Stammering: Difference Not Defect

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Abstract

Stammering has traditionally been thought of as a defect located within an individual. As such, stammering is caused by pathology, leading to impaired communication and reduced quality of life. Research from this medical tradition has looked to understand the aetiology of stammering to develop curative therapeutic approaches. From this frame, professionals and academics are experts and holders of knowledge; people who stammer the recipients of this expertise.

The social model emerged from within the disability rights movement and offers a counter narrative. It sees the way society is structured as disabling rather than physical impairment itself. Disability is experienced when a person is unable to participate fully in society through a mismatch between their body and the environment around them; thus, disability becomes a dynamic process, not an inherent characteristic. The social model highlights society's norms and values, and, in the case of stammering, demonstrates how society is designed for fluent speakers. From this frame, people who stammer are the experts of their experience and holders of knowledge; professionals and academics are their allies, collaborators and advocates for social change.

Emerging models, such as the neurodiversity paradigm, embrace diversity between individuals rather than distinguishing between the impaired and the able-bodied. People are empowered to see their stammering as a natural variation in speech: their unique voice among thousands of possible speech patterns. As stammering is reclaimed as a different, legitimate and valuable means of communication, a radical conversation around stammering gain emerges.

These theoretical frameworks pose challenging questions of the foundational theories upon which stammering therapy is historically rooted. They call into question the language, hierarchical structures, power dynamics and even purpose of stammering therapy and research. In this discussion paper, we will explore different models of disability and their implications for stammering therapy and research.

1. Introduction

This paper highlights the thin and negative understandings of stammering in clinical and academic contexts in addition to challenging the taken-for-granted assumptions about the inferiority of stammering and its historical position as the negative opposite of fluency. Research into dismantling the attitudinal, environmental and structural barriers in society experienced by people who stammer is advocated for and more nuanced, affirming and positive ways of understanding stammering are celebrated.

Patrick Campbell initially protests the current fluency-centric focus of stammering therapy and research, prior to outlining models for conceptualising disability. Christopher Constantino continues by using these frameworks to explore alternative and positive meanings of stammering. Sam Simpson then concludes by considering what these radical perspectives mean for stammering therapy and future research.

Collaboratively, the three presenters bring personal experience of stammering, stammering therapy and research. Additionally, they bring a shared commitment to challenging established norms about the way stammering and stammering therapy are understood and talked about. To maintain the personal voice chosen for the presentation, sections of this document are written in the first person. To orientate the reader to the particular speaker where this is the case, names are provided to delineate each section presented.

2. An embodied p-p-protest against Stammering Research (Patrick Campbell)

I must admit to feeling trepidation before speaking at the Oxford Dysfluency Conference, and so too writing this article. It had been quite the journey to speak there and the moment, despite being over zoom, felt important. As a clinician and researcher, I have presented at academic conferences before. I have written evidence-based peer-reviewed articles. However, at those conferences and in those papers, I have been the author, the expert; the patients the subject. At the Oxford Dysfluency Conference, I was both author and subject. The embodied experience of disability provides fundamentally different knowledge to that of academic study. This knowledge also tends to come across in fundamentally different ways; ways that (I am conscious as a researcher) may not meet the 'scientific rigors' of peer-review and conceptions of evidence-based practice we typically hold under the medical model lens. However, this knowledge is vital and it demands space within stammering academia; space which, I believe, it currently does not have. I urge you to give it space here.

The experience of reading stammering research in journals and seeing presentations at the Oxford Dysfluency Conference as a stammerer has been a belittling one. I am fortunate to have found pride and happiness in my way of speaking through community and reading research in the field of disability studies. Fortunate, because such a proud and happy approach to stammering could not have been found within the field of stammering academia as it stands. I worked hard on my speech at the Oxford Dysfluency Conference. It summarised what I want to say to the field. I want to share it again because what stammerers have to say is worth repeating:

(Notation: ---- = block; p-p-p = repetition)

……...

I want to start my talk by trying to p-p-p-place today's talk within a little bit of its d-d-d-disability rights context. A good p-p-parallel to draw upon I think to get us thinking is that of the -----t-t-telethon protests. Around 30 years ago, the d-d-d-d-d-disabled people's rights -----movement here in the UK began to protest a bi-annual telethon on ITV that raised m-m-money for disabled charities. They were fed up and angry at the stereotypical and tragic portrayal --of disabled people on the telethon. They did not want p-p-p-people's money in pity, what they wanted was respect and a society that was inclusive of them.

