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# The Social Effects of Stuttering in Adolescents and Young Adults

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THE SOCIAL EFFECTS OF STUTTERING ON ADOLESCENTS AND YOUNG ADULTS

by

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B.S., Southern Illinois University, 2009

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the  
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## Introduction

Stuttering is a speech disorder that results in the disruption of speech with pauses, repetitions, and other speech hesitations. The onset of stuttering is often during the development of a child's communication skills. Approximately 1% of American adults are reported to stutter. The incidence of stuttering is around three to four times greater in males than females (Bloodstein, 1995).

Stuttering can be found in all parts of the world in all cultures and races. It affects people of all ages regardless of intelligence or socioeconomic status. Incidences of stuttering date back to biblical times; it has been suggested that there are indications of stuttering behavior in reports about Moses (Garfinkel, 1995).

There are several signs which show that stuttering may have a genetic component. However, genetic links cannot account for all of the incidences of stuttering. In addition, environmental factors include parents' reactions to their child's normal dysfluencies, demands for more complex utterances during speech development, and low socioeconomic status (Guitar, 2006).

Treatment of stuttering may be effective if it is initiated around the time of the onset of the problem. If

stuttering is not treated by adolescence, the individual is at high risk for maintaining stuttering throughout adulthood (Van Riper, 1973).

Although stuttering may not be what typically comes to mind when one thinks of a disability, it provokes a speech limitation. The World Health Organization classifies a disability as anything that impairs an individual's ability to reach his or her goals and expectations in life (WHO, 2004). Stuttering may impact an individual's employment opportunities, perception by others, self-image, relationships with peers, and intimate relationships (Linn, 1998). Research shows that individuals who stutter are viewed as less desirable romantic partners and friends (Dickson, 1994). Some people feel that they are forced to compensate for a friend or partner that has challenges with stuttering (Dickson, 1994).

Employment opportunities can be limited for a person who stutters. The stuttering is usually noticeable during the job interview process, which may affect the way that the employer perceives the applicant. A study by Hurst (1983) showed that 85% of employers agreed that stuttering decreases a person's employability and opportunities for promotion (Hurst, 1983). The results of a survey conducted by Opp (1997) showed high rates of unemployment and

discrimination in attaining employment because of stuttering (Opp, 1997).

There is a common misconception that an individual who stutters is less intelligent than a typical fluent speaker which often results in discrimination and limited opportunities in life (Boyle, 2009). Additionally, it is also common for an individual who stutters to feel negative feelings and attitudes about his or her communication abilities. Avoidance behaviors and limited interaction with others are frequent resulting effects on the social behaviors of a person with a dysfluency such as stuttering (Guitar, 2006).

### Stuttering Behaviors

#### *Core Behaviors*

Common core behaviors of stuttering include repetitions, prolongations, and blocks (Guitar, 2006). Repetitions are the repeating of a sound, syllable, or a single-syllable word. Prolongations occur during speech when the sound or air flow continues but the movement of the articulators has already stopped. Blocks occur when a person inappropriately stops the flow of air or voice and sometimes the movement of the articulators as well (Guitar, 2006).

The blocks usually become worse with various factors such as age and tremors of the lips or jaw may also occur (Guitar, 2006). Most adolescents and young adults who present blocks may also display facial distortions (Guitar, 2006). Self-consciousness, which may emerge as early as a child's second year, can result in social and emotional stress which can result in increased severity of the blocks (Guitar, 2006). It can be very embarrassing for someone who is trying to socialize with his or her peers to experience blocks while trying to speak.

Caution is necessary when describing stuttering behaviors. Research suggests that a person who stutters does so on about 10% of words while reading aloud (Bloodstein, 1987). Mild stuttering is associated with fewer than 5% of spoken words and severe stuttering is associated with as many as 50% of spoken words (Guitar, 2006). The average duration for a core behavior such as a repetition is around one second and rarely lasts longer than five seconds (Bloodstein, 1987).

