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Title: Threats to Identity and
Emotional Well-being

Author: Paul O'Sullivan

Doctorate in Counselling Psychology (DPsych.)

at

City University, London

Department of Psychology (School of Social Sciences)

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Declaration

I, Paul O'Sullivan, the author of this thesis hereby grant powers of discretion to City University to allow the thesis to be copied in whole or in part without further reference. This permission covers only single copies made for study purposes, subject to the normal conditions of acknowledgement.

SECTION A:

INTRODUCTION TO THE PORTFOLIO

The theme that pervades the different sections of this portfolio concerns threats to identity and emotional well-being. The portfolio consists of three individual pieces of work: an empirical research study that explores the impact of a stigma/stutter identity on interpersonal relationships and emotional well-being; a client study from my clinical practice, which presents a male client with a threatened masculine identity and his struggle managing his anger and anxiety; and finally a literature review that discusses the impact of stuttering on emotional well-being, specifically the relationship between a stutter identity and anxiety.

A further theme is embedded across the three pieces of work. As a man who stutters each of these three pieces relates to a different aspect of my identity. The critical literature review relates to me, as the author, in its focus on stuttering. The client study reflects my practice as a male counselling psychologist working with a male client, and the research study encompasses both my masculine and stutter identities as it focuses on the experiences of young men who stutter. In the reflexivity sections of the research study, the theme of 'sameness' is discussed with reflections on the possible impact it could have on research transferability and in clinical practice for counselling psychologists.

Section B: Empirical Research Study

The empirical research in this portfolio explores the lived experiences of young men who stutter in forming intimate relationships, and the management processes they go through to prevent or reduce their emotional and psychological distress. This research focuses on an aspect of relationships that is greatly under-researched in the field of stuttering and identity. The study hopes to convey the roles that these young men's stutters play in their lives, how their stutter identity influences them socially, and how the men make sense of establishing intimate relationships.

The idea and initial research questions first came to mind when I started to reflect on possible areas of research during my first year of professional training in counselling psychology. It was my intention to research an area that I considered to be of importance and which could potentially contribute to the field of counselling psychology. Prior to starting my professional training, I conducted a qualitative research project as part of my BSc degree. The research explored the influence of a stutter identity on career choice and career opportunities. The findings alluded to the challenges people who stutter might experience in forming interpersonal relationships.

As a man who stutters I reflected on the findings of my previous research in relation to my own experiences when deciding on possible questions for this study. Having reflected on the role of stuttering on interpersonal relationships, I was very much guided by existing literature when deciding to explore the experiences of forming intimate relationships, an area of research that to my

knowledge has yet to be researched from the perspective of the person who stutters.

This research study used an Interpretative Phenomenological Analysis (IPA) with young men who stutter to investigate their experiences of forming intimate relationships. The study included semi-structured interviews with all of the participants and were analysed using an IPA approach. Four master themes emerged from the data. Three of the master themes are: a stutter identity, socialisation of a stutter identity, and impact of a stutter identity on the formation of intimate relationships. The fourth master theme, managing the impact of a stutter identity, is interwoven and presented within the other three master themes. The limitations and implications of this study are addressed in the discussion section, with areas of further research suggested.

Section C: Professional component

The professional component has been removed from the electronic version of this portfolio.

The professional component presents a combined process report and client study. The report looks in detail at my therapeutic work with a 36-year-old male client who originally presented with anger management issues. The therapeutic approach in which the therapy takes place is Cognitive Behavioural Therapy (CBT). As well as discussing the processes within the therapeutic relationship, the report also explores the struggle the client experiences in his roles as 'husband' and 'father' following ruptures in his family relationships and uncertainty in his employment. Within the report is an extract taken from a key

period in the client's therapy where the fear behind his presenting anger is explored.

Section D: Critical Literature Review

The final piece of work is a critical literature review of existing research that explores the relationship between stuttering and different types of anxiety. Within the review is a discussion of the emotional struggle experienced by people who stutter, and the detrimental impact a stutter identity can have on a person's quality of life and emotional well-being.

Each of these studies explores a different aspect of the overarching theme of threats to identity and emotional well-being. It is hoped that each of the three pieces of work is able to contribute to the field of counselling psychology and help to inform future research and clinical practices.

SECTION B: Research Component

Exploring the Experience of Young Men Who Stutter in Forming Intimate Relationships

1 Introduction

The ability to form and maintain intimate relationships is one of the most crucial social activities an adult undertakes (Linn & Caruso, 1998). Carver and Scheier (2004) argue that failure to form sufficient intimate relationships can lead to the development of emotional isolation in young adults, which can have a detrimental impact on the person's emotional and psychological well-being. A number of research studies have indicated that support from a positive intimate relationship could buffer the emotional impact of stressful situations (Lin, Dean, & Ensel, 1986) and reduce the possibility of the individual experiencing psychological and emotional distress (e.g. O'Leary & Beach, 1990; Zlotnick, Kohn, Keitner, & Della Grotta, 2000).

For the purposes of this research project the term intimate relationships will refer to interpersonal relationships that are physically and emotionally intimate in nature and most commonly, but not essentially, involve sexual intimacy.

To date, few studies have aimed to gain an insight into the experience of forming intimate relationships from the perspective of people who stutter (PWS). This is despite widely accepted evidence that a person's stutter can greatly influence the formation and maintenance of interpersonal relationships (e.g. Klompas & Ross, 2004; Ross, 2001; Linn & Caruso, 1998). The World Health Organisation's (WHO, 2001) International Classification of Functioning, Disability and Health (ICF) publication suggests that persons with disrupted verbal functioning might find difficulty in participating in social situations, especially initiating and sustaining conversations with one or many persons. It also noted that PWS are more likely to experience difficulties in maintaining and managing

complex interpersonal interactions. Yaruss and Quesal (2004) adapted the WHO's ICF framework to specifically relate to stuttering. In their re-evaluation of the ICF framework they report that the significant limitations in participating in social situations would have an overall negative impact on the speaker's interpersonal relations, which could restrict PWS in their capability to form relationships. Yaruss and Quesal (2004) also suggest that PWS could experience difficulties in relating to strangers in social situations.

Previous studies have shown that stuttering can impact on how relationships are formed and how they are maintained (Collins & Blood, 1990; Linn & Caruso, 1998), with suggestions that particularly men who stutter often avoid courtship situations (Sampson, Gabel, & Daniels, 2003). However, to date the phenomenon of forming intimate relations for PWS is a greatly under-researched area, particularly research focusing on the experiences and perspectives of young adult males who stutter. In this research I would like to throw a light on these issues by focusing on the subjective experience of young adult men and how they make sense of forming intimate relationships.

The literature review of this chapter is presented in four sections: (1) stuttering; (2) concepts of identity; (3) qualitative research in the field of stuttering; and (4) the aims of this research project.

1.1 Literature Review

1.1.1 Stuttering

1.1.1.1 Definition and characteristics of stuttering

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994) characterises stuttering as a communication disorder that predominately develops during childhood and could interfere with academic, occupational, or social interactions. The DSM-IV (APA, 1994) describes stuttering's essential diagnostic feature as a "*...disturbance in the normal fluency and time patterning of speech that is inappropriate for the individual's age*" (p. 63).

These involuntary disturbances in the forward flow of speech to which the DSM-IV (APA, 1994) refers are characterised by 'prolongations', 'repetitions', and 'blocks', which Van Riper (1982) terms as the three core behaviours of stuttering. Van Riper (1982) described the first core behaviour, 'prolongations', as an extended sound that occurs during speech with an undisturbed airflow, which could last from between a few seconds to several minutes in severe stutters. The second core behaviour of stuttering, 'repetition', is characterised by the repeating of a single syllable or monosyllabic whole words that are often repeated until the stuttered word is produced (Van Riper, 1982). The third core behaviour, 'blocks', denotes an impediment in the airflow or voice that prevents speech (Van Riper, 1982). Guitar (2013) states that sound prolongations and repetitions are usually evident in the core behaviours of children when they first begin to stutter, as well as in more advanced stutters, whereas blocks are typically the last core behaviour to develop, increasing in frequency and intensity as a stutter persists (Guitar, 2013). However, Yairi (1997) observes that blocks

are also present near the onset of early stuttering in children, along with repetitions and sound prolongations.

Guitar (2006) adopted the term 'core behaviours' from Van Riper (1982) and similar to Van Riper (1982), Guitar (2013) describes the secondary behaviours of stuttering as behaviours that have been acquired as learned reactions to the basic core behaviours. Guitar (2013) states that due to the distress commonly caused by the core behaviours the person who stutters might attempt to either end them quickly or try to avoid any repetitions, prolongations, or blocks altogether. These reactions are then reinforced and develop into learned patterns as a result of the core behaviours.

Guitar (2013) categorises the secondary behaviours into two broad classes: escape behaviours and avoidance behaviours. Escape behaviours occur after a speaker has started stuttering and then attempts to terminate the stutter by employing a behaviour that will aid completion of the word (Guitar, 2013). For example, eye blinks, head nods, and interjections of an additional sound, such as "uh", "uhm", "argh" (Guitar, 2013). Avoidance behaviours, however, are learned when a speaker anticipates future stuttering and recalls previous negative experiences that have occurred when stuttering (Guitar, 2013). Common avoidance behaviours include word substitutions, which involve substituting a word the speaker anticipates stuttering on for another word of a similar meaning (Guitar, 2013), and circumlocutory speech, which is the avoidance of an anticipated problematic word or sentence by talking indirectly about the topic of conversation (Van Riper, 1982; Ward, 2006) (see also, APA, 1994). Guitar (2013) argues that in many cases avoidance behaviours prevent the anticipated stutter from occurring and provide momentary emotional relief

from the increased anxiety that accompanies the fear that a stutter will occur. However, these avoidance behaviours are likely to develop into habitual behaviours that become resistant to change. Other presentations of avoidance behaviours include starters (beginning a word or sentence with an additional sound or another word, such as “Uhm” or “Well...”), postponements (using prolonged pauses or filler words before saying a word where a stutter is anticipated, for example “My name is.....John”), and antiexpectancy devices (using a different accent or speech rhythm, e.g. singing, to avoid an anticipated stutter) (Van Riper, 1982).

Stuttering is frequently defined primarily by its more overt and observable components, namely the core and secondary behaviours. However, the major part of a stutter has been shown to occur below the surface of vocalised speech (Ward, 2006). Sheehan (1970) developed the analogy of an iceberg to illustrate the multifaceted characteristics of stuttering. Sheehan’s iceberg of stuttering model remains a relevant and widely used analogy to explain the complex nature of stuttering (Manning, 2001). The tip of the iceberg is representative of the aforementioned core and escape behaviours, and certain avoidance behaviours. Yet the major part of a stutter that is associated with negative emotions, feelings, attitudes and perceptions that the speaker holds towards stuttering exists below the visible tip of the iceberg (Collins & Blood, 1990; Guitar, 2006).

PWS frequently experience feelings of intense frustration, embarrassment, and hopelessness associated with their struggle to verbalise their intentions, attitudes, and feelings. As such, the speaker frequently experiences an increase in tension and effort that ultimately intensifies the stutter, and with it the

frequency in which PWS apply avoidance behaviours to ease the dysfluency (Ward, 2006). Guitar (2006) offers the suggestion that as well as feelings of frustration, embarrassment, and hopelessness, PWS might also experience hostility towards their listeners and an internalised sense of shame. In addition to Guitar's (2006) suggestion, Craig and Tran (2006) argue that PWS are also more likely to develop a fear of future speaking as a result of their negative experiences. The covert facets of stuttering, located in the 'below the surface' section of Sheehan's stuttering iceberg, have been acknowledged as being a causal factor to higher anxiety levels (Kraaimaat, Vanrykeghem, & Dam-Baggen, 2002) and other negative emotional responses (see Guitar, 2006). Furthermore, research evidence has indicated that the psychological and emotional components of stuttering increase the probability of a person experiencing social difficulties (Yaruss, 1998).

1.1.1.2 Contextual factors of stuttering

The World Health Organisation's (WHO) International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001) describes a wide range of contextual factors associated with stuttering that could influence an individual's functioning. The contextual factors from the ICF (WHO, 2001) comprise two components: environmental, an external component defined as "*the physical, social, attitudinal environment in which people live and conduct their lives*" (WHO, 2001, p. 16); and personal, the internal processes that include historic and present influences. The personal component includes "*coping styles...past and current experiences...overall behaviour pattern and character style [and] individual psychological assets*" (WHO, 2001, p. 8). In discussing the environmental contextual factors, the ICF (WHO, 2001) describes the role of

social support and interpersonal relationships that can positively or negatively influence the individual's experience, which include: family, friends, intimate partners, and acquaintances. Considering these social relationships, an example in which an environmental factor could positively influence an individual's experience could be a parent who provides supportive encouragement to increase a child's interest and willingness to participate in amateur dramatic classes that involve social interaction. Conversely, a possible negative environmental factor could be an employer who limits opportunities for the PWS to speak with clients or give presentations because of the person's stutter (see Gabel, Blood, Tellis, & Althouse, 2004). A less obvious example of a negative environmental factor could be a family member or intimate partner who colludes with the PWS's avoidance of speaking situations by making telephone calls on their behalf. Yaruss and Quesal (2004) explain that instead of becoming complicit with the PWS's avoidance of speaking situations, the environment could be a positive influence by facilitating the person's ability to experience such activities, and in turn allowing the individual to learn how to manage and live with their stutter. Other environmental factors suggested by the ICF (WHO, 2001) include communication services, such as using email or text messaging to communicate without speaking, and societal attitudes that relate to "*customs, practices, ideologies, values, norms, factual beliefs, and religious beliefs [that] influence individual behaviour and social life on all levels*" (WHO, 2001, p. 190).

The ICF's contextualised personal component is less specific due to the considerable differences in individuals' personal experiences. Instead, it states that the personalised aspects consist of such facets as social background, past and current life events, coping styles, psychological assets, behaviour patterns, and character styles (Yaruss & Quesal, 2004).

Using the WHO's International Classification of Impairments, Disabilities and Handicaps as the originating framework, and subsequently modified to reflect the ICF structure (2001), Yaruss' Model of Stuttering (Yaruss & Quesal, 2004). organises the personal factors into three sub-categories: affective; behavioural; and cognitive. The affective category includes the emotional reactions to stuttering and the emotional reactions to the listener's reaction to the speaker's stutter. The behavioural sub-category comprises the ways of managing the tension and struggle experienced with stuttering, such as avoidance tendencies. The final sub-category, cognition, contains such processes as the individual's perceptions, belief systems, and self-esteem. The personal and environmental factors are central to Yaruss' Model of Stuttering. Yaruss and Quesal (2004) justify the central positioning of the personal and environmental factors within their model as being due to the overall experience of the PWS being significantly affected by the reactions of listeners and those in their environment when speaking.

There has been a wealth of research that has highlighted the association between anxiety disorders and stuttering (for examples, see Messenger, Onslow, Packman, & Menzies, 2004; Blumgart, Tran, & Craig, 2010; Ezrati-Vinacour & Levin, 2004; Craig & Tran, 2006; Menzies, Onslow, & Packman, 1999). One such recent study by Iverach and colleagues (Iverach, O'Brian, Jones, Block, Lincoln, Harrison, Hewat, Menzies, Packman, & Onslow, 2009) explored the prevalence of anxiety disorders among adults who stutter. Their findings revealed that the '*stuttering group*' from their study were 6-7 times more likely to meet a 12 month diagnosis of any DSM-IV or *International Classification of Diseases* (ICD-10) anxiety disorder. Iverach et al.'s (2009) study also found that the '*stuttering group*' were significantly more likely to meet the diagnostic criteria for DSM-IV

or ICD-10 social phobia, as well as for DSM-IV generalised anxiety disorder. In summarising the research findings, Iverach et al. (2009) suggest that stuttering appears to dramatically heighten the risk of developing and/or presenting with a range of anxiety disorders.

In a longitudinal research study by Beitchman, Wilson, and Johnson (2001) that followed a group of children who stutter from 5 years of age into early adulthood, findings suggested that PWS are more likely to have increased rates of anxiety disorder (mostly social phobia) compared with other mental health disorders, such as schizophrenia or eating disorders. Similarly, in a study investigating the presence of social anxiety in adults who stutter, Kraamaat et al. (2002) found that adults who stutter experience significantly higher amounts of emotional tension in social situations compared to a control group of persons who do not stutter. In their findings they also established that the frequency in which PWS engage in social interaction and interpersonal relationships is significantly lower than for non-stuttering participants. The findings from the study by Kraamaat and colleagues (2002) are consistent with a later study by Blumgart, Tran, and Craig (2010), who explored the presence of social anxiety disorder in adults who stutter. Blumgart et al. (2010) suggest that stuttering substantially influences social anxiety in adults who stutter, indicating that stuttering is likely to *"lower the person's quality of life in domains such as vitality, social and emotional functioning, and mental functioning"* (Blumgart et al., 2010, pp. 691).

Messenger and colleagues' (2003) exploration into the relationship between social anxiety and stuttering found that PWS are more likely to expect negative social evaluations than their non-stuttering peers, which results in an increase of

anxiety in social situations (Messenger, Onslow, Packman, & Menzies, 2003). Similarly, Quinn and Earnshaw (2013) posed that people who experience social stigmatism, in this case stuttering, are likely to anticipate receiving negative treatment from other people due to their perceived stigma. Quinn and Earnshaw (2013) suggest that individuals who anticipate stigma are more likely to develop psychological distress (e.g. an increase in depression and anxiety) and develop a decreased self-esteem. The negative perceptions and concerns about stuttering that PWS are prone to experience tend to develop by the time the individual is 10 years of age (Hancock, Craig, Campbell, 1998), and as the person grows older can be debilitating socially and psychology (Craig, Tran, & Craig, 2003). It is worthwhile considering the impact that the PWS's social anxiety and experienced social stigmatism could have on their willingness or ability to form interpersonal relationships and, in the case of this study, intimate relationships.

1.1.1.3 Stuttering and Intimate Relationships

It has been widely reported that stuttering inhibits PWS's participation in most social situations where initiating and sustaining conversation with one or more people is perceived as necessary (e.g. Crichton-Smith, 2002; Yaruss & Quesal, 2004). Considering the challenges PWS might experience in conversing with other people in social settings it is perhaps unsurprising that PWS might experience restrictions in forming interpersonal relationships (Yaruss & Quesal, 2004). The types of relationships affected have been shown to range from relationships with teachers and peers during childhood (Franck, Jackson, Pimental, & Greenwood, 2003) to relationships with employers and co-workers (Klompas & Ross, 2004). Stuttering has also been suggested to negatively influence interactions with members of the opposite sex (Hayhow, Cray, &

Enderby, 2002). Ross (2001) suggests that difficulties in forming relationships with members of the opposite sex are particularly evident with adolescents and young adults who stutter. Ross (2001) also indicates that PWS are likely to experience several difficulties posed by establishing intimate relationships. A number of factors that might contribute to PWS experiencing difficulties in forming interpersonal relationship, specifically intimate relationships, have been suggested. These include: historic negative reactions from listeners to the speaker's stutter which inhibit PWS's likelihood of speaking in social situations (see Hottle, 1996; Klein & Hood, 2004; Boyle, Blood, & Blood, 2009); difficulties initiating and sustaining conversations (WHO, 2001); and fear and avoidance of courtship situations, especially for men who stutter (Sampson et al., 2003).

The perceptions of potential intimate partners and the possible stigma towards PWS could also influence the formation and maintenance of intimate relationships. Boberg and Boberg (1990) interviewed non-stuttering intimate partners of adult men who stutter. The qualitative study found that the majority of participants reported that as the intimate relationship developed the stutter had an increasing influence on important life decisions, as well as the form and frequency of their social interactions. Many of the participants describe their partner who stutters as overly dependent socially, and report that their own over-compensation for their partner's dependency functioned as a source of strain on their relationship. The study also suggested that non-stuttering intimate partners might withdraw from social gatherings due to their partner's difficulty with interpersonal relationships.

Linn and Caruso (1998) found that two-thirds of the social events that PWS engaged with when in an intimate relationship involved dates as a couple, as

opposed to being within a group setting. Guitar (2006) suggests that this could be due to the fact that being in a more intimate and casual environment is likely to aid fluency.

Acknowledging the impact of stuttering on forming intimate relationships, Collins and Blood (1990) investigated the role of disclosure in influencing non-stutterers' perception of men who stutter during an initial meeting. Their findings indicate that significant numbers of female non-stutterers consider PWS who disclose their stutter more favourably in terms of intelligence, personality, and appearance.

1.2 Concepts of Identity

The concept of identity has been discussed and explored at great length in the field of social sciences. Breakwell (1992) considers defining the term 'identity' to be highly problematic, with definitions of identity considered to be primarily dependant on the theorist's or researcher's theoretical and philosophical model. Some social theorists have applied the term 'self-concept' to define an individual's sense of identity which individualises them from other people (Brewer & Gardner, 1996). While at the same time, 'self-concept' also takes into account a relational element in order to explain how an individual references themselves in relation to others within society (Brewer & Gardner, 1996).

Brewer and Gardner (1996) propose three aspects of self-concept, these are: the personal, relational, and collective self. The personal self refers to the sense of having a unique identity that differentiates individuals from one another. The relational self, the second aspect, derives from dyadic interpersonal relationships, such as parent-child relationships, and is founded on social roles and the needs of others. The collective self, the third aspect, concerns social

identification and the internalisation of norms. It also refers to the characteristics of important reference groups and is focused on the overall welfare of the group (Brewer & Gardner, 1996). Similar to Brewer and Gardner's (1996) model, other social psychologists have referred to identity as being focused on the social groups that the individual belongs to (Hogg, Terry, & White, 1995). Recent literature has proposed that there is little distinction between personal and social identity, with Timotijevic and Breakwell (2000) suggesting that personal identity develops from social identity, with the difference between the two concepts being a temporary one.

Tajfel (1978) argues for a relationship between the social context and cognition, that in order to understand the social world the individual must evaluate him/herself against other individuals and other social groups. This process of evaluation involves identifying the group memberships that are similar (in-group) or different (out-group) from the individual (Tajfel, 1978). Tajfel and Turner (1979) suggest the reasons for these social comparisons between the individual and social group memberships is motivated by the individual's need for a positive social identity, which promotes the individual's identity and the group that they are most similar to. Conversely, some researchers (e.g. Deaux, 1992) have questioned the extent to which social identity is formed by the social group to which individuals are most similar. Deaux (1992) proposes that an individual's acceptance of a social category is a personal option and is influenced by the personal meaning attached to the category by the individual. Bearing in mind the importance Deaux (1992) places on personal meaning in determining social identity, it is noteworthy to consider the appropriateness of qualitative research in the field of identity exploration.

The identities that will be discussed further in this chapter concern stigma and stutter identities.

1.2.1 Stigma Identity

The word stigma originates from the Greek word for a type of physical cut or marking designed to signify something unusual or morally undesirable about a person (Goffman, 1963). Therefore, individuals or groups that have identifiable characteristics perceived to be socially less desirable and different from the social norm are more likely to experience some form of social stigmatism. Towler and Schneider (2005) refer to these perceptions as being based on a person's physical attributes, religious beliefs, personality, intelligence, social circumstances, social class, and disability.

Link and Phelan (2010), in their conceptualisation of the 'stigma process', set out four interrelated components that apply to all stigmatised groups. The first component involves the identification and labelling of differences. The second component relates to the labelling of an individual with perceived undesirable characteristics that contribute to negative stereotyping. The third component concerns the stigmatised group being identified as an 'out-group', and the final component relates to the resulting consequence for individuals who are members of the 'out-group'. Possible consequences include rejection, discrimination, exclusion, and loss of social status (Boyle, Blood, & Blood, 2009). It has been suggested in numerous publications that a person's stigma identity could arise from experiencing the negative consequences of social stigma (see Major & Eccleston, 2004; Schmitt & Branscombe, 2002). Furthermore, a person with a stigma identity is more likely to be subjected to discrimination when in employment, academia, and also socially (e.g. Crocker, Major, & Steele, 1998;

Crandall & Eshleman, 2003; Goffman, 1963). Stigma identity has also been linked to lower self-esteem, social isolation, and reduced psychological well-being (see Link & Phelan, 2006; Major & O'Brien, 2005; Hinshaw, 2006).

Through an investigation into the psychological well-being of persons with concealable stigmatised identities, Quinn and Earnshaw (2013) formulated the model of concealable stigmatised identity (CSI). The CSI comprises two categories: (1) valenced content and (2) magnitude. The first category, valenced content, contains the affective valenced beliefs and experiences relating to the person's identity. These beliefs and experiences are noted to influence whether the person feels better or worse towards their 'stigma' (Quinn & Earnshaw, 2013).

Quinn and Earnshaw's (2013) CSI model contains five different types of valenced content. These are: (1) internalised stigma, (2) experienced discrimination, (3) anticipated stigma, (4) disclosure reactions, and (5) specialised positive information. The first type, *internalised stigma*, refers to the internalisation of negative stereotypes associated with the person's identity, so that the person believes them to be true. Quinn and Earnshaw (2013) state that a greater *internalised stigma* is more likely to result in diminished psychological well-being for the stigmatised person. The second type, *experienced discrimination*, relates to the social discrimination a person with a stigma identity experiences as a result of other people's reactions. Discrimination could include denial of job opportunities, childhood bullying, and social distancing by friends, family or co-workers. *Anticipated stigma* is the third type and refers to the negative treatment people with stigma expect to receive from others towards their stigma. *Anticipated stigma* has been shown to lower a person's overall quality of

life, including the impact on their psychological well-being (Earnshaw & Quinn, 2012). The fourth type, *disclosure reactions*, concerns the attention paid to positive reactions of disclosure that can help manage the negative consequences of internalised, experienced, and anticipated stigma. The fifth type, *specialised positive information*, relates to how people with a stigma identity might manage negative stereotyping by attempting to make positive meaning out of the negative label or experience (Park, 2010).

The second category, magnitude, captures the extent in which the person's stigma identity forms part of the self. Quinn and Earnshaw (2013) suggest that stigma identities that are large in magnitude and contain negatively valenced content (i.e. internalised, experienced, and anticipated stigma) are more likely to result in increased psychological distress.

Considering the fourth valenced content type of Quinn and Earnshaw's CSI model, an earlier paper by Chaudoir and Fisher (2010) also explores the process of disclosure in managing the negative effects of stigma. Chaudoir and Fisher (2010) suggest that disclosing one's stigma can improve the person's psychological and emotional well-being by alleviating inhibitions, gaining social support, and changing social information.

1.2.2 Stutter Identity

Historically, research in the field of stuttering has focused predominately on the physical behaviours of speech rather than exploring the psychology and identity of PWS (Quesal, 1989). Daniels (2002) argues that without attempting to understand how stuttering affects a person's identity and quality of life, PWS could perceive their experiences as being marginalised, with limited context in which to conceptualise their role in society. However, during the past decade

there has been a steady growth in the number of qualitative studies exploring the role of stuttering on identity construction (e.g. Hagstrom & Daniels, 2004; Daniels & Gabel, 2004).

Hottle (1996) asserts that PWS come to acquire a stuttering identity as a result of how other people react to their stutter. Hottle's (1996) argument that PWS's identities are shaped by cultural and social influences is supported by studies exploring social stereotyping of stuttering. The findings from a study by Daniel and Gabel (2004) suggest that social stereotyping of PWS can reinforce the person's own negative perceptions of their stutter. Daniel and Gabel (2004) found that PWS are likely to experience role entrapment as a result of social stereotyping, which could lead to limitations in social and occupational opportunities (see also Klein & Hood, 2004).