At the time, disability academic and campaigner R-R-R-Rachel Hurst commented :

'What telethon and p-p-programmes like it should be doing is encouraging able-bodied people to make disabled people m-m-members of their pubs and clubs, to employ them, let them into their schools, give them reasonable access to public places.' (Lawrie, 2020)

It is interesting to note that the protesters physically used their bodies, the very ---b-bodies society considered broken, as part of this protest. They blocked the entrance to the T-T--TTV

studios and, in other protests, disabled people would lie in f-f-f-front and chain themselves to the buses they wanted to access.

It was p-p-primarily with ----tongue-in-cheek, but perhaps also with this history of embodied protest among the disability community, that I asked the Oxford Dysfluency Conference for our presentation to have extra time today because Chris and I stammer. I like to think the request, that was kindly accepted, was not just personal, it was political – another embodied protest.

If the people with physical ----impairments protested their l-l-l-lack of access to buses by using their excluded bodies to block their path; perhaps, I can protest some of the disabling fluency-centric ideas at this conference by blocking their access to time using my st-st-st-st-st-stammered voice, or at least increase the amount of stammering that is heard to resist biomedical methods of eliminating stammering.

We will get back to those thoughts, but first off let us look at the lens through which we currently consider stammering. Stammering is a n-n-n-neurodevelopmental difference that leads to a breakdown in the forward ------execution of speech sounds produced in the context of language, compared to societal norms. However, the effects of this on a person have been shown to be wide-ranging and go far beyond the impact on sp-sp-speech itself. The stammering literature has powerfully documented these impacts. Stammering has been shown to lead to among other things:

- Increased anxiety in social situations (A. Craig & Tran, 2006)
- D-D-D-Decreased quality of life (Ashley Craig et al., 2009)
- Increased financial cc-c-c-costs (Blumgart et al., 2010) and reduced labor market outcomes (Gerlach et al., 2018)
- Stutterers are often steered toward lower status jobs and choose jobs that require less speaking (McAllister et al., 2012)
- They are subject to role entrapment and v-v-v-vocational stereotyping (Gabel et al., 2008)
- People who stammer found less attractive by their p-p-p-peers (Van Borsel et al., 2011)

If you look at the d-d-d-d-documented list of consequences of stammering it is quite -------easy to see why some, perhaps most, stammering research has focused on understanding and fixing the speech difference of stammering. This lens of thinking, of concentrating on the defective part of the body and trying to remedy it to improve function, and consequently q-q-q-uality of life, does not just apply to stammering but many other conditions. It has been called the 'medical model of disability'. This has been defined as:

"A c-c-c-clinical approach to disability which focuses on the use of d-d-d-d-diagnostic tools to identify   pathology and make interventions in that pathology in order to cure or minimize it. Under this framework, disability is based in the body, normal is a constructed ideal, disabled people are dependent, and our identities are tragedies in need of --intervention." (Withers, 2012, p. 31)

Research from this t-t-t-tradition has looked to understand the ------aetiology of stammering – through brain imaging, genetics and epidemiological studies – with the view to developing therapeutic approaches that reduce or remediate stammering back to 'n-n-n-normal' fluent speech. For example, if we look at some quotes from the field over the past 15 years the influence of this approach can be seen, not least in the name of the premiere journal, The Journal of F-F-F-F-F-Fluency Disorders. Example quotes:

'The primary outcome was the percentage of non-stuttering children at 18 months.' (de Sonneville-Koedoot et al., 2015, p. 1)

'Evidence from randomized trials has shown that treatment before 6 years of age reduces the chance of stuttering becoming intractable' (O'Brian & Onslow, 2011)

'This study aims to pinpoint the genes that predispose individuals to stuttering, which could revolutionise future research into the causes, treatment and prevention of the disorder.' (The Genetics of Stuttering Study, 2018)

It is clear the medical model has been the pre-pre-predominant mode of study. -------However, questions have to be asked of this approach. Looking c-c-c-c-critically at the earlier list is not clear why dysfluencies in speech should lead to such an extensive list of problems in life – most of these are socially rather than b-b-b-b-bodily derived. Why should taking longer to say some words make you appear less attractive?

Furthermore, the medical model's approach is not without its problems. Its division of normal and abnormal is often socially, as much as biologically, decided. As the norm is created by an expressed value ------judgement by society – in this case that fluency is superior to st-st-st-st-stuttered speech. The m-m-m-medical model also makes the professionals the ------experts, removing power from individuals who stammer and making the person the problem, or at least their body-part the problem. These can be troublesome issues.

As --------Joshua St. Pierre has summarised: "What is both interesting and telling about the existing literature is that stuttering is consistently framed as an individual, biological defect to be coped with, managed or cured. Little attention has been given to what can be learned from resisting the urge to 'fix' stuttering and instead reflecting upon what it can reveal about the ways we are accustomed to understanding speech, communication and d-d-d-d-disability" (St. Pierre, 2012, p. 2-3).