#### *Secondary Behaviors*

Secondary behaviors are associated with behavioral literature, and are referenced in escape and avoidance studies (Guitar, 2006). Escape behaviors occur when a speaker is stuttering and attempts to terminate the stutter

and finish the word (Guitar, 2006). Common escape behaviors are eye blinks, head nods, and interjections of extra sounds, such as "uh." Use of the escape behaviors is typically followed by the termination of the stutter, which causes the behavior to be reinforced (Guitar, 2006).

Secondary behaviors are well-learned patterns that individuals may use to terminate a stutter, or to avoid it altogether (Guitar, 2006). The two main categories of secondary behaviors are avoidance and escape behaviors.

#### *Avoidance Behaviors*

Contrary to escape behaviors, avoidance behaviors are learned behaviors as an attempt to prevent the stutter from occurring altogether. Eye blinks and use of filler sounds, such as "uh" are common avoidance behaviors (Guitar, 2006). Much like escape behaviors, avoidance behaviors are sometimes effective, resulting in mollified habits.

When avoidance and escape behaviors are used to prevent or reduce the stutter, they are highly rewarding to the individual, causing the behaviors to become strong habits that are resistant to change (Guitar, 2006). The escape and avoidance behaviors can become overused and can easily become much more distracting than a stutter. If a person is excessively using fillers such as "uh" and "you know" then the listener could easily become annoyed or

impatient without realizing that the individual is attempting to mask a fluency issue.

### *Escape Behaviors*

Escape behaviors may include eye blinks, head nods, and interjections of extra sounds (Guitar, 2006). People who stutter (PWS) may use techniques to avoid saying the anticipated stuttered word (Guitar, 2006).

The effects of stuttering on the social lives of adolescents and young adults are not limited to the core behaviors of stuttering, but may also include the secondary behaviors that co-occur (Guitar, 2006). It is safe to make the assumption that people who stutter do not enjoy stuttering and try to avoid doing so. Individuals who stutter frequently react to their repetitions, prolongations, and blocks by either trying to end them quickly or avoiding them altogether. Although for PWS it may feel effective to attempt to avoid or end the stutter, secondary behaviors usually become even more noticeable and disrupting to the speech of the individual than the actual stuttering itself.

### Perception by Others

In 1999 Van Borsel administered a survey to 1,362 participants in the general public, asking questions regarding whether the respondents felt that stuttering was

hereditary, had a neurological cause, or had a psychogenic cause. Nearly 70% of the respondents indicated beliefs that stuttering is not hereditary, 7% indicated beliefs that stuttering is associated with a neurological cause, and nearly half of all respondents indicated beliefs that stuttering has a psychogenic cause (Van Borsel, 1999).

In 2008, Weiner presented a theory stating that people have a need to understand behavior in themselves and in others by attributing the behavior to a cause or explanation (Weiner, 2008). According to the researcher, it is likely that society uses this method to attribute stuttering to psychogenic causes within the individual, rather than to genetics which has much more evidence supporting the theory.

In 2009 Boyle presented a method that he believed the general public uses when stigmatizing individuals. Rather than showing that stuttering was perceived negatively by the public due to a perceived psychogenic cause, his research supported that stuttering is perceived as being controllable. Boyle (2009) stated that physically based stigmatizing conditions such as blindness are perceived as being uncontrollable and elicit sympathy. On the contrary, mental and behaviorally based stigmatizing conditions such as drug abuse are perceived as being controllable and

elicit anger and judgment. Thus, stuttering is often perceived as being under the control of the PWS, and therefore elicits negative judgments (Boyle, 2009).

Although Van Borsel (1999) presented relevant information about the way that the general public perceives stuttering behavior, Boyle (2009) also presented a logical theory based on the view of stuttering as a stigmatizing condition. Both theories support that the general public believes that stuttering is caused by the person who stutters. The data that Van Borsel (1999) collected in his survey could potentially be outdated as more awareness of potential causes of stuttering has emerged. For example, twin studies have shown that whether stuttering occurs is two-thirds genetics and one-third environmental (Guitar, 2006). Further investigation needs to take place in order to examine more recent opinions of the public regarding stuttering causes.