The findings of research into the impact of stuttering in the social interaction between children who stutter and non-stuttering children suggests that the former experience social rejection significantly more often than the latter (Davis, Howell, & Cooke, 2002). Davies et al. (2002) also find that children who stutter are perceived as being vulnerable and are more likely to experience peer bullying than non-stuttering children, which could further reinforce a negative perception of stuttering (see also Evans, Healey, Kawai, & Rowland, 2008). The negative feelings and emotions attributed to stuttering from a young age form a significant part of a stuttering identity (see Manning, 2001; Guitar, 2006; Yaruss, 1998).

1.3 Qualitative Research in the Field of Stuttering

Quesal (1989) argues that by applying quantitative approaches to stuttering research PWS are often reduced to research subjects rather than individuals with

unique lived experiences. There has been a recent growth in the number of studies in the field of stuttering that have applied qualitative approaches to their research (e.g. Corcoran & Stewart, 1998; Crichton-Smith, 2002). Daniels and Gabel (2004) suggest that the recent increase of research that specifically addresses stuttering and identity has emerged in conjunction with qualitative methodologies.

The recent increase in the application of qualitative methods in the research field of stuttering has already provided a rich source of understanding of the experiences of PWS (Tetnowski & Damico, 2001). The possible reason why research using qualitative paradigms has been so beneficial in studying stuttering, specifically in relation to identity, could be because it is "*concerned with the quality and texture of experience*" (Willig, 2001, p. 9). It is worthwhile considering Yaruss and Quesal's (2004) description of stuttering as a multifaceted and complex disorder consisting of affective, behavioural, and cognitive components, alongside the emotional, social and environmental influences that have been shown to contribute to a stutter identity (e.g. Daniels, Hagstrom, & Gabel, 2006). The complexity of stuttering highlights the need for more qualitative research to understand the unique experiences of individuals who stutter.

1.4 The Aim of this Research Project

Stuttering has been widely documented to have a detrimental effect on PWS's quality of life, especially in terms of how they interact socially and how their interpersonal relationships are formed and maintained (e.g. Klompas & Ross, 2004; Hayhow et al. 2002; Ross 2001). Even though existing literature indicates the impact stuttering can have on interpersonal relationships (e.g. Boyle et al.

2009), and implies the potential difficulties that PWS could experience in forming intimate relationships (see Ross, 2001; Sampson et al. 2003), to my knowledge there has been no existing research that has explored PWS's experiences in forming intimate relationships. Considering Sampson et al.'s (2003) suggestion that the process of forming intimate relationships could be particularly difficult for men who stutter, this research study aims to shed light on this important and under-researched phenomena by attempting to answer the following research question: How do young men who stutter experience the formation of intimate relationships?

2 Methodology

This chapter aims to provide a description and explanation of the manner in which I have attempted to answer the research question: How do young men who stutter experience the formation of intimate relationships?

The chapter discusses the methodology and epistemological framework on which the foundations of this study are based. The sections that follow discuss the rationale for deciding upon the chosen methodology, the philosophical considerations, the epistemology that underpins the study, and the quality markers that were adhered to that are consistent with qualitative research. As this methodological approach requires a deep personal commitment and reflexivity this chapter also discusses my role as researcher and my personal reflections in relation to the studied phenomenon.

The chapter then continues by depicting the methods used in this investigation. It specifically sets out the process of participant recruitment, data collection, and data analysis. The chapter concludes with a discussion on the ethical considerations that were evident throughout the research process.

2.1 Research Design

The aim of this research study is to explore the lived experiences of young men who stutter in forming intimate relationships. This study has used a qualitative design, with data gathered by means of semi-structured interviews. Collected data was then analysed using Interpretive Phenomenological Analysis (IPA).

2.2 Methodology Choice

2.2.1 Rationale for Qualitative Methodology

Merriam (2009) refers to qualitative research as a maturing field of study that has been increasingly applied in a multitude of fields, most notably in social science studies. With the growth of applied qualitative research in recent years it has become widely recognised as a valid and insightful methodology by an increasing array of journal publications and governing bodies. There are many qualitative approaches that vary in their application, however, according to Merriam (2009), they are similar in their general aim of being concerned with gaining an understanding of how individuals interpret and attach meaning to their experiences, and construct the world they live in.

Willig (2001) states that rather than being concerned with the identification of cause-effect relationships, qualitative paradigms focus on the quality and texture of experience. As the present research is interested in the experience of young men who stutter in forming intimate relationships, adopting a qualitative methodology seems the most appropriate approach. The application of qualitative methodology in the study of stuttering is a relatively recent development. Tetnowski and Damico (2001) set out five implications of adopting a qualitative approach in the research of stuttering:

- The ability to collect authentic data that are true representations of how stuttering impacts individuals in the real world.
- The ability to create a richer description of the person's stutter and the different contexts in which it occurs.
- The ability to focus on gaining an understanding of the impact of stuttering from the individual person who stutters (PWS).
- The ability to explore how persons who stutter collaborate with others within a social context.

- The ability to gain a greater understanding about the phenomenon under investigation, how it operates, and how PWS attempt to reduce its impact in social contexts.

Hayhow and Stewart (2006) argue in favour of Tetnowski and Damico (2001) that future knowledge and treatment of stuttering would be well served by the increased use of qualitative methodologies. They contend that qualitative research would aid our understanding of the complex nature of stuttering, which Yaruss and Quesal (2004) refer to as consisting of affective, behavioural, and cognitive components that often impact on the person's interpersonal and social relationships.

2.2.2 Overview of Interpretative Phenomenological Analysis (IPA)

Jonathan Smith (1996) argued in his seminal paper in *Psychology and Health* for an approach that would be central to psychology that was able to capture the experiential and qualitative. Smith (1996) developed IPA as a method that aimed to understand personal lived experiences and explore persons' relatedness to a particular phenomenon. IPA concentrates on all aspects of lived experiences, such as emotions, motivations and beliefs systems, and how they are expressed in persons' behaviour and actions (Eatough & Smith, 2008). Although IPA first appeared in the mid-nineties it draws on far earlier concepts and ideas. Smith and colleagues (2009) outline three main philosophies of knowledge that underpin IPA; these are phenomenology, hermeneutics, and idiography.

IPA is phenomenological in studying what the experience of being human means and in its interest in exploring the facets that constitute the individual's lived world. The work of influential phenomenological philosophers, such as Husserl

(1927) and Heidegger (1927/1962), has provided a rich source of ideas about how to examine and comprehend lived experiences (Smith, et al., 2009). The founding figure of phenomenology, Husserl (1927), proposed a return to the things themselves. He argued that efforts should be made to focus on each and every experience in its own right, rather than try to make such experiences fit into some pre-existing order. Husserl also suggested the essentialness of being conscious of our pre-existing perceptions and assumptions, which he claimed could only be achieved through personal reflection. Only by self-consciously reflecting on our own processes, and subsequently being able to bracket our perceptions and assumptions, do we become phenomenological.

Heidegger (1927/1962), a student of Husserl, further developed the approach to phenomenology. He questioned whether knowledge could be gained in the lived world without taking an interpretive stance. He conceived human beings as being immersed in a world of objects, people, relationships, and language, and proposed that it is by looking through a hermeneutic lens that we can explore and understand a person's being-in-the-world. Indeed, Heidegger's formulation of phenomenology as an overtly interpretive activity is central to IPA. One of the most significant aspects in hermeneutic theory is the dynamic relationship between the part and the whole within a hermeneutic circle – *"to understand any given part, you look at the whole; to understand the whole, you look at the individual parts"* (Smith, et al., 2009, p. 28). IPA draws on the notion of the hermeneutic circle through its analysis stages, in order to ascertain an interpretation from the original data.

IPA attempts to engage with the participant in order to achieve a sense of knowing their world. This process of engagement involves a double-hermeneutic

(Smith & Osborn, 2003). During the process the researcher is trying to make sense of the participant and their experience, while the participant is making sense of their world. Within this double hermeneutic the researcher adopts a dual role whereby they are both like the participant, in the sense that they are drawing on similar resources to make sense of the world, yet unlike the participant in that they only having access to the participant's experiences through what the participant reports (Smith, et al., 2009).

Following phenomenology and hermeneutics, idiography is the third major influence on IPA. Idiography is concerned with studying the particular, as opposed to other nomothetic approaches that attempt to generalise experiences from a group or population level. In essence, this suggests that IPA is focused on the particular accounts and occurrences of a specific phenomenon from a particular person's perception. Through the rigorous process of analysis IPA aims to draw on these particular individual experiences to develop a more generalised understanding about the wider experiences (Smith, et al., 2009).

2.3 Philosophical Considerations and Reflections

2.3.1 Epistemological Position

Having introduced the philosophical ideas underpinning IPA in the previous section, I now present the epistemological position that I have adopted within this research study. Epistemology is a philosophical school of thought concerned with the theory of knowledge. Thus the epistemological positions taken by researchers are characterised by the assumptions held about knowledge and knowing that aim to answer the '*what and how can we know?*' question (Willig, 2012). Willig (2012) argues that it is important for researchers to acknowledge and own their epistemological stance. However, she concedes that due to the

implicitness of many of our fundamental assumptions about the world this may not always be easy. In discussing my epistemological position it is perhaps important to acknowledge the journey that I took in accessing and owning my assumptions about the world. My personal exploration was greatly aided by considering three epistemological questions posed by Willig (2008): (1) what kind of knowledge do I, as the researcher, aim to produce? (2) What kind of assumptions do I make about the world? (3) How do I conceptualise my role as researcher in the research process?

The intention of this study is to investigate the lived experiences of young men who stutter, and the meanings that they make about the self and the world. Therefore, this study aims to understand the world from the participants' point of view and to gain understanding of their experience. In so doing, no direct proposition is made about whether what the participants are reporting is 'true' in the 'outside world'. As such, this study adopts a relativist ontological position (Willig, 2001).

At the same time, the social context is acknowledged as imperative within human experience. Social constructionism argues that human experience, including perception, is mediated historically, culturally, and linguistically (Willig, 2008).

As a result of experience being understood by the individual's interpretation of environmental conditions, social constructionists argue that there are 'knowledges' rather than a single shared 'knowledge' (Flick, 2009). These knowledges are recognised as being constructed through processes of social exchange and rise from people's ongoing social interactions with one another (Flick, 2009). Thus, it is argued that 'knowledge' is constructed by the

exchanges between people (Eatough, 2012). In this way, language forms an important aspect of socially constructed knowledge. In line with Eatough's (2012) standpoint on IPA, I believe language plays a significant role in the way individuals experience the social world. Indeed, knowledges are both contingent upon and constrained by the language of the person's culture (Eatough & Smith, 2008). In describing the part language plays in constructing knowledges Willig (2008) says, "the same phenomenon or event can be described in different ways, giving rise to different ways of perceiving and understanding it, yet neither way of describing it is necessarily wrong" (Willig, 2008, p. 7). Therefore, when looking at the participants' accounts careful attention was paid to the manner in which experiences were expressed and reflected on by participants.

However, in line with the analytic methodology deemed most appropriate for this study I have adopted a moderate form of social constructionism. IPA in general subscribes to social constructionism but to a fair lesser extent than other analysis methodologies, such as Foucauldian discourse analysis and discursive approaches (see Willig, 2008). By taking a lighter social constructionism position I assume that reality is not wholly constructed through conversations and social interactions but rather that each person constructs their version of the 'real world' through the processes of perception and communication (Eatough & Smith, 2008). Willig (2012) calls this position critical realist. As such, the epistemological position that this study takes can be referred to as critical realist with a light touch of social constructionism.

2.3.2 Reflexivity

As mentioned earlier when discussing the philosophical underpinnings of IPA, Husserl (1927) and Heidegger (1927/1962) expressed the importance for the

researcher to be reflexive in order to become conscious of pre-existing assumptions and beliefs. Finlay (2002) highlighted several ways in which reflexivity has the potential to be a valuable tool in qualitative research. These are:

- Examining the position, perspective, and presence of the researcher.
- Promoting rich insight through examining personal responses and interpersonal dynamics.
- Opening up unconscious motivations and implicit biases in the researcher's approach.
- Empowering others by opening up a more radical consciousness.
- Evaluating the research process, method, and outcomes.
- Enabling public scrutiny of the integrity of the research through offering a methodological log of research decisions.

(Finlay, 2002, pp. 17)

Denzin and Lincoln (2002) suggest that reflexivity is an essential element throughout the process of qualitative research "*to understand one's psychological and emotional states before, during and after the research experience*" (Denzin & Lincoln, 2002, p.337). To this end I have endeavoured to engage in a process of reflexivity throughout the research process. The intention was to heighten my awareness of any preconditions that I bring into the research, with a view to helping me remain thoughtful about the influence they might have on the psychological knowledge produced in this study. Likewise, Willig (2008) defines personal reflexivity as giving consideration to how personal values, experiences, interests, beliefs, political involvements, wider life aims, and social identities have the potential to shape or influence the research.

In my training and work as a counselling psychologist I consider reflexivity to be highly important and I am conscious of the integral influence it has in my clinical practice, as well as in my professional and personal life. I hope that my aptitude for and appreciation of reflexivity helped me to become more aware of my perceptions, attitudes, and beliefs during the research process.

2.3.2.1 Personal Reflexivity Relating to the Studied Phenomenon

My interest in the researched phenomenon is very much entwined with my own experiences as an adult male who stutters, and who has done since childhood. As a child, stuttering had a profound impact on almost all aspects of my life, from forming relationships with peers, family members, and teachers to simply going to the local shops to ask for my favourite magazine. The difficulties I faced on a daily basis with my fluency as a child led me to want to hide and silence my stutter by investing little in social relationships. Although my fluency and confidence with my speech improved as I grew into adolescence my feelings of frustration and shame towards it remained. On the frequent occasions that I experienced a stutter I would often become angry, not with others but with myself, and deeply embarrassed and ashamed. This could have been influenced at the time by my negative perception towards stuttering, believing that the world was a verbally fluent place and my stutter made finding my place in the world difficult.

In accordance with my epistemological position, the impact that stuttering had on my early years was influenced by the use of language, as well as certain historical and cultural influences. However, I also believe that my reality and identity as a person who stutters was formed by the way I made sense of my experiences.

My initial research interest was directed primarily towards investigating the experience of stuttering on peer relationships, as this was a phenomenon that I could readily empathise with. Once I began to engage with the existing research and literature on the subject of stuttering it became evident that the experience of stuttering on forming intimate relationships was a poorly explored area, despite indications that stuttering impacts on forming and maintaining interpersonal relationships. Even though difficulties in social situations and forming relationships are widely documented as a consequence of stuttering, there is very little existing research on how people who stutter experience intimate relationships, especially during the formation of those relationships. This stimulated me to reflect on my own experiences of intimate relationships and the possible influences my stutter may have had in their formation.

My early experiences of approaching women for physical and/or emotional intimacy often consisted of either employing a few safety behaviours, such as alcohol consumption, or by pursuing relationships from the safety of existing friendships. To word it crudely, this frequently left me feeling short-changed, or expressed in another way, my identity as a man who stutters with a fear of having my stutter discovered led me to seek intimate relationships that I considered 'safe' yet were at times unsatisfying.

I consider myself as an 'insider' in this research, as I share a 'sameness' with the participants by meeting all except one of the inclusion criterion. One of my concerns going into the research concerned how my identity as someone who stutters might resonate with those experiences expressed by the participants, and whether this might lead me to seek out similarities that could influence the interview process and/or the analysis. In these instances I attempted to 'bracket'

my own experiences and assumptions so as to give voice to the experiences of the participants. In order for me to attempt to 'bracket' and become more aware of my own assumptions and biases, I recorded a reflexive diary throughout the course of the research; noting any reflections, questions, or biases that might occur during different stages of the research.

In my training as a counselling psychologist I have worked with a number of men who have presented with issues arising from either having a stutter or associating themselves to a stigma. There have been occasions where there has been sameness in the experiences expressed by these men and my own experiences. By being reflexive in my practice and discussing any emerging issues with my clinical supervisor and in personal therapy I have been able to develop increased awareness of my own assumptions and beliefs. I trust the experiences I have gained in my clinical work have aided my reflexivity in this study.

2.4 Quality Markers for Qualitative Research

This study will be evaluated in relation to criteria recognised as appropriate for qualitative research, as opposed to adhering to criteria of validity and reliability that are applied to quantitative research (Smith, et al., 2009). A number of guidelines for assessing quality in qualitative research have been suggested (e.g. Elliot, Fischer, & Rennie, 1999; Yardley, 2008). This study attempted to follow the four broad quality control principles that Yardley (2008) presents, these are: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

'Sensitivity to context'

One way in which I made efforts to achieve sensitivity to context was by thoroughly engaging with the relevant theoretical literature to improve my knowledge and understanding of the research area. Additionally, I aimed to remain sensitive to the sociocultural context within which the research process and the participants' experiences occurred. This was achieved by frequently reflecting on the research process through reflexivity, a reflexive research diary and through supervisory discussions, which challenged my existing thoughts. Similarly, through the means of reflexivity I attempted to remain mindful of the social context existing between myself and the participants, including my own perceptions and assumptions.

'Commitment and rigour'

Attempts to adhere to issues of commitment and rigour were attended to throughout this study. For example, to ensure analysis remained as close to the data as possible I would frequently return to the interview transcripts and the interview recordings throughout the analysis. Also, the stages of participant recruitment and data collection were conducted thoughtfully and thoroughly, while adhering to professional and ethical standards.

'Transparency and coherence'

I aimed to achieve transparency and coherence by providing a clear and comprehensible account of the research process. For example, each stage of the analysis is presented later in this chapter and reflected on throughout the research. It is hoped that a transparent and coherent approach to this study will allow the reader to track and understand the decisions taken during each phase of the research.

'Impact and importance'

The impact and importance of this research will be discussed in the Overview chapter. I hope this study helps to inform counselling psychologists, other health professionals, and researchers in understanding the experience of young men who stutter in forming intimate relationships.

2.5 Research Method

The next section in this chapter discusses the method of recruitment and data collection, and describes the data analysis process. Willig (2008) argues that, "*a good qualitative design is one in which the method of data analysis is appropriate to the research question, and where the method of data collection generates data...appropriate to the method of analysis*" (Willig, 2008, p. 22). The methods chosen for data collection (including participant recruitment and the construction of the semi-structured interview schedule) and data analysis were together deemed the most suitable in answering the research question. The following sections and sub-sections describe the methods used and the ethical considerations that were adhered to throughout.

2.5.1 Recruitment and Data Collection

2.5.1.1 Sampling and Participant Recruitment

IPA requires research participants to be selected on the basis that they can offer an insight into a particular perspective of the phenomenon being studied (Smith et al., 2009). According to Chapman and Smith (2002) IPA uses purposive sampling to attempt to find a more closely defined group for whom the research question will be significant. Consistent with the orientation of IPA, participants were recruited for this study purposively so that an insight into a particular lived

experience could be gained. Therefore, the intention was to recruit individuals from a relatively small population that could shed light on the particular experiences of being young men who lived with a stutter, rather than to use a method based on probability. The aim at the start of the recruitment process was to recruit between eight to ten participants. Smith et al. (2009) state that although there are no formal guidelines on appropriate sample sizes in qualitative research, researchers are more likely to meet the commitments of IPA with a smaller sample size as "*successful analysis requires time, reflection and dialogue, and larger datasets tend to inhibit all of these things*" (Smith et al., 2009, p.52).

2.5.1.1.1 Inclusion/Exclusion Criteria

The inclusion criteria comprised three elements: (1) type of stutter, (2) age and gender, (3) current relationship status.

Firstly, participants were required to have a developmental stutter as opposed to an acquired stutter. Ward (2006) defines a developmental stutter as "*a stutter that arises in childhood, usually in the preschool years, and for multifactorial reasons*" (Ward, 2006, p. 4).

The second criterion, 'age and gender', stipulated that participants needed to be males aged between 18 to 30 years. Harter (2003) suggests that by adolescence individuals internalise the social approval previously gained through social interactions, which influences their personal identity. Also, Ross (2001) states that adolescents and young adults who stutter are more likely to experience difficulties in forming intimate relationships. In population statistics for children and young adults, the Department of Health (2006) considers 30 years of age to be the transitional age when people are no longer regarded as young adults.

The third and final inclusion criterion concerned the participants' current relationship status. As the aims of this study were to gain an insight into the experiences of forming intimate relationships, it seemed appropriate for participants to regard their relationship status as either single (e.g. 'outside' of a relationship) or in the early stages of forming an intimate relationship. The main consideration for this criterion was the existing literature that suggests that more recent events and experiences are more readily recalled than previous situations (Dunlosky & Matvey, 2001; Castel, 2008). Therefore, the process of forming, or attempting to form, intimate relationships might be more meaningful for participants who were not currently in a formed intimate relationship.

2.5.1.1.2 Recruitment

Several different strategies were used during the recruitment process. The main reason for using a variety of recruitment strategies was that it became clear relatively early that the population chosen was quite difficult to access. The primary recruitment strategy involved the distribution of flyers (see appendix 1). The flyer described the inclusion criteria, the aims of the research, and included contact information for myself and the research supervisor. The contact details of the research supervisor were provided for participants should they have concerns about me, as researcher, or the ethical practice of the research. The flyers were circulated through a number of local and national stuttering associations, including advertising on the website and printed publications of the British Stammering Association (see appendix 2), plus advertising through several speech therapy centres. To attract individuals not associated with any stuttering organisation flyers were posted in public areas, such as bars, restaurants, gyms, libraries, and universities. Flyers were also distributed in-

person outside busy social areas, including tube stations and outside bars and nightclubs. Over 30 online dating websites were also contacted, with one website agreeing to distribute the research details to their users. An advertisement for participants was also placed in a local newspaper (see appendix 3).

2.5.1.2 Interview Schedule

In this study, semi-structured interviewing was deemed the most appropriate method of data collection. Breakwell and colleagues (2012) state that IPA requires a flexible method of data collection that focuses on giving experience a central role while recognising the multiple historical and cultural (i.e. language, social norms and practices) influences on any experience. Semi-structured interviewing, according to Smith et al. (2009), gives the necessary flexibility and encourages interviewees to provide a thorough account of their experiences. The intention of using semi-structured interviewing was to facilitate a conversation that encouraged interviewees to speak freely and openly about their experiences, while using open-ended questions and prompts to help guide the interview and thereby obtain the kind of data relevant to the research question.

Willig (2008) states that semi-structured interviewing relies on establishing a good rapport between the interviewer and interviewee. To help establish and maintain a good rapport, Willig (2008) suggests developing an interview schedule that is funnelled in its structure, starting with more general, 'public' questions and then progressing on to more personal matters when the rapport has been established. The interview schedule used for this study comprised of seven open-ended questions (see appendix 4), with a series of prompts to help assist further exploration. The structure of the interview schedule followed a funnelled approach, starting with general questions about the interviewee's

stutter and advancing to more specific and, at times, more sensitive questions as the interview progressed.

2.5.1.3 The Interview

The research interviews were conducted in several locations. These included at the participants' home, university, and in private rooms at public libraries. The decisions on the location of the interviews were taken with the participants, with issues concerning confidentiality and appropriateness for audio recording considered. The interviews ranged between 70 to 120 minutes in duration.

The interviews generally started by meeting with the participant and settling in the interview room before presenting the participant with the participation consent form (see appendix 5) to sign. Each point on the consent form was carefully explained to the participant, with any questions answered to the best of my ability. Two copies of the consent form were then signed by both the participant and me. The participant was then given the demographic form (see appendix 6) to complete, with once again any questions being answered as best possible. The participant was then asked if he was comfortable and if he was ready for the audio equipment to be switched on. At this point, I explained the process of the interview; that I had a prepared list of questions but that the questions were to be used merely as a guide and that the interview was about them and their experiences. I informed the participant that they were free to stop or pause the interview at any time; with this I indicated how they could pause the digital recorder if they chose to do so. Following the end of the interview the participant was presented with a debriefing information sheet (see appendix 15) and asked how they were feeling and if they had any reflections about their experience participating in the research. The participant was then

thanked for their time and contribution to the study and was offered a pre-prepared resource pack (see appendix 7).

2.5.1.4 Participants

Of those who responded to the recruitment advertisements, eight men met the inclusions criteria and agreed to participate. The participants all reside in the UK and are aged between 18 to 30 years of age. Seven of the eight participants refer to their sexual identity as heterosexual, with one participant reporting his sexual identity as homosexual. The participants' demographic details and responses to the demographic form are presented in the appendices (see appendix 8; appendix 9; appendix 10). The participants were asked whether they would prefer to assign their own pseudonyms. Each participant declined to do so. Therefore, the participants' pseudonyms were assigned randomly using names from A to G (e.g. 1st transcript analysed assigned a random name beginning with 'A', 2nd transcript analysed assigned a random name beginning with 'B', etc.). Brief biographies of the participants are presented in appendix 11.

2.5.2 Data Analysis

2.5.2.1 Transcription

Each interview was recorded on a digital audio recording device, with a second digital device recording the interview as a back-up contingency. The recordings were then transcribed verbatim, including any utterances (e.g. "erm", "ahh") and all audible stutters (such as "t-t-the", "and-and-and then") (see appendix 17 for example pages of transcribed interview). Also included in the transcripts are incomplete words or sentences, interruptions, and non-verbal communications where possible. The purpose of creating a verbatim record that included all

utterances and audible stuttering was to provide a rich representation of each interview and each participating person.

2.5.2.2 Analysis Stages

As previously mentioned, Smith and Eatough (2012) state that IPA is principally concerned with the in-depth exploration of participants' lived experiences and how individuals make sense of those experiences and by extension their world. Therefore, this study is interested in exploring the meaning of experiences, as opposed to attempts to establish differences or causality, which is in line with the aims of IPA as discussed by Smith et al. (2009). Qualitative research into communication disorders, including stuttering, has increasingly applied an IPA methodology to shed light onto the experiences of persons who stutter (e.g. Tetnowski & Damico, 2001; Hayhow & Stewart, 2006). Perhaps the reason for the growth of quality qualitative research in the examination of stuttering comes from the multifaceted complexity of the disorder (Yaruss & Quesal, 2004), and the capacity of qualitative exploration to help gain an understanding of these components (Tetnowski & Damico, 2001).

Broadly speaking the analytic process of IPA involves moving between the descriptive to the interpretative, and from the individually lived experience to the shared. Smith and colleagues (2009) propose six stages to the process of analysis in IPA. I chose to use Smith and colleagues' suggested stages more as a guide rather than a fixed, prescribed method to analyse the eight transcripts. In an attempt to present a transparent and coherent account of the analysis and to illustrate my rigorous engagement with the data, I describe the steps of analysis in relation to this study below.

Step One: Reading and re-reading

Smith et al. (2009) emphasise the need to immerse oneself in the data, especially when engaging with the original data. To this end I read and re-read the transcribed data, listened to the audio recording as I read the transcript once more, and then read the transcript again in order to become intrinsically familiar with the content. I noted any initial observations that arose during this initial stage of familiarisation in my research diary, as suggested by Willig (2001).

Step Two: Initial noting

This step involved an initial exploration of the semantic content and language used by the participant. I attempted to remain mindful of descriptive, linguistic, and conceptual details that arose from the transcripts. Influenced by the guidance of Smith and colleagues (2009), annotations were made in the left margin of the transcripts of anything considered to be significant, such as associations, preliminary interpretations, or initial summarisations of the participant's responses (see appendix 12).

Step Three: Developing emergent themes

The intention of this step was to simultaneously reduce the volume of data while maintaining the complexity and richness of the text (Smith et al., 2009). I engaged with the initial notations from the left margin (and where necessary returning to the original transcript and the interview recording) to capture emergent themes that were then recorded in the right margin. These themes conceptualised the essential quality of the initial notes in relation to the participants' own key words or phrases. An example of this stage is presented in appendix 12.