Thankfully, other ways of thinking have been developed to conceptualise disability. One of these is the social model. The so-called b-b-b-big idea of the disability rights movement. The social model puts forward that disability is something that occurs on top of impairments due to the way society is structured. For example, it sees the person in a wheelchair due to a spinal injury as being disabled by the lack of ramp access to a building, r-r-rather than the spinal injury itself. A person becomes disabled when their body enters an environment that does not support them. The s-s-s-s-ocial model allows disability to become a political and human rights issue rather than a personal one.

This way of thinking --------helps us better understand why people who stammer face such a range of negative life consequences . The social m-m-m-m-model, by teasing apart impairment and disability on top, highlights that environments around us frequently d-d-d-d-disable people who stammer. This includes in our society time-limited job interviews, open plan office, voice-automated telephone systems, intercoms and many others; the everyday world is structurally designed for the fluent. If we ch-ch-ch-changed the environment to remove these barriers, such as by giving people who stammer more time in interviews and at work to speak, people who stammer would live better lives - without a need for medical intervention.

But, one of most dis-dis-dis-disabling factors in most people who stammerers lives is not structural but attitudinal: stigma. That is p-p-p-public stigma around us and stigma that becomes internalised by people who stammer. The overriding notion being that fluent speech is the right way to

t-t-t-t-talk and that stammered speech is fundamentally deficient. An ideal that is held up by stammering research today that looks for the 'cure' or 'fix'. If ---------highly-esteemed professionals suggest stammering becomes 'intractable' by age 6, what hope do people who stammer have of finding positive worth in their own voice?

Fortunately, there are more p-p-p-p-positive ways of thinking to draw upon created by disabled people themselves. The -----c-c-concept of neurodiversity, that has emerged within autism, is particularly noteworthy. It suggests biological variation is a natural and valuable part of the human race. It allows a re-imagination of the concept of impairment to include positive facets of life with that difference.

It seems such a way of thinking could easily be applied to stammering. Sure p-p-p-people who stammer have demonstrable differences in the neurological pathways of their brain and their genetic make-up is slightly different but who gets to decide that is p-pathology? That stammering is a negative? Why cannot we begin to construe stammering as a positive. Can research and therapy work toward that aim? I will leave that thought to Chris and Sam.

To finish my section, I want to return to the parallels with the t-t-telethon. Superficially, it may seem absurd that disabled people were protesting an event to raise money for disabled people. So too a st-st-stammerer criticising research to better understand and treat stammering may also appear absurd.

F-F-F-F-Fundamental biological insights into stammering are scientifically interesting. They can even -------help to dispel myths that stammering is due to 'nervousness'. But, I feel the inherent attention to 'dis-dis-disorder' and intention to 'fix' as a research strategy are too harmful to the stammered voice, as well as reductionist. An ------ethically fraught cure would do nothing to tackle the underlying societal prejudices and stigmas that hurt people who stammer and many other groups. We n-n-need to think together more broadly, deeply and critically.

I want to re-re-eiterate what Rachel Hurst said that day when campaigning against the telethon, but change the words to reflect my protest here:

'What stammering research should be doing is c-c-collaborating with people who stammer to find evidence based ways to combat ableist public stigma, liberate themselves from self-stigma, access employment and education on equal terms, and remove the attitudinal, environmental and structural barriers throughout society that disable them in day-to-day life.'

This work has started, but it must continue and it must be your focus.

3. Alternative narratives around stammering (Christopher Constantino)

We do not make meaning in a vacuum. While the experience of stuttering is deeply personal and subjective; people always understand this experience against the backdrop of society's understanding of stuttering. As already pointed out, society's understanding of stuttering is almost entirely negative (Constantino et al., 2017). The general public assumes that it is better to be fluent than to stutter. From there societal misconceptions shade our understanding of stuttering even further. For example, people who stutter are thought to be shy, incompetent, anxious, stupid, nervous, and neurotic, just to name a few stereotypes (Doody et al., 1993; Ferguson et al., 2019; White & Collins, 1984).

These stereotypes are damaging regardless of whether stutters believe them to be true. You might know you are not incompetent, but you still do not want other people to think you are. In the identity literature, this is the difference between private regard and public regard **(Sellers et al., 1998)**. You can have high private regard for your stuttering but still suppress and avoid it due your understanding of society's low public regard.

Therefore, societal understandings of stuttering cannot help but shade our personal understandings. While the therapy context is personal – therapeutic change is individual – it is facilitated or hindered by societal context. We cannot ignore what is going on in the client's daily life. In the next part of our talk, Sam is going to discuss how our therapy can have an impact on social context.

