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## Original Article

# Impact of Stuttering on Identity Construction in Women: Speech Language Pathologists (SLP) Perspective

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## ABSTRACT

Stuttering is a complex communication disorder characterized by involuntary audible or inaudible stops, repetition, prolongations, blocks, and other symptoms. **Objective:** To find out the impact of stuttering on identity construction in women through perspective of SLP. **Methods:** It was a cross-sectional study. Convenient sampling technique was used. It was conducted through social media platforms or online survey by using a self-designed questionnaire. Duration of the study was four months from March 2022 to June 2022, after the approval of DRC. Sample size was 179 that were taken based on random sampling. Experienced SLPs were included in this study. Data analysis was done using IBM SPSS 23 version. Method of statistical were employed which include the descriptive analysis like mean, range, standard deviation, and chi square test. **Results:** According to the study's findings, stuttering has an impact on every aspect of a woman's life. Results indicated that 90(50.3%) stutters were anxious in speaking in social situations, 66(36.9%) stutters feel difficulty in interpersonal and social interactions, 57(31.8%) stutters had extra, and unnecessary facial movements and 68(38.0%) stutters feel that stuttering is affecting their academics performance. All of these factors suggest that stuttering has a significant impact on a woman's identity. **Conclusion:** It is concluded from present study that stuttering had negative impact in developing identity in women.

## INTRODUCTION

Stuttering has become more internationally accepted as a complex communication problem represents a complex interaction of environmental, genetic, and constitutional factors [1]. As speaking is humans' major means of communication, it's not unexpected that stuttering is a disease of speech production, has been linked to a number of issues in their lives. SLPs who's specialized in stuttering treatment must not only handle the symptoms of impaired speech but also understand the multidimensional impact of a person's psychological, emotional, and cultural factors on stuttering [2]. Stuttering is a verbal communication disorder characterized by involuntary sound or word repetitions or prolongations which can be heard or silent.

These are hard to control and can be accompanied by other behaviours as well as emotional issues such as anxiety, guilt or frustration [3]. Although stuttering is a symptom instead of a condition, the word is used to describe both the disorder and the symptom [4]. Stuttering also known as developmental stuttering is a common fluency issue that begins in childhood. It typically begins before puberty, between the ages of two and five, with no apparent signs of a brain damage or other unexplained cause [5]. After a defined brain damage, such as a stroke, intra-cerebral bleeding or head trauma, neurogenic or acquired stuttering develops. It's an uncommon occurrence that's been seen after brain injuries in a variety of area [6]. This

kind has not associated with stuttering in the past. Psychogenic stuttering is uncommon and is thought to be caused by a painful emotional or psychological event. Despite the fact that this sort of fluency disorder has been documented in the literature, the authors have seen a few of the thousands of clients diagnosed of stuttering as a result of emotional or psychological stress [7]. Covert stuttering is defined as the excessive use of secondary behaviours to cover a stutter. *Behavioural symptoms* of stuttering, Syllables are repeated unconsciously, particularly at the start of words [8]. Stuttering had reported to be more common in men than in women with a 2.4:1 ratio [9]. We may define the many hypotheses of stuttering as being based on genetics, child development, neurosis, and learning and conditioning just as we do with other speech disorders [10]. The representation of oneself that develops from interaction in/with multiple groups of others in a number of social circumstances is referred to as identity. The World Health Organization's International Classification of Functioning, Disability, and Health refer to the quality of life of PWS by identifying not only the symptoms of stuttering but also the impact of those symptoms on their ability to engage in daily tasks. Most stutterers are employed at a lower level than their intellectual and educational potential due to their stuttering issue and lack of self-confidence. In Pakistan, the prevalence of stuttering is increasing. The five components of stuttering are emotional, behavioral, cognitive responses, environmental and overall influence. All of these components influence the stutterer's quality of life. The framework demonstrates the strong link between the environment and a stuttering person's ability to perform effectively [11]. The rationale of the study was to find out the impact of stuttering in women as there were many studies conducted internationally and nationally on impact of stuttering but limited study on impact of stuttering on identity construction in women. So, this study is conducted to find out the impact of stuttering in women at Pakistan.