#### Self Image

In 2009 Boyle revealed through a survey that most PWS say that they prefer not to talk at all rather than allowing others to hear that they stutter (Boyle, 2009). This data suggests that those who stutter are self-conscious regarding their stuttering behavior and may have decreased self-esteem, even if they are not obvious.

In 2003, Blood examined the self-esteem, perceived stigma, and disclosure practices of 48 adolescents and young adults who stutter. The participants were divided into two age groups. One group consisted of individuals ranging between 13 and 15 years of age, and the other consisted of individuals with age range between 16 and 18 years. The participants were evaluated with the Rosenberg Self-Esteem Scale (RSES). The scale contains 10 items regarding feelings of self-worth. Results revealed that 41 out of the 48 participants scored within one standard deviation from the mean for self-esteem assessment measures, indicating that the majority of the participants have average levels of self-esteem. Although the study supported that self-esteem was not significantly impaired, 60% of the participants revealed that they rarely or never discussed their stuttering with others (Blood, 2003).

It is likely that the data that Blood (2003) collected could have been biased by individuals being wary of the purpose of the study. Some participants could have feared that by revealing that they had low self-esteem that they would be referred for psychological services.

It is also likely that Boyle (2009) is correct when suggesting that most individuals who stutter are self-conscious regarding the behavior and reduce the time that

they must spend speaking in public. Participants of Blood's (2003) study could have been seeking to minimize speaking time by attempting to give average results to the means in which self-image was being assessed. A less formal, anonymous method of surveying those who stutter would be useful to get a true picture regarding PWS's self-esteem.

#### Intimate Relationships

In 1969 Shears conducted a survey asking whether or not fluent individuals felt that those who stutter at a severe level would be acceptable marriage partners. Alarmingly, only 7% of participants felt that PWS severely would be acceptable for marriage (Shears, 1969).

This evidence suggesting stuttering as a negative attribute when seeking romantic relationships is further supported by data collected in 1990 by Boberg. A qualitative study conducted on wives of men who stutter reported that over half of the wives stated they did not notice their partner's stuttering during the first time that they met (Boberg, 1990). It was further noted that two-thirds of the social events that those who stutter partook in were found to be dates as couples rather than in a group setting (Linn, 1998). It is likely that group dates resulted in fewer opportunities to speak and a more casual

environment which are factors which aid fluency (Guitar, 2006).

Although it is clear that stuttering is perceived as an undesirable feature in a romantic partner, there seems to be ways to mitigate problems. Linn (1998) described a study conducted by Collins and Blood in 1990 to document the effect of disclosure in the early stages of a romantic relationship. Two males who stuttered severely and two males who stuttered mildly went on dates with females. One member of each group disclosed to the female they were seeing that they have a challenge with stuttering. The females were interviewed at the end of the dates and it was found that, regardless of severity level, individuals who disclosed their stuttering were perceived as more intelligent, good-looking, and having a better personality (Linn, 1998).

The effect of stuttering on an intimate relationship may represent a burden in marriage. A man married to a woman who stutters described his feelings towards his partner's stuttering as follows: "I feel frustrated at her stuttering. But then, almost invariably I realize that I am actually not frustrated at her stuttering; I am frustrated at me, at one part of my life or experience. The stuttering

was just a lightning rod for my frustration, which sprang from other sources, sources within me" (Dickson, 1994).

Although the 1990 study by Collins and Blood shed an interesting light on ways to minimize the social effects of stuttering, there was not enough data to form a conclusion based on the single-case example. The experiment would need to be expanded to include a larger number of participants that are diverse in various factors such as age, culture, and socioeconomic status, in order to have more reliable and valid results.

