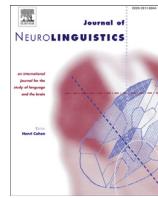




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Acquired stuttering: A note on terminology



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ABSTRACT

The purpose of this paper was to review the nomenclature for acquired stuttering and to formulate some terminology recommendations with respect to the domain of acquired stuttering. A critical review of the literature on acquired stuttering served as the basis for drawing up the recommendations. Over the years several labels have been coined to refer to acquired stuttering, but not all of these are equally appropriate. It is hoped that the proposed recommendations may help promoting clarity and can make the exchange of clinical data and research findings easier and more precise.

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1. Introduction

According to the HYPWorld Health Organization (1977), the term “stuttering” refers to “disorders in the rhythm of speech in which the individual knows precisely what he or she wishes to say but at the time is unable to say it because of an involuntary repetition, prolongation or cessation of a sound” (p. 487). In most cases stuttering has its onset somewhere between the ages of two and five (Johnson & Associates, 1959; Yairi & Ambrose, 2005), at the time a child is still in the phase of acquiring speech and language, and as such has often been called a developmental disorder.¹ However, disorders in the

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¹ The American Speech, Language and Hearing association (ASHA) recently suggested refraining from using “developmental” in the description of childhood-onset fluency disorder because this disorder is not developmental in nature (Paul, 2013). Indeed, as pointed out by Yairi and Ambrose (2005) in many cases the disorder seems to begin after a period when the child's speech was regarded as normally fluent. In this respect stuttering is somewhat different from other developmental disorders such as for instance an articulation disorder or dyslexia in which a child does not lose a function that was already to some extent established. It remains a fact however, that stuttering typically occurs during a critical period of speech language development. In line with common practice thus far and also in order to make the distinction with acquired stuttering as clear as possible, we therefore choose to continue using the term “developmental stuttering” in the present paper.

rhythm of speech may also manifest itself for the first time later in life, beyond the typical childhood period, for instance in association with a neurological episode, as side-effect of drugs or in the context of a psychological trauma. Although the use of the label “stuttering” in case of dysfluencies of non-developmental origin has been contested in the past (Culatta & Leeper, 1988; Curlee, 1995), it now seems common to also refer to acquired dysfluencies as stuttering. A search in Medline shows that the term “acquired stuttering”, for instance, generates 30 titles between 1995 and 2012. “Acquired stuttering” is also discussed in several handbooks on stuttering (see for instance Bloodstein & Bernstein Ratner, 2008; Manning, 2010; Ward, 2006). This current, more generalized use of the term stuttering seems legitimized by a number of studies that came to the conclusion that there are no real distinguishing features between developmental stuttering and acquired dysfluencies. Based on the symptomatology alone it is often not possible to distinguish between the two conditions (Jokel, De Nil, & Sharpe, 2007; Lebrun, Leleux, Rousseau, & Devreux, 1983; Van Borsel & Taillieu, 2001) and generally they are treated with the same therapeutical strategies and with equal results (Market, Montague, Buffalo, & Drummond, 1990). In addition it has been shown that recent explanatory hypotheses of developmental stuttering can also explain the clinical observations from patients with acquired dysfluencies (Krishnan & Tiwari, 2011). However, over the years researchers and clinicians have used a whole array of terms to refer to forms of non-developmental stuttering, not all of which are equally appropriate. The purpose of the present paper is to give a critical overview of the nomenclature that has been used for acquired fluency disorders. Based on this overview some terminology recommendations are proposed. We hope that these recommendations may help promoting clarity and can make the exchange of clinical data and research findings easier and more precise.

2. Acquired stuttering

Acquired stuttering (or its British variant *acquired stammering*) is a broad term and probably the most common one to denote a fluency disorder of non-developmental origin (although the term has been used in a more restricted sense too, see below). A number of alternatives as well as more specific terms exist. Two alternatives that have been used with some frequency include *late-onset stuttering* and *adult onset stuttering*. Unlike the term acquired stuttering these alternatives do not only imply that the dysfluency has not always been present, but also that its occurrence is linked to a certain age. However, acquired stuttering does not always occur “late” or exclusively in adulthood. Several cases have been reported of acquired stuttering in children (see for instance Chevrie-Muller, 1995; McCarthy, 1981; Nass, Schreter, & Heier, 1994; Roulet Perez, Gubser-Mercati, & Davidoff, 1996). Therefore, the use of labels like “late-onset stuttering” and “adult onset stuttering” may be somewhat awkward, and not recommendable. On the other hand these terms can serve a useful purpose when the onset of a stutter is too late to unequivocally be considered “developmental” and when there is still ambiguity as to its origin.

More specific terms than “acquired stuttering” have in common that they all refer to the etiology of the dysfluency. Among these are psychogenic stuttering, neurogenic stuttering and drug-induced stuttering.

2.1. Psychogenic stuttering

Psychogenic stuttering normally refers to a dysfluency that is somehow associated with a psychological problem or an emotional trauma. In the past this type of dysfluency used to be called *hysterical stuttering* (Bluemel, 1935; Deal & Doro, 1987; Freund, 1966). The latter label is no longer used in more recent studies probably because of its sexist and pejorative connotations. Another term for psychogenic stuttering that has been used only very occasionally and not recently is *traumatic stuttering* (Dempsey & Granich, 1978).

There appears to be no consensus, however, on the use of the term “psychogenic stuttering”. While some caution to use the term psychogenic stuttering only in cases in which the dysfluency is clearly related to diagnosed psychopathology (ASHA, 1999), others (Baumgartner, 1999) explicitly state that “psychopathology need not always be present for stuttering to be psychogenic” (p. 278). Restricting the label “psychogenic stuttering” to conditions where there is a diagnosed psychopathology leaves one

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