As long as stuttering is understood as the negative opposite of fluency, it will be very difficult for positive meanings to emerge. An understanding of stuttering as simply the absence of fluency is very thin and one sided. It is a definition based on what stuttering is not. This limits the questions we ask about stuttering. When viewed negatively and as a lack, the questions we ask are about what causes stuttering, how can we detect stuttering, and how can we cure stuttering. Our research questions fixate on comparisons between stuttering and fluency and how to facilitate the later.

We can start separating stuttering from fluency by asking different questions. What if we gave stuttering the benefit of the doubt, if we allowed it to stand on its own? If we saw stuttering as separate and distinct from fluency, rather than asking about cause and cure, we would be asking how to get the most out of it. How do we maximize the stuttered experience? As an example of how we can develop these new meanings, one place to start is to ask, what does stuttering do? In answering, it is important to consider both the speaker and the listener, as communication always involves at least two people.

Stuttering exposes the intricacies of conversation (Constantino, 2016; Alpern, 2019). Often, when two people speak, it is less communication than the exchange of banal trite clichés. No information is exchanged. You learn nothing from the interaction nor have you communed with the other. In fact, usually it is the opposite. We often use speech to keep each other at a distance. We use speech to turn potentially new situations into familiar and rehearsed situations. When passing someone in the hallway at work, you offer a, "good morning," and a, "how are you," without any intention of finding out the answer. When sitting in a waiting room we chat about weather and sports because we are uncomfortable with silence yet even more uncomfortable sharing ourselves with one another. By engaging in socially appropriate and culturally sanctioned behavior we avoid having to see and hear the person we are speaking to and ourselves.

Stuttering is a tool we can use to bypass this. It allows us to have authentic and vulnerable communication experiences with others (Constantino, 2019). By stuttering, we introduce something novel into the conversation. First and foremost, if the person you are speaking to is new, they will not know you stutter. This novelty unexpectedly breaks the ritual right away. The conversation is already unique and memorable. For example, I have a young client, a 12 year old boy, who says that he uses his stuttering to make friends and meet new people. His stuttering always gives him something to talk about with strangers.

Stuttering might catch someone off guard; they might not know what it is. This forces them to make a decision. Do I acknowledge it? If so, how? The conversation is already new and exciting. The ritualized exchange of mundane phrases in a rehearsed rhythm that requires little thought has

been shattered. The speaker has been forced to think and to react. This serves a secondary function. Due to their unique rhythm, stuttered words carry additional weight and are more memorable (Maxfield & Ferreira, 2019). How often do we have conversations which cannot be recalled moments after they end? Stuttering is to spoken word as a highlighter is to a textbook. Words jump out, conversations are remembered.

This new rhythm does more than make speech more salient and memorable. It is similar to dating someone new, where you are exploring their boundaries, testing how they react, and learning about each other through curiosity. The new rhythm that stuttering brings changes the rules of conversation. Your speaking partner does not always know when it is their turn to talk, introducing a curiosity and sense of exploration to the conversation. Both parties are exploring each other and their boundaries, leading to greater intimacy and communion with the other.

The unpredictability of stuttering forces both the speaker and listener to give up some control. This is a humbling experience that leads to greater vulnerability and openness (Constantino, 2019). The person speaking does not know when and for how long they will stutter. Likewise, the person listening does not know when to expect a stutter. In order for both people to communicate, they must trust each other. The person speaking must trust the person listening to be patient and wait for the stutter to resolve. The person listening must demonstrate that they are deserving of this trust. I can think of very few experiences as intimate and vulnerable as when I shake hands with a person and stutter on my name. We lock eyes and hold hands and in that moment we are truly open with each other, we are resting in each other's presence.

Stutters have meaning. Pauses, hesitations, and silences say something, they are meaningful and purposeful. They say, I am not perfect. They say, "I take risks". They say, "I trust you". They say, "uncertainty is ok". Silence can be humbling and silence can be strong. We express, "as much by what is between words as by the words themselves" **(Merleau-Ponty, 1960/1964, p.45)**. By what we do not and cannot readily say, as by what we say. This silence gives the words we do manage to say more meaning, it acts as the negative space around which our words are shown in stark relief. Stuttering impregnates pauses with meaning.

When we free stuttering from the shackles of fluency, we allow it to take on new meanings and connotations. This was just an example of asking a novel question, what does stuttering do? There are many other questions that we could ask. How do we use stuttering? How do we enjoy stuttering? But we cannot begin to answer these questions until we have begun to thicken the narratives around stuttering. We have to push against societal understandings of stuttering as negative and as lack. Sam will now give us some ideas of how to help facilitate this process in therapy.

