



RESEARCH PAPER

Evaluating Effects of Gender, Education and Age on the Identity of People Who Stutter

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ABSTRACT

Adult onset stuttering is a condition that refers to a stutter where an adult who has previously shown age-appropriate communication skills suddenly starts facing dysfluency in his speech. Previous studies assert that those who stutter are more likely to experience the negative psychological and emotional impacts of stuttering on their identity. Interaction between a person who stutters (PWS) and others around him comes together to develop PSW's identity. This study examined how PWS's gender, education and age affect the CSI constructions using the Concealable Stigmatized Identity (CSI) constructs. Saliency, centrality, and disclosure were the factors against which the relation of gender, age and education was examined. The study concluded that the relationship that gender and age have with three constructs of CSI remained insignificant. However, education has a significant relationship with the constructs.

KEYWORDS Adult Onset Stuttering, Concealable Stigmatized Identity, Developmental Stuttering, PWS, Stuttering; Identity

Introduction

This research study using an apparent time study focuses on how people who stutterer (henceforth, PSW) used their stuttering to construct an identity for themselves. In order to track the strategies used by PSW to construct their identity, this study also considers PWS's personal experiences. The population of this study consisted of a diverse range of PWS, spanning in age from 21 years (who had just begun to stammer) to 68 years (who had lived their whole life as a PWS), but one thing that united this diverse population is that their stuttering began as adults and are not the object of developmental stuttering. Developmental stuttering is a kind of speech dysfluency that starts when a child, as young as 2 years, fails to keep up with his/her verbal requirements.

Literature Review

Language is a crucial component of our identity (Llamas, 2010) thus our "experience of being human" (Durkin & Conti-Ramsden, 2007) is significantly influenced by the relationship that language has with identity. Language does not construct the identity of its users as how others see them but also how they see themselves, thus creating a mirror image for them. The self-identity offers the response to the inquiry "Who am I?" (Maria, 1966). So, the main focus of this research is what happens when one loses the ability to use language to create one's own sense of self. According to Riper (1982), "if the self could be equated with stuttering, then by dealing with the stuttering we would be able to modify the self."

Shehaan (1953) takes Riper's (ibid) argument a step further by proposing that stutterers have two selves, one which stutters and the other that does not. According to studies, PWS speak more fluently when they focus less on their speech (Bloodstein, 1987). Schwartz et al (2011) suggest that the degree of self-consciousness in PWS increases when they are extremely conscious about their stutter thus want to prevent stuttering. This heightened level of self-consciousness leads to decreased fluency resulting in increased stuttering.

Adult Onset and Developmental Stuttering

Stuttering is a speech problem that interferes with speech flow, according to the World Health Organization (WHO) (WHO, 2001). Ripper (1982) suggests repetitions, prolongations, and blocks as three main stuttering behaviors that characterized PWS's speech. Prolongations are the initial basic behavior, where each speech sound is stretched thus prolonged; depending on the stutter, prolongations can last anywhere from a few seconds to a couple of minutes. Repetition is the act of repeating a single syllable until the stuttering word is generated (Riper, ibid). The third characteristic of PWS speech is block. Riper (ibid) calls it an obstruction to the voice or airflow that prevents speaking. Based on the age of the onset of stuttering, it can be divided into two fundamental types: *developmental stuttering* and *adult onset stuttering*.

The National Institute on Deafness and Other Communication Disorders describes *developmental stuttering* as a communication issue when children's linguistic, specifically speech, abilities fail to keep up with their verbal requirements. Developmental stuttering develops during early childhood; children as young as 2 years old may stammer. In contrast to developmental stuttering, *adult onset stuttering* is a stammer that is noticed in a grown up that has previously displayed age-appropriate speech delivery skills (Ackermann et al., 1996) but their verbal delivery suddenly or gradually becomes non-fluent, with repetitions, prolongations, and blocks, during adulthood (Conture, 1990). Adult-onset stammering is considered an acquired language disorder shows the same characteristics of developmental stuttering such as speech constriction and fluency loss (Junuzovic-Zunic, 2021). In developmental stuttering, those who have never had the issue before may find their speech slurred unexpectedly. The reasons of stuttering can be neurogenic or psychological; *neurogenic stuttering* is characterized by language impairment brought on by acquired brain injury (Junuzovic-Zunic, 2021), whereas *psychogenic stuttering* is brought on by underlying psychological processes as opposed to a physical alteration (Doen, 2021).

