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9 Title: A Point of View about Fluency  
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Abstract

Purpose: This paper [presents several potential concerns with the common usage](#) of the term *fluency* [in the study of stuttering and people who stutter \(or, as many speakers now prefer, stutterers\)](#). Our goal is to bridge gaps between clinicians, researchers, and [stutterers](#) to foster a greater sense of collaboration and understanding [regarding the words that are used and meanings that are intended](#).

Method: We begin by reviewing the history of the term *fluency*. [We](#) then explore its usage and current connotations to examine whether the term meaningfully describes constructs that are relevant to the study of the stuttering condition.

Results: By highlighting current research and perspectives of stutterers, we [conclude that](#) the term *fluency*: (a) is not fully inclusive, (b) encourages the use of misleading measurement procedures, (c) constrains the subjective experience of stuttering within a false binary categorization, and (d) perpetuates a cycle of stigma that is detrimental to stutterers and to the stuttering community as a whole.

Conclusion: We recommend that researchers and clinicians cease referring to stuttering as a *fluency disorder* and simply refer to it as *stuttering*. Further, we recommend that researchers and clinicians distinguish between moments of stuttering (i.e., what stutterers experience when they lose control of their speech or feel stuck) and the overall lived experience of the [stuttering](#) condition.

47 In 1957, Dean Williams authored an article entitled *A Point of View about Stuttering*. In  
48 it, he challenged clinicians and researchers to consider stuttering through the perspectives of the  
49 people who experience it, so that a broader and deeper understanding of the many facets of the  
50 condition as a whole could be gained (Williams, 1957). Similarly, the intent of this paper is to  
51 challenge clinicians and researchers to consider their use of the term *fluency*. We highlight  
52 current research and perspectives, both within and outside of stuttering research, to conclude that  
53 the term *fluency*, as it is most commonly used in the stuttering literature: (1) is not fully inclusive  
54 or representative of the stuttering experience, (2) encourages the use of misleading measurement  
55 procedures, (3) constrains the subjective experience of stuttering within a false binary  
56 categorization, and (4) perpetuates a cycle of stigma that is detrimental to people who stutter (or,  
57 as many speakers now prefer, *stutterers*; Constantino, 2018) and to the stuttering community as a  
58 whole.

### 59 ***Fluency is not Fully Inclusive***

60 The term *fluency* [may](#) perpetuate a culture of gatekeeping (see Barzilai-Nahon, 2008, for  
61 discussion of *gatekeeping*), meaning that it [may](#) serve as a mechanism to limit inclusion. Use of  
62 the term [may](#) make it more difficult for some people who stutter to identify with the stuttering  
63 condition, to be included in the broader stuttering community, and to be labeled or identified as  
64 people who stutter. This gatekeeping [may](#) occur because the term *fluency* is widely used by  
65 researchers and clinicians both as an *ideal* (i.e., what the speech of people who do not stutter is  
66 observed to be) and as a *descriptor* for what is, to them, the most readily observed characteristic  
67 of stuttering (i.e., perceptibly disfluent speech). These two uses of the term have a long history in  
68 the field, and they appear in many ways, including the name [often used to refer to the field as a](#)  
69 [whole \(i.e., fluency disorders\), as well as](#) the names of professional associations and scientific