4. Implications for stammering therapy and future research (Sam Simpson)

To recap, Patrick has shone a light on the systemic ableism prevalent in our communities and Chris has put forward a persuasive case for the value and potential gains of embracing difference more generally and stammering more specifically. Viewing difference as a human rights issue and something that holds intrinsic value poses a direct challenge to the medical institutions within which most stammering therapists, including myself, have been trained and work. It calls into question the principles upon which stammering therapy is based: the roles and relationships therapists establish with clients, the language used to talk about stammering, the focus and scope of therapies offered and the types, forms and aims of research into stammering. A growing

number of people who stammer are laying a gauntlet at our feet to prove our professional legitimacy, as voiced powerfully by Richter (Richter, 2019, p.73-74) in the following call to action:

> "If speech language pathology is the intervention that stuttering activists seek from the government, medicine and private sphere, there is at least a conversation to be had about its medical necessity […] The stutter itself is only a negative bodily development if making people occasionally wait an extra two to ten minutes is a pathological emergency. This is all just to say, the burden should be on speech pathologists to prove their legitimacy on something more than merely auditory aesthetics."

This highlights the ethical responsibility stammering therapists have going forward to locate the therapy discourse within the wider debate about disability and neurodiversity (Oliver, 1996; Singer, 1998). This calls for therapy to broaden its focus to address the role that self-identity, society and social stigma play in the experience of stammering and, as such, drives the need to enrich professional understandings and accounts by including clients as co-authors of therapy knowledge.

Central to therapy informed by the social model of disability and neurodiversity is the facilitation of cultural competence; that is to be aware of and respectful towards the multiple cultural ways of knowing, seeing and living; to celebrate the benefits of diversity; and have an ability to understand and honour differences. Clear and accessible information about the contrasting and co-existing ways society understands and talks about difference in general and stammering in particular will enable a deeper understanding of the dynamics of stigma and self-stigma (Boyle, 2013, 2018). This will support us as therapists to get curious alongside our clients and their families about the language and beliefs they hold about stammering and facilitate a deeper understanding as to why so often they enter therapy in search of a 'fix' in the hope of greater fluency. "Words are never innocent" (Constantino et al., 2019) as language always carries meanings and references beyond itself, particularly those pertaining to cultural norms. As "the words you speak become the house you live in" (Hafiz), it is important for people who stammer to be aware of the history and connotations of the language they use to talk about their own stammering in order to not be shackled by it. This also promotes greater awareness of the power of language choices and the political stance language of identity can represent. Similarly, developing cultural competence enables greater autonomy and informed decision-making about therapy in the knowledge that therapy wants often change over time.