Step Four: Tabling and grouping the emergent themes

The emergent themes were then entered into a table with the relevant evidence from the transcript (see appendix 13). This idiographic approach of the analysis was applied to each interview prior to integrating the emergent themes.

The theme table (see appendix 13) was then cut into separate strips of paper, ensuring that each strip of paper included the relevant emergent theme, supporting quotation, and the quote location in the transcript. This process was completed for the first four of the initially analysed transcripts. The separated strips of paper from all four tables were then spaced out across a large floor space to aid my personal preference of making connections by using spatial methods. Following the clustering of the emergent themes with other themes, these now clustered themes were labelled to capture the essence of the themes within them.

At this stage the remaining cases were introduced individually and subsequently clustered when and where appropriate. To the best of my ability I attempted to bracket the ideas and themes that had previously emerged, ensuring that I remained mindful that this was another person's subjective experience. The theme labels evolved as the final initial themes were grouped together. Following completion of the grouped themes, consideration was given to the thematic model of the analysis (see diagramme 1). The thematic model materialised through personal reflexivity and a thorough, in-depth knowledge of the data.

2.5.3 Ethical Considerations

Due consideration was given to the ethical implications from the initial development stage of this research study and continued throughout the process. The ethical guidelines set out by the British Psychological Society's (BPS, 2004)

guidelines for minimum standards of ethical approval in psychological research were adhered to, as well as the BPS's (2009) Code of Ethics and Conduct. In addition to the BPS's proposed guidelines, the study also adhered to the ethical requirements as set by City University, London. The proposal for this research study was granted full ethical approval by City University's Department of Psychology (see appendix 14).

The research was conducted under the supervision and guidance of a Chartered Counselling Psychologist throughout the process. This was for the protection and ethical consideration of the participants first and foremost, and also for the researcher and the University. The participants were notified of the research supervisor's contact details, which they could use if they had any questions or concerns regarding the ethical practice of the research. The research supervisor's contact details were included in the recruitment flyer (see appendix 1), on the consent form (appendix 5), and also on the information sheet (see appendix 15) that was given to participants at the end of the interviews.

Due to the possible emotive nature of the research subject and to prevent undue distress to participants, each individual who responded to the recruitment advertisements was offered a prepared resource pack (see appendix 7), regardless of the extent to which they participated in the research project. The resource pack contained extensive information of psychological and stuttering organisations, details of relevant literature, and information on support groups that were considered appropriate in offering further support and guidance. The resource pack was in accordance with the British Psychological Society's (2009) guidelines on duty of care in research. I discussed the content of the resource pack with a qualified Speech and Language therapist prior to the pack being

distributed, in an attempt to ensure that the resources within the pack relating to stuttering were appropriate. To manage any emotional issues that arose from the interviews, participants were asked how they were feeling before and after the interviews, and debriefed on the research at the end of the interview.

Informed consent was achieved by presenting the participants, both verbally and in writing, with the research consent form (see appendix 5) before the interview procedure commenced. Each participant was required to sign the consent form in order to participate. The consent form outlined the ethical obligation of all persons privy to the research material (e.g. the researcher and research supervisor) to adhere to the BPS's (2004) ethical guidelines. The consent form also informed participants of their right to withdraw consent at any stage of the research process without penalty, judgement, and without needing to provide reason. Participants were also notified that, were they to withdraw consent, all collected data would be removed and destroyed, and where possible destroyed in their presence. Participants were given ample time to consider their participation and to ask any questions that might have had, which I would try to answer to the best of my ability. Also participants were given an information sheet (see appendix 15) at the end of the interview. The information sheet informed the participants of the purpose and intentions of the research project.

Confidentiality was strictly adhered to throughout this study. The recorded interviews were stored on encrypted USB memory devices and locked in a secure location. All identifiable information was anonymised during the transcription of the interviews, with participants being assigned pseudonyms. The signed consent forms and demographic sheets were kept in a securely locked location separate from the audio files. In addition, participants were

informed verbally and in writing (i.e. consent form, recruitment flyer, information sheet) that all information would be treated with the utmost confidentiality, with their anonymity preserved at all times.

Participants were offered the opportunity to receive a report on the final findings, with the intention of informing them as to how their information was used in the research. All of the participants expressed an interest in receiving a copy of the findings.

3. Findings

3.1 Introduction

This chapter aims to present a meaningful insight into the accounts of young men who stutter and examine their experiences of forming intimate relationships.

In the interviews, the participants demonstrated a great willingness to share how their identity as young men who stutter had reverberated through almost every aspect of their lives, particularly in their social interactions and relationships with others. Perhaps due to the pervasive nature of stuttering and the participants' openness to share their experiences, the interviews resulted in a wealth of data, both in terms of quantity and richness. This presented me with the challenging yet necessary task of reducing the material and focusing the analysis on the themes directly related to exploring the research question. In order to assist the reader in understanding the breadth of both the shared and different experiences a more general overview of each participant, including material not presented as part of the discussed themes, is presented in the brief participants' biographies in the appendices (see appendix 11).

Once the participants' interviews were analysed, using the process outlined in the methodology section, the generated material was organised into four master or superordinate themes that were then arranged into subordinate themes (see appendix 18 for table of master themes, subordinate themes, and presented evidence). The structure of the master themes follows a chronological timeline. It comprises the development and socialisation of a stutter identity through to the process of forming intimate relationships. The continuous attempts to

manage the impact of the participants' stutter on the quality of their lives is also presented. Direct quotes from the participants' interviews accompany the presented themes, with all participants given randomly assigned pseudonyms and all other identifiable information omitted or anonymised. For the purpose of transparency, each quotation is presented along with the participant's pseudonym and the line number showing where the evidence is located within the transcripts. All quotations taken from the transcripts have been presented using the participants' own language, including grammatical errors and all occurrences of audible stuttering, in order to provide as accurate a representation of their story as possible. On the occasions where a block occurs in a participant's speech it is indicated in the text by the following symbol [...]; prolonged sounds and part or whole word repetitions are shown by a dash between the prolonged sound or repetition, for example, stuttering on the word 'stutter' would be indicated by 's-s-s-stutter' for prolonged speech and 'stutter-stutter' for a repetition of a part or whole word.

Attempts are made in the analytic narrative to bring the reader closer to the experiences described by the eight young men. Firstly, direct quotes that capture the essence of the master themes and subordinate themes are used as part of the title of those themes. Secondly, throughout the analysis the narrative is presented in the same tense as it appeared at the time of the interviews. Therefore, the narrative is written in the present tense unless referring to occasions where participants are recounting past events. Finally, the presentation strategy consists of the narrative account of the analysis with descriptions and interpretations interspersed with the participants' own words. Therefore, the presented analysis will be examined in line with extant literature

in the ensuing overview chapter. This strategy follows one of the presentation suggestions provided by Breakwell, Smith, and Wright (2012).

Three of the four master themes are:

- I. "My stutter is part of me": A stutter identity
- II. "It shaped who I am": Socialisation of a stutter identity
- III. "Relationships are special": Impact of a stutter identity on the formation of intimate relationships

The fourth master theme, *"I've found ways to cope": Managing the characteristics and impact of a stutter identity*, also emerged from the data (see appendix 16). However, as the theme of management appeared to run concurrently throughout many of the other themes the decision was taken to present it as an interwoven theme within other themes rather than as a stand-alone theme. The hope is that this provides a more sensitive and meaningful representation of the participants' narratives. A brief synopsis of the three major themes are described below and then explored in greater depth later in the chapter.

"My Stutter Is Part of Me": A Stutter Identity

All of the participants describe how they view their stutter as being a part of who they are and how they perceive it to be very much adjoined and integral to their own personal identity. The participants speak of how they experience being young men who stutter, how it impacts on their lives, and how they identify with themselves with having their stutter as part of them.

“It Shaped Who I Am”: Socialisation of a Stutter Identity

Throughout the interviews the participants describe how having a stutter has shaped the person they are in the present, influencing almost every facet of their life. It was clear from their interviews that all of the participants had formed strong stutter identities that developed through historical socialisation of their stutter. This includes social interactions with others, such as family, friends, social peers, and intimate partners. Within this theme the participants speak of the psychological and emotional challenges they faced as a result of their stutter and how these have had a bearing on the way they approach and interpret their interactions with others.

“Relationships are Special”: Impact of a Stutter Identity on the Formation of Intimate Relationships

All of the participants viewed the experiences of intimate relationships as being a continual challenge that had existed throughout their adult life, with most of them finding their stutter to be a barrier to them encountering such relationships. The presence of sexual and emotional intimacy in the participants’ lives, and the management of such intimacy or lack thereof, is presented as an overarching introduction to this master theme. The narrative is then structured to present the commonalities and differences in the experiences of these young men in encountering intimate relationships as a process. Firstly, the purposeful approach many of the participants adopt in selecting potential partners in order to manage the challenges they face in seeking intimate relationships are presented. Then, the experiences of initiating contact with the intention of forming intimate relationships are explored. Finally, the process concludes in discussing the role of their stutter within a formed relationship.

“I’ve found ways to cope”: Managing the Characteristics and Impact of a Stutter Identity

In the interviews each participant describes the various ways that they have developed the means to manage the impact of their stutter. Within this theme the participants speak of the extent to which managing their stutter has come to be part of their being and embedded into their everyday lives.

3.2 Master Theme One

“My Stutter is Part of Me”: A Stutter Identity

3.2.1 “It’s part of me”

This subordinate theme illustrates the participants’ recognition that stuttering since early childhood, and their experiences as a result of their stutter, have led to the development of firm identities as young men who stutter. At the recruitment stage of the research all of the participants identified themselves as having a developmental stutter, which is stuttering that first occurs during childhood, normally in the preschool years. As a result of the early onset of stuttering none of the participants talk of a period of time when they did not stutter. During the interviews, the participants describe their stutter as being a central part of the person that they are in the present. Calvin typifies this theme by saying:

“stuttering is pa-part of me. It’s who I am”

(Calvin, 280)

Calvin’s explanation of stuttering being synonymous with his personal construct is mirrored by both Bobby and Francis. Bobby speaks of the extent to which his stutter is part of his identity:

“It is obviously a huge part of who I am”

(Bobby, 5-6)

Bobby not only refers to his stutter as a significant part of his identity, he also describes this aspect of his identity as being “*obvious*”. He seems to suggest that as well as stuttering being a significant aspect of his personal identity, it also has an identifiable element which others could recognise, possibly due to its externalised and noticeable characteristics (to be discussed in section 3.2.3). This fits in part with the experiences of other participants in their descriptions of stuttering as consisting of observable features, which will be discussed later in this theme. Similar to Bobby and Calvin, Francis speaks of the connection between his self-identity and his stutter:

“my stutter’s always-always a part of me...
it’s always a part of me and it always will be”

(Francis, 62-63)

Francis continues to emphasise the ever-presence of his stutter:

“it’s [...] the one thing that is al-always there in my life, it’s al-always there”

(Francis, 65-66)

In Francis' descriptions of his stutter as "*always*" being a part of him and "*always*" being in his life he appears to suggest a constant and prevalent nature of his stutter as part of his identity. There seems to be a sense from Francis' account of his stutter that it is inescapable, that it will forever remain a part of him. Similar to Francis' description of the prevalent nature of his stutter, Bobby states that his stutter would remain a part of him regardless of possible reductions in the frequency or intensity of his stuttering:

"even if I stop s-s-stuttering or s-stutter less
it's still going to be a part of who I am"

(Bobby, 794-795)

Bobby's assertion that his identity as one who stutters would remain regardless of whether he continued to stutter or managed to stutter less suggests that his stutter is "*part of*" him rather than a collection of behaviours and motoric speech disruptions. A number of the participants speak of their stutter being an integral part of their identity, with a distinction made between the specific dysfluency of stuttering and the nature of their stutter being a part of them. This is highlighted in the accounts of all of the other participants as they describe their stutter being embedded in their personal construct. David, in talking about his identity as a young man who stutters, mentions the degree to which his stutter defines his whole being:

"There are times-times when it-it just defines me"

(David, 11-12)

Whereas other participants describe their stutter as being a constant, irremovable aspect of their identity, David speaks of experiencing times when

his stutter becomes more central to his identity than at others. David's use of the word '*times*' suggests that the degree to which he feels defined by his stutter is influenced by contextual and variable factors. In his interview, and in the interviews of some of the other participants, these factors are identified as occurring in situations where the impact of the stutter has increased significance, or at times when they are actively attending to managing such effects. The participants' experiences in these specific situations, for example during social interactions and attempts to form intimate relationships, are presented throughout the analysis.

In identifying his stutter as a part of him, similar to other participants, Harry referred to himself with the term "*stutterer*":

"I tend to th-th-think a lot about [...] everything really because
I think it's just part of [...] me being a stutterer"

(Harry, 1211-1212)

In using the term "*stutterer*" to refer to himself, Harry seems to imply that there is a socialised aspect to his identity that is characterised by certain features, such as ruminating thoughts. He appears to align himself within a social group of people who stutter, which could be a result of how he has historically experienced social interactions. These social interactions are discussed in depth within the second master theme.

3.2.2 “The epicentre of everything”: Impact of a stutter identity

Throughout the interviews the participants convey the varying impact their identity as people who stutter has had on their lives. For all of the young men, existing with the stuttering part of them has affected their quality of life to some degree:

“I would say that it has prob-it has probably had a incredible impact on my [...] life...a pretty, I mean it has had a pretty [...] negative effect on my life”

(Bobby, 9-11)

“It’s had-had a negative effect, i-i-it’s just a burden,
it’s a burden. It’s a massive burden”

(David, 1206-1207)

The accounts above are typical of the depictions given by the other participants about the deleterious effect their stutter has had on their lives. Both accounts highlight the extent to which the young men consider the negative impact of their stutter, with David experiencing his stutter as a substantial burden. Most of the participants seem to share the sense of being weighed down by their stutter. This appears to be particularly to the fore in the way the young men illustrate the extent to which their stutter hampers their social interactions, for example forming and maintaining relationships. This is discussed further in later themes.

Bobby, who refers to his stutter as severe, also implies a connection between the severity of his stutter and the extent to which it affects his quality of life:

“I would say that having a s-s-sev-severe stutter like I have,
I would say that it has without a doubt had a pretty
[...] d-de-[...]detrimental impact on my life”

(Bobby, 14-16)

“being a stuttrerer has had a pretty big impact on me, both in terms
of my [...] pro-p-professional life, my erm, my er, and on my
s-s-social [...] life and especially my romantic life”

(Bobby, 23-26)

Here Bobby describes the detrimental impact being a “*stuttrerer*” has had on several important areas of his life, particularly in his intimate relationships, which will be discussed in depth later in this chapter. The extent to which his stutter identity has impacted on his life suggests similarities with David’s depiction of his stutter being the core of his entire being:

“it’s been the focus of my life really. The epicentre of
my-my-my, of everything, of my whole life”

(David, 1263-1265)

“It’s like a brick wall”

Many of the participants speak about finding their stuttering identity to be a metaphorical barrier that exists in almost every aspect of their lives. In their interviews the young men speak openly about how they felt their stutter had prevented them from fully living their lives in the way they desired. Many described missing out on professional progression, friendships, and sexual

opportunities as some of the areas that have been most affected by having a stutter. In discussing the impact, some of the participants depict their stutter as an externalised obstacle that they find difficult to overcome:

“it’s like having a brick-brick wall in front of me that I can’t get past”
(Calvin, 26-27)

“my stutter was causing a absolute debilitating [...] ob[...]struction”
(Bobby, 555-556)

With Calvin’s description of being unable to get past the obstacle of his stutter and Bobby’s use of the word “*debilitating*”, it is fair to discern that their stuttering identity has caused a sense of becoming incapacitated, which emphasises the suggestion of experiencing a lack of agency that comes with their stutter. This feeling of being incapacitated by their identity is supported by accounts of other participants, namely Aaron and Eugene:

“[...]it’s been a big erm, handi-cap in-in many [...] ways”
(Aaron, 5-10)

“I’ve always felt so [...] erm, so-so-s-s-so
[...] erm, p-paralysed by my stutter”
(Eugene, 714-715)

The participants’ accounts highlight the preventative nature of stuttering that many of the participants speak about. This seems to suggest the depth to which these young men feel handicapped by their stutter and how much it impinges on their sense of being free to engage with their lives as they see fit. Therefore, it is perhaps unsurprising that all of the participants talk of the impact their stutter

has on their overall quality of life, from career progression, to forming friendships, through to experiencing intimate and sexual relationships.

Bobby describes the effect of his stutter on his emotional and psychological development:

“I would say that there has probably been, because of my stutter, some kind of arrested [...], erm, there’s some kind of arrested [...] erm, you know, development”

(Bobby, 1316-1319)

Bobby is the only participant who specifically refers to his stutter as preventing his growth and development. Despite none of the other young men describing a similar sense of arrested development, Bobby’s account does tally with the experiences of other participants in terms of their social development. All of the participants report experiencing varying degrees of uncertainty in their position within society, with many feeling insecure in their ability to form social relationships. The socialisation of their stutter identity is discussed in depth in subsequent themes.

“It pushes me away from things I want to do”

The depictions previously expressed in this theme suggest that the participants’ formed stutter identity creates a seemingly immovable obstacle that incapacitates them. David, in referring to his stutter in the same manner as Calvin, describes his stutter as preventing him from achieving and experiencing what he desires:

“I’d summarise it as a wall, a wall blocking you from
where you want to go, what you want to do.”

(David, 1287-1289)

David’s “*wall*” metaphor resonates with the reports from other participants that their stutter creates a partition between what they desire and what they feel enabled to experience. This suggestion seemingly relates to one of the questions on the demographic form (see appendix 6), which was distributed to the participants prior to conducting the interviews. Each individual was asked to rate on a Likert scale from one to ten the extent to which they regarded the impact of their stutter on their quality of life; one being low impact and ten representing high impact. All participants rated the impact to be in the higher range of the scale, with the mean falling above seven (see appendix 9). Francis is one of three participants who considers the impact to be nine out of ten:

“it’s a nine because like I said it makes, it
pushes me away from things I want to do”

(Francis, 292-294)

“it stops me from like, from doing the things that I want”

(Francis, 61-62)

Francis’ explanation as to the reason why he considers the impact of his stutter to be severe would indicate an inhibition of his ability, or will, to strive towards experiencing the things that he desires to experience. This supports the accounts from many of the other participants, showing the dominance of their stutter in directing their actions:

"I think, it's always there, kind of influencing, w-what you do and-and
like who you talk to and, like you s-second guess yourself"
(Harry, 324-327)

Harry's description of his stutter as "*always*" being an influencing presence supports how Francis had previously described his stutter as being "*always a part of me*" (Francis, 62-63) and "*always there in my life*" (Francis, 65-66). The presence of the word '*always*' in several of the participants accounts perhaps illustrates the permanent presence of the young men's stutter and the extent to which it shapes what they do and who they speak with. With this possible effect in mind, it is perhaps little wonder that almost all of the participants describe throughout their interviews feeling uncertain in social settings, especially when there is an assumption that they may be required to speak. Similarly, Harry also makes reference to feeling uncertain, "*second guessing*" himself, as a result of his stutter's influence. As said, all of the participants speak of an internal uncertainty of their self-worth or abilities; this is particularly evident in the second two master themes that look at the participants' experiences of social and sexual interactions.

"I don't do things that I want to do, I don't talk as much as I want to do"
(Francis, 33-34)

"There are times when it literally is just like
holding me back because I do have a lot to say"
(David, 31-33)

"a distraction f-from s-saying what I want to say"
(Calvin, 21-25)

Most of the participants describe speaking less due to the influence of their stutter. It is worth considering that in reducing the occasions when they speak they are in turn managing, or maybe accepting, the impact of their stutter identity. However, by "*holding back*" on speaking it is possible that subsequent difficulties might occur as a result, such as social isolation, lack of relationship opportunities, and consequential emotional and psychological issues.

"I would say that, this speech, you know it's still holding me back"

(Bobby, 1150-1151)

Similar to other participants, Bobby experiences his stutter as holding him back. He describes current improvements in his fluency, with the intensity and frequency of his stuttering having decreased following a recent course of therapy. Despite his improved speech fluency Bobby implies continual difficulties in terms of his stutter holding him back. This illustrates that the depth of these men's stutters means it is more complex than a collection of behaviours and speech patterns, that it is very much part of their identity.

"Trying to wade through it"

As discussed, most of the participants talk of the varying degree to which their stuttering identity impacts on facets of their life. Many of them speak of their desire to moderate the impact:

“I want to feel that I’ve sort of utilised my potential in-in sort of achieving whatever I set myself to do, rather than settling for something lower...I w-w-wouldn’t want to look back and say I wish I’d done this or I wish I’d done that because I want to feel that I’ve done whatever I wanted to do”

(Gary, 1104-1109)

Considering the above quote from Gary of his desire to fulfil his potential and not to “settle”, it is worthwhile bearing in mind the accounts of many of the participants in feeling prevented from experiencing their potential due to their stutter and how this may affect these young men emotionally and psychologically. Throughout all of the interviews the participants describe experiencing feelings of frustration, anger, symptoms of depression and anxiety, along with indications of low self-esteem, which they all attribute to their stutter.

All of the participants talk of the various different methods they apply in managing the sense of their stutter holding them back:

“you have to kind of pick up on the good aspects when speaking well and-and go for the erm days that you feel confident to do, erm, to do the things that you want to do”

(Francis, 331-334)

One such approach, as shared by Francis, involves utilising the periods when his speech fluency improves, when he subsequently experiences an increase in confidence, to do what he wants to do. Later in the interview he speaks about how periods of dysfluency would often coincide with him isolating himself socially, indicating that his approach to managing the effects of his stutter is very much dependent on the present level of fluency. This seems to support the earlier assertion that the participants’ sense of agency over their lives is

somewhat stutter dependant. Some participants describe seeking activities that involve little talking, to perhaps gain such a sense of agency:

“I haven’t erm [...] let it interfere with erm [...] who I [...] am
or [...] what I want t-to do, al-al-although I do choose
[...] things th[...]at don’t require much-much talking”

(Aaron, 10-12)

Aaron mentions that he has not permitted his stutter to interfere with who he is or what he does, yet he has purposefully sought activities that require minimal speech. In using the words “*I haven’t let it interfere...I do choose things that don’t require much talking*” it is worthwhile considering the hypothesis that, having formed a stutter identity during early development, Aaron sophisticatedly used non-speech to manage the impact, which his present self considers to be the norm.

Prioritising the importance of certain life decisions, such as the subject of his university degree, over considerations of his stutter is David’s way of overcoming the impact of his stutter:

“I’ve made life choices to sort of beat it. I-I’ve never let
it get the better of me, not in big things, anyway”

(David, 241-243)

“my stutter probably will hold me back but I’ll just try and
wade through it and get to where I want to be”

(Francis, 371-375)

Both the above accounts allude to acceptance and perseverance as important processes in managing the consequential effects of a stutter. David in his use of

the words "*never let it get the better of me*" and Francis' description to "*wade through it*" indicate their reliance on an inner resilience or determination to manage their stutter. Following the theme of resilience, Eugene questions whether attempting to manage the difficulties with his stutter is even worthwhile, given the challenges that accompany its management:

"I worry, you know, not just, not so much, c-c-can I do this, 'cause I know that [...] I can-I can get through, but it's a question of do I really want to have to deal with this?"

(Eugene, 240-242)

Eugene's description of feeling capable to '*get through*' the effects of his stutter yet questioning his willingness to deal with it in some way resonates with David's experience of weighing the importance of certain decisions against his stutter. Both Eugene and Harry suggest that any attempt to restrict the impact of their stutter identity is likely to be challenging. Therefore, such considerations are taken with a form of cost/benefit analysis to gauge the worthwhileness.

3.2.3 "When I'm stuttering nothing else matters": The experience of stuttering

This subordinate theme captures the physical presentation of the participants' verbal stutter. During the interviews the young men speak in great detail about the ways they experience the observable elements of their stutter. All of them describe the appearance of their stutter, the prolongations and disruptions in the flow of speech, as an integral part of their identity.

Considering how meaningful the participants' experiences of stuttering seem to their identity as young men who stutter it is important to include this subordinate theme as part of the overall master theme of "My Stutter is Part of Me": A Stutter Identity. However, as this study is exploring the processes 'below the surface' of the noticeable characteristics of stuttering, this theme is in fact presented in full in appendix 16.

3.3 Master Theme Two

"It Shaped Who I Am": Socialisation of a Stutter Identity

The participants each describe how their experiences of existing with a stutter as part of them have shaped the person they currently are. Throughout the interviews this seems to be clearly illustrated in the participants' depictions of the manner in which their stutter has influenced their social development:

"it's d-d-definitely shaped who I am now, especially [...] socially"
(Eugene, 292)

"I-I-I think in a way it has pr-probably affected my personality in a way because I'm much more withdrawn than how I should be"
(Gary, 16-17)

Gary suggests that in having a stutter his personality has been altered, perhaps influencing more introverted tendencies. He describes becoming "*more withdrawn than I should be*". This seems to resonate with the accounts from some of the other participants who also describe feeling more socially withdrawn than they would like to be. Many of the participants speak of using social

withdrawal or isolation as a means to manage the social impact of their stutter, whereas for others social withdrawal seems to be a consequence of finding social relationships difficult to form and maintain. Participants' accounts of the socialisation of their identity are discussed later in this theme.

Some of the participants offer the hypothesis that their social identity is very much embedded in the way they have historically experienced relationships:

"I'm sure if you want to go in the whole er, [...] sort of lets go back to your ch-childhood, sort of approach, I'm sure that's had some impact [...] on everything"

(Eugene, 474-476)

"e-e-everything that's happened, through like being in school, g-growing up and relationships in the past, all these things have happened, it's like to make me t-the person I am at the moment"

(Harry, 1519-1522)

The above accounts put forward the presence of a developmental process in the formation of their current being. This process, as Harry suggests, includes the individual's experiences of early peer interactions during childhood as well as other relationships during development. In the next subordinate theme these social relationships are explored further.

3.3.1 “There seems to be bit of a distance”: Experience of social relationships

“Friends”

All of the participants, except David who speaks of his stutter as a benefit in establishing friendships, describe experiencing difficulties forming and maintaining friendships. Many of the participants illustrate this when talking about developing friendships during childhood:

“during school, erm, I didn’t tend to have a lot of friends”

(Harry, 5-6)

“I had a few, very few good friends and I’ve def-definitely not ever had a [...]large group of friends as a kid”

(Eugene, 477-479)

Most of the participants, like Harry and Eugene above, talk of experiencing only a small number of friendships during childhood. These accounts are in stark contrast to David’s descriptions of his friendships:

“I think the reason why I-I’ve made so many friends is because my stutter can be kind of like, it’s-it’s acted as like a check on me because without it I think I wouldn’t be a-as nice a person. I think I’d be kind of arrogant”

(David, 213-217)

David’s account suggests that his stutter acts as a moderating influence on his personality, which in turn suppresses what he considers to be less empathic qualities. In his interview he speaks of developing an empathic, sensitive nature

from his experiences of stuttering that he sees as evident in many of his social, intimate, and sexual relationships.

For most of the participants, though, their ability to form friendships has been an area in their lives that has been difficult for them since childhood, with their stutter very much central to their difficulties:

“because I had-had a [...]s-s-stutter that kind of-kind of
made [...] it kind of led to not having a lot of friends”

(Bobby, 196-200)

“I used to hang around with the wrong sort of people, I think
just `cause, [...] I don’t know, the cool people wouldn’t
want to be like associated with a s-s-stutterer really”

(Harry, 13-16)

Harry noted that being a “*stutterer*” influenced the type of people he would become associated with. His portrayal of his stutter being considered undesirable by “*the cool people*” suggests there is a social stigmatism attached to stuttering, which was managed by withdrawal from social settings or a disinclination to talk to others.

