech, when I think I might stammer). Slowly, I began to 'out' myself to family and friends, which was extremely personal and painful for me. However, I still find it difficult to stammer openly in front of people. Now, I don't mind people knowing that I stammer – but I still don't want them to actually see or hear me stammer! That is the final step of acceptance for me – and one that I am still working on.

Meeting others with a similar relationship with their speech was hugely significant and emotional for me. When I enrolled on my first course of group therapy as an adult, I didn't tell anyone. The initial session meant meeting a room full of strangers who knew more about some of my inner thoughts than any of my closest family and friends, including my deepest and most personal feelings of shame and fear. Some even used the same tricks for avoiding stammering that I did. I was particularly struck by how many of us were around the same age – between around 25 and 40. It seemed that we had all reached a point in our lives where we didn't want to continue as we were. Hiding our stammers or carrying around such negative feelings about our speech is a heavy burden.

I had some speech therapy as a child (between 5 and 7), when my stammer was more overt. The main message I picked up from that was that stammering was bad and must be fixed, and fluency was good. I noticed that the adults in my life looked worried when I stammered, and happy when I didn't. I'm not sure what happened next, but I think I then hit a more fluent period, and so it was assumed that I was cured. Then, when the stammer returned, I worked out how to hide it. I now feel that the childhood therapy I had did more harm than good. I wish I had been taught to accept that I sometimes stammered a bit, and that was okay – and given techniques to move through moments of stammering more easily, if I wanted to. I wish I had spent 30 years practising that, rather than practising avoiding stammering! If I had felt it was okay to stammer more openly, I think I would have grown to accept it much earlier in my life.

One course I did focussed on social model thinking and one question that came up when looking at the social model in a class was: 'How would your life be different if everyone stammered?' I nearly cried when I tried to answer it. The answer is that I would feel so much lighter, and would save myself so much heartache. I wouldn't have spent the last 40 years fearing situations where I really don't want to stammer, or trying to avoid words that might trip me up. That's when I realised how much of the pain I have been carrying comes not from my stammer itself, but from my perception of other people's perception of my stammer. It has been helpful to unpack some of this in speech therapy – and it was a revelation to discover that most people aren't thinking what I think they're thinking when I stammer. Most people are kind – and at worst, embarrassed or impatient. I realised many of my beliefs (for example that my stammer makes me 'weird') are frozen in time – they are thoughts that a child might express. I am not a child anymore, so it is time to face the world as an adult – an adult who sometimes stammers a bit. But, as I say, it's a work in progress.

Katy

Acceptance is the big thing in stammering. It is the active verb in every moment of stammering, we are always either allowing our stammering or not. Acceptance is also a misunderstood and often fumbled concept, in society and in speech therapy.

When my stammering was a huge problem for me it was full of fight. I thought stammering was bad and ugly and something not to do so I fought against it. I shared the negative attitudes about stammering which were communicated to me both subtly and blatantly: in my mum's concerned looks when I spoke, in the absence of stammering voices in the media, and in the ridicule I experienced at school. My stammering was mostly struggle; I was at war.

I am now at peace with my stammering. This came through recognising the struggle as separate and different from my underlying stammering. The struggle fuelled by my negative attitudes was just another manifestation of discrimination against stammering; as much part of the disablement process as being laughed at in the street or turned down for a job. Because this form of disablement is made up of our own actions, it can be difficult to see it as part of a social process. My recognition of my own experience in the Social Model was life changing. With the help of brilliant speech therapy, I was able to recognise and then choose to let go of this struggle; to dare to experience my stammering without struggle. It was scary to truly feel and accept the vulnerability of my natural speech, but I learnt that I could do scary things and learnt a lot else along the way. I have been helped by ideas from secular mindfulness and Buddhism on becoming a bigger container for painful experiences, and how this supports letting go of struggle.

Accepting my own stammering was linked to deciding that stammering needs to be deemed acceptable by others. My most difficult experiences were in speech therapy, where professional discourse and behaviour about the acceptability of stammering was confused and sometimes oppressive. It is comparatively recently that speech therapists have started talking about acceptance; the profession's history is problematic, coming into being following the definition of stammering as bad, and bearing the original remit to eliminate stammering. I have met therapists who were clearly on a mission to eradicate stammering, and those meetings were damaging to me. I now mostly meet therapists who talk a lot about acceptance of stammering, and I believe some of them.

Acceptance may be the big answer in stammering but should not be presented as a simplistic one; we should not be asked to 'just accept it'. Stammering that is full of struggle is not acceptable; no-one should be asked to accept that any more than accept being taunted in the street. My struggle left me gasping for breath and damaged my teeth; it was me hurting myself and was fuelled by my negative attitudes about stammering. Internalised oppression is still oppression, and condoning oppression should never be the task of any therapist.

The stammering underneath the struggle is the acceptable bit, and we can demand that it is accepted by society. The underlying stammering might be plentiful, with dysfluency on every word. This is acceptable, and can be accepted and made room for by the stammerer and the listener. Stammering without struggle feels great, and I assert that it sounds beautiful in its own way. It has the qualities most people want in speech; spontaneity, freedom and being able to say what we want to say. Therapy can really help with this, but therapy which aims to eliminate underlying stammering is incongruent with accepting stammering, and is damaging to stammerers.

For me, acceptance has included accepting times of speech failure. Having a speech 'problem' makes it easy to imagine that non-stammering speech would always be eloquent, persuasive, and effective. It is helpful to realise that speaking, with or without stammering, is often ineffective, but it has also been important to accept those times when I have failed in my communication due to extreme struggle in that moment, and to accept that this suffering requires self-compassion.

I see acceptance as making room for stammering, giving myself space and time for my words to come out in the way they do, and learning from my relationship with my stammering – my ugly beautiful companion.

Multiple choice questions

1. A recommended alternative term for acceptance is:
    a) Resignation
    b) Making space for
    c) Tolerance
    d) Agreement and approval

2. The social model of disability, when applied to stuttering, supports one of the following statements:
   a) People who stutter need expert guidance from speech and language therapists to learn to control their stuttering
   b) Stuttering is an abnormal speech disorder, and the person who stutters needs to change the way they speak
   c) People who stutter are disabled because of the barriers society has created: society needs to become aware of, and dismantle, those barriers
   d) People who stutter must accept their stuttering, and then society will find it easier to accept stuttering.
3. If a client says ‘my stutter was bad today’, the therapist could respond in an accepting, non-judgemental way by saying one of the following:
   a) All people who stutter have good and bad days
   b) It sounds like you noticed you were stuttering more today
   c) Have you been using some of the speech techniques you’ve learnt?
   d) Poor you, that must have been really hard.
4. For people with interiorised stuttering, work on acceptance can be facilitated by one of the following:
   a) Learning a fluency technique
   b) Taking medication
   c) Being told that they have mild stuttering
   d) Learning ways to be more open about stuttering

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