Understanding the role that society and social stigma play in the experience of stammering is also key to fully appreciating the complex dynamics of avoidance, so central to the maintenance of stammering (Sheehan, 1958, 1970). In therapy, the overt/covert dynamics of stammering are frequently explored using the familiar metaphor of an iceberg with the primary focus on what is positioned above and below the water level. This narrow, unitary focus on the individual fails to consider the interaction between the individual and their social, cultural and political context and the extent to which the latter is hostile or stammer-friendly. 'It takes two to stammer' (St. Pierre, 2012) is a central tenant of therapy grounded in the social model of disability. Consequently, as a therapist, I am increasingly more interested in what is in the water around the iceberg and how this interacts with the relative proportions of what is above or below (as illustrated by Campbell (2019) in Figure 1.) as well as the intersection of stammering with other individual social identities.
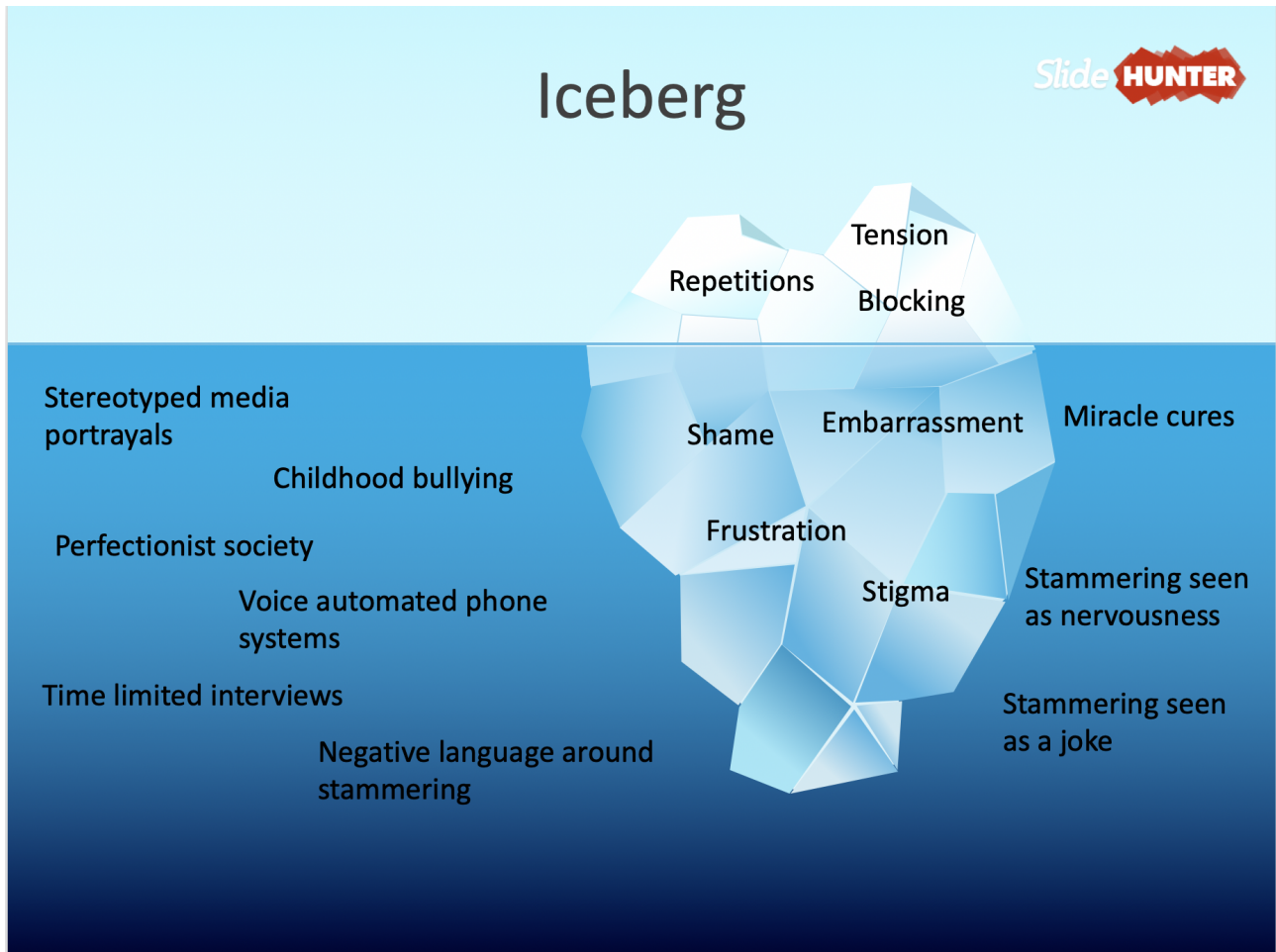
Fig. 1. A reconstruction of the classic stammering iceberg incorporating features of public stigma into the sea surrounding the iceberg.

Positioning stammering firmly in its social context in this way, raises the importance of therapists having the relevant knowledge, skills and experience to create a relational environment where clients can feel safe enough and able to explore what it means for them to stammer in an ableist world. Therapy from this perspective offers a safe space for people who stammer to talk about ableist injustice and trauma and for this to be seen, heard and acknowledged.

Therapy that embraces the social model and neurodiversity will also offer exposure to new, thicker and affirming narratives around stammering from the outset. Introducing people to stammering activism and the radical dysfuency pride movement offers opportunities to explore and discover new identities and communities. This might be through heterogeneous group opportunities or through introduction to the stammering community via social media, podcasts, blogs and vlogs. Whilst timing and readiness for change are key considerations in all approaches to therapy, offering a rainbow of different perspectives on stammering in this way, enables seeds to be sown in the knowledge that they will germinate if and when the client feels more equipped and open to engaging with them. Therapy grounded in the social model and neurodiversity will also invite clients to find their own unique stammering aesthetic. This may, for example, involve considering how it might be to drop the need to 'control' and 'work on' their speech in order to become more playful and stammer more spontaneously (Constantino, 2018; Constantino et al., 2020). Therapy supporting stammering openly, disclosure and self-advocacy (Boyle et al., 2018;

Boyle & Gabel, 2020; Byrd, Croft, et al., 2017; Byrd, McGill, et al., 2017) in order to foster greater confidence in talking and sharing the responsibility with other interlocutors for stammering in interactions (Pierre, 2015; Ellis, 2020).

Therapy that is grounded in the social model and neurodiversity will also move beyond the boundaries of the therapy room. Therapists can spearhead public information and education programmes, such as Weidner *et al.*'s (2018) ingenious early years' *'Attitude Change and Tolerance Programme'* and Bond's (2020) innovative online eLearning package, *'Let's talk about stammering'*, both of which aim to reduce attitudinal barriers in education, health and social care contexts in order to create more stammer-friendly environments and cultures. Clients can be invited to take part in campaigning to build more stammer-friendly environments through blogging, vlogging, going back to their previous schools to talk about stammering or giving presentations to colleagues to foster allyship at work. Reducing social and self-oppression through the recognition, removal and re-negotiation of structural, environmental and attitudinal barriers enables people to live choicefully and stammer openly, confidently and without blame or shame. The social model thus empowers people to request adjustments at work or in education, to advocate for themselves, and identify and challenge microaggressions.