70 journals for those who study stuttering and related conditions (e.g., International Fluency  
71 Association, *Journal of Fluency Disorders*). For example, in providing his so-called “standard”  
72 definition of stuttering, Wingate (1964) used the word *fluency* to denote what stuttering *is* by  
73 virtue of what it is observed *not* to be, stating, “it is doubtful that there would be any  
74 disagreement that the fundamental observable characteristic of stuttering is a disturbance in the  
75 flow of speech” (p. 485). Wingate later stated, “In general usage [fluency] refers to the *ordinary*  
76 *speech of almost everyone*” (Wingate, 1988, p. 19, emphasis added). Later researchers have  
77 continued to use the term in this way. Starkweather (1987) stated, “People who are fluent are so  
78 skilled in the performance of speech and language behaviors that they do not need to expend  
79 much thought or energy to it. Sounds, words, and sentences fall easily from their mouths,  
80 without hesitation...*it is normal to be fluent*” (p. 11, emphasis added). The current usage of terms  
81 such as *stutter-like disfluency* and *non-stutter-like* (or “other”) *disfluency* are also based upon this  
82 underlying viewpoint. Yairi and Ambrose (2005) stated, “It is our position that, whatever else the  
83 clinical disorder of stuttering entails, there seems to be relatively little disagreement that the term  
84 stuttering refers to the domain of motor speech production and its disruption by speech  
85 disfluencies” (p. 19). Though stuttering research now widely acknowledges that linguistic,  
86 emotional, and cognitive factors also influence when and how stuttering occurs, this underlying  
87 assumption that the “primary symptoms [of the condition] are disfluencies” has not changed  
88 (Smith & Weber, 2017, p. 3).

89 On the one hand, [decades of research have provided ample evidence](#) that many people  
90 who stutter demonstrate [relatively](#) overt or readily observed [behaviors that are labeled as](#)  
91 [“stuttering”](#) (W. Johnson, 1959; Tichenor & Yaruss, 2019a; Van Riper, 1982; Yairi, 1982). On  
92 the other hand, a definition [focused on surface behaviors](#) (see Jackson et al., 2012) excludes the

93 experiences of a significant portion of the population of [stutterers](#) who may appear to a listener to  
94 speak fluently yet still experience underlying disruptions in language planning or speech  
95 production that are characteristic of stuttering, as well as the well-documented negative  
96 consequences of the condition (Constantino et al., 2017; Douglass et al., 2019; Jackson et al.,  
97 2015, 2019; MacIntyre, 2012; Perkins, 1983, 1984, 1990; Quesal, 1989; Tichenor & Yaruss,  
98 2019a, 2020, 2018; Vanryckeghem et al., 2004; Yaruss & Quesal, 2004). Initially, these so-  
99 called “covert” aspects of stuttering were thought to be less common, but more recent research  
100 has highlighted just how many stutterers use and engage in covert strategies. For example, [in our](#)  
101 [recent work, we](#) surveyed 502 adults who stutter to quantify [their](#) behaviors, thoughts, and  
102 feelings in and around moments of stuttering (Tichenor & Yaruss, 2019a). [Almost 50%](#) of  
103 respondents reported that they stutter covertly at least some of the time—and 10 -15% reported  
104 to often or always covertly stutter—by using coping strategies [such as](#) switching words or [by](#)  
105 avoiding communication altogether.

106         If clinicians view stuttering primarily in terms of fluency, then there is an elevated risk  
107 that they might fail to offer treatment (or offer different treatment) simply because they do not  
108 [witness disruptions](#) in a person’s speech in a particular situation or at a particular time. Personal  
109 stories from covert stutterers affirm [not only](#) that this happens but [also that it can be](#) significantly  
110 damaging for the speaker (see Ahlback & Benson, 1994; Campbell et al., 2019; Reitzes &  
111 Reitzes, 2012). Similarly, clinicians [who are overly](#) focused on fluency may seek to discharge  
112 clients from therapy [who](#) seem to be fluent but [who](#) are still experiencing adverse impact related  
113 to the condition (Tichenor & Yaruss, 2019c; Yaruss & Quesal, 2004). Again, this is widely  
114 documented [and potentially damaging for the speaker](#) (Yaruss, Quesal, & Murphy, 2002; Yaruss,  
115 Quesal, Reeves, et al., 2002). Perhaps most concerning of all, such clinicians may also encourage

116 outwardly fluent speech at the cost of increasing more-covert forms of [coping with](#) stuttering,  
117 [indirectly increasing the risk of their client experiencing higher adverse impact related to the](#)  
118 [condition](#) (see Cream et al., 2003; Tichenor & Yaruss, 2019b, for discussion).