Stigmatized Social Identities

Our idea of 'who we are' is significantly influenced by the language that we use (Durkin & Conti-Ramsden, 2007). According to the Sociolinguistics of Identity, individuals place and contextualize others and themselves in sociocultural contexts through language by using all the variables that make up identity markers in speech (Omoniyi, 2009). In accordance with their socialization, participants in a communicative event see themselves and others in certain ways. According to social psychologists Brewer and Gardner (1996), there are three ways to approach self-concept: from the personal, collective and relational self. The personal self constructs a distinctive identity that sets us apart from other. Binary interpersonal interactions, like those between parents and children produce the relational self that is based on the social duties and wants of others. The collective self refers to the ideas, notions and views of the groups that individual is a part of (Brewer & Gardner, 1996). Tajfel (1978) asserts that personal identity evolves from social identity as a person compares oneself to other people and members of various social groups considering how he is similar to or different from them, further research asserts that the need for a strong sense of identity in society inspired this comparison (Tajfel & Turner, 1979).

The Stigma Process

Positive social identities are accepted and sought after, while identities associated with stigma are seen to be socially less acceptable and contrary to society's norms. Those who exhibit negative identities are exposed to stigma, which includes rejection, discrimination, exclusion, loss of social standing, decreased psychological well-being, poorer self-esteem, and social isolation (Boyle, Blood, and Blood, 2009; Major & O'Brien, 2005; Hinshaw, 2006).

In the periods following Goffman's (1963) studies on stigma, psychologists expanded stigma's critical cognitive components and its processes by which it moulds micro-level social interaction. Link and Phelan (2010) expanding on Goffman's (ibid) concept of stigma, attach great importance to the function of power in society. They describe stigma as the occurrence of four processes: first being the stage where human differences are identified. Once the differences are identified and labelled, the second stage of the stigma process starts. At this stage these differences are stereotyped and clichéd. Third stage is about drawing the *us vs. them* boundaries; once drawn, these boundaries are hard to cross or erase. It is then that the fourth stage as described by Link and Phelan (ibid) starts which results in the status loss and discrimination against those labelled. Rejection, prejudice, marginalization, and a decline in social standing are potential outcomes of this stigma process (Boyle, Blood, & Blood, 2009).

The obvious features of stammering do not provide the full picture of stuttering. Sheehan (1970) compares verbal manifestations to an iceberg, noting that non-fluent speech is at the top and apparent to onlookers while there is a greater portion that is hidden beneath hindered speech and comprises the negative sentiments, emotions, and feelings of dissatisfaction (Collins & Blood, 1990; Guitar, 2006). Numerous studies on stuttering and self-esteem have been carried out (Green, 1997; Green, 1999; Kalinowski, Lerman & Watt, 1997; Riper, 1982; Yovetich, Leschied & Flicht 2000; Zelen, Sheehan & Bugenthal, 1954). These researches have looked into many other facets of self-concept of PSW, but there is a dearth of research as how abrupt onset stuttering affects a person's social identity. The quantitative component of this study focused on how PWS perceive themselves as stutterers after experiencing social language impairment.