Therapy that embraces the social model and neurodiversity also promotes representation and access to positive role models that can be readily identified with. This may be through signposting or encouraging involvement in, for example, Action for Stammering Children's 2018 *Stambassador* and 2021 *Stambition* programmes. The former is a collection of video testimonies aimed at connecting people from the world of work who stammer with young people who stammer in order to share their professional stories and inspire young people to be ambitious when considering their career choices. The latter offers 1:1 mentoring for young people who stammer transitioning from education into the world of work by adults who stammer with relevant work experience.

Therapy from a social model perspective can offer opportunities to take an active role in cultural change. Such collaborations create powerful opportunities to influence societal attitudes as well education and employment practices. The 2020 and 2021 online Practice Interview events organised by 50 Million Voices (https://www.50millionvoices.org) is a powerful illustration of the mutual benefits of bringing together recruiters and Human Resources consultants who either stammer or are interested in learning more about stammering to take part in a briefing and series of practice interviews with people who stammer across different countries. Therapy from a social model and neurodiversity perspective can also offer opportunities to take an active role in celebrating stammering and difference. The ground-breaking 2021 'Celebration of Stammering in the Arts' showcased the myriad novel ways people are making meaning of and taking pride in their stammering. These fresh perspectives are opening up radical conversations about what we individually and collectively as a society can gain and learn from the experience of stammering, such as the spotlight it can shine on authenticity, intimacy and enjoyable unpredictability (Constantino, 2019) as well as temporal expectations and societal norms, all of which have relevance to everyone whether they stammer or not (Pierre, 2015; Ellis, 2020).

Hopefully, what will be becoming apparent in this article is that this is an exciting and generative time for stammering and stammering therapy. Historically, there have been two broad and dichotomous philosophies within the field distinguishing between the *speak-more-fluently* and *stammer-more-fluently* approaches: the former broadly-speaking focusing on fluency-shaping and speech re-structuring and the latter on reducing avoidance and negative attitudes towards

stammering as well as modifying moments of stammering. The social model of disability and neurodiversity offer the foundations for a new wave of therapy which is being spearheaded by a new generation of people who stammer, therapists and researchers. The *stammer-more-proudly* approach positions stammering as a legitimate and respected form of speech variation and aims to cultivate cultural competence, stammering gain, allyship and stammer-friendly environments (see Figure. 2).

Speak-more-fluently

- Fluency shaping
- Speech re-structuring

Stammer-more-fluently

- Reducing avoidance & negative attitudes
- Modifying stammering

Stammer-more-proudly

- Cultural competence
- Unique stammering aesthetic
- Stammering gain
- Creating stammer-friendly environments
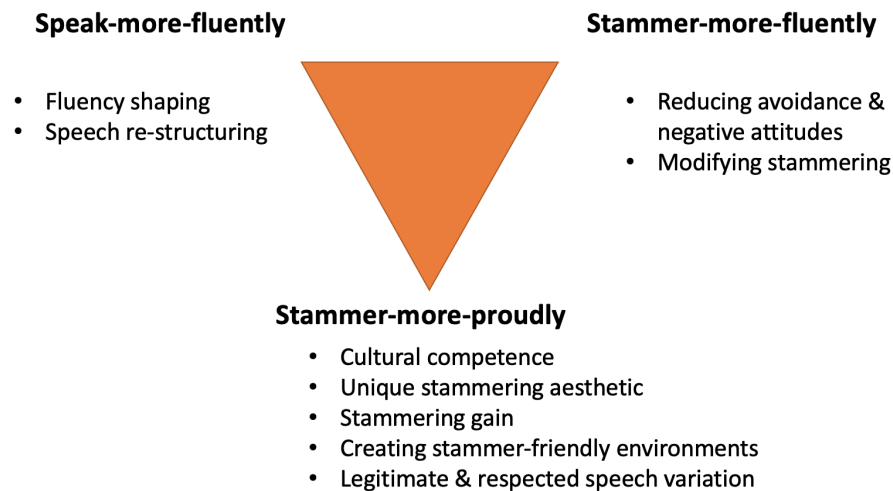- Legitimate & respected speech variation

Fig. 2. A model contrasting classical approaches to stammering therapy ('speak-more-fluently' and 'stammer-more-fluently') with the emergent 'stammer-more-proudly' approach.

