

A Point of View about Fluency

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1. Introduction

At the 2022 Joint World Congress on Stuttering and Cluttering, the present authors (Tichenor, Constantino, & Yaruss) presented a session designed to encourage discussion about a paper we published in the *Journal of Speech, Language, and Hearing Research (JSLHR)*. We wrote the original 2022 paper, entitled “A point of view about fluency,” to raise potential concerns with common usage of the term *fluency* in the study of *stuttering*. We believe that the concerns we raised are applicable to both clinicians and researchers, as well as to people who stutter (or, as many now prefer, stutters). By discussing our paper in a public forum, we hoped to simultaneously challenge and bridge gaps between clinicians, researchers, and stutters, in order to foster a greater sense of collaboration and understanding regarding the words that are used in our field—and the meanings that they convey. This extended abstract briefly summarizes the presentation and resulting discussion.

2. Structure of the Presentation

The presentation largely followed the structure of the original *JSLHR* publication. We began by reviewing the history of the term *fluency* as it has been used in the field. We highlighted the fact that stuttering has long been defined by what it is observed *not* to be: a lack of a surface characteristic indicative of the speech of most people (i.e., fluency). We suggested that this usage also implies an ideal and conveys the impression that speech *should* be fluent. We highlighted the fact that this usage and connotation are widely seen in contemporary parlance; they are standard in stuttering research (e.g., the term “fluency disorders” itself, the title of the *Journal of Fluency Disorders*, etc.). We then explored whether the use of the term fluency meaningfully describes constructs that are relevant to stuttering as experienced by people who stutter. In so doing, we noted some potential unintended negative consequences of using the term. The remainder of the presentation consisted of an open discussion about the concepts relevant to the use of the term fluency in stuttering research and treatment.

3. A Brief Summary of the Issues

In this section, we briefly describe the issues presented in our original paper to provide the context for the discussion that occurred during the conference session.

First, we suggested that the term *fluency* is not fully inclusive, because many people who stutter engage in covert or interiorized stuttering. The use of the term fluency may therefore lead to gatekeeping about who *is* or who *should be* included in the population of stutters. This may make it more difficult for some people to receive therapy and support if their experiences do not match those of people who exhibit more overt stuttering behaviors. Gatekeeping may also affect research investigating the nature of stuttering. Specifically, if researchers define inclusion criteria primarily based upon surface characteristics that they can perceive, then their findings may relate more to overt speech disruptions than to the experience of the condition itself.

Second, we suggested that the term *fluency* may encourage the use of misleading measurement procedures. Decades of research have shown that listener-based categorization of what is fluent does not capture subtle difference (e.g., acoustic or kinematic differences) that characterize people who stutter. Listener-based fluency measures also do not account for the effort that stutters must often exert when attempting to produce perceptibly fluent speech. Spontaneously fluent speech is, by definition, effortless, but speech that listeners judge to be fluent may in fact require significant effort (and therefore not be truly fluent).

Third, we suggested that the term *fluency* constrains the subjective experience of stuttering within a false binary categorization (fluent vs. stuttered) when, in fact, people who stutter can have a range of experiences associated with the moment of stuttering and the effort involved in producing speech. Put simply, there is not just “fluent” vs.

“stuttered” speech. Instead, people who stutter may experience some moments when they feel relatively more stuck and other moments when they feel relatively less stuck. Using the term *fluent* to describe speech that does not appear to a listener to contain stuttering ignores the variability that people experience within the moment of stuttering itself.

Fourth, we highlighted how the use of the term *fluency* can perpetuate a cycle of stigma that can be detrimental to stutterers and to the stuttering community. Because of the implicit ideal associated with the term *fluency*, stuttered speech is always (de)valued with respect to that ideal. This creates the suggestion that the speaker would rather not have stuttered but failed to meet the expectation of fluency that is so prevalent in society. This devaluing of stuttering has multiple negative side effects, including denying the intimacy that can occur when a person shares a moment of stuttering with another, as well the concept that stuttering may in fact be pleasurable to some individuals (Constantino, 2018). This reduces stuttering to little more than a highly stigmatized pathology, and this directly influences how stutterers see themselves and their relation with the world.

In our presentation, we shared our belief that researchers and clinicians should cease referring to stuttering as a *fluency disorder* and simply refer to it as *stuttering*. Further, we recommended that the field distinguish between moments of stuttering (i.e., what stutterers experience when they lose control of their speech or feel stuck) and the lived experience of the stuttering condition. In making these recommendations, we did not suggest that the word *fluency* become taboo—rather, we encouraged colleagues to think critically about how and when they use the term, and we asked them to be mindful of the implications that their words may have on their work, their clients or participants, and the population they study.

4. Highlights of the Discussion

Following this summary of our previously published work, we engaged the audience in a wide-ranging discussion of our thoughts. Our purpose in describing this discussion in this extended abstract is not to present a scientific study of the discussion; this was not a focus group. Instead, we share these comments in the hopes of encouraging further discussion of the terminology used in our field.

Many comments from the audience were supportive, highlighting the importance of considering the impact of terminology on the population we serve. For example, one scientist and clinician stated that the language that we use as professionals can influence the language that stutterers themselves use. This, in turn, can support the development of self-acceptance or self-stigma. Other comments were more cautious. For example, another researcher pointed out that the language used to describe stuttering and the experience of those who stutter has changed over time; historically, the word *fluency* was preferred over the word *stuttering* for some of the same reasons that we now prefer the word *stuttering*.

This raises a legitimate question: Are the topics that we are exploring simply the result of a pendulum swinging from one set of preferences to another, or do they reflect a fundamental difference in our understanding of what stuttering is and how it affects people lives? Although no resolution to this question was identified during the presentation, several (though not all) stutterers in the audience stated that the issue resonated with them personally. Thus, even if the issue is ultimately one of current semantics, it still has relevance for (some) people’s lives.

Two additional themes were apparent: First, discussants noted a distinction between how the word *fluency* is often used by stuttering specialists and allies compared to how it is used by clinicians who are not as well-informed about stuttering and its impact. It was clear that many specialists (though, again, not all) are already following some of the suggestions we offered (e.g., not using the word *fluency* as if it means the opposite of *stuttering*). This reminded us to be specific about the audience we are targeting with our advocacy (specifically, clinicians who are less familiar with stuttering). Second, there was a poignant plea to ensure that ongoing discussions about the words that we use to describe stuttering and the experiences of stutterers remain civil and collegial. We are in agreement, and we reiterate that our goal in raising this issue is to express respect for the desires of many stutterers, not to chastise clinicians. We encouraged all involved to proceed with this discussion in the spirit of collaboration, assuming goodwill on the part of speech-language pathologists, researchers, and people who stutter alike.

5. Conclusion

We concluded our presentation by noting that the field is already discussing changes in how to use the term *fluency*. For example, both the International Fluency Association and the American Board for Fluency and Fluency Disorders have discussed changing their names. We are also aware of many specialists who are changing the names of their clinics, as well as university faculty members who are changing the names of their courses—substituting *stuttering* for *fluency*. These discussions indicate we have fulfilled our primary goal: to engender conversation and thought about the use of the term *fluency* as it relates to stuttering and stutterers.

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