119 In a similar fashion, researchers who employ inclusion criteria that require or prioritize  
120 outwardly disfluent speech for participation in a study are likely to exclude a significant  
121 proportion of stutterers who either stutter covertly or who just happen to be less observably  
122 disfluent during an assessment or research session. [This is](#) a situation that can arise simply due to  
123 the inherent variability of stuttering (Constantino et al., 2016; Tichenor & Yaruss, 2021; Yaruss,  
124 1997). This increases the risk that the research findings [may](#) not be representative of the broader  
125 population of stutterers and that the findings may apply more to disfluent *speech* than to *people*  
126 who stutter or the broader stuttering condition. Thus, [we propose that](#) use of the term *fluency*  
127 perpetuates a culture of gatekeeping that is not inclusive of all stutterers or of the stuttering  
128 community as a whole.

### 129 ***Fluency is Misleading***

130 Use of the term *fluency* [may also be](#) misleading because it suggests a binary classification  
131 (i.e., speech can either be fluent or disfluent), even though ample research demonstrates that such  
132 a differentiation is very difficult for observers to make reliably (Cordes & Ingham, 1996, 1999;  
133 Curlee, 1981; Kully & Boberg, 1988; Martin & Haroldson, 1981). Moreover, a significant body  
134 of empirical research has shown that there are many subtle acoustic and kinematic differences in  
135 the speech of stutterers even during times when they are supposedly speaking fluently. Examples  
136 include longer voice onset time (Healey & Ramig, 1986), reduced pitch variation (Healey, 1982),  
137 irregular articulatory movement sequencing (Max & Gracco, 2005), increased variable in-  
138 segment durations (Jancke, 1994; Wieneke & Janssen, 1987), and longer durations from the start

139 of a speech motor movement to its peak velocity (Zimmermann, 1980a, 1980b). These findings  
140 may represent very subtle moments of stuttering (Armson & Kalinowski, 1994; Ingham, 1998)  
141 or they may represent moments of “tenuous fluency” or fluency that is “‘shaky,’ unstable, and on  
142 the verge of disintegrating” (Adams & Runyan, 1981, p. 203; see also Smith & Weber, 2017).  
143 Alternatively, these speech differences may represent attempts used by the speaker to produce  
144 speech that *appears* fluent to a listener (Jackson et al., 2016). Regardless of the explanation,  
145 perceptibly fluent speech produced by stutterers is not necessarily the same as the everyday  
146 fluent speech of [nonstutterers](#). Thus, the term *fluency*, as applied to stutterers, [may be](#) misleading  
147 because it denies or ignores concrete, measurable characteristics of stutterers’ speech and  
148 [because it](#) falsely dichotomizes stuttered speech as the opposite of fluent speech.

149         Moreover, according to the definitions [that are](#) most common [used](#) in the stuttering  
150 literature, fluency requires not just the absence of stuttering behaviors but also the absence of  
151 *effort* to establish or maintain that fluency (Finn & Ingham, 1989; Guitar, 2013; Ingham et al.,  
152 2006; Starkweather, 1987). Constantino et al. (2020) distinguished [ed](#) between *effortful* fluency and  
153 *spontaneous* fluency. A speaker can achieve effortful fluency with the use of fluency enhancing  
154 techniques, [by](#) careful monitoring speech, or by hiding surface [or observable](#) stuttering [behaviors](#)  
155 through word substitutions or other means of avoidance. Other researchers have made similar  
156 distinctions between so-called *controlled* fluency versus *automatic* fluency (Perkins, 1992), with  
157 some authors calling the former *artificial* fluency (Wingate, 1969, 1981). Still others have  
158 pointed out that the end-product of behavioral stuttering therapy is not true fluency but [rather](#)  
159 *pseudofluency* (Dayalu et al., 2002; Dayalu & Kalinowski, 2002; Saltuklaroglu & Kalinowski,  
160 2002) that imitates fluent speech but is not actually fluent speech. Even though [such speech](#) may  
161 appear to be fluent from the outsider’s perspective, [it](#) can be effortful and taxing, that is, not truly