This is an approach that promotes "stammering in abundance" (Sisskin, 2021) and is grounded in what people who stammer are increasingly calling for:

"We want to affirm, especially for the young people out there, that it is okay to stutter. We believe that not only is it okay to stutter, but people who stutter should be empowered to speak however is most comfortable for them – even if that speaking style contains pauses, repetitions, and blocks." (NYC Stutters, 2020)

So where do these developments leave stammering therapists and researchers? In the way that George Floyd's death in 2020 was an invitation to wake up to racial injustice and trauma, the social model of disability and neurodiversity invite us as therapists to develop our own cultural competence around ableism. Both frameworks challenge us to dive deep into our own relationship with difference, to consider what it means for us to live in an ableist world and how we might contribute, albeit unwittingly, to the ableist norms and expectations people who stammer all-too-frequently encounter. It is crucial that educators integrate the diversity agenda into speech and language therapy training to enable future therapists to consider the philosophical underpinnings of their role and approach to stammering therapy. Similarly, we need continuing professional development forums for qualified therapists to examine their underlying values, role and scope of practice in the face of such radical social change. Through City Lit, London, Patrick and I have been co-facilitating collaborative study days for both people who stammer and stammering therapists to engage in these conversations together. This is not easy work and requires courage and a willingness to act in our own fear and be vulnerable. Furthermore, we need to explore discrimination and unchecked systemic ableism within the profession (Kittilstved, 2021; Constantino & Gerlach, under review).

The social model and neurodiversity also demand more meaningful collaboration with people who stammer to rethink the scope, focus, and role of future stammering therapy for children, young people and adults. This involves people who stammer becoming partners in research rather than remaining onlookers being paid lip-service. Whilst we have seen considerable advances in the fields of neuroscience and genetics in recent years, there has yet to be an open, public debate about the broader social and ethical implications of this research. What kind of society do we ultimately want to live in? A world without stammering or a world that understands and gains from the experience of stammering? We need more researchers willing to consider alternative conceptual frameworks to the medical model for future stammering research. Whilst conceptually interesting, it is evident that some of the research presented at this conference has little actual clinical relevance. The social model of disability and neurodiversity points to more widespread research into public awareness campaigns tackling stigma and stereotyping in addition to the development and co-ordination of robust information, education, and support programmes in schools, universities, and places of work as well as public services. It also points to research into new affirming understandings of stammering (Aston, 2020; Constantino, 2016, 2019), what can be gained from stammering and how stammering intersects with other social identities (Daniels, 2020; Ellis, 2020; Issacs & Swartz, 2020; Kittilstved, 2020; Maxion, 2020; Serenity Dragon, 2020). This requires a balanced investment of resources focusing on reducing the day-to-day barriers experienced by young people and adults who stammer as well as neuroscientific developments and therapies for children. Finally, meaningful collaboration with people who stammer also requires that research findings and conferences be made more accessible to them. The Oxford Dysfluency Conference is a well-respected international forum for sharing and debating leading developments within stammering therapy and research, however as seen from the participant list at this 2021 conference, it clearly remains a professional bubble. In keeping with the disabled people's movement slogan 'nothing about us without us', I strongly believe our discussions would be much more colourful and meaningful if more people who stammer were here debating and questioning these developments collectively.

I want to conclude with two quotations. In 2004, Yaruss & Quesal (p.11) stated, "Still it appears to us that the answer will be forthcoming if we as a field are serious about engaging in a partnership between researchers and the population of people who stutter, for people who stutter can provide the most meaningful metric for determining whether a treatment is viable." Fast forward some fifteen years to Boyle's (2019, p.104-105) comment, "It is critical for professionals to realise that people with lived experience are best situated to drive the effort for changing how our society thinks about stuttering. Professionals bring resources and credibility to the table which can be very important for public attitude change, and they can play a supportive role to improve social conditions. However, people who stammer themselves are best positioned to promote the agenda of their community in terms of actions and policies that effect their lives". It is evident from this year's conference programme that this remains a work in progress. The question I, therefore, leave you with is what can you personally do to make this more of a lived reality over the next fifteen years in order for the 2036 Oxford Dysfluency Conference programme to truly embody this change?

5. Conclusion

This paper is both a protest and a call to action. We hope that it has injected a new energy and fresh perspective to your understanding of stammering and stammering therapy. We do not see it as the end of the conversation, but rather the beginning. Stammering continues to be stigmatised

and this paper invites the field to consider stammering in a more holistic, nuanced and thoughtful way. This paper is also an attempt to catch the profession up with discussions that are happening in other fields. This is with a view to promoting greater collaboration with other professionals currently exploring stuttering from different frames of reference, such as disability and humanities scholars, philosophers, graphic designers, artists, musicians and poets. We hope this will facilitate the development of thicker, more affirming narratives about stammering that expand beyond the narrow confines of present clinical and medical research paradigms.

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