Due to their incapability to express their thoughts and feelings verbally PWS endure greater strain and effort which intensifies their stutter (Willaims, 1982). According to Ward (2006), PWS may engage in avoidance behaviors to lessen dysfluency in order to avoid feelings of powerlessness, humiliation, and shame. Ward's idea is supported by Craig and Tran (2006), who contend that PWS are more prone to experience anxiety as a result of their unpleasant experiences. Additionally, the studies has shown that the emotional and sentimental aspects of stuttering enhance a person's likelihood of having social issues (Yaruss, 1998). Hennie, one of the participants of a study, *"On becoming someone: Self-identity as Able"* conducted by H. Kathard explains, "Imagine this. I walk in the door. Tall, Blonde, Macho, Strappy, Rugby-playing Hennie. Next to me is the guy in the wheelchair. His problem is obvious. I look normal. I open my mouth to speak and ... NO. The game is not over yet. Not over till I stutter. Then [stuttering] happens. Out of the blue. It takes me by surprise because I don't know exactly when it will pop up and until it does I am normal...(Kathard, 2003: 4-13)". Hennie uses a variety of characteristics to define himself, including his physical appearance and athletic prowess. Despite possessing several identities, Hennie shares one of them with the wheelchair user, however, Hennies' identity is hidden and covert. Sheehan best captures this conflict and transition between the identities of "stutterer" and "regular speaker" (1970). Shehan (ibid) believes that PSW has two completely contrasting selves: the genuine self and a stuttering self that complicates the creation of identities.

Saliency, Centrality, Concealment, Disclosure and PWS' Identity

By expanding on Quinn and Earnshaw's (2013) model of concealable stigmatized identity (CSI), we attempt to investigate the impact of these social challenges on the creation and maintenance of PWS' social identities. Using the following dimensions, this model assisted the researchers in assessing how stuttering affects PWS participants' sense of self and identity:

- 1) Saliency: the degree to which a person considers their CSI
- 2) Centrality: the extent to which stuttering serves as a person's identity
- 3) Concealment: the attempt to conceal their stuttering identity
- 4) Disclosure: how frequently a person discloses his identity.

Considering identity as a social construct, this study has supported Hottle's (1996) theory that PSWs develop a stammering self which is the result of other people's reaction to their stutter. As a result, a person's identity is more than just the result of their wishes; instead, it is a system that is mutually created in context through dialogue between a person (in this case, PWS) and their listeners (e.g. family, friends, care-givers). This study followed the development of CSI in PWS by focusing on three key CSI dimensions: centrality, saliency, and disclosure, as well as the influence of participants' gender, ages and educational levels on these constructs.

Material and Methods

A survey with questions about the prominence, centrality, disclosure, and negative effects of stuttering on the quality of linguistic choices was presented to a sample of 12 PWS.

Research Tools

This study used a questionnaire to assess how much PWS believed they would be stigmatized if others knew they stutter. Primarily, divided into two sections, the questionnaire began with open-ended inquiries on respondents' ages, levels of education, gender and races. Likert scale questions were included in the questionnaire's second section. Primarily, the questionnaire focused on the identity of the chosen population as a stutterer, they were provided 5 options on a scale of 1 to 5, with 1 denoting severe disagreement and 5 denoting strong agreement. The scale utilized the items from Kessler, Mickelson, and Williams' (1999:214) discrimination scale, which discussed social devaluation through things such as "people not "befriending you", "people blaming you for your stuttering", "friends avoiding you", and "people not accepting you as they are". The expected stigma was examined using a 5-item scale, and the relationship between stuttering and the self was a key focus of the research which was measured by employing the sub-scale of the Collective Self-Esteem scale (Luhtanen & Crocker, 1992). This scale was designed to gauge how much someone valued their stuttering as a distinctive characteristic. Items like "stuttering as an important aspect of my identity" were once again assessed on a five-point answer scale extending from one (strongly disagree) to five (strongly agree). A 7-item scale was employed to gauge how important the centrality of CSI is. All the items in the questionnaire were organized in the way that maximum scores showed greater centrality.

Data Collection

The questionnaire was disseminated through a Facebook community "Stuttering Community". Hence, the survey was conducted online.

Participants of Research

The population of this study consisted of 12 volunteers, who represented a variety of racial identities, educational backgrounds, and age ranges. All of them began stuttering as adults, which was a defining characteristic of the population. There were 7 male participants and 5 females. They had qualifications running from a high school diploma to a PhD. The participants’ age ranged from 21 to 68 years. Two individuals declared themselves to be Asian, and two others to be Caucasian. One person each from the White American, White British, Hebrew, and Dual White and Black races was present, while four participants chose not to identify their race. Seven individuals had their stuttering professionally diagnosed, whereas five others did not. While 48.3% of the participants in this survey do not view their stuttering as impairment, 41.7% of them see it as a part of their identity.