162 fluent, for the speaker (Constantino et al., 2017). Because real fluency is, by definition, effortless  
163 (Ingham et al., 2009; Starkweather, 1987), *effortful fluency* should not be regarded as fluency at  
164 all, regardless of how it sounds to a listener (Dayalu & Kalinowski, 2002). Importantly,  
165 judgements about fluency are necessarily the domain of subjective experience, the truth of which  
166 is only available to the speaker (Perkins, 1990; Tichenor & Yaruss, 2018). Listeners may be able  
167 to judge accurately when a moment of stuttering occurs when that moment of stuttering involves  
168 obvious, surface behaviors, such as a tense block where a person is visibly struggling. However,  
169 the very same listeners are likely to miss more subtle moments of stuttering, like word  
170 substitutions, and they may mistake effortful speech, like prolonged speech, for fluent speech.  
171 Listeners, therefore, cannot truly judge fluency because they are not privy to the speaker's  
172 internal sensations, such as losing control (Perkins, 1990) or ease of speech (Constantino et al.,  
173 2017). Thus, we assert that the common use of term fluency can be misleading, and, ultimately,  
174 inaccurate.

### 175 ***Fluency is Limiting***

176 Describing stuttering as a fluency disorder inappropriately defines stuttering primarily by  
177 what it fails to achieve: every moment of stuttering is seen as a failure of fluency. A false  
178 dichotomy is thereby created: speech is either stuttered or it is fluent. As noted above, however,  
179 fluency and stuttering are not opposite to one another. Fluency exists on a continuum from more  
180 fluent (e.g., effortless and spontaneous speech) to less fluent (e.g., speech that is difficult to  
181 produce or speech that contains overt disruptions). According to people who actually stutter,  
182 however, the moment of stuttering is a qualitatively different experience that exists outside of the  
183 continuum of fluent to *typically* disfluent speech (see Moore & Perkins, 1990; Perkins, 1990;  
184 Tichenor & Yaruss, 2018). Speech can be produced without obvious or overt moments of

185 [stuttering yet still not be experienced by the speaker as](#) fluent. [In contrast,](#) speech can also [appear](#)  
186 fluent [to a listener yet](#) still contain ([covert](#)) stuttering. Furthermore, both stuttered and fluent  
187 speech can be more or less effortful and more or less spontaneous (Constantino, et al., 2020).  
188 Thus, using the term *fluency* to describe [the lack of](#) stuttering is limiting because it constrains the  
189 subjective experience of speech to exist within this false binary categorization.

190 Moreover, [using the word fluency in contrast to stuttering in this fashion carries the](#)  
191 [suggestion,](#) whether [implicitly](#) or [explicitly](#), that [a](#) speaker would rather have not stuttered, that  
192 the person was actually trying to speak fluently but was unable to do so, or that the person did  
193 not even bother to try to speak in a “normally fluent” way (Ingham et al., 2012, p. 267).  
194 Venkatagiri (2009) surveyed 216 adults who stutter and asked them to respond to the question,  
195 “what I wish most is to (a) speak fluently or (b) speak freely” (p. 513). More than half indicated  
196 a wish for fluency as compared to more open stuttering regardless of fluency. Ingham et al.  
197 (2012) interpreted these findings [to suggest that fluency is the de facto preferred mode of](#)  
198 [speaking](#) by stating, “were they [the adults sampled in the Venkatagiri study] convinced that  
199 such a goal [[fluency](#)] was reachable, perhaps even more would aspire to achieve fluent speech”  
200 (p. 267). Such statements, which apparently reflect common views about stuttering and fluency,  
201 are an unobvious way of valuing fluent speech over stuttered speech. In part, these statements  
202 imply that stuttering cannot exist independently of what it is not; [of even more concern is the fact](#)  
203 [that](#) this apophatic approach *thins* the lived experience of those who stutter (see Geertz, 1973;  
204 Ponterotto, 2015; M. White & Epston, 1990, for discussion of *thin* versus *thick* descriptions of  
205 experience). Defining stuttering as a lack of fluency focuses the listener’s attention on the  
206 disfluencies produced by the speaker—that is, the speaker’s *failures*—instead of on the message  
207 conveyed. At the same time, the focus on fluency misses other aspects of the stuttering condition,

208 including the broader experiences that may or may not be associated with overt speech (Tichenor  
209 & Yaruss, 2019b).