In talking about the possible factors that contributed to past experiences of feeling unable to form friendships, Francis and Harry highlight their reluctance at the time to initiate conversation:

“I wasn’t really approaching [*classmates*]”

(Francis, 1305-1308)

“I found it hard to talk to people then, they sort of like wouldn’t talk... wouldn’t really t-talk to me because I wasn’t talking to them, and I don’t know, they thought it was because like, I just didn’t like them”

(Harry, 40-44)

In recalling his childhood experiences Harry pinpoints his reluctance to converse with others as causing a reciprocal pattern of no communication between himself and his peers. Harry’s account provides an early example of his feeling socially detached from others, an experience shared with many other participants. For example, Bobby’s lack of friendships resulted in him being excluded from invites to social events:

“I-I would say probably because I had made few friends, and because of that, I wasn’t really invited to er, all that many p-par[...] to all that many par[...]ties”

(Bobby, 207-209)

Whereas, for Gary it was being socially withdrawn that lead to him having few friendships:

“I probably have-haven’t made as much friendships as I-I-I possibly could have, probably `cause I’ve been, I’m-I’m sort of withdrawn you know”

(Gary, 13-15)

Many of the participants speak of varying degrees of social detachment or isolation being evident in their lives, at times due to a reluctance to talk to others or because of difficulties in forming social relationships. The participants’ accounts of being socially isolated are discussed in greater depth later in this theme.

By contrast, Harry talks of experiencing a sense of social inclusion following the formation of a close friendship:

“it made me feel like [...] I wasn’t an outcast, I had like a [...] f-f- a friend there... I-I think it made me h-happier anyway”

(Harry, 199-203)

Harry’s use of the words “*it made me happier*” to describe his reaction to no longer feeling “*an outcast*” inversely infers the possible emotive state felt when isolated. Many participants described feelings of disappointment and sadness when talking about their historic difficulties in forming friendships, which fits with Harry’s sense of happiness at having established a friendship.

“Bullied”

For many of the participants the social stigmatism they experienced for stuttering originated during childhood, with several reports of being subjected to bullying while at school:

“I did get bullied on my stutter [...] at school...because I stutter, he started to make erm [...] impressions of me, like erm every time [...] I used to see him, [...] every time I saw him he would just make an impression of my stutter and go ‘g-g-g-g-g’ and you know, just really took the piss”

(Calvin, 571-590)

“I was b-b-bullied quite a lot at school and clearly my stutter was quite an e-e-easy-easy thing to pick on...you know, it made me a very obvious target for [...] o-o-other kids”

(Eugene, 82-92)

The above words pick up on the accounts expressed by other participants on the perceived obviousness of their stutter. Eugene mentions how his stutter, in being obvious, easily identified him as a target for bullying. These accounts imply a social stigmatism towards stuttering, which all of the participants talk of having experienced in their peer relationships, professional relationships, and in their attempts to form intimate relationships. As a result of being stigmatised by others, Bobby speaks of having a sense of not fitting in socially:

“I was kind of [...] o-o-ostracised ‘cause of it by
a [...] group of pe[...]ople, I just didn’t fit in”

(Bobby, 189-191)

One of the young men, Harry, described an incident where he was bullied for his stutter:

“I remember, after a while I got [...] defensive about it. I think
I once th-th-threw a plastic cr-cricket bat at s-somebody
because they erm, they went a bit too far and I got angry”

(Harry, 55-58)

Harry’s account emphasises the extent to which he has been affected by being stigmatised for his stutter. In his interview he talks of several occasions where he felt angry or at times used violence in an attempt to prevent further bullying. Most of the participants speak of the distress caused by the socialised stigmatism of stuttering. One participant, however, reports a very different experience to the rest of the participants:

"I guess a lot of people would have g-g-gotten teased at school because of their stutter but for me it wasn't really an issue"

(Gary, 284-286)

Gary alludes to an expectation that others would be "teased" for stuttering, despite not facing such treatment himself.

"People are mean and horrible"

One of the participants, Eugene, talks about his present expectations of others as being formed from his past experiences of being bullied:

"my kind of experience of people was that they were [...] th-th-that they were generally h-horrible and mean"

(Eugene, 479-480)

Eugene's narrative indicates that he holds a negative expectation of others, especially in terms of how he assumes others will act towards him, with an assumption that others are "horrible" and "mean" developed from early experiences:

"I can't remember at what age and how it happened, but I can remember clicking that [...] the same was true of grownups, and grownups were just kids who'd grown up, and they could be just as mean and horrible, and so I think o-o-once I made that leap it was quite obvious to keep assuming w-what I had assumed about kids applied to everyone else"

(Eugene, 488-492)

I then asked Eugene: [Q: *How did you feel when you made the leap that adults might treat you the same as other children had done?*], he replied:

“I guess maybe when I had that r-r-realisation it was probably
a case of “oh shit, it’s not going to be that easy”

(Eugene, 507-509)

The realisation in Eugene’s account that “*grownups are just as mean and horrible as kids*” highlights how he predicts continual social intolerance due to him having a stutter, which he states will remain a challenge for him.

“Family”

As well as encountering the difficulties already discussed in their peer relationships, a number of the participants talk of the effect their stutter has on how they relate and communicate with their family:

“I don’t normally talk about this with my family because
people think that it’s a touchy subject for me”

(Francis, 485-488)

Francis describes how for his family the theme of stuttering became an almost taboo topic that would rarely be talked about. His description that others would assume stuttering to be “*a touchy subject for me*” suggests a presumption by others of the sensitivity surrounding his stutter. It is worth considering the role that stuttering as an unmentionable topic might have in reinforcing the stigmatism felt elsewhere. Other participants tell of how their stutter has negatively impacted on the quality of their family relationships:

“there seems to be a bit of [...] dis-tance because [...] of the stutter”

(Aaron, 650-651)

Aaron’s use of the word “*distance*” clearly indicates a lack of closeness in his family relationships that has been caused by him having a stutter. As the below account shows, he attributes his social solitude, a consequence of his stutter, as the reason for this lack of intimacy with his family:

“with fam-ily, [...] y-your mother and father and brot-her you-you ought to be very c-c-lose and have a very c-c-close [...] bond, but I think because of my stut-ter [...] it has made me [...]a bit of-of a erm, r-r-r-recluse”

(Aaron, 638-641)

For other participants communication remained a difficulty when speaking to family:

“I would like to talk more to my family but it’s even with my family that I’ve the fear of the next s-stammer or stutter and it’s not what they think, it’s what I think of-of myself”

(Francis, 298-302)

The above account highlights Francis’ anticipation of stuttering as a reason for choosing not to speak as much to his family as he would like to. His statement shows that he is more concerned with how he perceives himself than how others see him, and this supports the accounts of the other participants who described feeling frustrated, embarrassed, and disappointed when stuttering.

Not all of the participants report experiencing their stutter negatively in relation to their family. Contrary to the other young men, Gary describes family as one of the only relationships where he feels accepted:

“when I’m with my family I don’t have to impress them, I’m-I’m just who I am.
They sort of accept me for what I am, with my flaws and my good bits”

(Gary, 946-949)

In all of the interviews the participants talk of experiencing stigmatisation, or feeling socially unacceptable, in their relationships due to their stutter. In Gary’s case, though, he speaks of finding acceptance with his family, where they “*accept me for what I am*”. He also makes reference to not having to impress his family, suggesting that, with others, he might perceive there to be a need to act in a manner that will impress them, and thereby minimise the stigma attached to his stutter.

3.3.2 “It shaped me socially”

As accounts in previous subordinate themes have already mentioned, a constant theme for many of the participants is feeling uncomfortable or anxious in various social situations:

“whenever I’m in social situations I find it rather d-d-difficult”

(Gary, 40-41)

For most of them, their identity as one who stutters is cited as the primary influence on their social development:

“I do think it’s shaped, erm, who I am now, espe[...]cially
in terms of what kind of person I am socially”

(Eugene, 313-316)

Eugene’s account above, in describing the influence of his stutter in shaping his social identity, is a perspective shared with many of the participants. For example, Bobby notes his stutter as the reason for him finding social settings difficult:

“because I had the stutter, that was causing me to have these
erm causing me to have these, s-s-severe s-s-social problems”

(Bobby, 486-488)

The social problems the participants report to have encountered ranged from making conversation to being in busy social settings through to forming social relationships. Aaron described feeling “*a bit erm [...] claust[...]ropho[...]bic*” (Aaron, 38-39) in social situations. When asked: [Q: *What is it that makes you feel claustrophobic?*], his reply was:

“th-th-thinking of things to say”

(Aaron, 53)

Aaron’s powerful depiction of feeling claustrophobic due to the conversational element of being in social settings suggests a perceived expectation to participate or guide conversations, which in conjunction with his reluctance to talk (as evidenced in section 3.2.2) stimulates a sense of claustrophobia. Aaron also speaks of how he finds noisy, busy social settings difficult:

“it’s very bad at erm [...] par-ties or [...] when there are other
[...] peo-ple [...] at a bar, or even in-in erm, [...] r-rest-au-rants”

(Aaron, 1103-1105)

Aaron makes particular reference to the effect such settings have on his stutter. He says his fluency tends to be “*very bad*” in busy, possibly noisy, situations. Given such social discomfort, it is perhaps understandable that some participants might seek social withdrawal to manage such effects:

“I [...] think I’m [...] very in-troverted, so I tend to-to prefer my own company”

(Aaron, 28-29)

“I used to be pretty socially is-s-so[...]lated”

(Bobby, 21-22)

In Bobby’s interview he recalls living an “isolated” life until early adulthood. He tells of his family members, or friends of the family, constituting his main social relationships during that time. He describes frequently avoiding social interactions with individuals he had no existing relationship with:

“if when people showed up at the house that I hadn’t
talked to before I would just really stay in my room”

(Bobby, 381-383)

Bobby’s account of avoiding people that he “*hadn’t talked to before*” suggests how establishing familiarity with an individual is important in facilitating a willingness to socially interact. The role of familiarity in forming relationships is

discussed further in the third theme when exploring how the young men describe selecting possible intimate partners.

Gary also discloses using avoidant behaviour to escape uncomfortable social events:

“I’m probably one of the first people to sort of leave the party or to-to provide, erm just make up excuses, say I’ve got to go home or whatever...it’s like a challenge to sort of be in a social setting for-for a-a-a long period of time”

(Gary, 24-37)

There seems to be a suggestion in Gary’s account of his reaching a threshold while socialising when it becomes “*a challenge*” for him to remain in that social setting. This could represent one of the developed management strategies he applies to tend to his social discomfort while still maintaining his relationships and meeting social demands.

“Making it comfortable”: Managing social discomfort

“Isolation”

Similar to the avoidant behaviours discussed above, some of the participants speak of managing their social discomfort by isolating themselves from others:

“People, I don’t really see the n-n-need. I don’t really [...] have to have th-them in-in my l-l-life in many ways”

(Aaron, 178-180)

"I guess it's sort of easier to just avoid such
si-si-situations and k-keep myself to myself"

(Gary, 37-38)

Gary's account of finding isolation easier than being exposed to social situations corresponds with the experiences of Bobby:

"I would say that at that time I was fairly happy, you know,
because I would say that it was much easier to be isolated,
rather to go through that emotional wh-whirlpool of actually,
you know, to actually go outside that [...] comfort zone"

(Bobby, 523-529)

Bobby depicts an "*emotional whirlpool*" to describe the experience of being in a social setting. This chimes with the descriptions from many other participants on how emotionally challenging they found certain social interactions. Bobby describes how managing this "*emotional whirlpool*" by forming a "*comfort zone*" isolated him from developing different social relationships:

"being you know socially, somewhat professionally and most importantly
romantically and also sexually isolated was a comfort zone"

(Bobby, 531-533)

The "*comfort zone*" described by Bobby isolated him from experiencing social, professional, and sexually intimate relationships. The use of the term "*comfort zone*" suggests that he sought to create an environment that felt safe, perhaps in response to feeling vulnerable in the social situations he was avoiding.

Bobby identifies the isolation he experiences both in terms of romantic and sexually intimate relationships as the most important impact of his stutter. Bobby's sense of sexual isolation is shared by many of the participants, with this specific social relationship discussed in greater depth in the third master theme.

"Alcohol"

More than half of the participants tell of using alcohol to combat their social discomfort. For Eugene, alcohol helped to manage his stutter and social anxiety:

"I've initially drank more b-b-because of my stutter
'cause it helps deal-deal with my anxiety"

(Eugene, 1446-1448)

In Eugene's interview he describes himself as a "*frequent drinker*". His account above, through his use of the word "*initially*", suggests his alcohol usage originated as a means to manage his stutter and anxiety in social settings. None of the participants discloses having any substance dependency issues, even though alcohol usage to manage their stutter seems commonplace. Similar to Eugene's account of drinking to reduce anxiety, Francis mentions using alcohol to boost his social confidence:

"it's like I don't belong with my group of friends but [...] when I'm drinking, erm, it feels like [...] it feels like [...] g-good, that I actually do belong somewhere because I have the confidence to speak and to say "hey, yeah, this is, this is my view on whatever you're talking about" or "my opinion on blah, blah, blah"

(Francis, 1544-1550)

Francis describes how alcohol facilitates a sense of belonging to his social group, which possibly comes from the increased participation in conversations that he

alludes to. Conversely, it is worth considering the experience of not "*belonging*" socially, and the emotional and psychological issues that could arise from feeling excluded from society.

"Speaking concisely"

As the above segment discussed, many participants developed ways to enable greater participation in social conversations. Whereas some of the young men used alcohol to increase their involvement within their social group, others restricted how much they would say in order to facilitate them being included in conversations:

"when I go-when I go out with friends [...] I don't avoid talking but I only say like short sentences which I know that I won't stutter on"

(Francis, 35-38)

Francis' use of concise sentences indicates a developed form of management that allows him to converse socially while gaining agency of his stutter. The avoidance of stuttering that Francis alludes to in constructing sentences that "*I know that I won't stutter on*" suggests a desire to minimise the impact of stuttering on his social participation. This is similar to the accounts of other participants:

"if I speak concisely, if I just sort of say what I have to say, rather than just go [...] beating about the bush and trying to over-explain things, that just makes things easier for me"

(Gary, 1066-1069)

The participants' use of concise speech clearly shows their intention to reduce the noticeable and secondary characteristics of stuttering. For example, in the

above account Gary speaks of using concise speech to avoid circumlocution of words or sentences. As Gary mentions, by minimising his speech conversation becomes "*easier*".

3.3.3 "It's just not cool": My stutter and me

The opinions the participants express regarding their stutter seem to have been shaped in part by the socialisation of their stutter identity. When discussing their stutter, many of the young men voice largely negative views:

"I don't like me, myself stuttering"

(Calvin, 281-283)

"my overall view of my stutter is probably not a very good one if I'm honest"

(Francis, 11-13)

Francis expands on this opinion later in the interview by simply saying:

"I fucking hate stuttering"

(Francis, 1195)

The above statement relates to an experience where the participant found speech difficult while socialising with friends. Here Francis seems to capture perfectly the extent of anger and distress he feels towards his stutter. In saying that his feeling towards his stutter comprises "*fucking hate*" he highlights how strongly he despises stuttering. This is perhaps particularly important as he earlier described his stutter as being a part of him and his identity. The "*hate*"

felt towards an aspect of the individual's identity suggests a probable bearing it might have on the person's self-esteem or mood.

Not all of the participants report holding such negative views of their stutter:

"I'm kinda on the fence about my s-s-stutter"

(Bobby, 4-5)

The ambivalence expressed by Bobby possibly relates to the affirmation that despite the negative impact of his stutter on his quality of life (see section 3.2.2) and relationships (see section 3.3.2) he would be the same person regardless of his stutter:

"I'm not that sure that I would be really, erm [...] any[...]any

d-[...]different if I hadn't had a-a st-stutter"

(Bobby, 6-8)

Almost all of the participants talk of their stutter as helping nurture an empathic and sensitive side to their personality (for example, in section 3.3.1. David describes the influence of his stutter in forging a "nice person"). Eugene's opinion, however, contrasts with the views of the other participants:

"people who write about it and talk about it and it's like, you know, *"it's made me a more sensitive person"*, I mean it may well have done but I'm a little bit more cynical of that side of thing, which is just like, erm, l-l-let's try-l-l-let's try and p-p-put a good spin on what is really just a right pain in the arse for most people who have it right"

(Eugene, 303-309)

The implication that others "*put a good spin*" on their experiences of having a stutter suggests that others present a positive attitude to either manage, or give the impression of managing, the effects of their stutter. For Eugene, in his use of the words "*a right pain in the arse*", the negative regard in which he holds having a stutter is clear, and this seems to support the majority of the experiences expressed by all of the participants in their interviews.

Some of the participants refer to contextual and variable factors in determining the way in which they view their stutter. For example, Francis talks of the noticeability of his stutter as determining how he feels:

"it varies from day to day, erm [...] on some days I just, absolutely hate it, some days like-like today in a way, erm, I don't mind it that much because it's not actually, 'cause it's not exactly [...] sticking out"

(Francis, 4-8)

The connection between the extent of stuttering dysfluency and how the participants feel about their stutter and its perceived impact supports the self-rating scales on the demographic forms (see appendix 6). All except one of the participants consider the impact of their stutter to either match or be more severe than how they regard the severity of their stuttering. The one outlier, Aaron, scored the severity of his stutter and its impact as severe but with the stuttering severity one score higher than the impact of his stutter (see appendix 9).

"Fear of stuttering"

All of the participants speak of the emotional experience of their stutters, associating such emotions as "*embarrassment*" (Eugene, 1262), "*sadness*"

(Gary, 1043), "*anger*" (Francis, 311), and "*vulnerability*" (David, 807) with their stutter. For some of the participants it is the feeling of fear that is most prominent in their accounts:

"regardless of a good or bad day I still have that inkling in the back of my head, of like, when's my next stutter gonna be"

(Francis, 16-19)

It seems from many of the young men's accounts that it is the unpredictability of future stuttering that they most fear. Francis suggests that past or present stuttering is not a predictor of future occurrences of stuttering. The resultant difficulty to forecast the "*next stutter*" gives rise to uncertainty and fear. Furthermore, Francis' use of the words "*still have that inkling...regardless of a good or bad day*" implies a constant anxiety of possible stuttering unaffected by present speech fluency. Francis further enhances this point later in his interview:

"my life pretty much, it's just a-a-a fear of, it's just fear of when-of when my next stutter's going to come and erm, and erm, so yeah-so yeah that kind of sucks"

(Francis, 119-122)

The account above describes the fear of stuttering as effectively enveloping the participant's life, that it "*kind of sucks*", which clearly has negative connotations. Similarly, David refers to his fear of stuttering as taking over:

"your fears-fears take over, that type of thing. You don't think straight 'cause of the fear you might stutter"

(David, 1110-1114)

In his description of "fear" taking over it seems David is making reference, by saying "you don't think straight", to how his preoccupation with the possibility of stuttering means he struggles to be present.

"Frustration"

Several participants provide accounts of experiencing anger and frustration when talking socially. Eugene, for example, speaks about an incident when his stutter was particularly severe while socialising with a group of friends:

"when it's still like massive stutter on every word, it's just-
it's just not cool. It's like erm it just becomes like "come on"

(Eugene, 844-846)

According to Eugene's account of experiencing a "massive stutter" that he refers to as "*just not cool*", the frustration felt appears to relate to both the severity of his stutter and its appearance to others. This suggests a social element to his frustration that is dependent on his ability to speak without, or with moderate, stuttering within a social setting. Likewise, many of the participants talk of anger arising from feeling an inability to speak through a block:

"when I stutter and I-and I have like a block, I get really annoyed"

(Francis, 581-582)

"I get frus[...]trated about my stuttering, with not getting the word out"

(Calvin, 810-812)

As described previously when discussing the participants' experience of stuttering (see section 3.2.3), many of the young men talk of becoming most aware of stuttering when encountering a block. Bearing in mind the two

accounts above regarding the emotive responses that result from experiencing a block, it is worth considering the frequency of frustration for these participants and how it could manifest beyond the stutter:

“when you can’t ta-talk, you’re getting quite stressed
and then e-every little thing will annoy you”

(Francis, 627-629)

3.3.4 “Makes you seem nervous”: How my stutter seems to others

Throughout the interviews all of the participants stress being aware of other people’s reactions to their stutter, with many expressing concern over how they are perceived. One of the more frequently shared experiences describes how stuttering gives the impression of the person being anxious. Below are a few examples drawn from the participants’ interviews where they associate the appearance of anxiety with stuttering:

“Stutter just makes you seem nervous”

(David, 394)

“people tend to [...] think maybe [...] I’m a bit erm s-scared”

(Aaron, 120-121)

“stuttering tends to be associated with-with being nervous, whether you are or not people assume, quite often, that you’re nervous because you stutter”

(Eugene, 891-893)

"I think that people perceive people that stutter to be more stressed, more anxious, uhm and less relaxed"

(Gary, 894-895)

The perception of others misinterpreting the appearance of stuttering to be anxiety suggests possible implications for individuals socially, professionally, and when initially meeting people. Every one of the participants shared experiences of when others have misread their stutter as anxiety, a lack of confidence, or in some cases aloofness. In the next master theme the appearance of stuttering and the person's reaction is discussed when talking about initiating contact with a prospective new intimate partner.

As well as others misinterpreting stuttering, some participants tell of the perceived limitations others presume people who stutter to have:

"they think, *"Oh he's got a s-s-s a stutter and stuff, so obviously he can't t-talk to people that well"* but yeah I've p-put them to shame a few times"

(Harry, 295-298)

Harry describes an occasion when socialising with friends where he introduced himself and his friends to another party. Prior to making the introduction he speaks about his friends suggesting that someone else from his group of friends should approach the other group and make the introduction. Harry's comment of *"I've put them to shame"* indicates the frustration he has experienced when others have presumed his limitations. This frustration seems to have then triggered his determination to challenge such social expectations by exposing himself to whatever social interaction is presumed to be difficult.

“It’s the pivot”: Reactions of others

All of the participants talk of frequently gauging social situations and relationships by how others react to their stutter. David describes the reactions of others as pivotal in determining his emotional state:

“the person-the person yo-you’re speaking to is the pivot. His reaction or her reaction, well it-it-it’s either going to make me feel great or bad”

(David, 930-936)

The participants describe paying particular attention to people’s reactions as a way to assess their acceptance of the individual due to their stutter. David explains that it is his interpretation of the other person’s positive or negative reaction that “*makes me feel great or bad*”. According to some participants it is the meaning behind a negative reaction that fills them with dread:

“the wo-worry of, not just want they might think of me but [...]what it might reveal about them that maybe I don’t want to know scares me”

(Eugene, 1358-1360)

As Eugene states, the possibility of discovering something “*I don’t want to know*” is a cause of anxiety for him. The fear of other people’s reactions could also be a further reason for the reduced sociability and isolation that some of the participants have described (see section 3.3.2), as a means to limit the possibility of experiencing negative reactions.

As well as the unsettling uncertainty of what a person’s reaction could reveal, most of the young men tell of the fear of the reoccurrence of historic negative responses:

“Always remembering the bad ones, always remember the one that’s
shit and then you just expect that to happen again. Not expect
but you fear it will happen again, you-you know, it sucks.”

(David, 870-873)

David’s depiction of “*always remembering the bad ones*” suggests an attentive bias towards deleterious reactions and an apprehension of future negative reactions. Most of the participants describe their feelings of anxiety in terms of other people’s possible responses. For example, Eugene speaks of fearing the initial reaction to his stutter:

“I think I probably have had someone laugh out loud once and I’ve seen plenty of smirks and smiles and sort of like [...] slight confusion and whatever, its [...] erm, yeah that sort of first reaction to it is always pretty scary”

(Eugene, 1334-1338)

Also on the subject of encountering laughter, Calvin talks of an early experience with his school peers:

“They [...]tend-tended to laugh sometimes, especially when I was younger”

(Calvin, 777-778)

Many of the participants discuss encountering negative reactions to their stutter, especially experiencing ridicule. It is probable that the fear of being ridiculed relates to the participants’ historic experiences of bullying (see section 3.3.1) and unwarranted reactions, as shown in the above examples. Eugene seems to rationalise the reaction of laughter later in his interview. Rationalising could be Eugene’s way of managing or making sense of the intention behind such reactions:

“I mean it sounds funny if you never heard it or if you’re not expecting it [...] and-and you can’t always help what you find amusing, right?”

(Eugene, 1353-1357)

Some of the participants refer to their actual difficulty with talking as increasing the significance of other people’s reaction:

“the reactions I get to what I say become more significant when it’s been so fucking hard to say it”

(Eugene, 921-923)

As the above account suggests, the severity of stuttering at the time of talking seems to correlate with the significance of the other person’s reaction. In Eugene’s descriptive use of the words *“so fucking hard to say”* he seems to emphasise the real difficulty and frustration he experiences with his speech, which, he implies, exacerbates the significance of social reactions to his stutter. It is perhaps unsurprising then that for all of the participants the significance of speaking to a potential intimate partner can at times feel overwhelming.

3.4

Master Theme Three

“Having a relationship is special”:

Impact of a Stutter Identity on the Formation of Intimate Relationships

As the previous themes have illustrated, all of the participants talk openly about how their experiences as young men who stutter have shaped their behaviour and sense-making of social relationships. Given the profound impact that their

stutter identity has on them socially, it is perhaps little wonder that they all describe facing various challenges in experiencing intimate relationships.

The importance for these young men of having an intimate relationship was expressed in the interviews, which Francis typified by saying:

“hav[...]ing a relationship is special to me”

(Francis, 990-991)

Despite how “*special*” Francis and the other participants regard intimate relationships, establishing such relationships is an area of their lives that they all have difficulty with:

“I can see how, sort of, how hard it’s been to, kind of, f-f-form relationships”

(Harry, 2069-2071)

Harry’s account is indicative of the common struggle that each of the participants describes. The theme that follows intends to capture their experiences of forming intimate relationships, the role in which their identity as young men who stutter has on them forming these relationships, and the varied and sophisticated ways in which they have learned to manage the challenges faced with these “*special*” relationships.

3.4.1 “I stayed on the sidelines”

All of the participants tell of their struggle to establish intimate relationships. For some, the difficulty they have experienced in forming these relationships has existed throughout their life:

“it’s been like t-the o-o-one thing th-that is like missing from
my life, for like a long time [...] and I think I’ve been
s-s-s-s-single almost, like, for my whole l-life pretty much”
(Harry, 1193-1196)

Harry describes how intimate relationships have largely been absent from his life. He speaks of it being the “*one thing*”, the one area of his life, that has been missing. Without the presence of a relationship in his life Harry defines his long-term relationship status as “*single*”. Bobby refers to himself in the same way:

“I would have to say that my problem is that I am what you call [...] chronically
[...], s-s-s[...], I’m what you call [...] chronically, s-s, you know [...]single”
(Bobby, 276-278)

By defining himself as “*chronically single*”, Bobby alludes to an enduring element associated with forming and/or maintaining relationships. The accounts of both Harry and Bobby are examples of how many of the participants regarded themselves in terms of intimate relationships, with intimacy being largely absent from their lives. Later in Bobby’s interview, when speaking about the absence of romantic intimacy, he described himself as remaining “*on the sidelines*” when it comes to intimate relationships:

“I obviously stayed on the sideline romantically for such a long time”
(Bobby, 484-486)

Bobby’s description of remaining “*on the sidelines*” of relationships not only reaffirms his previous statement of mainly being “*single*”, but also seems to suggest that he has observed this form of relationship predominantly from the periphery. This was an experience akin to that of many of the participants, with

most of them speaking of how they specifically manage the absence of relationship intimacy. In this way, in the following extracts Bobby and Harry both illustrate how they came to accept that intimate relationships would not form part of their lives:

“I just really accepted it, that I just really wasn’t meant to pursue re-relationships, you know, and I just kinda expected a life of iso[...]lation”

(Bobby, 513-515)

Likewise, Harry speaks of accepting a life without an intimate other:

“as I got older, it just sort of hadn’t happened yet, I hadn’t like met anyone yet and I got to the point when I was like, 19 and I sort of [...] given up on it.

