



# Perceptions of “Relapse” in Stuttering and Other Chronic Conditions

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## Background

The term *relapse* has been used in the medical community to suggest “the return of a disease weeks or months after its apparent cessation” (Miller & Keane, 1978), suggesting that a disease or condition is either present or absent. This definition is often associated with addiction or medical conditions, such as cancer. In stuttering, however, that definition can impose unrealistic expectations for a client following treatment, as it is uncommon for a person to entirely stop stuttering. In fact, the lack of a standard operational definition of the term has made it difficult to interpret prevalence data among people who stutter. Craig & Hancock (1995) indicated relapse rates as high as 71%, as reported by people who stutter, whereas other researchers reported rates as low as 23% (Boberg & Kully, 1994). Bloodstein (1995) summed it up well in his comment “relatively little is known about the subject of relapse” (p. 445).

But, how can a term used so commonly to describe stuttering be so widely interpreted among researchers and clinicians? Recognizing this issue, Craig (1998) posited an alternate definition for relapse in stuttering as “the recurrence of stuttering symptoms that were perceived as personally unacceptable after a time of improvement” (p. 3). However, the literature still reports a need to have a better operational definition of the term (Cream, O’ Brian, Onslow, Packman, & Menzies, 2009). Adopting a common definition, such as Craig’s (1998), would not only improve consistency in research reports, but also help to educate clients who stutter and their support system about the expectations of fluency after treatment. Little is known, however, about how persons define and interpret that term and whether or not the term is suitable in stuttering.

## Purpose & Methods

The purposes of this study were to analyze public interpretations of the term “relapse” in various conditions, including stuttering, and to gauge the appropriateness of the term to describe fluctuations of stuttering following treatment. Persons 18 years or older were invited to participate in the study, which involved taking an anonymous survey. The survey link was distributed through various platforms, including social media, personal contacts, etc. It included the open-ended prompt to “define relapse” followed by a series of Likert-scale items related to the prevalence of relapse in various conditions.

## Results

A total of 57 people completed the survey. The number of respondents by age included 18-25 ( $n = 25$ ), 26-34 ( $n = 10$ ), 35-44 ( $n = 6$ ), 45-54 ( $n = 11$ ), 55+ ( $n = 5$ ), who represented a wide range of occupations such as a coal miner, seamstress, barista, hairstylist, and transcriptionist.

Nearly 20% of respondents defined relapse as falling into a previous *habit* (e.g., “when somebody has made progress in improving an area of their life where there were issues previously, but then something causes them to fall back into the old habit”), 14 % related it to the reoccurrence of a *condition* (e.g., the exacerbation of a previous condition which has surfaced again and become problematic), 12% made reference to returning to a state of *illness* (e.g., “after a time of good health you decline) and 12% indicated that relapse was a *behavioral choice* (e.g., “when you repeat or succumb to a negative or unhealthy action”.) The remaining 42% provided a general definition of return to a previous state (e.g., “when you go back to how you were before and lose the progress you made).

The table below outlines the means and standard deviations for the question “Rate the possibility of relapse in the following conditions:” (1=not possible; 2=minimally possible; 3=moderately possible; 4=very possible)

Condition	Mean (1-4 scale)	St. Dev.
Alcohol Addiction	3.91	0.43
Drug Addiction	3.91	0.43
Gambling	3.86	0.52
Smoking	3.80	0.64
High Blood Pressure	3.35	0.92
Allergies	3.14	1.08
Asthma	3.07	1.05
Stuttering	3.07	0.94
Speech/Language Disorders	3.02	1.01
Type 1 Diabetes	2.88	1.27
Influenza	2.81	1.14
Common Viruses	2.77	1.09
HIV/AIDS	2.64	1.24

## Discussion

The researchers hypothesized that respondents would rate the likelihood for relapse very low (i.e., “not possible”) in chronic medical conditions that require ongoing management (e.g., Diabetes, AIDS) as well as in acute common ailments from which people typically fully recover (e.g., flu, virus). However, respondents rated relapse in those conditions as “minimally-to-moderately possible.” Respondents rated relapse in stuttering, a typically a chronic condition after early childhood, to be “moderately possible.” These findings might be explained in part because definitions of relapse are vast and do not necessarily distinguish whether or not a condition can resolve (e.g., flu) or not (e.g., diabetes). One widely accepted definition of the term would be useful in accounting for whether or not one can relapse from various acute vs. chronic conditions. Results also indicate that a more nuanced term would be beneficial in describing the increase in symptomatology in chronic conditions. For example, arthritis is a chronic condition with variable severity. When a person with arthritis experiences an increase in symptoms, they are medically referred to as “flares.” In stuttering, the authors propose that adopting a term, such as “retrogression,” would help distinguish increased *symptomatology* from the assumption that the underlying condition has completely resolved. Doing so can lead to improved quality of care and overall knowledge about the condition and may also remove the negative connotation associated with a “relapse.”

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