Results and Discussion

Tables 1, 2 and 3 below show a visualisation of the PWS findings. To find the association between gender and the three notions of salience, centrality, and disclosure, a Pearson correlation coefficient was calculated. Table one reveals that there is a negative correlation between gender with salience [r (12) = -.030, p=.926], gender and disclosure[r (12) =-.159, p=.622.], but there is no correlation between gender and centrality[r (12) =.000, p=1.000]. A Pearson correlation coefficient was calculated to state the relationship between gender and salience, centrality and disclosure. This table indicates the relationship between gender and the three constructs of CSI. Firstly, the results indicate a non-significant positive relationship between age and salience [r (12) =.047, p=.886] and the relationship between age and centrality is also non-significant but positive [r (12) =.078, p=0.809]. Although, the relationship between age and disclosure remained non-significant but relationship was considered negative [r (12) =-.085, p=.793].

Table 1
Correlation between gender and salience, centrality and disclosure.

		Gender	Salience	Centrality	Disclosure
Gender	Pearson Correlation	1	-.030	.000	-.159
	Sig.(2-tailed)		.926	1.000	.622
	N		12	12	12
Salience	Pearson Correlation	-.030	1	.936**	.831**
	Sig.(2-tailed)	.926		.000	.001
	N	12	12	12	12
Disclosure	Pearson Correlation	-.159	.831**	.859**	1
	Sig.(2-tailed)	.622	.001	.000	
	N	12	12	12	12

** . Correlation is significant at the 0.01 level (2-tailed).

To find the association between age and the three notions of salience, centrality, and disclosure, a Pearson correlation coefficient was calculated. The findings show that there is no statistically significant correlation between age and any of the three CSI components, as shown in Table 2 below. First, the findings show that age and salience have non-significantly positive relations [r (12) =.047, p=.886]. Age and centrality have a non-significant but positive relationship [r (12) =.078, p=0.809]. In a similar way, the relationship between age and disclosure is also shown to be non-significant yet negative. [r (12) =-.085, p=.793]

Table 2
Correlation between age and salience, centrality and disclosure

		Age	Salience	Centrality	Disclosure
Age	Pearson Correlation	1	.047	.078	-.085
	Sig. (2-tailed)		.886	.809	.793

	N	12	12	12	12
Saliency	Pearson Correlation	.047	1	.936**	.831**
	Sig. (2-tailed)	.886		.000	.001
	N	12	12	12	12
Centrality	Pearson Correlation	.078	.936**	1	.859**
	Sig. (2-tailed)	.809	.000		.000
	N	12	12	12	12
Disclosure	Pearson Correlation	-.085	.831**	.859**	1
	Sig. (2-tailed)	.793	.001	.000	
	N	12	12	12	12

** . Correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation coefficient was used to ascertain the relationship between education and the three dimensions, namely saliency, centrality, and disclosure. As shown in Table 2 below, the findings show a weak and negative correlation between education and centrality and saliency ($r(12) = -.173$ and $p=0.590$, respectively). Nonetheless, there is a small but significant correlation between disclosure and education [$r(12) = -.211$, $p=.511$].

Table 3
Correlation between education and saliency, centrality and disclosure

		Education	Saliency	Centrality	Disclosure
Education	Pearson Correlation	1	-.123	-.173	-.211
	Sig. (2-tailed)		.704	.590	.511
	N	12	12	12	12
Saliency	Pearson Correlation	-.123	1	.936**	.831**
	Sig. (2-tailed)	.704		.000	.001
	N	12	12	12	12
Centrality	Pearson Correlation	-.173	.936**	1	.859**
	Sig. (2-tailed)	.590	.000		.000
	N	12	12	12	12
Disclosure	Pearson Correlation	-.211	.831**	.859**	1
	Sig. (2-tailed)	.511	.001	.000	
	N	12	12	12	12

