# A phenomenological understanding of successful stuttering management

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## Abstract

The purpose of this investigation was to understand, from the perspective of the speaker, how seven adults have been able to successfully manage their stuttering. Individual experiences were obtained across the three temporal stages (past, transitional, and current). Recurring themes were identified across participants in order to develop an essential structure of the phenomena at each stage. The ability to make the transition from unsuccessful to successful management of stuttering was associated with six recurring themes of: (1) support, (2) successful therapy, (3) self therapy and behavioral change, (4) cognitive change, (5) utilization of personal experience, and (6) high levels of motivation/determination. Six recurring themes associated with past experiences, when stuttering was unsuccessfully managed, included: (1) gradual awareness, (2) negative reactions of listeners, (3) negative emotions, (4) restrictive lifestyle, (5) avoidance, and (6) inadequate therapy. The five recurring themes identified for the current situation where stuttering continues to be successfully managed were: (1) continued management, (2) self acceptance and fear reduction, (3) unrestricted interactions, (4) sense of freedom, (5) and optimism.

*Educational objectives:* The reader will be able to: (1) describe, from the prospective of a select group of adults who stutter, the recurring themes associated with both unsuccessful and successful management of stuttering, (2) explain the recurring themes associated with how this group of seven adults achieved successful management of their stuttering, and (3) discuss the basic rationale and procedures associated with phenomenological analysis.
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## 1. Introduction

Clinical research on stuttering has often focused on determining severity, predicting chronicity, documenting treatment outcomes, and preventing relapse following treatment. The process of *successful management* of stuttering (both with and without therapeutic intervention) has received relatively little attention. We view management as a process and for the present study we chose to use, where possible, the term successful management (of stuttering) rather than the term "recovery". We did this for three reasons. First, the term recovery suggests the appropriateness of a medical model that conceptualizes stuttering as a disease and tends to pathologize the individual (Monk, 1997; Raskin & Lewandowski, 2000). Secondly, successful management is more descriptive than recovery since many people who achieve high levels of fluency report that they do so by continuing to attend to a variety of speech-related events, including cognitive and attitudinal factors rather than completely ceasing stuttering. Finally, rather than applying the criteria based solely on the presence or absence of stuttering behavior as implied by the term recovery, we were interested in the speakers' perspectives of their ability to successfully manage their stuttering.

The earliest investigations of stuttering management and recovery used structured surveys or interviews to identify factors associated with success. For example, Wingate (1964) used a structured survey to obtain information from 50 "recovered" persons who stuttered. Wingate's findings identified several factors related to recovery, with changes in attitude (self-appraisal and acceptance of self) and speech practice being the most prominent. Wingate suggested that both these factors may be related to "motivation" by the participant and reported that a number of participants related successful changes in attitude to "the support of another person" or to "experiences which encouraged better self-appraisal" (p. 317). Sheehan and Martyn (1966, 1970) also used structured surveys to gather information on the recovery process. Their findings were similar to those reported by Wingate (1964), with increasing self-esteem, strengthening of approach behavior, and role acceptance identified as primary factors attributed to recovery.

Shearer and Williams (1965) used a structured interview to obtain information from 58 persons who reported that they had recovered from stuttering. They identified a number of factors that these individuals indicated "had helped or would help in the recovery from stuttering" (p. 289). The factors identified by Shearer and Williams paralleled the findings of Wingate (1964) and Sheehan and Martyn (1966, 1970), with greater self-confidence, greater awareness of the problem, and improved relaxation reported as important contributions to recovery. In addition, Shearer and Williams reported that slowing the rate of speech, thinking before speaking, and speaking more deliberately were also helpful.

Quarrington (1977) provided anecdotal comments from 27 adults who described their recovery from stuttering without treatment. Although the nature of the interviews was not described, participants indicated that the recovery process was gradual and ranged from 1 to 5 years. For the majority of the participants, recovery was reportedly associated with greater self-worth and lessened feelings of helplessness about speech. Participants also described the use of specific behavioral techniques that enabled them to change their pattern of speaking.

Recognition of the individual nature of both stuttering and its management resulted in a number of recent qualitative studies with persons who stutter. Corcoran and Stewart (1998) used a qualitative research paradigm and a narrative approach to examine the experience