210 Perhaps most challenging of all, valuing fluency over stuttering emphasizes the negative  
211 experiences of stuttering at the expense of the positive. It denies the intimacy that can occur  
212 when a stutterer shares this very personal experience with a listener. It also denies even the  
213 possibility that a stutterer might experience the sometimes pleasurable feeling of the moment of  
214 stuttering itself (Alpern, 2019; Constantino, 2016, 2019). Through the use of the word fluency, a  
215 complex and varied human experience is reduced to nothing more than a pathology. Though  
216 such reductions may be inherent in any label or diagnosis, those who seek to understand and  
217 amplify the lives of stutterers can and should do more to preserve the full meaning, value, and  
218 experience of stuttering in all its forms. This is particularly relevant in this time when allyship  
219 related to stuttering is increasing (Constantino et al., 2017; Wislar & Gerlach, 2017). For stutters  
220 and their allies, stuttering is not just a failure of fluency; to view it as such (and to perpetuate the  
221 use of the term *fluency* as reflecting an ideal) is to limit and minimize the lives of those who  
222 [stutter](#).

### 223 ***Fluency is Detrimental***

224 Finally, we recognize that people make meaning from the discourses available to them in  
225 society (Foucault, 1994, 2010). [Individual experiences influence social views, but individuals are](#)  
226 [also influenced by societal views as they make meaning of their own experiences.](#) In the case of  
227 stuttering, these discourses mostly describe how stuttering *negatively* impacts the speaker and the  
228 listener (Pierre, 2012). Existing literature provides plenty of language for describing what is  
229 undesirable and unfortunate about stuttering; however, there is little material available for  
230 discovering positive aspects of stuttering (see Gerlach et al., 2017; Millager et al., 2018;

231 Tichenor & Yaruss, 2019a; Trichon & Tetnowski, 2011, as notable exceptions). This one-sided  
232 discursive landscape makes it uncommon for anyone, whether stutterer or not, to describe  
233 stuttering in positive terms (Constantino, 2019). When positive discourses remain stunted and  
234 thin, negative discourses proliferate, and this creates an increasingly lopsided understanding of  
235 stuttering in society—and, importantly, within the profession of speech-language pathologist  
236 itself. This concern is evidenced, in part, by the fact that many speech-language pathologists hold  
237 negative or inaccurate views about stuttering (see Tellis et al., 2008).

238         Meanwhile, many stutterers, having little material from which to create positive  
239 meanings around their speech, internalize the negative discourses that exist in wider society  
240 (Boyle, 2013; Goffman, 1963). Put simply, society is hostile to stuttering. People who stutter  
241 incur financial costs (Blumgart et al., 2010), experience reduced labor market outcomes (Gerlach  
242 et al., 2018), are steered toward lower status jobs (Gabel et al., 2004; McAllister et al., 2012),  
243 and have been fired for stuttering (Constantino et al., 2017). They are found to be less attractive  
244 by their peers (Van Borsel et al., 2011), experience social rejection across the lifespan  
245 (Constantino et al., 2017; Davis et al., 2002), and are judged to be less friendly, less intelligent,  
246 more nervous, and more anxious than fluent speakers (Doody et al., 1993; Ferguson et al., 2019;  
247 Klassen, 2002; P. A. White & Collins, 1984). Of course, stutterers are not separate from society  
248 and its discourses. They internalize these messages as self-stigma and come to believe what  
249 society believes about them (Boyle, 2013, 2015, 2018; Boyle & Blood, 2015; Boyle & Fearon,  
250 2018). This process of self-stigma leads stutterers to deduce that their reduced quality of life is  
251 *not* the result of their mistreatment at the hands of a hostile society. Rather, it must be due to  
252 their own personal failings as a speaker for not achieving the fluency that is, apparently, so  
253 highly valued.