Almost really, sort of accepted the fact that I would never meet anyone”

(Harry, 1020-1024)

Harry talks of a time when he had “*sort of given up*” meeting an intimate partner, which suggests that, since relationships had not materialised previously, he had succumbed to the struggle and accepted that he would not experience such intimacy. Both Bobby and Harry tell of how their historic difficulties in forming intimate relationships influenced an expectation that they would probably not experience these relationships in the future, and that this for Bobby would result in “*a life of isolation*”. Eugene speaks of experiencing a similar process where the historic difficulties in forming intimate relationships led to a questioning of whether he was able to form such relationships:

“it’s always been a question of I don’t feel I can have a p-proper relationship”

(Eugene, 788-790)

When asked, all of the young men attributed the struggle in forming intimate relationships to their stutter:

Researcher: *How does your stutter impact on forming intimate relationships?*

Gary: "It's the main problem"

(Gary, 166)

Researcher: *What role does your stutter play in forming relationships?*

David: "It's everything"

(David, 193)

Later in his interview David commented further on the role of his stutter in forming intimate relationships:

"it's been like the block in front of potential relationships"

(David, 1282-1283)

These quotes illustrate the extent to which the participants experience their stutter as a "*block*" to forming intimate relationships. David speaks of the impact of his stutter being absolute, whereas for Gary it is the "*main problem*". He mentions in his interview that other "*problems*" that prevent him from experiencing intimate relationships include the social anxiety and isolation that he has mentioned in early themes. As the early themes have suggested, these "*problems*" to forming intimate relationships are tangible consequences of a stutter identity that many of the participants experience.

“It’s a real unknown territory”

Many of the participants describe the lack of relationship and sexual knowledge that results from the absence of relationships as a further issue in forming future relationships. Bobby captures this lack of familiarity well:

“that was a real, un...[...]—that was a real [...]
unkn-n-n-[...]—un[...], you know, un-known territory”

(Bobby, 540)

Here Bobby talks of his apprehension in attempting to form intimate relationships due to his unfamiliarity with them; he describes being “*absolutely terrified of, sort of pursuing relationships*” (Bobby, 538) because they remain an “*unknown territory*” for him. Similarly, Eugene also describes how a lack of opportunity and experience forms an additional obstacle to him forming and developing intimate relationships:

“even if I get past the stutter, it’s kinda like, then I don’t really
know what to do next and it’s almost, I feel, erm, I can
blame it on the fact that I’ve never had any practice”

(Eugene, 711-714)

Eugene describes that even if he were to “*get past*” the obstacle of his stutter during the early stages of trying to form a relationship, his lack of experience in situations where he could speak to prospective partners would cause an additional obstacle in developing those situations into relationships. Many of the participants talk of their lack of relationship experience as causing additional anxiety when it comes to considering future intimate relationships, whereas for

Harry it is the specific lack of sexual experience that causes him the most concern:

“I was a bit afraid of, like if I ever got into a relationship, then I would be, that experience wouldn’t like, [...] I wouldn’t be able to s-satisfy them or anything and that was a big fear”

(Harry, 1398-1401)

Harry describes his fear of being sexually inadequate in terms of satisfying a partner as a result of his lack of sexual experience. In recalling his first sexual experience, Harry speaks of it occurring later than that of his contemporaries and talks about the pressure he put on himself to gain that first sexual experience:

“the older I got, kinda, more-[...]-more conscious I was, about it, and-and [...] the more I thought like, [...] if you meet anyone and it-it [...] would be a bit more pressure on it and that sort of thing, and like pressure to per-perform as well, because at that age, you’re sort of expected to, to know what you’re [...] what you’re doing really”

(Harry, 971-977)

“usually 20, 21 year old guys are pretty experienced already, so I-[...]-so I think I f-felt a bit b-behind and like I needed to catch up a bit”

(Harry, 981-983)

The comparison that Harry makes between his sexual experience and that of other young men of a similar age shows that he considered a need to “*catch up*” and meet an expected level of sexual performance. One of the ways in which

Harry sought to increase his sexual experience was through casual sexual encounters:

“they were just looking for like a shag, so like [...] as opposed to a relationship and-and at the time I was happy with that because I was trying to sort of get a bit of [...] experience really and-and get time to be more confident”

(Harry, 1387-1392)

From Harry’s account it is clear that he relates gaining more sexual experiences to increasing his sexual confidence. As well as gaining experience by having a number of casual sexual partners, he speaks of watching pornography to increase his knowledge of sex:

“it does help in a way as well because it’s sort of shows how to-t-to do it really[...] and sort of to learn what to do and I can watch it [...] and shows me that sort of stuff”

(Harry, 2103-2109)

Harry depicts a seemingly studious use of pornography in the way he watches it as a teaching medium to show him “*what to do*” and “*how to do it*”. Some of the other participants also describe watching pornography, yet for them it was as a means of managing the absence of sexual intimacy in their lives:

“m-masturbation really is the only, and sometimes watching porn but erm, yeah, seems to be enough to deal with sort of the purely [...] p-physical aspect and any other aspect that I would seek from it would only really be met through an actual relationship with someone”

(Eugene, 1609-1614)

Eugene illustrates how masturbation, and occasionally pornography, sufficiently attends to his sexual needs in the absence of being in an intimate relationship. However, he also makes reference to how all other forms of intimacy, for example emotional intimacy, would only be met in "*an actual relationship with someone*". As the section below shows, a number of the participants describe how they rely on friends and family members to fill the void of emotional intimacy caused by their struggle to form intimate relationships.

"It's like a relationship, just without sex"

Harry speaks of a specific friendship with a female friend that partly compensates for the absence of an intimate relationship:

"I'm lucky with [*female name*] anyway because [...] she's c-close and stuff and we can talk and we can like h-hug and like offer me those sort of th-things...it's a bit like having a [...] r-relationship but not having like the physical part of it, you know, without sex"

(Harry, 2293-2305)

Harry describes the emotional and physical, non-sexual, intimacy he experiences from his close friendship. In his use of the word "*lucky*" to refer to his friendship, Harry seems to imply how fortunate he considers himself to be to have such a relationship that helps meet some of his intimacy needs. Similarly, Eugene talks of finding his emotional needs met through his close relationships:

"I'm really good friends with my flatmates, erm, actually like, erm, [...] a lot of our friends, and even ex's, joke about our relationship because we're very close, we talk about emotions and stuff... so, at least s-some aspects of those emotional relationships are met through friendship"

(Eugene, 1646-1658)

Since many of the participants describe the importance of friendships in providing them with the means to manage their emotional needs in the absence of an intimate relationship, it is worth considering how powerfully these young men spoke in the second master theme of finding social relationships difficult to form. This perhaps resonates with Harry describing himself as "*lucky*" to have a close friendship that offers him the intimacy that is otherwise missing from his life, particularly since forming intimate relationships and friendships (see section 3.3.1.) has been so difficult for him.

3.4.2. "I like girls that aren't threatening": Partner selection

As shown when discussing the socialisation of the participant's stutter identity (see section 3.3), all of the young men describe the struggle they have experienced in forming social relationships, which, as the previous section illustrates, is particularly evident in their intimate relationships. The participants employ a variety of strategies to alleviate this struggle; one such strategy is evident in the process of selecting potential intimate partners. For each of the participants, a person's profession, personality traits, appearance, contextual factors, and pre-existing familiarity are described as some of the factors to be given thoughtful consideration when selecting a potential intimate partner. For example, Calvin and Harry describe their ideal partners as being empathic and caring:

"She w-w-would have a heart. Yeah-yeah she'd have a heart and she'd really pay attention, which I really like [...] and I hope I can find that type of girl"

(Calvin, 818-820)

“if they’re in quite a caring job. Like if they’re a nurse or carer or-or
if they work w-with like [...] disabled people or anything, then
that’s obviously putting across they’re quite a caring person”

(Harry, 1728-1732)

The above extract from Calvin seems to capture his desire for a partner to be attentive and to listen to him, to hear what he has to say. In his account, as with all of the participants, he speaks of the distress he has felt when he believes others have been dismissive or marginalised him for his stutter. Considering the historic and present stigmatism that the participants describe experiencing, it is perhaps understandable that for some of them traits such as compassion and empathy are considered important when selecting a potential partner. A number of the participants describe assessing someone’s desirability based on observable elements, such as the person’s profession, as Harry described above or, as the extract below shows, intellect:

“I think if they’re a more like an intelligent person then they’re going
to be more accepting, and they’re not going to be as s-shallow”

(Harry, 1734-1736)

Harry illustrates a desire for an intimate partner to accept, and maybe acknowledge, the depth of his identity that goes beyond the observable behaviours of stuttering. The use of the words “*more accepting*” seems to suggest there being an aspect of him that is either less acceptable or undesirable. Considering this possibility, it is perhaps worth considering the potential impact on the participants of existing with a less acceptable part of their identity.

Many of the participants describe the importance of being accepted and feeling secure with a person when selecting potential partners. For example, David talks about being attracted to partners that are unthreatening:

“The girls I’ve norm-normally gone for are more like, can’t think of the word, but I guess put me on a pedestal. I can visibly tell that they think I’m, [...] like, better... [...] erm, girls who aren’t threatening”

(David, 308-320)

David then expands on his meaning of unthreatening:

“not submissive but like kind of passive”

(David, 324)

There is a sense with David that he typically seeks partners who represent the opposite of some of the social interactions he has historically experienced (see section 3.3), which he describes as mainly being hostile and demeaning. There seems to be a suggestion from many of the participants’ accounts that they select intimate partners based on how secure and accepted they feel, or predict they will feel, with the other person. When discussing the effects of their stutter many of the participants describe associating it with feelings of vulnerability. Considering this, it is perhaps not surprising that for some establishing a sense of security and empathy with an intimate partner is considered important.

“They’ve all developed from friendships”

One of the main ways in which the majority of participants describe establishing a sense of empathy and security with potential partners is in developing intimate relationships from pre-existing friendships. For some of the young men, their experiences of intimate relationships, including more casual sexual encounters,

have exclusively involved a partner with whom there is an existing familiarity. In the extract below Eugene speaks of only forming, or attempting to form, intimate relationships once a sense of familiarity has been established:

“I’ve never had any kind of passionate relationship with people who aren’t or who weren’t my friend [...] and-and I’ve never ever tried[...] to ask someone out or try to pull that-that there was not already some kind of bond there”

(Eugene, 422-429)

Eugene describes only having intimate relations with people that he has an existing friendship or connection with. In emphasising how he has “*never ever tried*” to initiate relations with a person that he was unfamiliar with he seems to imply a reluctance to risk being unnecessarily vulnerable when forming intimate relationships. Many other participants also describe forming intimate partnerships almost exclusively from existing friendships:

“pretty much all of them, bar a few, have been [...] like f-f-f-friends, or like [...] s-someone I meet through a friend of a friend of a friend”

(Harry, 1295-1297)

This quote comes as Harry discusses his previous sexual partners and how there was an established friendship or a mutual friendship in place before sexual intercourse occurred. Similarly, Gary recalls the person that he shared his first sexual experience with as someone he had known for some time:

“it was someone that I knew for a while, so that makes things easier”

(Gary, 362-363)

Gary mentions feeling more at ease in his first sexual experience with a person he later described in the interview as "*a good friend*". Many of the participants described an easiness in developing friendships into more intimate relationships, compared with the depth of difficulty they found in initiating relationships where there was no pre-existing friendship or familiarity. The next subordinate theme explores the participants' experiences of initiating intimate relationships with potential partners where there is no pre-existing '*bond*'.

3.4.3 "The problem with stuttering and relationships can be reduced down to asking someone out"

As mentioned in earlier sections within this theme, forming intimate relationships has presented differing degrees of challenges to each of the young men, from questioning whether they are able to experience an intimate relationship through to developing friendships or behaviours that replicate some of the intimacy missing from their lives. However, for all of the participants, the area described as central to their experiences of forming intimate relationships is within the process of initiating contact or conversation with potential partners. Some of the participants describe the role of their stutter on these early interactions:

"if, kinda you had to[...]to-to reduce down the problem of stuttering at the start of the, of a [...] r-relationship you could almost reduce the problem down to like asking someone out"

(Eugene, 1218-1221)

Researcher: *So what role does your stutter have when you're chatting someone up?*

David: "It's the ultimate thing. The only-the only thing I think about"

(David, 566-570)

The extracts above capture the extent to which the participants' stutters influence the formation of their intimate relationships. Eugene pinpoints the initial enquiry in "*asking someone out*" as the most troublesome aspect. It is worth considering the role of speech during such an exchange and the participants' descriptions of being conscious and fearful about the possibility of stuttering (see section 3.2 and 3.3). Similarly, David, in his above account, seems to insinuate an absoluteness in the role of his stutter when considering whether to speak to a potential partner, in that it is "*the only thing I think about*". For other participants the act of approaching a potential partner in person seems too great:

"I've not ever had the guts to really ask someone out"

(Eugene, 1202-1203)

Researcher: *Have you ever thought of asking someone out in person?*

Aaron: "I've been [...] too erm cowardly to [...] do that"

(Aaron, 353)

The participants' descriptions of having a lack of courage or willingness to initiate contact with the intention to form possible relationships illustrate a sense of self-criticism. They describe how they have "*not ever had the guts*" or "*been too cowardly*", and it is worth considering the impact on one's self-esteem from feeling unable to approach potential partners. Later in his interview Aaron

continued to describe the anxiety he experiences when thinking about speaking with a potential partner:

“I’m [...] afraid the-the stutter would be probably be [...] over-over[...]ri-ding everyth-ing else so I wouldn’t even try”
(Aaron, 406-407)

The impact of Aaron’s fear of stuttering in preventing him from attempting to initiate possible relationships resonates with the earlier accounts of the stutter feeling “*like a brick wall*” that works as a barrier (see section 3.2.2). Similar to the depiction of stuttering “*overriding everything*”, Eugene describes feeling almost overwhelmed by his stutter when speaking to a potential partner:

“when you ask someone on a date or whatever, it’s fairly significant sort of question [...] a-anyway and so, when-when you add on to-top of that, how I feel it’s like the weight that the stutter had to what you’re saying, it just becomes almost too much”
(Eugene, 927-931)

Eugene encapsulates a sense gathered from many of the participants’ narratives of the “*weight*” of their stutter increasing the significance of ‘*asking someone out*’ up to a threshold where it feels almost unbearable. However, Harry’s experience of initiating conversation is described as contrary to the accounts of each of the other participants. As the following extract illustrates, Harry speaks of finding the initial exchange fairly simple, with difficulties occurring later in the process:

“I f-find the first time talking to them quite easy,
and then what to do from there a bit harder”

(Harry, 1704-1705)

In his interview Harry did not explain the specific reasons for finding the initial conversation with a potential partner easier than later conversations. One hypothesis could relate to the idiosyncrasies of his stutter. He describes the characteristics of stuttering as consisting of frequent occurrences of circumlocution and word substitution, which he explains he uses with the intention of avoiding or reducing the observable elements of his stutter. As such, he described experiencing an ease when speaking generally, as he is more able to apply word substitution to avoid stuttering. He also described experiencing greater difficulty when attempting to maintain conversations and when talking about specific topics that are less easily interchangeable with substitute words (e.g. his name, the other person’s name, repeating facts that have already been mentioned). Therefore, the possible reasons for Harry experiencing the earlier conversing with a potential partner as easier could relate to his learned ability to manage his stutter when speaking generally. When the conversation progresses beyond the general to the more specific, however, he finds it more challenging.

“It depends where I am”

One of the main contextual factors that many of the participants describe as determining whether or not they wilfully engage with a potential partner involves the social settings where they might typically meet someone. Many of the young men speak of assessing the environmental noise levels, busyness, and the likelihood of needing to rely on their speech when deliberating over whether to initiate contact with another. In the extract below, Francis talks about choosing

to avoid some social settings due to his past experiences of finding such settings difficult to form relationships in:

"I rarely go on-I rarely go on nights out because I just can't be bothered
erm, on nights out I get like no-nowhere in bars and stuff"

(Francis, 1340-1343)

Here Francis describes "*rarely going on nights out*" due to his struggle in establishing any form of intimate encounter or relationship, which highlights the social isolation that he and other participants refer to in an earlier theme (see theme 3.3). It is worth considering the reduced opportunities in meeting potential partners that might accompany the social isolation that Francis and other participants speak about. Gary also mentions finding "*bars and clubs*" difficult environments in which to make an initial contact with another person:

"if I have to speak [...]louder then I feel I'm p-put-putting much
more strain on my voice, rather than if I'm ju-just sort of
speaking in quiet or quieter places. So [...] uhm yeah, very loud
environ[...]ments like bars and clubs it's really, really difficult"

(Gary, 185-189)

Gary emphasises, with his repeated use of the word "*really*", how challenging he finds speaking in noisy environments. This is similar to David's description of experiencing an increase in stuttering when in noisy social settings:

"In a club it's easier. I stutter more but it's less noticeable. [...]It's noisy,
kind of, erm, there's been-there's been times when I've stuttered
badly but they don't really notice, they think that they just can't hear me"

(David, 663-672)

Despite an increase in stuttering, David describes feeling more at ease in noisy environments due to his stutter being less noticeable. His account suggests that he finds it more difficult in settings where his stutter could be more easily identified by the other person, as opposed to situations where his stutter is more severe. Considering David's description of other people's reaction to his stutter being a "pivot" (see section 3.3.4), it is perhaps little wonder that he describes preferring to avoid having it identified when initiating conversation with a potential partner. Harry speaks of using a strategy in similar social settings that removes or reduces the possibility of his stutter being noticed:

"if you meet them in a more, kind of, like informal situation like [...] a-a-a club or whatever, when you're dancing or whatever, and that's like the first hurdle c-cause if they're interested then they'll kiss back w-w-without a need of a s-s-single word"

(Harry, 1686-1688)

Harry describes using non-verbal behaviour to establish intimate physical contact and therefore bypass the need for conversation and speech in order to overcome the "first hurdle" of initiating contact with a potential partner. All of the participants describe the various and sophisticated ways in which they manage the impact of their stutter on forming intimate relationships, as Harry has illustrated above. In contrast to the above accounts of David and Harry, the next section explores the participants' disclosure of their stutter to potential partners with the intention of minimising its impact.

"It helps not to hide it"

One of the universal strategies used by participants to manage the impact of their stutter identity on the formation of intimate relationships is self-disclosure

their stutter to potential partners. For some of the participants disclosing their stutter acted as a means of communicating the depth of their stutter identity. For example, Harry speaks of disclosing his stutter early when talking to a potential partner:

“I think the more o-open I am with them about it early on, the more they kind of understand that it’s a big part of who I am and a big part of my life”

(Harry, 1627-1629)

The above extract illustrates the use of self-disclosure to communicate the extent to which a participant’s stutter is part of their identity. Harry’s description of disclosing his stutter early seems to suggest the desire for a potential partner to empathise with how connected he is with his stutter. The majority of participants speak of disclosing their stutter in order to gauge how accepting of it the other person is. The following extracts capture the essence of the young men’s frequent application of self-disclosure once they have initiated conversation with a potential partner:

“I wanted to be honest but I mainly wanted to see how they were going to react”

(Bobby, 683-685)

“you have to find out whether they understand and quite often the only way to find out is to speak to them with a stutter”

(Eugene, 1332-1334)

“I w-would know [...] they-they would-n’t erm have a prob-lem [...] with it [...] through our erm [...] corres-pon-dence”

(Aaron, 271-276)

As the preceding quotes show, many of the participants describe a common approach of self-disclosing their stutter to a potentially intimate other in order to understand whether they *"have a problem with it"*. From their accounts there appears to be a clear suggestion that establishing an acceptance of their stutter, which in turn includes acceptance of them as someone who stutters, is an important consideration when forming an intimate relationship. One of the participants, Harry, describes disclosing his stutter to remove the fear of it being inadvertently identified:

"if you're not hiding it then-then it's not-[...]-then you're not
as afraid w-with her hearing that you've got a s-stutter"

(Harry, 1605-1607)

Harry illustrates disclosing his stutter as a preventative measure, in order to gain agency over when and how his stutter would be identified by a potential partner. There also seems to be a sense of desensitising or disempowering the fear of stuttering through such self-disclosure. This is particularly pertinent when we consider that most of the participants described feeling disempowered by their stutter identity in various facets of their lives (see themes 3.2 and 3.3).

"Meeting online is incredibly efficient"

Many participants speak of managing the struggle to initiate contact with potential partners by using other mediums that rely less on speech, such as online dating. It should be noted that online dating or having romantic encounters online constitutes the most frequently reported means used by the young men in forming intimate relationships. For some of the young men all of

their intimate relationships had exclusively been formed using online dating websites:

“Well, I have actually met all of them on[...]line”

(Bobby, 958)

“I’ve-I’ve erm had to erm find [...] part-ners through [...] the [...] In-ter-net”

(Aaron, 217-218)

Aaron describes a complete reliance on online dating to form his intimate relationships, with his use of the words “*I’ve had to*” implying a perceived lack of alternative options available to him. Throughout Aaron’s interview he gave accounts of being socially isolated in almost every area of his life. It seems possible that by using online media Aaron is able to experience intimate relationships that he would otherwise find difficult to establish. He later explains the benefits that online dating affords him:

“I can ex-press my-s-s-self w-w-well in w-w-writing. So erm, [...] it-it makes it quite a bit easier to meet s-s-s-ome[...]body with that [...] head-start”

(Aaron, 244-246)

Likewise, Harry also describes the ease with which he is able to express himself through online communication:

“that’s when I found it was easier to talk to p-people online because I could ty-I could type everything that I wanted to s-say and how I wanted to s-say it”

(Harry, 1035-1038)

In the above accounts, Aaron and Harry illustrate the advantage of using non-verbal communication to establish the initial formation of an intimate relationship. Their descriptions suggest that engaging with online media negates the need for speech and provides these young men with a platform where they can express *"everything that I wanted to say and how I wanted to say it"* without the possibility of stuttering. Despite the ease and effectiveness of online dating, which the majority of the participants report using, there are impersonal aspects, as referred to by Bobby:

"being online is just incredibly e-efficient, however,
you know, it is somehow, [...] dehumanising"

(Bobby, 1079-1080)

Bobby's use of the word *"dehumanising"* to describe the online dating process suggests a lack of intimacy in, and detachment from, the interpersonal aspect of forming relationships. Considering the absence of intimacy in their lives described by many of the participants, it is worth contemplating the dual process referred to by the young men with regard to online dating. The participants speak of forming their intimate relationships almost exclusively online, yet seem to depict the process of seeking intimacy online as lacking any humanness.

In recalling a specific relationship with an intimate partner, Francis describes the extent to which online, non-verbal communication contributed to the development of his relationship:

"I was talking to her more on MSN than actually in, erm, person, erm,
so yeah erm, yeah, so MSN made the relationship in a way"

(Francis, 415-417)

Francis' quote typifies the accounts of many of the participants about the extent to which online media contributes to their forming intimate relationships. It is clear how beneficial non-verbal, online communication is to almost all of the young men in establishing the relationship intimacy that has often been elusive.

3.4.4 "It's less of a big deal": Role of a stutter identity within a formed relationship

The final subordinate theme in the process of forming intimate relationships looks at the role of the participants' stutter in the period following the initial formation of intimate relationships. All of the participants describe changes in the role of their stutter after a relationship has formed. Eugene and Bobby capture this dynamic change perfectly:

"it does kind of make that first step a lot harder definitely yeah, but once the r- but once the relationship starts, it's not usually a problem"

(Eugene, 351-357)

"I would say that most likely in a relationship, and it is probably just within time, probably within a really short time, you know it would just become a complete non-i-i-i-issue within the relationship"

(Bobby, 758-761)

These accounts illustrate the changing impact that Eugene and Bobby's stutters have on their intimate relationships relative to how developed the relationship is. Eugene emphasises the difficulty experienced during the "*first step*" of forming the relationship compared to the reduced impact of the stutter as the relationship develops. Many of the participants describe going through a similar

process. Aaron, for example, recalls how his stutter "*wasn't a big deal*" in two of his previous relationships:

"Funnily e-nough when we'd be[...]came a coup[...]couple, for-for [...]for both-for both [...] w-women, the stutter [...] was-s-s-sn't a big deal"

(Aaron, 708-710)

By saying "*funnily enough*" Aaron seems to imply surprise at the reduced significance of his stutter within his previous relationships. Although he did not go into much detail in the interview on the reasons for his stutter being less significant in intimate relationships he did briefly mention the importance of "*acceptance*" within his friendships. Harry, who describes a similar experience, suggests that the other person's acceptance of his stutter is a significant factor in the decreased role of his stutter as the relationship develops:

"I think after it's actually formed it's bet[...]better because they're already kind of accepted you f-for your speech"

(Harry, 713-715)

Since a number of the participants spoke of an intimate partner's "*acceptance*" of their stutter as an important factor in it taking a lesser role within formed relationships it is worthwhile considering the previously presented statements concerning partner selection (see section 3.4.2). Many participants spoke of their tendency to seek out intimate partners who seemingly present with compassionate and empathic qualities, an example being Calvin's description of his ideal partner: "*she'd have a heart*" (Calvin, 820) or Harry's as being an "*accepting*" (Harry, 1735) and "*caring person*" (Harry, 1730). For other participants it is through the acceptance of their stutter by their intimate

partners that they gain a sense of freedom from stuttering. Francis talks of being in a previous relationship and feeling able to "*let out*" his stutter to his partner:

"she's the only person who I-who I could actually fully
let out my-my stutter and come out of my shell"

(Francis, 534-536)

In his description of coming "*out of my shell*", Francis suggests a sense of increased confidence and willingness to speak more freely due to the relationship he had with his previous intimate partner. This is in contrast to descriptions we have seen throughout the chapter of participants doing all they can to avoid stuttering openly, with the numerous strategies and highly developed methods the young men apply in order to manage their stutter. This contrast is perhaps encapsulated by Francis' quote at the beginning of this chapter where he states that "*hav[...]-ing a relationship is special to me*" (Francis, 990-991).

Similar to most of the other participants, Bobby also describes having fewer issues with his speech when he is with an intimate partner. However, he also predicts experiencing continual difficulties with his partner's family:

"I'm probably going to have some problems with it
with other people, maybe n-n[...]-n-not-maybe not my
partner, but maybe with her other family members, with the
in-laws maybe [...] there could maybe be a problem"

(Bobby, 797-800)

The accounts of the eight young men that have taken part in this study have shown much commonality, and some differences, in their experiences of intimate

relationships. The next chapter presents an overview of the findings, and a discussion of the research study as a whole.

4. Overview

4.1 Introduction

This study aimed to illuminate the lived experiences of young men who stutter and provide a rich, insightful, and detailed account in answering the research question: how do young men who stutter experience the formation of intimate relationships? The findings suggest this to be a complex experience, in which the phase of initiating the first contact with a prospective partner is considered the most challenging. While the focus of this study was the experience of forming intimate relationships, it became clear that stuttering is a significant part of the participants' identity. As such, for all of the participants their past experiences of stuttering continue to play a central role in how they experience the present. The present experience is characterised by how the individual manages the impact of a stutter identity and the formation of intimate relationships.