## METHODS

A total of 179 speech therapists were included in this study based on random sampling. Data was collected from the SLPs by using a self-designed questionnaire. The questionnaire constituted the questions regarding impact of stuttering. This is cross-sectional study was conducted between March 2021 to Jun 2021 at University of Lahore, Lahore using Convenient sampling technique. Verbal consent from the SLPs was taken. Doctors, physiotherapist, occupational therapist, psychologist and other professionals were excluded from the study. In this study there were no ethical issues because this is not

experimental study. Data analysis was done using IBM SPSS version 23.0 version. Method of statistical were employed which include the descriptive analysis like mean, range, standard deviation, and chi square test.

## RESULTS

In Table 1 out of 179 SLPs, 158(88.3%) were female and 21(11.7%) were male in the study. On asking the speech therapists about their qualification out of 179(100.0%) almost 98(54.7 %) responded with BSSLP, 70(39.1%) responded with MSSLP and 11(6.1%) responded that they have done PGD in speech therapy. On asking the speech therapists about their work setting out of 179(100.0%) almost setting 93(52%) responded that they are working in Hospital and 86(43%) responded that they are working in Rehabilitation centres. On asking the speech therapist about their work experience 161(89%) were responded with 1 to 5 years, 13(7%) were responded with 6 to 10 years, 3(1.7%) were responded with 11 to 15 years and 2(1.1%) were responded with more than 15 years, as shown in Table 1.

Demographics	Frequency (%)	
Gender	Male	21(11.7%)
	Female	158(88.3%)
Degree of Speech Therapists	BSSLP	98(54.7%)
	MSSLP	70(39.1%)
	PGD	11(6.1%)
Work Setting	Hospital	93(52.0%)
	Rehabilitation centre	86(43%)
Work Experience	1 to 5	161(89.9%)
	6 to 10	13(7.3%)
	11 to 15	3(1.7%)
	More than 15	2(1.1%)

**Table 1:** Participants Characteristics

In Table 2 results indicated that on asking the question (Do you think that stutter have fear that she may stutter or fear that how would she speak further if she stutter?) from the speech therapist, 31(17%) were responded with "Not at All", 94(52.5%) were responded with "Sometimes" and 54(30.2%) were responded with "Almost Always". On asking the question (Do you think that stutter avoid talking in telephone?) from the speech therapist, 25(14%) were responded with "Not at All", 112(62.6%) were responded with "Sometimes" and 42(23.5%) were responded with "Almost Always". On asking the question (Do you think that stutter avoid talking with her lecturer/boss?) from the speech therapist, 11(6.1%) were responded with "Not at All", 106(59.2%) were responded with "Sometimes" and 62(34.6%) were responded with "Almost Always". On asking the question (Do you think that stutter avoid social and public speaking situations?) from the speech therapists, 6(3.4%) were responded with "Not at All", 83(46.4%) were responded with "Sometimes" and 90(50.3%) were

responded with "Almost Always". On asking the question (Do you think that stutter feel fearful and anxious in new speaking situations?) from the speech therapists, 6(3.4%) were responded with "Not at All", 65(36.3%) were responded with "Sometimes" 108(60.3%) were responded with "Almost Always". On asking the question (Do you think that stutter change words that she wants to say?) from the speech therapists, 19(10.6%) were responded with "Not at All", 104(58.1%) were responded with "Sometimes" and 56(31.3%) were responded with "Almost Always". On asking the question (Do you think that stutter feel that her speech is worse under stressful situation?) from the speech therapists, 14(7.8%) were responded with "Not at All", 77(43.0%) were responded with "Sometimes" and 88(49.2%) were responded with "Almost Always".

