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Putting Down the Sword: The Role of Acceptance in Stuttering Treatment

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Disclosure: Ryan Pollard has no financial or nonfinancial relationships related to the content of this article.

How Do You Conceptualize Acceptance in Stuttering Treatment?

I exist as I am—that is enough,
If no other in the world be aware, I sit content,
And if each and all be aware, I sit content.
~ Walt Whitman

Those lines from Whitman (n.d.) illustrate an ideal—a person completely comfortable in his own skin, at peace in the world and with himself. I believe this is what most clients receiving stuttering treatment want, or at least something very close to it. However they reach that state of insouciance and self-assuredness is immaterial. Some may get there by learning to speak more fluently, some by learning to stutter more easily. Some clients may prefer to rid themselves of the desire to change their speech at all and end up discarding management skills altogether (Venkatagiri, 2009). Each are valid endeavors, and each involves grappling with and resolving the problem of acceptance.

The notion that accepting one's challenges is central to the therapeutic process is not unique to our field. One will find the concept throughout the literature on numerous behavioral and psychiatric conditions, such as 12-step programs like Alcoholics Anonymous, grief counseling, weight loss interventions, and psychotherapeutic techniques for depression and anxiety (Forman & Herbert, 2009; Hayes & Strosahl, 2005). But what does the construct itself mean? In one sense, acceptance is simply acquiescing to plain facts, however unpleasant they may seem: "I'm unable to control my drinking," "I've been depressed for several months," "I sometimes stutter when I talk." For our purposes, I will focus on another sense of the term: self-acceptance. This form of acceptance involves a person's capacity to value himself or herself despite perceived limitations or deficiencies.

In stuttering treatment, acceptance comes when a client sheds resistant behaviors, attitudes, and cognitions. These often can be quite entrenched in adults who stutter, and may be heading that way in younger clients. Attitudes and cognitions are likely to involve negative appraisals of one's self and one's capabilities as a communicator, while resistant behaviors usually take the form of avoidances (Guitar, 2005; Vanryckeghem & Brutten, 1996). When we seek to foster acceptance in our clients, what we are really trying to do is promote self-compassion in place of self-contempt. We want to help our clients allow the unallowable. Why ask a client to do such a thing? Precisely because it is often the antipathy to stuttered speech—and even to being a person who stutters (PWS)—that exacerbates the disorder. Such opposition can tense the speech musculature, heighten autonomic arousal, and render communication

more difficult than it need be (Murphy, Yaruss, & Quesal, 2007). Stop fighting against it, put down the sword, and what is left to manage usually becomes much more manageable.

How Do You Assist Clients in Gaining Acceptance?

How do we help clients have a healthy self-image and accept their disorder as a nondevaluating aspect of themselves? Research suggests that the two strongest predictors that a person will accept his or her disability are high self-esteem and low perception of discrimination (Li & Moore, 1998). Perception of discrimination refers to the extent to which one believes most people discriminate against a person with a disability. Obviously, there are numerous ways to address these issues. Two potent methods are advertising (sometimes called disclosing or self-disclosure) and voluntary stuttering (Breitenfeldt & Lorenz, 2000; Montgomery, 2006; Reitzes, 2005; Van Riper, 1973). Each method allows a client to confront and explore feelings of perceived social discrimination while simultaneously instilling appropriate self-regard.

Advertising can take many forms, but typically involves a speaker beginning a conversation by openly acknowledging to the listener that he or she stutters. The speaker candidly states the fact, mentions that she or he is working on her or his speech and/or describes a stuttering management skill he or she may be using, and then continues on with the conversation (Breitenfeldt & Lorenz, 2000; Montgomery, 2006). Many PWS enter speaking situations apprehensive of how their listener will react to stuttering. Advertising eliminates potential ambiguity or misunderstandings by addressing the behavior and, in essence, “telling” the listener how to respond. This can be very empowering. The client is dealing with his or her disorder in a straightforward manner rather than not acknowledging it when it is obvious (and sometimes puzzling) to the listener. For those who have historically preferred to conceal their stuttering, advertising gives them a means to preemptively take control of the moment and neutralize the fear that they may be “found out;” they essentially give themselves permission to stutter. In either scenario, we see how acceptance of one’s stuttering is both a social phenomenon as well as an individual process. PWS want society to accept them, so what better way than to show their listeners how they accept themselves? Indeed, a person who addresses a potential shortcoming directly and undauntedly is generally respected, even admired, by others. Advertising obviates social discrimination and promotes self-esteem.

Voluntary stuttering also can be used to help clients tolerate disfluencies and address their fears of being judged negatively by others (Reitzes, 2005; Van Riper, 1973). PWS often develop an exaggerated belief in the importance of stuttering to their listeners. Inserting controlled, purposeful disfluencies into one’s speech while maintaining eye contact provides opportunities to test the reality of one’s fears. What are the true (rather than anticipated) social penalties of stuttered speech? More often than not, clients find that listener reactions are either nonexistent or nonpunitive. Voluntary stuttering confronts and challenges self-conscious clients with the fact that they are often far more bothered by stuttering than their listeners are. Much like advertising, at work here is a nourishing interplay of self-acceptance leading to social acceptance, and vice versa.

Recommendations When Considering Acceptance

Acceptance does not occur in a vacuum. Most clients striving to accept and make peace with their disorder will find the effort much easier with the help of a support network (Plexico, Manning, & DiLollo, 2005). The importance of emotional support from family and friends cannot be overstated. Clients also should be encouraged to seek out, educate, and receive the assistance of teachers, employers, coworkers, and other social contacts on their paths toward acceptance.

As already mentioned, self-esteem is fundamental to accepting one’s disorder, especially with older children and adolescents. These clients are in the midst of a formative period from

which the outcome of their struggle with acceptance—be it dispassionate acknowledgment of stuttering as a manageable inconvenience that can be handled like any other or tortured aversion to stuttering as a shameful defect that must be hidden at all costs—will have consequences well into adulthood. I assume we all would prefer that a client take the former perspective. Doing so, presumably, requires that the client believe that he or she has intrinsic worth regardless of whether or how noticeably he or she stutters. Clients with that kind of inviolate dignity rarely will be troubled by encounters with social stigma and ignorance toward stuttering, and they will be better able to handle those stray instances that, despite their best efforts, remain troubling.

Finally, clinicians ought to be mindful that acceptance of one's stuttering is not just an issue within the realm of professional discourse (as this special symposium on the topic so aptly demonstrates); it can be a highly charged personal struggle within an individual. Clients, particularly older ones, may feel strongly ambivalent about their disorder, making this more than a simple matter of choosing to accept stuttering or not. These individuals need to be given space to examine and understand their antipathy to stuttering and confront their resistance to it. Some clients will conclude that they cannot abide stuttered speech and will want to devote their efforts to speaking as fluently as possible. Most clients, however, will be able to tolerate some level of disfluency, finding that doing so lessens the tension, duration, and frequency of their stuttering behavior. They can then work on better managing their remaining disfluencies, or perhaps they will prefer not to manage them at all.

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