It is alarming to verify some qualitative results in investigations regarding the effects of stuttering on relationships. Both the Shears (1969) and Boberg (1990) studies indicate that most people rather avoid romantic relationships with PWS. It would be useful to conduct further research to see if PWS report intentionally choosing group dates rather than individual as a mechanism for disguising their stuttering.

#### Employment Opportunities

During adolescence and young adulthood most individuals seek opportunities for employment or higher education, often both. Most jobs require potential employees to fill out a job application, which should not be a challenge for a PWS. It is the next step, the

interviewing process, which presents a challenge for a PWS (Parry, 2009). A job interview is usually a situation which involves some anxiety, which could make an individual stutter more severely than he or she normally would. Most college and training programs also present challenges for a PWS. Many classes require students to deliver speeches and oral presentations. Both are situations which are also likely to impact speech fluency of a person that already has challenges with stuttering (Parry, 2009).

Many PWS have been employed in undesirable, low-level, low salary jobs while watching less-qualified coworkers advance to better positions (Parry, 2009). When PWS feel that they are being treated unfairly in the job market, they are probably right. A study conducted by Hurst (1983) showed that 85% of employers agreed that stuttering decreases a person's employability and opportunities for promotion (Hurst, 1983). The results of a survey conducted by Opp (1997) on PWS have reported high rates of unemployment, discrimination in attaining employment, and denial or promotions because of stuttering (Opp, 1997).

It is common for employers to attempt to keep PWS out of positions that involve speaking or dealing with the public, either by denying promotions or by simply not hiring PWS at all (Parry, 2009). Employers frequently use

tactics such as listing "excellent oral communication skills" as a job requirement and are able to deny employment to those with dysfluencies, on the grounds that they are not in fulfillment with that requirement (Parry, 2009). An instance has even been reported of a woman being denied a job as a typist in a large typing pool because those employees were sometimes expected to answer the telephone when the receptionist was on her lunch break (Parry, 2009).

The actual dysfluencies are not the only obstacle standing between PWS and employment opportunities. It is common for employers to associate hesitations and difficulty speaking with overall lack of intelligence. Employers assume that a person is not capable of thinking quickly or making rapid judgments because that person cannot be fluent (Parry, 2009). An example of this rationale was described by Parry (2009), about a man who was denied a promotion by the U.S. Weather Service because his supervisor assumed, only on the basis of his stuttering, that he was unable to make "rapid fire judgments, think quickly, and demonstrate leadership ability (Parry, 2009)."

When PWS are unable to find employment, legal actions are available. The Americans with Disabilities Act of 1990

bans discrimination, "against qualified individuals because of a disability, in regard to job application procedures, hiring, advancement, discharge, compensation, job training, and other terms, conditions, and privileges of employment." It applies to employers with 15 or more employees (Parry, 2009). If the individual who stutters is able to prove discrimination, he or she could be entitled to being hired, reinstated, promoted, given back pay or front pay, and reasonable accommodation to put him or her in the same condition he or she would have been in if the discrimination never had occurred (Parry, 2009).

Unfortunately, most cases presented on discrimination under the Americans with Disabilities Act have been thrown out before reaching trial (Parry, 2009). The plaintiffs have won less than 10% of cases that have reached trial. Another problem is that not everyone considers stuttering to be a disability. To qualify for action under the Americans with Disabilities Act, the individual must prove that he or she is substantially impaired. However, if the individual proves that he or she is substantially impaired, then the employer can hold that as grounds to say that the individual was not qualified for the job in the first place (Parry, 2009). According to Parry (2009) there is not much

that can be done to effectively reduce the way that employers discriminate against people who stutter.

#### Everyday Life Issues

There is considerable debate on whether or not stuttering should be considered a disability, a handicap, or both (Blood, 1990). For adolescents and young adults who stutter, dysfluencies can have many negative impacts in social life. Despite the many ways in that stuttering can be disabling or handicapping to a person's social life, some authors argue that stuttering is not a disability or handicap at all (Blood, 1990).