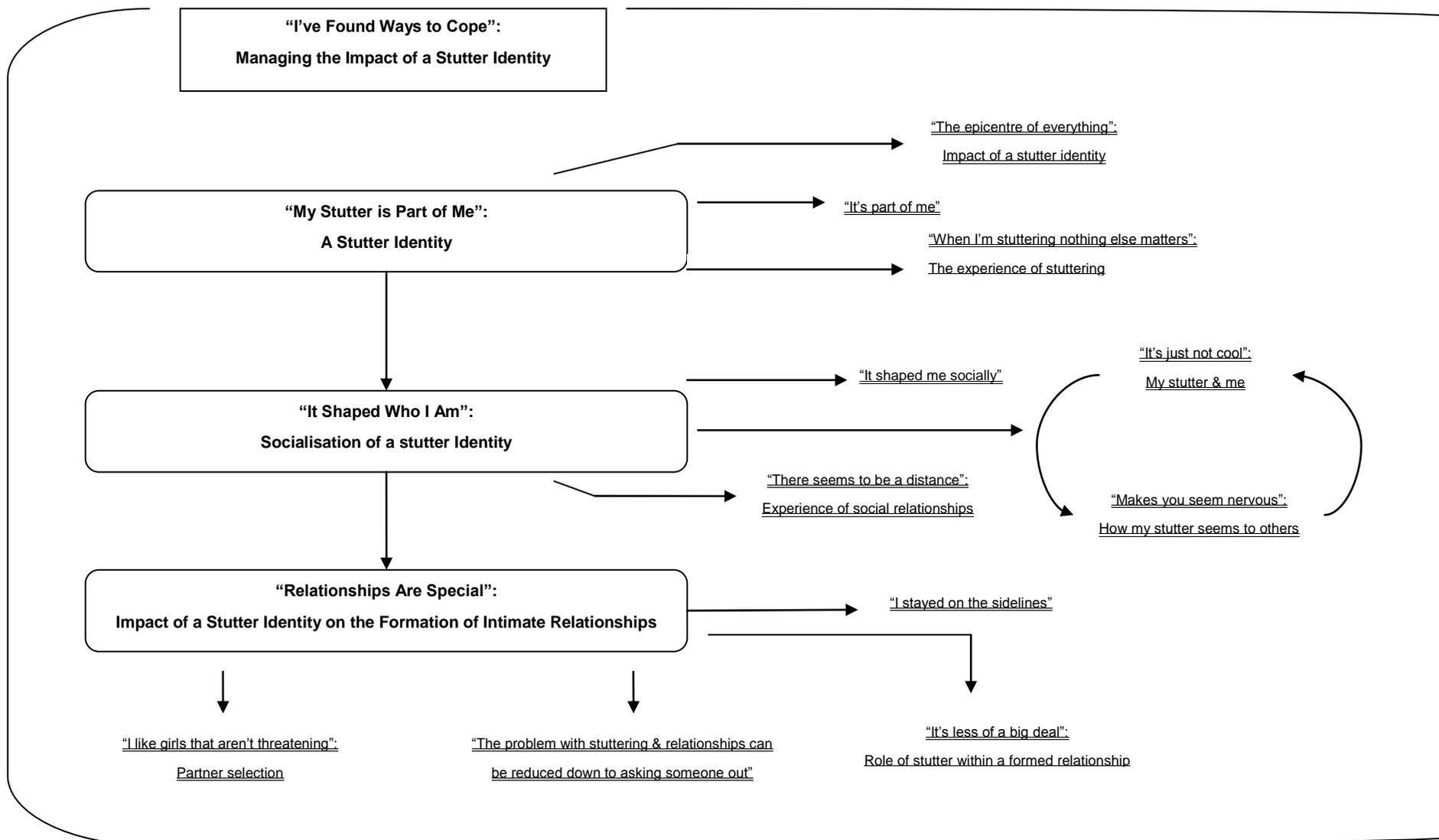
This final chapter presents a comprehensive overview of the research study. The first section discusses an overview of the findings. The overview takes an elevated 'helicopter view' of the participants' sense-making and lived experiences as they emerged through the analysis and formed the analysis model. The second section reviews some transferability and quality issues. The third section discusses the contribution this research study makes to the field of counselling psychology. The fourth section describes the potential areas of future research that arose from the study, and the final section presents some concluding considerations.

4.2 Overview of the Analysis

This research study endeavoured to illuminate the experiences of young men who stutter and capture an understanding of what forming intimate relationships means to them. The analysis attempted to capture this experience and bring it to light. As presented in the Findings, four master themes emerged from the analysis: (1) "My stutter is part of me": a stutter identity, (2) "It shaped who I am": socialisation of a stutter identity, (3) "Relationships are special": impact of a stutter identity on the formation of intimate relationships, and (4) "I've found ways to cope": managing the characteristics and impact of a stutter identity. See diagramme 1 for a graphic representation of the thematic model.

The structure of the thematic model that emerged from the analysis reveals an interesting and somewhat chronological timeline, specifically in relation to the first three master themes. The chronological structure begins with the first master theme "*My stutter is part of me*": *A stutter identity*, which captures the development and impact of the participants' stutter identity and also their experiences of stuttering. Starting with the participants' concept of self, many of the young men depict their stutter as being at the very core of their identity and this sheds light on the extent to which their stutter identity influences almost every facet of their lives. In the subordinate theme "*The epicentre of everything*": *Impact of a stutter identity*, the participants depicted the arresting nature of their stutter. The stutter identity was described as an obstacle, or "a brick wall", that some of the young men found to be too difficult to overcome. This sense of a stutter identity forming an obstacle is typical across all of the participants' accounts, especially in terms of how their interpersonal relationships with peers, friendships, and intimate relationships are experienced.

Diagramme 1: Graphical representation of the thematic model.



Less typically, a number of the young men portray the detrimental impact their stutter has on the quality of their family relationships. The participants also highlighted ways in which their identity as young men who stutter influences their choice of careers, hobbies, and the people with whom they develop interpersonal relationships.

The experience of stuttering appears to be at the forefront of the participants' stutter identity. The young men's accounts show the extent to which they become aware of their stutter when it occurs, with one of the participants describing that "...nothing else matters" when he stutters (see appendix 16). The experience of stuttering that the participants describe appears to contribute to their developing behaviours to help manage the characteristics of their speech. For example, some of the young men spoke of developing different methods, from learning mindfulness and relaxation techniques through to attending psychological therapy, to address the emotional aspects of stuttering (see appendix 16).

The chronological structure of the thematic model (diagramme 1) continues with the second master theme, *"It shaped who I am": Socialisation of a stutter identity*. A commonality between all of the participants was the influence of their stutter identity on their social development, with early experiences of stuttering and early difficulties in forming and maintaining interpersonal relationships cited as especially influential. Only one of the young men referred to their stutter as being a positive moderating factor in tempering the development of possible 'arrogant' personality traits, whereas the other participants all considered their stutter identity as having a predominately negative influence on their social development. Many of the participants described experiencing a relatively

isolated social existence; this seems to be in part as a result of difficulties in forming interpersonal relationships and, for some, social anxiety. Social isolation is also used by some of the young men as a method of managing their social discomfort, with a number of the participants describing their isolation as being within their "comfort zone" and "easier than the emotional whirlpool" that comes with social interactions. The use of alcohol and trying to limit how much they say in social situations are further examples of how the participants managed their discomfort in social situations.

The socialisation of the participants' stutter identity illustrates a sense of distance between them and others in their interpersonal relationships. For many of the participants, the forming and maintenance of friendships were described as difficult, with several experiencing quite insular lives with few friendships. There is a suggestion by some of the young men that their social isolation hindered them from forming friendships with peers, while their lack of friendships increased a sense of social isolation. Only one of the young men spoke of their stutter having very little, if any, negative impact on forming friendships. He was also the only participant to speak about having experienced no negative reactions or bullying from peers for his stutter, which is in stark contrast to the other participants and their accounts of being bullied and marginalised by others. Indeed, for one of the young men this experience seems to have influenced his belief that "*people are mean and horrible*". Similar to the 'distance' in the participants' social relationships many of them spoke of feeling that their stutter had also distanced them from their family, either due to their social isolation, the difficulty they experienced in expressing themselves, or because their stutter had become a sensitive topic to discuss within their family.

As shown by the thematic model (see diagramme 1), within the master theme *"It shaped who I am": Socialisation of a stutter identity* there appears a reciprocal relationship between the participants' social identity as one who stutters (*"It's just not cool": My stutter and me*) and their beliefs about how others perceive them (*"Makes you seem nervous": How my stutter seems to others*). Many of the participants described their stutter negatively in terms of how they feel when interacting socially, with an almost constant anxiety about stuttering in the presence of others. This 'fear' or anticipation of future stuttering could be one of the contributing reasons for some of the participants either isolating themselves socially or avoiding certain situations or relationships where verbal communication is considered necessary. As well as *the 'fear of future stuttering'*, all of the young men described anticipating that listeners with whom they had no pre-existing relationship would react negatively to their stutter. Other people's reactions, or anticipated reactions, to their stutter were described as pivotal to the young men's psychological and emotional well-being. Listeners' negative reactions to the participants' stutter seem to increase the participants' own fear/anxiety of future stuttering and confirm their own beliefs that stuttering, for some of the young men, is undesirable.

Exploring further the chronological structure of the thematic model (see diagramme 1), we see that the meaning the participants attach to their experiences of intimate relationships seems to relate to the socialisation of their stutter identity. The third master theme, *"Having a relationship is special": Impact of a stutter identity on the formation of intimate relationships*, illustrates the participants' experiences of intimate relationships. The findings capture the struggle experienced by all the young men in forming intimate relationships, which for some contributed to the belief that intimate relationships were

unattainable for them. For many of the participants the experience of an intimate relationship was described as largely unfamiliar, with one of the young men saying that he had remained '*on the sidelines*' of relationships for a long time. As with other aspects of the participants' lives that had been affected by their stutter, the young men described developing various means of managing the absence of an intimate relationship. One such way was in establishing emotional intimacy through close friendships. As one of the young men put it, "*it's like a relationship, just without sex*".

Partner selection was a further means by which all of the participants attempted to manage the difficulties experienced in forming intimate relationships. For each of the young men, the potential partner's profession, personality traits, contextual factors, and pre-existing familiarity were mentioned as important factors to consider. For example, some of the participants described the importance of empathy and compassion being demonstrated by potential partners, whereas a few of the other young men spoke of exclusively developing intimate relationships from existing friendships. The findings suggest that the considerations given to partner selection were underpinned by the participants' desire for their stutter to be accepted as part of them.

The findings indicate that the most challenging aspect of forming intimate relationships with people who are not friends or already familiar to the individual is the initial conversation or contact. For the majority of the participants the process of initiating conversation with the intention of forming an intimate relationship was described as too challenging, with just a few of the young men actually having initiated *in person* contact. Environmental factors were considered important when initiating conversation, with one of the participants

stating that a noisy environment was preferable as it helped to disguise his stutter, whereas for another participant a more sedate environment was often sought because "*loud environments put too much strain on my voice*". An additional way in which the participants managed initiating contact with potential intimate partners is by predominately using online, non-verbal communication (e.g. online dating websites). Using online communication seems to ease the initial difficulties in developing familiarity with the other person.

Highlighting the difficulties experienced by the participants in forming intimate relationships, the subordinate theme "*It's less of a big deal*": *Role of a stutter identity within a formed relationship* illustrates the reduced role of the participant's stutter within an established intimate relationship. The intimate partner's acceptance of the participant's stutter and the participant feeling less anxious about the possibility of stuttering were noted as reasons for a stutter playing less of a role once an intimate relationship has been formed.

An overarching theme to emerge from the study was the means by which the participants attempt to manage the characteristics and impact of their stutter identity. The fourth theme of "*I've found ways to cope*": *Managing the impact of a stutter identity* is shown as embedded throughout the thematic model (see diagramme 1). As summarised previously in this overview, the findings illustrate the complex and sophisticated ways in which participants manage the impact of their stutter identity. As aforementioned, many of the participants exclusively initiate the first contact with potential intimate partners by using an online, non-verbal medium, as opposed to conversing with a potential partner *in person*. Other forms of management include: the process of disclosing one's stutter to reduce the anticipation of stigma and to assess the likelihood of possible

negative reactions to future stuttering; the careful consideration participants give to selecting an intimate partner who is empathic, caring, and likely to accept their stutter as being a part of them; and the process of experiencing emotional and physical, non-sexual intimacy through friendships in the absence of intimate relationships.

Before discussing the findings in light of existing literature and reviewing where this study fits in the field of counselling psychology, it is necessary to consider the quality of this study and issues of transferability. These will be discussed in the next section.

4.3 Transferability

4.3.1 Quality Markers

Most research, regardless of the methodological approach, has its strengths and limitations. Assessing the quality of qualitative research is a topic that is extensively discussed by qualitative researchers. While researchers do not want qualitative research to be evaluated according to the validity and reliability criteria of quantitative research, it is agreed that guidelines for quality control are important. This research study aimed to follow the four characteristics of good qualitative research set by Yardley (2000). These are 'Sensitivity to context', 'Commitment and rigour', 'Transparency and coherence', and 'Impact and importance'. These four characteristics, according to Smith et al. (2009), offer a variety of ways of establishing quality in qualitative research.

'Sensitivity to context'

Reviewing the relevant literature on the subject area ensured sensitivity to the theoretical context. As someone who also stutters I entered the research process

with an existing personal sensitivity to the context of this study. It was important for me to remain mindful of the similar sociocultural influences I shared with the participants, this was achieved through personal reflections throughout the research process. Ethical issues were considered throughout, particularly during the participant recruitment, interviewing, analysis, and write-up phases of this study. The considerations towards ethical issues ensured that the research was sensitive to the perspectives of each individual participant and protected them within the context of this study.

'Commitment and rigour'

Throughout this study 'commitment and rigour' was evidenced by the in-depth engagement with the literature, in the data collection, and the analysis. It was further evident during the data collection phase, and particularly in the analysis stage. The rigorous and committed process throughout is illustrated by the close analysis of the participants' quotes in the Findings chapter. It was through frequent reflections and interrogation of the analytic processes that a systematic refinement of the analysis occurred, which allowed for a close inspection of the data. Discussions within research supervision during the analysis took the form of triangulation, which increased the rigour with which the analysis was completed. Furthermore, prioritisation of the well-being of each participant during the data collection process (see Methodology) illustrated my commitment to attend to professional and ethical standards.

'Transparency and coherence'

The transparency of the method and data presentation was clearly presented in the Methodology and Findings. Each stage of the research process was described in the Methodology to provide a transparent and coherent representation of this

process. Also, the Methodology and Findings included clear rationales describing the reasoning behind certain methodological and analytic decisions with the aim of providing a coherent and transparent account and thereby removing possible ambiguities from the research process. Furthermore, I have stated, through reflexivity, the thoughts and feelings I held coming into the research with a view to providing a transparent and explicit account of my position as the researcher. Coherency was also illustrated in the brief biographies of each participant. The aim of the biographies was to provide the reader with a clear understanding of the participants' personal stories that could then give greater context to the findings.

'Impact and importance'

A key aspect of this study is the potential impact and importance the research might have with other researchers, health professionals, and counselling psychologists. This study sheds light on and gives voice to a population that is under researched. Therefore, it is hoped that this study will enrich the understanding of the subject area, particularly in relation to the theory and practice of those working with or studying stigmatised identities. The intention is that articles will be published from this study specifically in psychology journals, but also sociology and speech and language journals. The importance and implications for the field of counselling psychology are outlined later in this overview.

4.3.2 Challenges

It is noteworthy that any method of data collection and analysis has strengths and challenges. In this section some issues concerning the research method and procedure of this study are considered.

4.3.2.1 Methodological Challenges

As discussed in detail in the Methodology section, IPA was deemed the most appropriate approach in answering the research questions and to gain an understanding of the experiences of young men who stutter.

One of the possible limitations of the methodology concerns the use of language. There are some researchers who claim that IPA is overly dependent on language and therefore requires participants to be highly articulate in order to communicate the meaning they make of their experiences (Willig, 2001). Willig (2001) lists some major challenges to IPA, which relate to the challenges in this study. Firstly, Willig (2001) indicates the assumption in IPA that language provides participants with the tools to conceptualise and describe their experiences, therefore it is worthwhile considering the nature and characteristics of stuttering in relation to language. Two accepted characteristics of stuttering include the use of word substitution and circumlocution to avoid or circumvent possible stutters. Even though it was not noticeable during the interviews whether the participants use this strategy, it is possible that it did occur. By replacing one word for another or by changing the structure of a sentence to manage a stutter, the way in which the participants communicated their experiences may have been subtly altered. Similarly, the findings of this study illustrate the participants' use of concise speech to avoid anticipated stuttering. This too might have led to the participants not elaborating when speaking about experiences to avoid a lengthy dialogue. During the interview stage of the research, efforts were made to create an environment in which the participants would feel able to stutter freely. One way of doing this was to use my therapeutic knowledge and experience in an attempt to facilitate an empathic

and non-judgemental environment where the participants might feel more at ease.

A further challenge to IPA that Willig (2001) refers to is the suitability of participant accounts and their ability to explain to the researcher the richness of their experiences. Willig (2001) suggests that persons who are not well versed in expressing their emotions, sensations, thoughts, and perceptions might be unable to communicate the texture and depth of their experience. All except one of the participants are educated to university level, with one participant reporting to have a literary background. However, many of the participants describe themselves as being relatively socially isolated and employed in positions that require minimal verbal communication on a daily basis. Therefore, the challenge that Willig (2001) refers to in relation to this study is perhaps more to do with the participants' ability to verbally communicate the rich texture of their experiences. With this in mind, I was often surprised by the vivid, in-depth and emotionally charged accounts of the participants' experiences during the interviews and the analysis.

4.3.2.2 Procedural Challenges

The two main procedural challenges to consider within this research concern recruitment and the interview schedule.

The recruitment of participants presented certain challenges. Given that this study aimed to contact a potentially socially isolated group, there were certain accessibility constraints. Various recruitment methods were applied including flyer distribution at numerous places of interest, online advertisements on social media and dating websites, and through Speech & Language centres. Despite the rigorous effort in the recruitment process the majority of the participants, six

out of the eight, came through Speech & Language centres. It is worth considering the challenges in accessing a relatively socially isolated group. Perhaps an extended recruitment process might have allowed for additional perspectives to emerge.

Another limitation concerns the development of the interview schedule. Following the initial three interviews, and on reflection of what emerged in those interviews, revisions were made to the interview schedule to include a question about managing the absence of intimate relationships. Even though this design change occurred as a result of what was said in those first three interviews and contributed to the emergence of one of the significant findings in this study, the interview schedule could have been stronger if the question had been included from the first interview.

Despite the above-mentioned methodological and procedural challenges, the study remains robust and has a lot to offer the field of counselling psychology.

4.3.3 Personal Reflections

In an attempt to remain aware of my own pre-existing knowledge, attitudes, and assumptions, and in an effort to prevent them unduly influencing the research, I engaged in the process of reflexivity throughout. Despite my best intentions, excluding my own beliefs and ideas proved challenging and difficult to adhere to at times. This was perhaps compounded by the fact that I too have a stutter and as such have an intimate knowledge of the researched subject area as a result of my personal experiences.

The moment I first became aware of my own thoughts and ideas creeping into the research process was during the pilot interview. I felt in the pilot that my

relatedness to the topics being discussed, and my general curiosity with the content, at times resulted in the interview veering away from the interview schedule and ultimately losing focus by deviating from the research question. I consider lessons learned from the pilot study to be a vital experience in the process and went a long way to reinforce the importance of reflexivity (e.g. writing a research diary, discussions with peers, and personal therapy) to keep a check on my own processes. The increased awareness that emerged from my reflexivity certainly helped me to notice whether certain thoughts and actions, particularly during the data collection and in the analysis, were based on the participants' experiences or influenced by my own pre-conceptions.

I am certain that my position of 'sameness' with the participants influenced the stages of data collection and analysis. My closeness to some of the experiences enabled me to have a genuine curiosity and lasting investment in the study, as well as to feel close to the accounts of the young men taking part. As researcher, I felt a genuine warmth and empathy towards each of the eight participants. This warmth remained throughout the research process, from the moment of the interviews through to analysing the data and up to and beyond presentation of the research findings. This was due in part to the relatedness I found with the participants, and with some of their accounts, yet also as a result of feeling genuinely touched by their apparent openness and willingness to share their stories. For example, both Aaron and Bobby shared how social isolation formed part of their stutter management, where at times it would mean they experienced long periods without the need to speak to another person. They both commented at the end of their interviews firstly on how challenging and exhausting they found the experience of speaking for a relatively long duration, but also how lightened they felt by having the opportunity to talk about how

living with a stutter has affected them. In fact, many of the participants at the end of their interviews shared how cathartic they found the interview experience to be. Several mentioned how peculiar it seemed for them to be talking so openly about stuttering, while at the same time feeling a sense of being understood. It was this willingness on the part of the participants to verbally share experiences that were clearly difficult, or had been so, that stimulated a deep appreciation and desire in me to do justice to their stories.

Conversely, there were a few occasions during the analysis when I felt too close to the experiences of the participants, when the divide between researcher and a person of sameness seemed blurred. It was at these times that 'bracketing' my own beliefs, assumptions, and biases largely based on my own experiences as a man who stutters became particularly challenging. During these periods I chose to step away from the research for a short period and reflect on whether there was anything in the participants' accounts that was particularly resonating with my own experiences.

There were also occasions during the early stages of the research when I felt resistant to acknowledging or accepting potential 'sameness' with the studied phenomenon. I noticed that, at times, when others enquired about the research topic I tended to reply with a disclaimer that my stutter had not impeded my experience of forming intimate relationships. Through the reflexive process during the early stages of the research I recognised feeling a slight sense of shame that, firstly, my identity as one who stutters had impacted on my forming intimate relationships and, secondly, that I would renounce such relatedness when discussing the researched phenomenon, especially considering the openness of the eight participants. The reflexivity akin to qualitative research

helped me recognise and explore the different aspects of 'sameness' and 'difference' that were present between myself, as researcher, and the eight participants, as well as my relatedness to the researched phenomenon.

On a more personal note, the research stimulated a lot of personal reflections on my own historic and present experiences. Sometime before embarking on my counselling psychology training I had reached a point in my life where I had learned to accept many aspects of my identity as one who stutters. Similar to the findings of this study I had developed many ways of hiding or avoiding my stutter, which had served to help and hinder me throughout my early years. Through personal therapy and my own personal development I learned to accept many aspects of having a stutter, although, as has been mentioned through the research process, I became more aware of certain aspects that I had yet to fully accept.

As well as my assumed positions as researcher and a person of sameness, I believe my position as a counselling psychologist also had an influencing factor on my research, which was perhaps most apparent during the interview process. My counselling psychology training has developed in me the ability to be at ease in a one-to-one environment with another person, at the same time as communicating my empathy and attentiveness to what is being said. It is my hope that this helped the participants feel comfortable enough to discuss their experiences with me openly.

During the interview process I became aware of my desire to speak with the participants without censoring my own stutter. I felt an obligation to the eight young men to be genuine with them, while remaining mindful of any possible influence that stuttering freely may have had on the research. It also became

important for me to give these men a voice, to provide them with a platform where their accounts could be heard in their own words and without any sanitisation of their stutter. The reasoning for this was both methodological, in order to provide a meaningful and sensitive account of the participants' experiences, and personal. The personal reason comes from my own struggle during early periods in my life to find my voice and to feel heard, wrongly assuming the world to be a verbally fluent place in which my stutter would struggle to find its place. This perception has since changed along with a greater acceptance of my stutter, yet I believe it remains important to give a group of men like this the opportunity to be heard. Indeed, my desire to give these eight men a voice was certainly one of the predominant driving motivators throughout the research process. Several of the men who participated stated they hoped that by lending their stories to the research it would not only go some way to help others understand the challenges faced by individuals who stutter but also that their words might reach and benefit others who stutter. Aaron mentioned that by being an author he has found a way to communicate with others through his writing. It is my hope that this research achieves the same and that the invaluable stories of the eight men that participated are heard.

4.4 Significant Findings and Contributions to the Field of Counselling Psychology

Having reviewed the challenges to transferability and the possible constraints to the robustness of this study in previous sections, I present here the valuable contribution I believe this research brings to the field of counselling psychology. This study focussed on an under-researched subject area and thus can add to

the understanding of stigmatised identity, intimate relationships, and psychological well-being.

4.4.1 Contributions to the Field of Counselling Psychology: Literature

In this section the significant findings of this study will be presented in relation to existing literature. The contributions to research, theory, and practice are then presented, followed by a discussion on possible areas of future research.

Having carried out the research and analysis and thereafter returned to review the existing literature, I found the many similarities, and some differences, between the findings of this study and that of other research to be quite striking. Here I present the four significant findings from this study: (1) impact of a stutter identity on the individual's quality of life; (2) formation of relationships; (3) anticipated stigma; (4) stigma management.

4.4.1.1 Impact of a stutter identity on the individual's quality of life

I immediately picked up on how the participants consider their stutter to be very much central to their identity and in turn how they indicated that it was more than the sum of a collection of motoric speech disruptions and associated behaviours. They all referred to the influence their stutter identity has on determining how they experience and engage with life and relationships, referring to it as a "*brick wall*" (Calvin, 26-27) or an "*obstruction*" (Bobby, 555-556) to almost all facets of life. For example, each participant described the varying degrees to which their stutter shaped their academic and career choices, employment opportunities, and restrictions on their choice of interests to those that involved minimal social contact with others. These findings mirror existing

literature (e.g. Gabel et al., 2004; Klein & Hood, 2004) that discusses the impact of stuttering on an individual's quality of life. For example, Gabel et al. (2004) propose that individuals who stutter are likely to experience role entrapment in the form of vocational and social stereotyping, which could influence the choice of academic and vocational pathways.

The "brick wall" that participants refer to is also evident in the participants' relationship experiences. Many of the participants' accounts consist of descriptions about how they perceive themselves to be living on the edge of society, finding friendships, family relationships, sexual opportunities, and intimate relationships problematic. These accounts correspond with existing literature which suggests that individuals with a stutter or stigma identity are prone to experience relational difficulties, especially in forming and maintaining interpersonal relationships (e.g. Franck et al., 2003; Boyle et al., 2009). Manning (2001) proposes that due to the effect stuttering has on communication, the interpersonal relationships and quality of life of people who stutter can be greatly affected. Conversely, Klompas and Ross (2004) found that stuttering does not adversely influence ability of the individual who stutters to establish friendships, despite the assertion that stuttering could be perceived negatively by others. The extent to which the participants describe different social relationships as troublesome varies between individuals. For instance, all of the participants, with the exception of David, describe having limited friendships throughout their childhood and adolescence, and experiencing peer bullying, believing this was as a result of their stutter being negatively targeted. David did, however, report experiencing difficulties in forming interpersonal relationships in his workplace, whereas several of the participants describe

experiencing no such difficulties. The one type of relationship to emerge as typically problematic across all participants is that of intimate relationships.