254           Moreover, speakers might reasonably come to the conclusion that their problems would  
255 be solved if only they could achieve fluency (Constantino et al., 2017). As a result, they may  
256 seek out speech or other therapy and try other methods such as avoidance or covert forms of  
257 stuttering in an attempt to make themselves *appear* more fluent. They may increasingly engage  
258 in behaviors designed to help them *pass* as nonstuttering speakers (Constantino et al., 2017).  
259 Unfortunately, their therapist often collaborates (intentionally or not) with these exact same  
260 social discourses, agreeing with their clients that, yes, their lack of fluency is the problem, so  
261 therapy focused on fluency must be the solution. This occurs despite ample evidence that therapy  
262 generally cannot deliver permanent and spontaneous fluency (Arya & Geetha, 2013; Cooper,  
263 1987; Craig & Hancock, 1995; Cream et al., 2003; Irani et al., 2012; M. Johnson et al., 2016;  
264 Stewart & Richardson, 2004), regardless of whether stutterers are “convinced” that it is possible  
265 (see Ingham et al., 2012, p. 267). The common usage of the term fluency can contribute to,  
266 perpetuate, and exacerbate the stigma that many people who stutter live with every day; we  
267 propose that many speech-language pathology clinicians and researchers —unwittingly or not—  
268 contribute to and perpetuate this stigma through their continued use of this term.

## 269 **Conclusions**

270           The word fluency and the concept that it describes are not inherently problematic, and our  
271 goal in this paper is not to make fluency itself taboo. Rather, we seek to change the ways in  
272 which the word fluency is most often used by clinicians, researchers, and even the general public.  
273 We recognize, gratefully, that many of the issues we raise in this paper are already understood by  
274 some expert clinicians and researchers who appreciate the nuances of the stuttering condition.  
275 Given that many speech-language pathologists remain poorly trained and educated regarding  
276 stuttering despite decades of attempts at improved clinical education (Yaruss et al., 2017), we

277 feel that training and education are not sufficient to address the problems outlined above. It is our  
278 hope that ongoing efforts to elevate the understanding of stuttering within our field will  
279 ultimately help to address the challenges we have raised. In such as case, the use of the term  
280 fluency in and of itself may cause less concern. For now, however, we hope to use this  
281 discussion of the implications of talking about fluency as a way of expanding the understanding  
282 of stuttering and the lived experiences of stutterers.

283 Specifically, in this brief paper, we have outlined theory, research, and individual  
284 perspectives to conclude that the term *fluency*, as it is typically used is not inclusive of all people  
285 who stutter or fully representative of the stuttering experience; encourages the use of misleading  
286 measurement; constrains the subjective experience of stuttering within a false binary  
287 categorization, and perpetuates a cycle of stigma that is detrimental to many people who stutter.  
288 We believe that the field can do better, so we raise these issues to challenge our colleagues to  
289 become part of the solution for stutterers. As a first step toward addressing these significant  
290 concerns, we therefore recommend that researchers and clinicians cease referring to stuttering as  
291 a *fluency disorder* and simply refer to it as *stuttering*. Further, we recommend that researchers  
292 and clinicians distinguish between *moments* of stuttering (i.e., what stutterers experience when  
293 they lose control of their speech or feel stuck) and the overall *lived experience* of stuttering (what  
294 stutterers experiences in their lives as a whole, see Tichenor & Yaruss, 2019b; Yaruss & Quesal,  
295 2004).

296 Certainly, the many difficulties that are commonly faced by stutterers do not stem solely  
297 or even primarily from language usage. Nonetheless, we believe that changing the way the field  
298 talks about stuttering will have myriad concrete benefits for stutterers, the stuttering community,  
299 and society as a whole. Specifically, it will (a) highlight that a stutterer does not need to exhibit

300 disfluencies that are overt or observable to a listener in order to qualify or identify as a person  
301 who [stutter](#), [\(b\) underscore](#) the common and significant covert aspects of the experience that are  
302 not available to the listener for observation, [\(c\)](#) make it clearer to clinicians and people who  
303 stutter themselves that fluency need not be the goal of therapy, [and](#) [\(d\)](#) open up new, more  
304 positive understandings of what it means to stutter and to be a person who stutters.

305

306

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