In 1980 the World Health Organization (WHO) adopted The International Classification of Impairments, Disabilities, and Handicaps to describe the consequences of various diseases and disorders. According to the WHO (1980) standards, the disability of stuttering is comprised by the limitations imposed upon an individual's ability to communicate (Guitar, 2006). Much of these limitations depend on how mild or severe the stuttering is, but limitations are also associated with the way that the individuals feel about themselves and the way they perceive the reactions of others to their stuttering (Blood, 2003).

The handicap that can result from stuttering is the social constraint that the stuttering can place on the

PWS's lives. The term handicap differs from disability because it refers to the lack of fulfillment individuals have in their social lives as well as in school, work, and in the community (Guitar, 2006). As mentioned above, there are many obstacles that PWS face to find employment (Parry, 2009).

Although it is beneficial that the WHO (1980) has adopted an official standpoint about stuttering as a disability, the current classification system is ambiguous. The current system says, for example, that if a person does not feel limited by the stuttering, then it should not be considered a disability. Further research should be conducted to show that even those who feel less affected by stuttering are still disabled in many ways in terms of everyday life situations.

#### Social Anxiety and Treatment

There has been much debate over whether social anxiety associated with stuttering can hinder the progress of treatment (Davis, 2006). It seems logical that those who experience more anxiety regarding their stuttering could be more hesitant to open up to speech-language pathologists (SLPs). The anxiety associated with speaking could trigger stuttering behavior and in fact make it worse. Some PWS could avoid therapy altogether because they may fear that

they would be forced to speak in uncomfortable situations as part of treatment (Davis, 2006).

Davis conducted a study in 2006 to investigate whether young children and adolescents who persist in stuttering show any differences in trait anxiety or state anxiety compared with people who recover from stuttering, and a control group composed of fluent people. Trait anxiety is defined as anxiety due to an anticipated event. State anxiety is defined as anxiety associated with what is perceived to be a dangerous or demanding situation (Davis, 2006). Comparisons between a group of 19 fluent individuals and a group of 17 speakers who have a documented history of stuttering but do not currently stutter, and a group of 18 speakers who have a documented history of stuttering and continue to stutter were conducted.

Results indicated that there were no statistically significant differences in trait anxiety amongst the group of those that have recovered from stuttering, the group that persists with the stuttering, and the control group. However, the group that persisted with stuttering showed higher state anxiety in three out of four speaking situations (Davis, 2006). The three situations where there was a difference in anxiety levels amongst participants were asking for something in a shop, talking to a friend on

the phone, and answering a question in front of an entire class. Results demonstrated that there was no statistically significant difference in anxiety for those that had recovered from the stuttering and the control group. The difference in levels of state anxiety only appeared in the group of those that persisted with the stuttering behaviors (Davis, 2006).

These findings suggest that anxiety levels may affect speech fluency of PWS. The validity of the study would be improved by all three groups having the same amount of participants recruited. There was no reason given for each of the groups having slightly different numbers of participants.

Based on the information from the study about the relationship between anxiety and fluency (Davis, 2006), it can be concluded that it might be beneficial for some PWS to seek psychological therapy in addition to speech therapy in order to help reduce the levels of anxiety. Although SLPs are qualified to perform therapy to improve the fluency of the individual, the client's success could be improved by working on behavioral techniques to reduce social anxiety in speaking situations. If the client was able to reduce or eliminate anxiety when speaking in

uncomfortable situations, some of the stuttering behaviors could be reduced or eliminated.

#### Treatment

There has been extensive disagreement about effective stuttering therapy, largely due to disagreement about assessment methods (Howell, 2004). There are divergences amongst professionals regarding the most appropriate ways to collect treatment outcomes data, the nature of the data that is collected, the value of existing data in published literature, the role of the clinician and the client in providing treatment outcomes data, and the way the data is interpreted (Howell, 2004). In order to compare various treatments, there must be some standard form of evaluation procedures in place.