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

Saliency, centrality, and disclosure were the factors against which the relation of gender, age and education was examined. In a nutshell it can be concluded that the relationship that gender have with three constructs of CSI remained insignificant. Keeping in mind above-mentioned findings, it can be established that age did not significantly affect any of the above characteristics in the PWS participants in this research. As a result, there was no correlation found between age and the CSI variables. This study reflects that the constructs of CSI as described by Quinn and Eranshaw (2013) are not influenced by the gender or age of PSW thus their attitude towards their identity remains the same regardless of their age and gender.

A third test was directed to study the effect of education on these three dimensions, and the outcomes were slightly different. Education, saliency, and centrality were not significantly correlated. Yet disclosure revealed a strong but modest relationship with education. This unequivocally demonstrates how education provides people the self-

assurance to admit their stammer and helps them come up with better methods to cope with the stigma attached with it. It is reasonable to say that age has no bearing on the three CSI factors that were the subject of this investigation. While disclosure has some influence on education since it has a modest but substantial link with it, centrality and salience are unaffected.

The study's primary research question was to determine the degree to which schooling influenced the development of centrality, disclosure, and salience in PWS. The answer to this question revealed an intriguing finding: while education does not significantly alter PWS' attitudes towards centrality and salience, our population responded less strongly to the stigma associated with stuttering as education levels rose, as shown by a positive correlation between education and disclosure.

A follow-up study would therefore be required to explore the reasons why education aids PWS in reducing the stigma associated with their stuttering identity, including whether it is due to the exposure that education offers them, the time spent in educational institutions, or simply the confidence that comes from their increased knowledge. For the second question, which concerned the effect of age on the three CSI dimensions, our data showed the absence of significant relationship between age, centrality, salience, and disclosure.

The empirical data gathered for this study provided interesting insights into the lived experiences of PSW to trace the identity tactics employed by them, however, it has some limitations; firstly, the population size of this study is not ideal, which prevents us from generalizing its findings. As social media is a rapid and effective way to reach target audiences, researchers aimed to get in touch with as many members of their study sample as they could by contacting several Facebook sites created by and for PWS. Unfortunately, this questionnaire was unable to elicit the desired response from a sizable sample to increase the reliability and validity of the findings. The study's findings cannot thus be applied generally. It is obvious that more study samples need to be followed up on, which was not possible because of the limited resources.

References

- Bloodstein, O. (1995). *Handbook of stuttering*, 5th edn. London: Singular
- Brewer, Marilynn & Gardner, Wendi. (1996). Who Is This "We"? Levels of Collective Identity and Self Representations. *Journal of Personality and Social Psychology*. 71. 83-93. 10.1037/0022-3514.71.1.83.
- Brenda, M. & O'Brien, L. (2005). The Social Psychology of Stigma. *Annual Review of Psychology*. 56. 393-421. 10.1146/annurev.psych.56.091103.070137.
- Collins, C. R., & Blood, G. W. (1990). Acknowledgment and severity of stuttering as factors influencing nonstutterers' perceptions of stutterers. *Journal of Speech & Hearing Disorders*, 55(1), 75-81
- Couture, E. G. (1990). *Stuttering*. Allyn & Bacon.
- Craig, A., & Tran, Y. (2006). Chronic and social anxiety in people who stutter. *Advances in Psychiatric Treatment*. 12. 63-68.
- David, W. (2006). *Stuttering and Cluttering: Frameworks for Understanding and Treatment*. 1-436. 10.4324/9780203892800.
- Došen, Ana ., Juretic. T. G., Palaic, D., Ruzic, K., & Dadic-Hero, E. (2021). "Psychogenic Stuttering-Case Report." *Psychiatria Danubina* 33 (4), 684-685.
- Durkin K & Conti-Ramsden G (2007) Language, Social Behaviour, and the Quality of Friendship in Adolescents with and without a History of Specific Language Impairment. *Child Development* 78:1441-57.
- Esimai, O.A. and Omoniyi-Esan, G.O. (2009) Wait Time and Service Satisfaction at Antenatal Clinics, Obafemi Awolowo University Ile-Ife. *East African. Journal of Public Health*, 6, 309-311.
- G.W. Blood, I.M. Blood, G.M. Tramontana, A.J. Sylvia, M.P. Boyle, G.R. Motzko (2011). Self-reported experience of bullying of students who stutter: Relations with life satisfaction, life orientation, and self-esteem. *Perceptual and Motor Skills*, 113 (2), 353-364
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster.
- Green, T. (1999). The relationship of self-conception to perceived stuttering severity in children and adults who stutter. *Journal of Fluency Disorders*, 24, 281-29
- Guitar, B. (1991) *Stuttering: An Integrated Approach to its Nature and Treatment*, Fifth Edition ISBN: 978-1-4963-4612-4
- Hinshaw, S. P. (2010). *The Mark of Shame: Stigma of mental illness and an agenda for change*. Oxford University Press.
- Junuzovic-Zunic L, Sinanovic O, Majic B. (2021). Neurogenic Stuttering: Etiology, Symptomatology, and Treatment. *Med Arch*. 75(6):456-461