Questions	Response		
	Not at all	Sometime	Almost always
<b>Speech related fear, avoidance and anxiety</b>			
Do you think that stutter have fear that she may stutter or fear that how would she speak further if she stutter?	31 (17.3%)	94 (52.5%)	54 (30.2%)
Do you think that stutter avoid talking in telephone?	25 (14.0%)	112 (62.6%)	42 (23.5%)
Do you think that stutter avoid talking with her lecturer/boss?	11 (6.1%)	106 (59.2%)	62 (34.6%)
Do you think that stutter avoid social and public speaking situations?	6 (3.4%)	83 (46.4%)	90 (50.3%)
Do you think that stutter feel fearful and anxious in new speaking situations?	6 (3.4%)	65 (36.3%)	108 (60.3%)
Do you think that stutter change words that she wants to say?	19 (10.6%)	104 (58.1%)	56 (31.3%)
Do you think that stutter feel that her speech is worse under stressful situation?	14 (7.8%)	77 (43.0%)	88 (49.2%)
Do you think that stutter feel any variation in her speech in different speaking situations?	8 (4.5%)	105 (58.7%)	66 (36.9%)
Do you think that stutter feel she is helpless, depressed, frustrated?	9 (5%)	112 (62.6%)	58 (32.4%)

**Table 2:** Questions related to Speech related fear, avoidance and anxiety

In Table 3 on asking the question (Do you think that stutter avoid talking to opposite sex?) was asked from the speech therapist, 9(5%) were responded with "Not at All", 121(67.6%) were responded with "Sometimes" and 49(27.4%) were responded with "Almost Always". On asking the question (Do you think that stuttering of women prevents her from enjoying life?) was asked from the speech therapist, 22(12.3%) were responded with "Not at All", 112(62.6%) were responded with "Sometimes" and 45(25.1%) were responded with "Almost Always". On asking the question (Do you think stuttering makes it harder for you to make friends?) from the speech therapist, 16(8.9%) were responded with "Not at All", 96(53.6%) were responded with "Sometimes" and 67(37.4%) were responded with "Almost Always". On asking the question (Do think that stuttering have any influence on her social life in establishing friendships with family and peers?) from the speech therapist, 15(8.4%) were responded with "Not at All", 94(52.5%) were responded with "Sometimes" and 70(39.1%) were responded with "Almost Always".

Questions	Response		
	Not at all	Sometime	Almost always
<b>Interpersonal and social relationship</b>			
Do you think that stutter avoid talking to opposite sex?	13 (7.3%)	109 (60.9%)	57 (31.8%)
Do you think that stuttering of women prevents her from enjoying life?	22 (12.3%)	112 (62.6%)	45 (25.1%)
Do you think stuttering makes it harder for you to make friends?	16 (8.9%)	96 (53.6%)	67 (37.4%)
Do think that stuttering have any influence on her social life in establishing friendships with family and peers?	15 (8.4%)	94 (52.5%)	70 (39.1%)

**Table 3:** Questions related to Interpersonal and social relationship

In Table 4 on asking the question (Do you think that stutter have any extra and unnecessary facial movements?) from the speech therapist, 13(7.3%) were responded with "Not at All", 109(60.9%) were responded with "Sometimes" and 57(31.8%) were

responded with "Almost Always". On asking the question (Do you think that stutter make sudden forceful or irregular movements with her head, arms, or body during speech attempts?) from the speech therapist, 4(2.2%) were responded with "Not at All", (65.9%) were responded with "Sometimes" and 57(31.8%) were responded with "Almost Always". On asking the question (Do you think that stutter breathe with excessive effort while trying to speak?) from speech therapist, 4(2.2%) were responded with "Not at All", 99(55.3%) were responded with "Sometimes" and 76(42.5%) were responded with "Almost Always".

Questions	Response		
	Not at all	Sometime	Almost always
<b>Behavioural reaction to stuttering</b>			
Do you think that stutter have any extra and unnecessary facial movements?	13 (7.3%)	109 (60.9%)	57 (31.8%)
Do you think that stutter make sudden forceful or irregular movements with her head, arms, or body during speech attempts?	4 (2.2%)	115 (65.9%)	57 (31.8%)
Do you think that stutter breathe with excessive effort while trying to speak?	4 (2.2%)	99 (55.3%)	76 (42.5%)
Do you think that stutter use gestures to substitute your speaking?	6 (3.4%)	109 (60.9%)	64 (35.8%)
Do you think that stutter add an additional or unnecessary sound, word, or phrase to your speech?	13 (7.3%)	110 (61.5%)	56 (31.3%)
Do you think that stutter repeat a syllables, sound, word or phrases with effort?	17 (9.5%)	104 (58.1%)	58 (32.4%)
Do you think that stutter avoid speaking in certain situations?	9 (5.0%)	101 (56.4%)	69 (38.5%)