The “brick wall” metaphor used by some of the participants to illustrate the effects of their stutter is also appropriate in describing the role their stutter has in their experience of intimate relationships. A commonality in the findings was the difference between the way participants approach interpersonal relationships, such as friendships, compared with the way they approach intimate relationships. The findings seem to suggest that participants are more willing or able to form interpersonal relationships than they are intimate relationships. Despite most interpersonal relationships being described as challenging, many of the participants speak of managing to establish a few close friendships during adulthood, while continuing to experience difficulties forming any intimate relationship. The only participant who describes all forms of social relationships as being almost equally difficult, with family, friends, and with intimate partners, was Aaron. He speaks of not seeing a “need for [people] in [his] life” and describes his life as relatively isolated, with minimal daily societal interactions. To hypothesise, Aaron’s isolation could possibly serve as a maladaptive protective factor to manage the pain and struggles he experiences, and has experienced, in his attempts to form interpersonal relationships.

4.4.1.2 Formation of relationships

Across the themes, participants describe the initial formation stage of intimate relationships as the most problematic aspect of interpersonal relationships. In discussing early peer relationships, the majority of participants describe being isolated from their peer group. They attribute this isolation to finding the process of initiating conversation too challenging and overwhelming, which adversely

influenced the opportunities they had to form friendships. Yaruss and Quesal (2004) argue that a stutter identity could inhibit an individual's participation in social situations where initiating and sustaining conversation would be considered as necessary. The difficulty of initiating conversation seems to permeate throughout the majority of the participants' lives and is particularly evident in their accounts of attempting to establish intimate relationships. Eugene seemed to capture this common theme among the participants in stating that the impact of stuttering on forming intimate relationships could be reduced to the early formation stage when 'asking someone out'. Although the process of forming intimate relationships for people who stutter is an under-researched area, there are some studies that lend support to these findings. Studies by Hayhow et al. (2002) and Ross (2001) imply that in the light of these challenges when initiating and engaging in conversations, it is likely that this could present difficulties in forming intimate relationships.

The indication in the findings is that the most challenging aspect of establishing intimate relationships is during the formation period and this is supported by the participants' descriptions of the role of their stutter after intimate relationships have been formed. All of the participants who speak about their experiences of being in an intimate relationship depict their stutter as assuming a reduced role following the formation of an intimate relationship. There are suggestions in the findings that the possible reason for the stutter's reduced role stems from the participant's sense that their stutter and they themselves have been accepted by an intimate partner. Despite the reduced role that the person's stutter identity assumes within an intimate relationship, many of the participants describe anticipating continual difficulties with the new relationships, such as with their partner's friends and family members.

4.4.1.3 Anticipated stigma

The findings suggest that the socialisation of the participants' stutter identity has a profound impact on their expectation of being stigmatised for stuttering in the future. The majority of the participants report being stigmatised for stuttering, from childhood through to the present day. These experiences seem to have contributed to the participants anticipating future stigma in the majority of their interpersonal interactions and in their relationships. The presence of anticipated stigma in the findings is in keeping with recent studies (e.g. Quinn & Chaudoir, 2009). Earnshaw et al. (2011) argue that anticipated stigma from friends, family, and work colleagues diminishes the individual's quality of life, including a person's psychological well-being. The findings of this research revealed anticipated stigma to be a key consideration when deciding whether to initiate contact with potential intimate partners. For example, most of the participants describe an expectation that potential intimate partners will negatively react to their stutter and consider their stutter to be unappealing or a 'turn-off'. The participants consider the occurrences of anticipated stigma to be a factor in their avoidance of or failure to attempt to form intimate relationships where verbal communication is considered necessary. This finding is perhaps a reason why the majority of the participants use online, non-verbal communication to initiate intimate relationships (see section 4.4.4).

Quinn and Earnshaw (2013) suggest that anticipated stigma is a strong predictor of psychological distress, such as increased depression and anxiety, and decreased self-esteem. Although none of the participants reports experiencing depression, the majority of the participants talk at length about feeling socially anxious and describe having low self-esteem. It is unclear in the findings,

however, whether the participants' social anxiety and low self-esteem originate from anticipated stigma.

As well as anticipated stigma, all of the participants report the role of anticipated stuttering as a factor for reduced sociability and a reason for choosing to avoid initiating conversation with potential intimate partners. What emerges in the findings is the participants' anxiety with stuttering, which more commonly is referred to by the participants as a "fear of stuttering". This anxiety with anticipated stuttering seems to be twofold, with it focusing both on the listener and the self. Firstly, the participants describe being concerned about how they could be perceived by the listener, which is similar to the concern they attach to anticipated stigma. Secondly, the participants speak of feeling anxious about the potential emotional and psychological distress they could experience if they were to stutter, for example, damage to the person's self-esteem, shame and frustration with self, and increased anxiety. The appearance of low self-esteem and social anxiety in people who stutter has been extensively documented in the stuttering literature (e.g. Blumgart et al., 2010; Guitar, 2006). Considering the anxiety that the participants associate with anticipated stuttering it is perhaps little wonder that the majority of them speak of using online, non-verbal communication to form intimate relationships.

One of the more common findings that emerged from the study is how pivotal the participants consider the responses of listeners to be when speaking with them. This seems particularly evident in situations where the listener is unfamiliar to the participant (i.e. the listener has no pre-existing relationship with the participant). Previous studies suggest that as a result of anticipated negative reactions by the listener to a person's stutter, the person who stutters

is likely to experience stigmatisation resulting in feelings of guilt, shame, self-consciousness, and increased social withdrawal or isolation (e.g. Hagstrom & Daniels, 2004; Klompas & Ross, 2004).

4.4.1.3 Stigma and stutter management

Embedded in the findings are the participants' attempts to manage the negative experiences of stigma, and more specifically the stigma attributed to the participants' stutter identity. The findings indicate that many of the different forms of management described by the participants originate from a young age and are later developed into sophisticated modes of agency of the stutter. Most of the different modes of management described by the participants appear to be deeply embedded in their daily lives and seem to have become part of their general being. The various ways in which the participants managed stigma ranged from reducing the occurrences of the noticeable characteristics of stuttering (e.g. by speaking concisely, careful word selection) through to gaining an identification of their stutter (e.g. self-disclosure). Although the breadth of stigma management for these participants is varied and wide-ranging, three key management findings of the study emerged. These concern disclosure, non-verbal communication, and the selection of intimate partners.

Disclosure

As mentioned in the previous section, all of the participants in this study speak about their anxiety or fear of stuttering. The participants also describe experiencing anxiety or fear that a listener could identify their stutter as being part of them. Previous studies have indicated that adolescents and young adults who stutter are likely to attempt to conceal their stutter, possibly due to their negative thoughts and feelings towards stuttering and their concern that the

listener could perceive them negatively (e.g. De Nil & Brutten, 1991; Blood et al., 2003).

One of the key ways of managing the impact of their stutter identity in interpersonal relationships that emerges in the findings is the participants' self-disclosure of their stutter. Crichton-Smith (2002) refers to disclosure as 'highlighting', which is defined in this context as openness with other listeners about the speaker's own stutter and associated communication breakdowns.

The findings of this study suggest that self-disclosure of the participants' stutter consists of two components. Firstly, it acts to reduce the speaker's anxiety or fear of stuttering. Secondly, disclosure provides the speaker with an opportunity to ascertain the listener's possible stigma towards their stutter. One of the participants, Harry, seems to typify the desensitisation that many of the participants speak about when discussing disclosure. In referring to disclosing his stutter to a potential intimate partner, Harry said "*if you're not hiding it then you're not afraid with her hearing it*" (Harry, 1605-1607). The findings suggest that by disclosing their stutter the participants experience a reduction in anxiety towards anticipated stuttering and become less concerned that listeners could identify their stutter as a part of their identity. The second component, disclosure of the speaker's stutter to assess for possible stigma, is described by the majority of participants as the primary influence for their choosing to disclose their stutter to others. The findings of this study suggest that participants regard an intimate partner's acceptance of their stutter as an integral consideration when forming an intimate relationship. Many of the participants describe disclosing their stutter early during the process of

communicating with possible intimate partners with the intention of ascertaining potential stigma issues.

The components of disclosure that emerge in the findings lend support to previous studies, most notably Chaudoir and Fisher (2010). Chaudoir and Fisher's (2010) Disclosure Processes Model (DPM) suggests three distinct processes of disclosure that can assist in maximising the likelihood that disclosure will benefit the well-being of the person disclosing. The three processes of the DPM are: (a) alleviation of inhibition, (b) social support, and (c) changes in social information. The two components of disclosure presented in this study seem to mirror the first two distinct processes in the DPM, that of alleviation of inhibitions and the confirmation of social support by gaining a greater understanding of the listener's response to the disclosure of stuttering.

Online, non-verbal communication

The accessibility of online media is described by the participants as an important factor in their ability to communicate non-verbally with other people. Many of the participants speak about exclusively using online, non-verbal communication (e.g. online dating, gaming websites, and social networking media) to facilitate opportunities in order to initiate a dialogue with potential intimate partners. With the initial communication described by the participants as the most difficult aspect of forming intimate relationships it is worth considering the potential benefits that greater access to online media could provide for individuals who stutter in experiencing intimate relationships. The findings also highlight the participants' preference to disclose their stutter non-verbally online prior to meeting potential intimate partners. Bobby describes the process of forming intimate relationships and disclosing his stutter online as "*efficient, however*

somehow dehumanising" (Bobby, 1079-1080). Bobby is the only participant to suggest a possible negative element in the use of online, non-verbal communication. It is perhaps worth considering the process of using online media to form intimate relationships, when the process itself potentially lacks intimacy.

Selection of intimate partner

The final key finding within stigma and stutter management concerns the participants' careful, considered approach to selecting intimate partners. The findings highlight the participants' preference for establishing intimate relationships with individuals who present with compassionate, caring, empathic personality traits. The findings also indicate how most of the participants develop many of their intimate relationships from pre-existing friendships. These findings suggest that the participants' selection of intimate partners developed in order to manage anticipated stigma (as discussed in section 4.4.3), with the participants' intention being to form intimate relationships where acceptance of their stutter appeared more likely.

4.4.2 Contributions to the Field of Counselling Psychology: Research Process

One of the key contributions that this study makes to qualitative research is in the discussion on 'sameness' and 'otherness'. It illustrates the dual nature of the researcher/participant relationship and the various issues that the research relationship can have on transferability and with the analysis. As previously described in this chapter and in the Methodology chapter, researching a topic that is, and has been, very relevant in my life brought to the fore the similarities that I share with the men that participated. There is also the obviousness of my

speech impairment that made the sameness with the participants all the more noticeable. Throughout the research process, a lot of personal reflections were stimulated by my encounters with the men, particularly concerning my identity as a man who stutters. This influenced me to question the possible impact the research could have on the psychological and emotional well-being of the researcher, especially when the researcher holds a position of sameness within the research. Further exploration in the field of qualitative research into the process of researchers who embark on research that carries personal significance could enhance the trustworthiness and transferability of future research. Additionally, I believe this could benefit the field of counselling psychology by improving the awareness for psychological and emotional well-being of Trainee Counselling Psychologists who undertake doctoral research.

4.4.3 Contributions to the Field of Counselling Psychology: Theory and Practice

In this section, I will explore the relevance of this study to the role of a counselling psychologist. As described in the literature review, recent studies have highlighted the effectiveness of psychological therapies when working with individuals who stutter (e.g. Menzies et al. 2008; Beilby, Byrnes, & Yaruss, 2012). Menzies et al. (2009) highlighted the usefulness of Cognitive Behavioural Therapy (CBT) in working therapeutically with a client population that stutters, particularly in addressing the symptoms of anxiety and social avoidance associated with stuttering. Similarly Beilby et al. (2012), in their study into the application of Acceptance and Commitment Therapy (ACT) for adults who stutter, lend support to the growing evidence of the effectiveness of psychological therapies in treating the psychosocial components of stuttering.

Counselling psychologists could use the present study to gain insight into the complex experience of stuttering and to understand the role of a formed 'stutter identity' on an individual's psychological well-being. Counselling psychologists are well placed to explore the psychological (i.e. anticipated social stigmatism, low self-esteem, negative appraisal of stutter) and behavioural (i.e. social isolation, avoidant behaviours) aspects of an individual's 'stutter identity' and, specific to this study, the impact the person's identity could have on forming and maintaining intimate and interpersonal relationships. Evidence-based psychological therapies, such as CBT and ACT, seem appropriate therapeutic interventions to address the varying degrees of social anxiety, low self-esteem, and feelings of frustration and shame that all of the participants describe experiencing in this research study.

This study has also brought to light the influence of the participants' early experiences of stuttering on their social development. All of the participants described finding certain social interactions challenging and subsequently learning ways to manage in social situations, for example managing anticipated social stigma to their stutter by avoiding certain social interactions, such as engaging in conversation with a potential intimate partner. Counselling psychologists could develop workshops or facilitate therapeutic groups for individuals who stutter which would focus on developing key social skills, such as initiating conversations, verbal and non-verbal communication skills, disclosing one's stutter, and ultimately improving confidence and well-being in social settings. The facilitators of such groups would also be well placed, as counselling psychologists, to explore the psychological aspects of the individual's stutter (see Sheehan's Iceberg Model of Stuttering, 1970). Furthermore, the theme of acceptance seems to permeate the accounts of the participants in their

experiences of interpersonal relationships. The use of acceptance as a method of managing distress and processing psychological difficulties has been well documented in recent years in the therapeutic application of approaches such as mindfulness and ACT (e.g. Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Boyle, 2011). Counselling psychologists, within individual therapy or as part of a group, could work within such frameworks to develop greater psychological well-being for individuals who stutter by working towards acceptance of, or 'being with', one's stutter.

All of the participants reflected on how empowering they found the experience of having the space to talk openly about their experiences of living with a stutter as part of this study. A few of the participants described their lives as relatively isolated, with the majority stating that they rarely shared their experiences of stuttering with others. Counselling psychologists should be mindful of the important role the therapeutic relationship might have when working with individuals who stutter, especially given the suggestion that these individuals may be part of a relatively socially isolated population. Additionally, the weight the participants put on such conditions as empathy, understanding, and non-judgemental acceptance in all of their interpersonal relationships potentially shows how important the quality of the therapeutic relationship might be when working with such a client group. Counselling psychologists might also consider the importance of giving individuals who stutter the time and space to talk openly about how they conceptualise their experiences. This could be particularly important when working with a client group that might find verbal communication and interpersonal relationships difficult, as has been indicated in the findings of this study.

4.4.4 Contributions to the Field of Counselling Psychology: Future Research

This research explores the under-researched experiences of forming intimate relationships for young men who stutter. As such, a number of suggestions for future research have been made throughout this chapter as further exploration could add a much-needed depth of understanding. Some further suggestions will be outlined below.

As this study focused on the particular experiences of young men, further exploration into the experiences of other population types who stutter could provide valuable insight. For example, exploration into the experiences of adolescents who stutter, women who stutter, or an older population who stutter could potentially be both interesting and meaningful in gaining a greater understanding of a relatively isolated population.

One of the main strengths of this study is the richness of the participants' accounts. The interviews produced such meaningful data that it seems appropriate to consider the same population for an idiographic case study. This could help develop a deeper understanding in this field.

Another area of future research that could contribute to the field of counselling psychology concerns the well-being of the researcher when conducting doctoral research. In light of the earlier discussion regarding the issue of 'sameness', a greater understanding of the psychological and emotional well-being of researchers undertaking studies in an area with which they have a personal connection could be highly informative. This research area could also be relevant to counselling psychologists who supervise doctoral research on topics with which they or their supervisee share 'sameness'. Exploring the research process

from the position of 'sameness' could help inform possible ways of managing the researcher's psychological and emotional well-being, and questions surrounding the transferability of the research.

4.5 Conclusions

In conclusion, the aim of this study was to explore the phenomenon of forming intimate relationships for young men who stutter using an Interpretative Phenomenological Analysis (IPA) approach. Eight men of between 18 and 30 years of age participated in semi-structured interviews, which were analysed using an IPA approach. Four master themes emerged from analysis of the participants accounts. These were: (1) "My stutter is part of me": A stutter identity, (2) "It shaped who I am": Socialisation of a stutter identity, (3) "Relationships are special": Impact of a stutter identity on the formation of intimate relationships, and (4) "I've found ways to cope": Managing the characteristics and impact of a stutter identity.

The study has given a rich, detailed account of an under-researched phenomenon. As such, this study provides new and interesting insights into how young men who stutter make sense of their experiences in forming intimate relationships. Having considered and discussed the qualities and limitations of this study, this research remains sufficiently robust to be used to inform counselling psychologists, other healthcare professionals, and researchers when working with individuals with a stutter or stigma identity. Harry seems to best summarise what all of the participants seek from an intimate relationship:

“I think it would actually be like a-like a t-telling factor if you met someone and[...]and they like you, like including t-the stutter... a person who [...] could accept you for the s-stutter and love you for it, and support you in what you did with it”
(Harry, 2439-2472)

Appendices

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Are you a man with a stutter?

**Do you feel that your stutter has impacted
on how you approach new relationships?**

I am carrying out research into how men who stutter experience the early stages of relationships, from chatting up someone through to the initial period of that relationship. If you are an 18 to 30 year old man with a stutter and either single or in the early stages of a relationship, I would be very interested to talk to you about taking part in an informal interview about your experiences, at a time and place of your convenience.

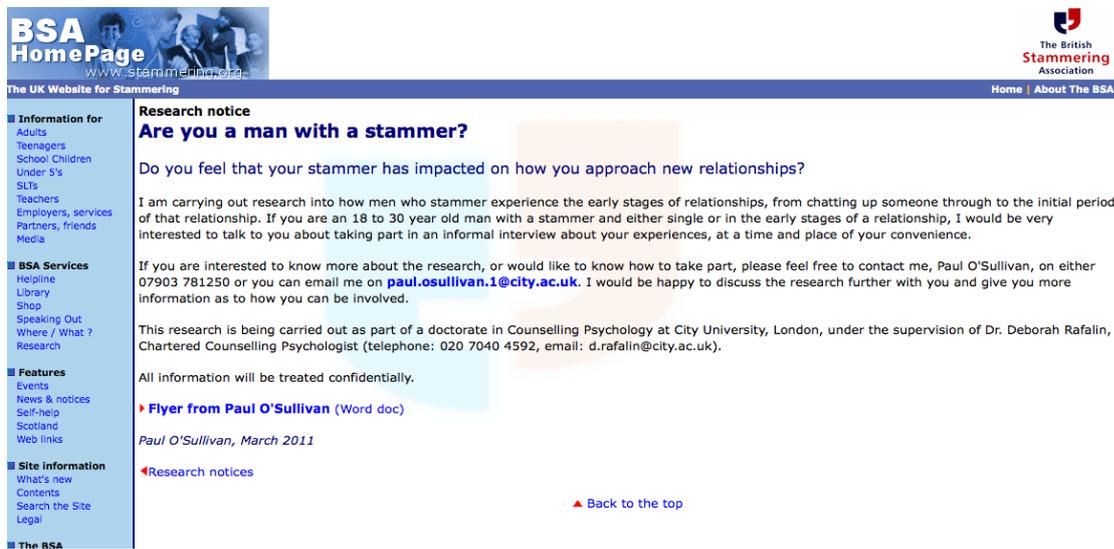
If you are interested to know more about the research, or would like to know how to take part, please feel free to contact me, Paul O’Sullivan, on either 07903 781250 or you can email me on paul.osullivan.1@city.ac.uk. I would be happy to discuss the research further with you and give you more information as to how you can be involved.

This research is being carried out as part of a doctorate in Counselling Psychology at City University, London, under the supervision of Dr. Deborah Rafalin, Chartered Counselling Psychologist (telephone: 020 7040 4592, email: d.rafalin@city.ac.uk).



All information will be treated confidentially

Appendix 2: Recruitment: British Stuttering Association Advertisement



The screenshot shows the homepage of the British Stuttering Association (BSA). The header includes the BSA logo and the text 'The UK Website for Stammering'. The main content area features a research notice by Paul O'Sullivan, dated March 2011, titled 'Are you a man with a stammer?'. The notice discusses a study on men with stammering and their experiences in relationships, seeking participants for an informal interview. Contact information for Paul O'Sullivan is provided, including a phone number and an email address. A 'Back to the top' link is visible at the bottom of the notice.

BSA Home Page
www.stammering.org

The UK Website for Stammering

Home | About The BSA

Information for
Adults
Teenagers
School Children
Under 5's
SLTs
Teachers
Employers, services
Partners, friends
Media

BSA Services
Helpline
Library
Shop
Speaking Out
Where / What ?
Research

Features
Events
News & notices
Self-help
Scotland
Web links

Site information
What's new
Contents
Search the Site
Legal

The BSA

Research notice
Are you a man with a stammer?

Do you feel that your stammer has impacted on how you approach new relationships?

I am carrying out research into how men who stammer experience the early stages of relationships, from chatting up someone through to the initial period of that relationship. If you are an 18 to 30 year old man with a stammer and either single or in the early stages of a relationship, I would be very interested to talk to you about taking part in an informal interview about your experiences, at a time and place of your convenience.

If you are interested to know more about the research, or would like to know how to take part, please feel free to contact me, Paul O'Sullivan, on either 07903 781250 or you can email me on paul.osullivan.1@city.ac.uk. I would be happy to discuss the research further with you and give you more information as to how you can be involved.

This research is being carried out as part of a doctorate in Counselling Psychology at City University, London, under the supervision of Dr. Deborah Rafalin, Chartered Counselling Psychologist (telephone: 020 7040 4592, email: d.rafa@city.ac.uk).

All information will be treated confidentially.

► [Flyer from Paul O'Sullivan \(Word doc\)](#)

Paul O'Sullivan, March 2011

◄ [Research notices](#)

▲ [Back to the top](#)

http://www.stammering.org/research_osullivan.html, 22/03/2012)

Appendix 3: Recruitment: Newspaper Recruitment Advertisement

City University and is working on a thesis for his PhD into looking at the impact of stammering on men when chatting to women.

If you are a single man aged 18 to 30 who stammers you can get involved in the research by emailing paul.osullivan.1@city.ac.uk.

Appendix 4: Interview Schedule

Interview schedule

As you are aware the focus of this research is looking at the experiences of starting new intimate relationships for young men who have a stutter.

Although to begin with, I would like to ask you a couple of questions to help me get a taste of your stutter.

1. So to start with, could you please tell me how you about your stutter?

Prompts:

- (i) When did your stutter begin?
- (ii) How would you describe your stutter? How does it show itself?
- (iii) What impact, if any, has your stutter had on your life?

2. How has your stutter affected you with regards to forming intimate relationships?

Prompts:

- (i) You mention on the demographics form the age of your first sexual experience. What role do you think your stutter had in this, if any?
- (ii) Similarly, has your stutter been a factor in the number of sexual partners that you mentioned on the demographics form? If so, how?

3. Can you describe a situation where you did consider approaching someone with the intention of chatting them up?

Prompts:

- (i) What was it about that **specific person/time** that made you want to approach them?
- (ii) What made it possible / not possible?
- (iii) Can you describe how you felt at the time?
- (iv) What was the outcome of that situation? / Has there been a time when the outcome has been different?

4. As a man who stutters, who is sharing how you experience forming relationships, I wonder how it makes you feel about yourself?

5. You have already described situations where your stutter has had an impact. I'm wondering if there is anything you tend to do, or have done, to help you cope?

Prompt:

- (i) In similar situations in the future, would you do anything differently?
- (ii) How do you think this would make you feel about yourself?

6. Some people who experience difficulties in finding intimacy in their relationships may try to have their sexual needs met in other ways, perhaps through masturbation, watching porn, sex chat forums, or visiting sex workers. I wonder how your sexual needs met, if at all?

7. Is there anything that I have not asked you about how your stutter has impacted on creating intimate / sexual relationships that you would like to tell me about?

Appendix 5: Consent Form

Research Consent Form

This research project is being carried out by myself, Paul O'Sullivan (email: paul.osullivan.1@city.ac.uk; telephone: XXXXXXXXXX), as part fulfilment of a Professional Doctorate in Counselling Psychology at City University.

The purpose of this research project is to investigate the impact of stuttering on the formation of intimate relationships for young adult men who stutter.

In agreeing to participate in this study you will be asked to take part in an informal interview, which will be audio recorded to ensure that I have a true and accurate account of what we discuss today.

The recording of the interview and all relevant data will be stored in a secure, locked location and only available to the research supervisor, Dr. Rafalin and myself. Extracts of the interviews may be used only for the purpose of this research project, with all identifiable details (such as your name) anonymised and treated as completely confidential. No identifiable details will appear anywhere in the final report.

Any questions or queries concerning the nature of the study are welcomed at anytime. If you do have any questions please feel free to contact my research supervisor, Dr. Deborah Rafalin, at City University (email: XXXX@city.ac.uk; telephone: XXXXXXXXXX) or myself (contact details as above).

Before we begin please be aware that:

- Your participation in this interview is entirely voluntary and without obligation.
- You are free to withdraw at anytime, without prejudice or judgement.
- You are free to refuse to answer any question at anytime during the interview.

Thank you once again for your participation.

I confirm that the purpose of this research project has been explained to me and that I have been allowed sufficient opportunities to ask questions.

I agree to participate in the study and the audio recording of the interview, under the understanding that it will be used only for the purposes of this research.

Participant: Name _____ Date _____
Signature _____

On behalf of all involved in the research process:

- *I agree to adhere to the BPS's code of conduct, ethical guidelines, and principles throughout the entire research process.*

- *I agree to treat all identifiable information as confidential and preserve the interviewees anonymity at all times. With all recordings and data used for the sole purpose of this research project.*

Researcher: Name_____ Date_____

Signature_____

Appendix 6: Demographic Form

Demographic Information

Please complete the form below with the most appropriate responses.

There is no need to place your name on the form, and all information gathered will be treated confidentially and used only for the purpose of this research.

1. Your age _____

2. How would you best describe your ethnic background?

3. How would you define your sexual identity?

4. Highest education level achieved: (please select one)

	Tick box
GCSE (or equivalent)	
A-Level / vocational qualification (i.e. GNVQ)	
University (undergraduate degree)	
University (postgraduate degree)	
Other (please specify)	

5. What is your current employment status: (please select one)

Student

If a student, which subject studied:

Trainee / apprenticeship

Current training scheme:

Unemployed

For how long:

Employed

Current profession:

Self-employed

Current profession:

6. How would you rate the **current severity** of your stutter?

0 5 10
Mild Moderate Severe

7. How would you rate the impact of your stutter on **your life** in general?

0 5 10
Mild Moderate Severe

8. How would you rate the impact of your stutter on **your family relationships**?

0 5 10
Mild Moderate Severe

9. How would you rate the impact of your stutter on **your friendships**?

0 5 10
Mild Moderate Severe

10. How would you rate the impact of your stutter on **your work relationships**?

0 5 10
Mild Moderate Severe

11. Have you ever had a sexual relationship:

	Tick box
No	
Yes	

If yes, how old were you when you had your first sexual experience:

	Tick box
16 years or under	
17 - 20 years	
21 - 25 years	
26 - 30 years	

If yes, estimated number of sexual partners to date:

	Tick box
1	
2-5	
6-10	
11-20	
21-30	
30+	

Thank you!

Appendix 7: Resource Pack

Organisations:

British Stammering Association (BSA)

15 Old Ford Road,

London

E2 9PJ

General Tel: 020 8983 1003

BSA Helpline: 0845 603 2001 (charge at local rate)

Email: mail@stammering.org

Website: www.stammering.org

UK-wide charity, dedicated to promoting public awareness of stammering and helping both adults and children who stammer. The BSA website has extensive information of the research into stammering, as well as information and links to UK based therapy and courses.

The City Lit.

Speech Therapy Department.