The latest trend in the SLP field is the use of evidence-based practice, or practices that have empirical research to prove that they are effective (Guitar, 2006). New methods of stuttering therapy attempt to address stuttering challenges while reducing negative emotional and cognitive reactions to the stuttering, minimizing the impact of the stuttering on the individual's life overall (Howell, 2004). These treatment approaches offer ways to not only help PWS to recover from the stuttering behaviors,

but also to improve their quality of life and to help overcome the social obstacles created by stuttering.

Unfortunately, SLPs who choose such methods of treatment to address the social issues with stuttering are having difficulty justifying the use of such approaches to third-party payers, other clinicians, researchers, and even the client himself if there is no published, empirical evidence (Howell, 2004). It is usually assumed that the client would want to recover from the stuttering behavior without much consideration for the social effects. Although it is estimated that there are three million people in the United States who stutter, at any given time, the vast majority are not in treatment (Howell, 2004). Those individuals who are not receiving treatment may not believe that treatment could help them, or they may have had previous treatment which lacked success.

In 1988, it was suggested by Howell (2004) that an effective treatment program is defined as one that "addressed the client's complaint (Howell, 2004)." If the client's complaint is that he or she is unable to speak fluently, the goal of therapy should be to increase fluency. However, if the client's complaint is more socially-oriented, such as the inability to maintain relationships and the lack of opportunities in life due to

the dysfluency, the primary goal of therapy should be to find ways to eliminate the social barriers that the stuttering creates.

There are several problems with using the client's complaint as the primary treatment goal. The primary complaint of PWS may not relate to the stuttering, itself. The secondary behaviors that accompany stuttering can be the client's first priority. It is also untrue that every person will have success in treatment for his or her primary complaint. Some goals may be too unrealistic, such as hoping to achieve complete fluency. A third problem is that the client's goals for therapy could change over time depending on his or her experiences both in and out of therapy (Howell, 2004). Some PWS who stutter report that their difficulties involve social anxiety and fear of situations where they might be asked to speak in public. When using therapy approaches aimed at modifying the client's speech, there are high relapse rates which suggest that the modifications are difficult to maintain over time (Howell, 2004).

#### Conclusion

There is no doubt that adolescents and young adults who stutter face negative social consequences and barriers to opportunities, such as employment and relationships.

Because stuttering is a disorder which usually unfolds in childhood and may be resolved early in life, those who stutter into later stages in life have lower odds of recovering from the stuttering and greater odds of facing more negative social consequences. Although there are many severity levels of stuttering behaviors, determined by the presence of various core and secondary behaviors, most adolescents and young adults who stutter experience social consequences from stuttering.

PWS are often stigmatized by society. They are unfairly stereotyped into a group which is often believed to be less intelligent or capable than the average individual (Blood, 2003). As a result, PWS often have impaired self-image, as well as negative attitudes and feelings in regard to their ability to communicate. Many PWS avoid social interaction as much as possible, which may reduce their chances to find romantic partners and friends. It is very reasonable for PWS to avoid both intimate and platonic relationships, since research shows that the majority of people do not find those who stutter to be acceptable romantic partners or friends (Shears, 1969).

Finding employment can be a challenging task for PWS (Parry, 2009). Reports of discrimination during the hiring process are not uncommon (Parry, 2009). Just getting

through many parts of the day may be challenging for PWS. Adolescents and young adults who stutter usually deal with anxiety which can increase stuttering behavior (Davis, 2006).

Treatment for stuttering usually involves working solely on fluency, ignoring the social consequences that the stuttering creates. There is little research about stuttering treatments involving improving quality of life (Howell, 2004).

Stuttering has a negative social effect. It is important for SLPs to be fully informed about challenges that PWS face due to their dysfluencies. Well-informed professionals are more likely to have empathy for the clients, which is valuable in professional practice. In order to improve public awareness about the real causes and implications of stuttering, it is important to establish a support system for PWS to help them to overcome challenges and discrimination related to stuttering.

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