- Kalinowski, L. S., Lerman, J. W. & Watt, J. (1987). A preliminary investigation of perception of self and others in stutterers and nonstutterers. *Journal of Fluency Disorders*, 12, 317-331
- Kathard, H. (2003). *Life Histories of People who Stutter: On Becoming Someone* (Doctoral dissertation). University of Durban-Westville
- Kessler, R. C., Mickelson, K., & Williams, D. R. (1999). The Prevalence, Distribution, and Mental Health Correlates of Perceived Discrimination in the United States. *Journal of Health and Social Behavior*, 40 (3), 208-230.
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *The Lancet*, 367(9509), 528-529
- Luhtanen, Riia & Crocker, Jennifer. (1992). A Collective Self-Esteem Scale: Self-Evaluation of One's Social Identity. *Personality and Social Psychology Bulletin*. 18. 302-318. 10.1177/0146167292183006.
- Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology*, 3, 551-558
- Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. *Social and Personality Psychology Compass*, 7(1), 40-51.
- Schwartz, S. J., Beyers, W., Luyckx, K., Soenens, B., Zamboanga, B. L., Forthun, L.F., Waterman, A. S. (2011). Examining the light and dark sides of emerging adults' identity: A study of identity status differences in positive and negative psychosocial functioning. *Journal of Youth and Adolescence*, 40, 839-859.
- Sheehan, J. (1970). *Stuttering: Research and Therapy*. New York: Harper and Row
- Sheehan, V.M., & Sisskin, V. (2001). The creative process in avoidance reduction therapy for stuttering. *Perspectives on Fluency and Fluency Disorders*, 11(1), 7-11.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin, & S. Worchel (Eds.), *The Social Psychology of Intergroup Relations* (pp. 33-37).
- Van Riper, C. (1982). *The Nature of Stuttering*. Englewood Cliffs, NJ: Prentice Hall.
- Wildgruber D, Ackermann H, Klose U, Kardatzki B, Grodd W. (1996). Functional lateralization of speech production at primary motor cortex: A FMRI study. *Neuroreport*. 7(15-17):2791-2795
- William, R. M. (1984). "Self-Consciousness and Agency." *Synthese*, 61, (2), 149-71
- Yaruss, J., Quesal, R.W., Reeves, L., Molt, L.R., Klutz, B., Caruso, A.J., McClure, J.A. & Lewis, F. (2002). Speech treatment and support group experiences of people who participate in the National Stuttering Association. *Journal of Fluency Disorders*, 27, 115-134.
- Yovetich, W.M.S., Leschied, A.W. & Flicht, J. (2000). Self-esteem of school-age children who stutter. *Journal of Fluency Disorders*, 25, 143-153
- Zelen, S.L., Sheehan, J.G. & Bugenthal, J.F.T. (1954). Self perceptions in stuttering. *Journal of Clinical Psychology*, 10, 70-72.