**Table 4:** Question related behavioural reaction to stuttering

## DISCUSSION

Stuttering is a communication disorder characterized by involuntary sound or word repetitions or prolongations, which can be heard or silent [12]. The purpose of the study was to see the perception of speech therapists about impact of stuttering on women life. The study had a total of 179 SLPs, 158 of whom were female and 21 of whom were male. Women who stutter have greater problems in life than those who do not stutter, according to the results of this study. Fear, anxiety, and avoidance behaviour in different speaking contexts are also examined in the study. The findings of this study shows that stuttering disorder is associated with a higher level of general anxiety, which brings traumatic experience and makes daily tasks difficult. On reviewing the literature findings were supportive to Susan Miller and Ben C. Watson on evaluating self-perceptions of depression, state of anxiety, and communication attitude was conducted on 52 persons who stuttered and 52 people who speak fluently [13]. The results shows that adults who stutter's anxiety is restricted to their attitude toward communication circumstances as well as their response to bad communication experiences they face in their everyday lives [14]. On asking the respondent about effect of stuttering on Interpersonal and social relationships from speech therapist, almost 7% responded with "Not at all", 60% responded with "Sometimes" and 33% responded with "Almost always". Current study shows that the quality of one's social life was regarded a factor. On reviewing the literature findings were

supportive to Jan McAllister, Jacqueline Collier and Lee Shepstone [15]. The study involved 16 participants, with 9 reporting that stuttering had little influence on their social well-being in terms of building friendships, and 7 reporting that stuttering had a good or negative impact on their social life. On asking the respondent about behavioural reaction to stuttering from speech therapist, almost 7% responded with "Not at all", 62% responded with "Sometimes" and 29% responded with "Almost always". The result of this study shows that 60% of the participants said that they had to struggle difficult to know syllables, sounds, words, or sentences. According to the 332 completed questionnaires, stuttering has the biggest negative impact on education and work. Many people have found speech and language therapy to be beneficial, but the nature of the advantages and the precise therapies employed were rarely mentioned [16]. On asking the respondent about effect of stuttering on educational status from speech therapist, 6% responded with "Not at all", 41% responded with "Sometimes" and 24% responded with "Almost always". Many scholars have already written about the impact of stuttering on educational status. On reviewing the literature findings were supportive to Daniels and James in 2019. Results of study showed that students who stutter were more hated and excluded from group activities than their non-stuttering peers, as well as being ignored in social activities and not permitted to participate with their peers. Students who stuttered had problems with academic performance such as oral presentations,

reading aloud, and sustaining friendships with classmates, according to research; the primary cause was teasing, which had a detrimental influence on students who stutter. But in previous studies explain that for each of the eight scenarios, there was a significant inverse association between maximum educational accomplishment and mean self-reported stuttering severity [17]. Listeners were more inclined to choose presenters who self-disclosed their stuttering as friendlier, outgoing, and confident than speakers who did not, even after controlling for observer and speaker gender. Compared to speakers who employed a self-disclosure statement, observers were more likely to perceive presenters who did not self-disclose as aloof and bashful. When self-disclosure and observer gender were taken into account, observers were less likely to select the female speaker as being friendlier, outgoing, and confident than the male speaker. In comparison to the male speaker, observers were more likely to describe the female speaker as hostile, shy, stupid, and insecure. They were also more likely to say that they were distracted while watching the films [18]. The findings showed that the participants' perceptions of themselves, their stuttering, and their life decisions were influenced by the combination of communication, ethnicity, and culture [19]. The stigma-identity dimensions significantly contributed to the variation in AWS's distress (25%) and the negative effects of stuttering on quality of life (30%). After adjusting for demographics and neuroticism, the categories of salience, centrality, and concealment were also found to be positively predictive of distress and the negative effects of stuttering. The largest predictor of the negative effects of stuttering on quality of life was concealment, which stood out among the other predictor factors (self-rated stuttering severity, demographic characteristics, neuroticism, and the three other stigma-identity constructs). Self-rated stuttering severity was the final moderating factor [20].

## CONCLUSIONS

On the basis of obtained findings it was concluded that stuttering had negative impact on women life.

## Conflicts of Interest

The authors declare no conflict of interest.

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