Keeley Street,

London

WC2B 4BA

Tel: 020 7492 2578 or 020 7492 2579

Email: speechtherapy@citylit.ac.uk

Website: www.citylit.ac.uk/stammeringtherapy

The City Lit. specialise in working with adults who stammer (mainly within a group educational environment), and is viewed as a national and international centre of excellence. The association's approach combines Block Modification therapy and Avoidance Reduction therapy to give individuals the opportunity to address the emotional and practical management aspects of stammering.

The British Psychology Society (BPS)

St. Andrews House

48 Princess Road East,

Leicester

LE1 7DR

Tel: 0116 254 9568

Email: enquiry@bps.org.uk

Website: www.bps.org.uk

The BPS is responsible for psychology and psychologists in the UK. The Directory of Chartered Psychologists, information regarding types of psychologists, publications, and other useful contacts can be found on the BPS website.

British Association for Counselling and Psychotherapy (BACP)

BACP House,

35-37 Albert Street,

Rugby

CV21 2SG

Tel: 0870 443 5252

Website: www.bacp.co.uk

UK's professional membership association for counsellors and psychotherapists.

United Kingdom Council for Psychotherapy (UKCP)

167-169 Great Portland Street,

London

W1W 5PF

Tel: 020 7436 3002

Website: www.psychotherapy.org.uk

The UKCP National Register of Psychologists is published annually and only Psychotherapists who meet the training requirements of the UKCP and abide by its ethical guidelines.

The British Association for Behavioural and Cognitive Psychotherapies (BABCP)

PO Box 9

Accrington

BB5 0XB

Tel: 01254 875277

Website: www.babcp.org.uk

Multi-disciplinary interest group for people involved in the practice and theory of behavioural and cognitive psychotherapy.

Communications Forum Network

c/o RCLT

2 White Hart Yard,

London

SE1 1NX

Tel: 020 7378 3001

Email: mail@communicationsforum.org.uk

The Forum brings together organizations concerned with human communications problems. It promotes initiatives to increase awareness of communication issues among the general public and statutory and voluntary organizations.

Books:



Stammering advice for all ages

By Renee Byrne & Louise Wright

Aimed at both adults who stammer and parents of children who stammer, the book includes information about stammering, details of therapeutic approaches, advice, exercises, and contributions from people who stammer.



Self-Therapy for the Stutterer

By Malcolm Fraser

Outlines a self-therapy program which describes what the person who stutters can and should do to tackle the problem and control stuttering. Often used as a supplement to clinical treatment.



Coping with Stammering (*out of print*)

By Trudy Stewart & Jackie Turnbull

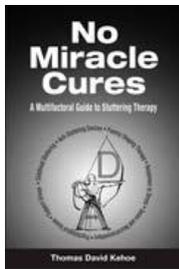
This is a self-help book for anyone, particularly adults, who has a stammer and has questions and concerns about the personal and practical aspects of coping with stammering. Offers help and support, including coping at work, handling phone calls, job interviews, making friends and being relaxed in social situations.

Online Links:

Dominic Barker Trust

www.dominicbarkertrust.org.uk/

An inspirational website. The Dominic Barker Trust was set up for research and a greater understanding of stammering. The Trust was founded “in memory of a witty, intelligent and much loved young man for whom the burden of stammering was so great that he took his own life”.



No Miracle Cures: A Multifactorial Guide to Stuttering Therapy

www.casafuturetech.com/Books/NoMiracleCures/index.shtml

Online book by Thomas David Kehoe. As well as therapy approaches, there are chapters on such things as psychological issues, famous people who stutter, and stuttering at work.

Stuttering Chat

www.health.groups.yahoo.com/group/stutteringchat/

Online support group for people who stutter, which is also available for friends, relatives, and speech therapists. Their primary mission is to provide support to people who stutter in the form of information about stuttering, therapy/treatment, and the sharing of experiences.

Passing Twice

www.passingtwice.com/

Passing twice is an online support network specifically for gay and lesbian people who stutter.

Appendix 8: Participants: Demographic details

		Age	Ethnicity	Sexual Identity	Highest Education Level Achieved	Employment Status
Participant Pseudonyms	Aaron	30	Jewish	Heterosexual	Undergraduate	Unemployed / Author
	Bobby	29	Caucasian	Homosexual	Postgraduate	Student
	Calvin	18	Middle Eastern	Heterosexual	A-Level / Vocational Qualification	Student
	David	19	British	Heterosexual	Undergraduate	Student
	Eugene	25	White	Heterosexual	Postgraduate	Research student
	Francis	19	British	Heterosexual	A-Level / Vocational Qualification	Student
	Gary	30	Black / African	Heterosexual	Undergraduate	Civil Servant
	Harry	24	White/ Caucasian	Heterosexual	A-Level	Civil Servant

Appendix 9:

Participants: Severity and impact of stutter

		Severity / Impact of Participants Stutter.				
		0 = Mild Severity/Impact 10 = Severe Severity/Impact				
		Severity of Stutter	Impact of Stutter on Quality of Life	Impact on Family Relationships	Impact on Friendships	Impact on Work Relationships
Participant Pseudonyms	Aaron	9	7	7	5	8
	Bobby	8	8	1	7	6
	Calvin	3	5	5	4	6
	David	6	9	2	3	7
	Eugene	5	5	0	2	2
	Francis	6	9	4	6	7
	Gary	3	5	3	6	5
	Harry	9	9	2	3	7

Appendix 10: Participants: Sexual experience details

		Age of First Sexual Experience (years)	Estimated Number of Sexual Partners
Participant Pseudonyms	Aaron	17-20	Did not answer
	Bobby	21-25	2-5
	Calvin	No sexual experience	No sexual experience
	David	16 or under	2-5
	Eugene	17-20	6-10
	Francis	17-20	2-5
	Gary	17-20	Did not answer
	Harry	17-20	11-20

Appendix 11: Participants: Brief biographies

The biographies were recorded shortly after the interviews and written in present tense.

Aaron

Aaron is a 30 year old man. On the demographic form he referred to his ethnicity as Jewish. He is educated to undergraduate level, which he studied through the Open University in his early twenties. Aaron says that he has currently been unemployed for some time and lives alone in his own property in London. In speaking about his stutter, he mentions the many different ways that it has impact on his life. For example Aaron describes finding any form of social interaction challenging, which he says has limited his support network and influenced his employment opportunities. He mentions that one of the reasons for choosing to study through Open University for his undergraduate degree was because it offered minimal contact with his lecturers and peers. He speaks of his difficulties in finding suitable employment, which he attributes to his discomfort in social settings. Aaron mentions that having graduated he embarked on a literary career that provides him with the opportunity to work independently from home.

Aaron regards his stutter as very severe. He speaks of isolating himself away from society, frequently going days without speaking to another person. In

talking about his relationships with other people he states that he prefers living alone, that being socially isolated feels safe and comfortable for him.

Bobby

Bobby is a 29 year old male, originally from northern Europe and currently residing in London. He lives at home with his mother and their two pets. He is currently working towards his PhD, which he says gives him great satisfaction. Bobby is homosexual and experienced his first sexual experience in his early twenties. He speaks of finding relationships difficult to form, especially intimate relationships. He reports the reasons for him experiencing difficulties in forming intimate relationships as being a combination between his stutter and his sexual identity. Bobby believes that being homosexual and having a stutter limits the probability of him forming an intimate relationship.

Calvin

18 year old Calvin is from Middle Eastern descent, currently studying at a sixth form college in London. He lives at home with his parents and one sibling, and describes his family as "*a pretty normal, loving Middle Eastern family*". Calvin mentions that he has developed several relationships with intimate partners, with none of these relationships involving sexual intimacy. When speaking what role his stutter has in his life he describes it having a moderate influence in his relationships. Calvin also mentions feeling anxious and self-conscious at times when speaking to somebody for the first time.

David

David is a 19 years of age, heterosexual Jewish male, currently studying towards his undergraduate degree. He presently lives away from home at university. Away from university David lives at home with his parents and two siblings. He reports to having a large friendship group and says that "*friendships have come fairly easy*" to him. David tells of captaining his school and university sports teams, mentioning that he speaks more fluently when playing sports. David describes experiencing some difficulties in forming intimate relationships, stating that he has tended to develop intimate relationships from pre-existing friendships. He had his first sexual experience below the age of 17 years.

Eugene

Eugene, a 25 year old man, is originally from mainland Europe and currently studying for his PhD in London. In speaking about the impact of his stutter on his relationships and quality of live, he regards the impact to be mild to moderate. He tells of experiencing greater difficult with managing the impact of his stutter during childhood and adolescence. He speaks of finding friendships difficult when he was young, often feeling like an outsider. Eugene recounts his time while in psychotherapy, as well as during previous courses of speech therapy, as watershed experiences that helped him to develop a greater sense of self-acceptance and acceptance of his stutter.

Francis

Francis is a 19 year old man, currently living in the UK with his mother and two elder siblings. Francis is presently studying for his A-levels, with the intention of continuing his education by going to university. Francis regards the impact of his stutter on his quality of life as severe, explaining that he often feels like an outsider in all of his relationships, including with his family and friends. Francis describes feeling anxious in social settings and highlights his sense of humour as a quality that he holds dear. However, he reports to experiencing feelings of frustration and shame due to how difficult he finds expressing his humour through jokes or storytelling due to his stutter. He describes experience one long-term intimate relationship with a partner from the age of 16 years until recently.

Gary

Gary is a 30 year old Civil Servant. Originally from northern Africa, Gary moved to the UK with his family in his mid-teens and has recently relocated to London. Gary is currently living in shared accommodation with two friends. He regards the impact of his stutter to be moderate in most aspects of his life and mentions having a small but close network of friends. In speaking about the period of his life when he moved from northern Africa to the UK he describes the experience as difficult, especially when trying to make new friendships. He mentions the experienced as "*being the new kid from Africa and with a stutter was hard*".

Harry

24 year old Harry is a civil servant currently residing in the UK. Following an intensive course of speech therapy in recent years Harry describes experiencing a vast improvement in the fluency of his speech, which has helped to improve his emotional well-being. He speaks of experiencing long periods of depressed mood and social withdrawal in the years before the speech therapy course. Harry is currently single and mentions how he finds brief sexually, intimate relationships easier to form than longer term intimate relationships. He is currently training to become a speech therapy instructor.

Appendix 12: Analysis: Example of left and right margin annotations

Academic report on life

Who I am vs what I do
 Transcript: Bobby
 Time: 02.23.24

1 Could you perhaps just tell me how you feel about your
 2 stammer? → Impact

3 Well [...], (deep breath), I'm kinda on the fence about my s-
 4 stammer, you know, because it is obviously a huge part of
 5 who I am, you know. However, I'm not that sure that I
 6 would be really, argh [...] any [...] any, d[...] different if I
 7 hadn't had a, a st-stammer. However I would say that it has
 8 prob- it has prob-probably had a incredible impact on my
 9 [...] life. And it would, you know, to be perfectly honest, you
 10 know, and I would say without feeling s-s-sorry for myself, I
 11 would say that having a s-s-sev-severe stammer like I have, I
 12 would say that it has without a doubt had a pretty [...]
 13 de-
 14 trimental impact on my life, you know, and I think
 15 that, kind of that, I would just have to
 16 accept...erm...however, prob-probably because I had a
 17 severe stammer, I kinda found acceptance in er, (breath),
 18 [...], aca-...academia. You know in erm, aca-academia they
 19 almost accept e-e-e-everybody, so I would say that my
 20 stammer has had a pretty, I mean it has had a pretty [...]
 21 negative effect on my life, because you know, for a really
 22 long time I use to be pretty socially is-s-so[...]lated, you
 23 know. So I would say that for my, I would say that for my
 24 stammer has had a pretty big impact on me, both in terms
 25 of my [...], pro-p-professional life, my erm, my er, and on my
 26 s-s-social [...], life. And I would also say on my romantic life.
 27
 28 However, erm, I am [...] fairly conscious of it all and I don't
 29 think that I have really suffered from it in terms of being,
 30 you know, being depressed about it, and I think that I...and I
 31 would say that I am fairly, you know, optimistic person, in
 32 light of my [...] you know, in, in er, [...] in, in, light of my, er,
 33 [...], affliction.
 34
 35 Ok. Do do...so so you said that it had, in, in part, it had
 36 quite a detrimental impact...

Left Margin Annotations:
 Did know how to
 feel / act on people.
 Bivalent.
 Its obvious
 huge part of me!
 vision of impact
 on self
 Big impact on life
 why not feel sorry
 Not allowed?
 gives degree of
 stammer
 negative impact on
 life
 no choice / have
 to accept / have
 to live with
 found acceptance
 in a place where
 stammer was
 accepted
 stammer = guided
 where accepted
 acceptance by default
 devalued self?
 Negative effect
 social isolation
 "My Stammer"
 My Stammer - impact
 on me?
 my - hurts me?
 all aspects of life
 what effect does it
 have on self?
 aware of impact
 and cause
 depression
 could suffer
 eventative factors
 = optimistic
 stammer = IT
 optimistic in light
 of my affliction
 Affliction =
 disability
 state of pain/suffering

Right Margin Annotations:
 Ambivalence
 about stammer
 Part of my ID/4
 Every aspect of
 stammer as
 part of life
 Impact on life.
 - Hesche
 feel so
 sorry for
 self.
 Fruity
 Acceptance
 impact on life
 of stammer
 of self.
 Academic
 social
 isolation
 Impact on
 aspects of life
 Ambivalence
 IT
 Emotional
 resilience
 Stammer as a
 affliction
 Optimism as
 as a protective
 factor to...

Appendix 13: Analysis: Example of table of themes, supporting quotation and location

Emergent theme	Transcript extract	Line no.
Ambivalent about stutter	I'm kinda on the fence about my s-s-stutter <i>Q: How do you feel about your stammer?</i>	B4-5
Stutter is significant part of who I am	it is obviously a huge part of who I am	B5-6
I would be the same regardless of stutter	I'm not that sure that I would be really, erm [...] any[...]any, d-[...]different if I hadn't had a-a st-stutter	B6-8
Degree of impact of stutter on one's life	I would say that it has prob...it has prob-probably had a incredible impact on my [...] life	B8-9
Detrimental impact of stutter on one's life	I would say that having a s-s-sev-severe stutter like I have, I would say that it has without a doubt had a pretty [...] d-de-[...]detrimental impact on my life	B10-14
Being accepted in academia (they accept anyone)	prob-probably because I had a severe stutter I kinda found acceptance in [...] aca[...]academia. You know in erm, aca-academia they almost accept e-e-e-everybody	B16-19
Negative impact of stammer on one's life	I would say that my stutter has had a pretty, I mean it has had a pretty [...] negative effect on my life	B19-21
Social isolation	for a really long time I used to be pretty socially is-s-so[...]lated	B21-22
Impact of stutter on different aspects of life	being a stutterer has had a pretty big impact on me, both in terms of my [...] pro-p-professional life, my erm, my er, and on my s-s-social [...] life and especially my romantic life	B23-26
Depression and stutter	I don't think that I have really suffered from it in terms of being, you know, being depressed about it <i>Q: Impact of stutter?</i>	B28-31
Optimistic personality despite of stutter	I would say that I am fairly, you know, optimistic person, in light of my [...] you know, in, in er, [...] in, in, light of my, er, [...] affliction	B30-33
Missed work opportunities due to employer's perception of my limitations	I have had experiences where I was not hired, erm, because the person hiring did-did, you know, did not think that I could really, you know, that I couldn't really er, serve that job to the best of my erm, you know [...] you know...and of course nobody really said that, I-I-I mean, nobody said that, that nobody said that [...] o-o-out loud	B46-51

Appendix 14: Authorised Research Ethics Forms



School of Social Sciences
CITY UNIVERSITY LONDON

Undergraduate, Postgraduate & Research Programmes

Economics
International Politics
Psychology
Sociology

Northampton Square
London EC1V 0LB
Tel: +44(0)20 7040
Fax +44(0)20 7040 5580
www.city.ac.uk/social

School of Psychology
Cardiff University
Tower Building
70 Park Place
Cardiff
CF10 3AT

15 April 2011

To whom it may concern

Research project: Exploring the experience of young men who stammer in the formation of intimate relationships

I confirm that I fully support the above research to be carried out by Paul O'Sullivan as part of his Doctorate in Psychology at City University. We believe Paul O'Sullivan to be a committed researcher with the ability to carry out this piece of work.

Yours faithfully

Dr Pavlos Filippopoulos
Programme Director
Professional Doctorate in Counselling Psychology

Dr Jacqui Ferrante
Head of the Psychology Department

Ethics Release Form for Psychology Research Projects

All trainees planning to undertake any research activity in the Department of Psychology are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department of Psychology does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2004) Guidelines for minimum standards of ethical approval in psychological research (EPS: Leicester) should be referred to when planning your research.
- **Trainees are not permitted to begin their research work until approval has been received and this form has been signed by 2 members of Department of Psychology staff.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc MPhil MSc PhD DPsych N/a

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

Exploring the impact of stammering on the formation of intimate relationships for young adult males who stammer

2. Name of student researcher (please include contact address and telephone number)

Paul O'Sullivan / 217 Hedgemans Road, Dagenham, Essex RM9 6DA / 07903 781250

3. Name of research supervisor

Dr. Deborah Rafalin

4. Is a research proposal appended to this ethics release form? **Yes**

5. Does the research involve the use of human subjects/participants? **Yes**

If yes,

a. Approximately how many are planned to be involved? **6-13**

b. How will you recruit them? **Advertise through stammering organisations (i.e. BSA, The City Lit. adult college) and locations considered likely to attract young adult males (i.e. bars, gyms, libraries, magazines, newspapers)**

c. What are your recruitment criteria? **Male aged between 18-30, developmental stammer, currently single, knowledge of forming intimate relationships**
(Please append your recruitment material/advertisement/flyer)

d. Will the research involve the participation of minors (under 18 years of age) or those unable to give informed consent? **No**

e. If yes, will signed parental/carer consent be obtained? **N/A**

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

Attend audio recorded interview, which will last for approximately 1 and a half hours

7. Is there any risk of physical or psychological harm to the subjects/participants? **No**

If yes,

a. Please detail the possible harm? -----

b. How can this be justified? -----

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes

(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

9. Will any person's treatment/care be in any way compromised if they choose not to participate in the research?

No

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes

(Please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

Audio recording of interview, interview transcripts, and research notes

12. What provision will there be for the safe-keeping of these records?

Audio recording of interviews, transcripts, demographic details, and research notes will be stored on a password secure USB memory stick, which will be locked in a secure location. All hardcopies of the transcripts, demographic details, and research notes will also be locked in a secure location.

13. What will happen to the records at the end of the project?

All records will be preserved beyond the duration of the project in a secure, locked location. The duration of time that the recordings will be stored for will be guided by

discussions with the research supervisor, after which time the recordings will be deleted.

14. How will you protect the anonymity of the subjects/participants?

All significant identifiable details, including the participants' names, will be changed with pseudonyms to respect the participants' anonymity. Also participants will be informed that all audio recordings, interview transcripts, demographic details, and the research consent forms will be kept in a secure, locked location beyond the duration of the research project.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

Participants will be debriefed verbally at the end of each interview. They will also be offered a resource pack that consists of relevant support organisations, support groups, appropriate literature.

(Please append any de-brief information sheets or resource lists detailing possible support options)

If you have circled an item in bold print, please provide further explanation here:

Interviews conducted away from City University's premises will adhere to additional safety measures:

- o Interviewer will inform colleague of arranged location and time of the interview
- o Interviewer to contact the colleague within one hour of the estimated finish time
- o In the event of no contact being made, and following failed attempts by the colleague to contact the interviewer, the police will be contacted

Signature of student researcher Paul Date 4/6/09

Section B: To be completed by the research supervisor

Please mark the appropriate box below:

- Ethical approval granted
- Refer to the Department of Psychology Research Committee
- Refer to the University Senate Research Committee

Signature [Signature] Date 15/06/09

Section C: To be completed by the 2nd Department of Psychology staff member

(Please read this ethics release form fully and pay particular attention to any answers on the form where bold items have been circled and any relevant appendices.)

Appendix 15: Research Information Sheet

Hello. My name is Paul O’Sullivan and I am carrying out research into the experience of young men who stutter and the impact their stutter has on the formation of intimate relationships. The research is as part fulfilment of my Professional Doctorate in Counselling Psychology at City University, London and is supervised by Dr Deborah Rafalin (d.rafalin@city.ac.uk; 020 7040 4592).

I would like to thank you for agreeing to come in today and discuss your experiences of stuttering and the impact it has had on your relationships.

WHAT IS THE PURPOSE OF THE STUDY?

This study aims to give a voice to young men who stutter and give them the opportunity to tell of their experiences of developing intimate relationships. To date, there has been very little research in this area and it is hoped this study will help to gain a greater understanding of this important experience.

DO I HAVE TO TAKE PART?

Your participation is entirely voluntary and you are free to withdraw at any time without judgement.

WHAT DOES PARTICIPATION INVOLVE?

If you choose to take part, you will be asked to sign a Consent Form indicating that your participation is voluntary. You will then be asked a few questions about your experiences about being a young man who stutters and the impact it has on your relationships. The questions and interview will take approximately one and a half hours.

WILL THE INTERVIEW BE CONFIDENTIAL?

The interview will be audio recorded and only used for the purpose of this research. All of the recordings and collected data will be secured in a locked location for the duration of the research process. After which all of the recordings will be destroyed. After which all recordings will be destroyed.

Appendix 16: Master Theme One:
Full Presentation of Third Subordinate Theme

3.2.3 “When I’m stuttering nothing else matters”: The experience of stuttering

Throughout the interviews the participants describe how they experience the physical mechanisms of stuttering. These observable characteristics include the sublexical speech dysfluency of stuttering, the prolongations, repetitions, and blockages in the participants’ speech. The participants also speak of occurrences of secondary stuttering, which are primarily learned bodily behaviours attached to the speech dysfluency, such as loss of eye contact and hand tapping. Calvin referred to stuttering as an iceberg, where one part is observable and the other internalised, unobservable below the surface:

“it’s an iceberg, one half of it is p-people can see and the bottom one they can’t see, it’s how I feel inside and it is how I feel inside the bottom half”

(Calvin, 12-15)

For many of the participants the observable and imperceptible dimensions of stuttering described by Calvin causes an almost encompassing experience:

“when you’re stuttering, it’s-it’s all that you’re focussing on. All of my other, like me, all of my other insecurities go out the window when I-I’m-when I’m stuttering, like nothing else matters”

(David, 550-554)

David’s account typifies the description of the other participants in that for many of them there is a fixation with the experience of stuttering when it occurs. To

illustrate how the participants experience the process of stuttering a few of their depictions are briefly presented here.

“That’s when I become aware of it”: Observable characteristics of stuttering

For many of the young men their stutter is mostly evident during a block and an inability to speak:

“it’s [...] very much the blocks that I became very aware of it”

(Eugene, 143-144)

“It’s [...] really overt, I block [...] more than anything, so like it’ll be long periods of just trying to like, to say my name or something, so it’ll be like-[...]-like that for like ages”

(Harry, 224-225)

Harry makes reference to the effect stuttering can have on fundamental social communications, such as in Harry’s case introducing oneself. This suggests possible difficulties arising in social situations where saying one’s name or making conversation would be anticipated. As subsequent themes will show, all of the participants express finding initial conversations challenging as well as numerous social situations that have a certain requirement to talk.

From the interviews, it is noticeable that all of the participants speak with various characteristics to their stutter. Gary describes the appearance of his stutter as being embedded in repetitions as opposed to blocks, whereas many of the other participants talk of the physical experience of stuttering:

“I tend to repeat things over and over again. S-s-so-so I probably say the first few words over and over and over again, before I say something worth saying”

(Gary, 418-420)

“it shows itself, like I said in the fear of [...] blocks and g-g-getting stuck on words, erm, [...] and sometimes a facial expression, which I hate because, ‘cause I can’t get it out so I just try and force it out... you look really like quite angry in a way, just trying to like force your words out”

(Francis, 212-225)

Francis describes the secondary physical characteristics of stuttering being attached to him experiencing a blockage in his speech. In his use of the word “hate” he expresses how emotive he finds stuttering to be, particularly when speaking exerts additional effort. Other strong feelings that some of the participants describe as a result of stuttering are embarrassment, frustration, and disappointment. Francis’ physical experiences of stuttering are similar to other participants:

“It’s really in the-the blocks and [...] also my body language as well. Like I wouldn’t be kind of sat here, like, I’d be sat down here, t-t-talking to the carpet, kind of like, erm, and slap myself on the hands and, that sort of stuff”

(Harry, 230-234)

Not maintaining or avoiding eye contact is a reoccurring behaviour for many of the participants. It suggests losing or avoiding eye contact is a learned behaviour that has developed to manage the difficult process of stuttering. Eugene mentions using bodily behaviour to help the flow of his speech:

“there are some physical aspects that come in a sort of erm, [...] erm,

[...] secondary sort of behaviours, so like, I become aware like, sometimes I'll kind of rise up and kinda sort of like get the er, to help-help-help the word out with my whole u-upper body almost erm and I do things like I close my eyes, or at least, look away and break eye contact"

(Eugene, 167-173)

"I use a lot of hand movements when I s-s-stutter, kind of like it-it helps to do a lot of-of talking with my hands"

(Calvin, 74-75)

Both of the above accounts emphasis the suggestion that the development of secondary stuttering characteristics formed as a means to manage the participants' speech difficulties.

"I know techniques": Managing the characteristics of stuttering

Managing the observable processes of stuttering has already been touched upon in this theme. For many of the participants, using techniques that they had learned to help manage their stutter has become a necessary device in their communication:

"I know that, like the techniques to like [...] ease it out in a way"

(Francis, 9-10)

"even if I get a tiny block, then, I know what to do to, kind of, to change it, to like a [...] a better way of speaking"

(Harry, 268-271)

“I do-do-do [...] have a lot of techniques that I use to stop, avoid stuttering”

(Gary, 378)

Gary’s mention of using techniques to “avoid stuttering” fits with the accounts of all of the participants where they apply ‘avoidance’ as a managing strategy in various settings. Indeed one of the diagnostic characteristics of stuttering, word circumlocution, is arguably a form of stutter avoidance.

Not all of the participants used techniques to ease their stutter:

“Tal-king [...] can be very-very diff-icult and there [...] isn’t really any coping strat-e-gy I [...] have in-in terms of really help to speak to people”

(Aaron, 1101-1103)

Aaron regarded his stutter to be severe, rating it as nine out of ten for current severity (see appendix 9), the most severe of all of the participants. In his interview he speaks of finding most aspects of his speech difficult to manage. It is possible that due to Aaron’s perception of his stutter being so severe that all possible techniques or strategies seem inadequate in achieving a level of acceptable fluency when speaking to people. This is more evident in his descriptions of becoming somewhat socially withdraw due to his stutter, which will be discussed in later Master themes.

“Therapy can help”

A number of the participants had undertaken some form of therapy to manage their stutter. Most of them had experienced speech therapy at some stage in their lives, particularly during childhood and adolescences. As adults some of the

participants had experiences of psychological therapies to address some of the behavioural and psychological components of stuttering:

“Therapy can help, which I really find erm [...] good and mentally challenging, yeah, it makes me a stronger person in life”

(Calvin, 611-613)

“before th-th-therapy, you know, I was [...] more or less socially isolated”

(Bobby, 378-379)

Eugene speaks extensively about his experiences of therapy:

“it helps with [...] a lot of things associated around the-the stutter, if not necessarily deal with the stutter itself but deal with the emotional aspects and all that stuff and erm psych[...]ological aspects around it”

(Eugene, 1493-1497)

Eugene makes reference to how his psychological therapy helped him process the elements of his stutter that exists, to use Calvin’s earlier analogy, in the portion of the iceberg that is below the observable surface. He implies an importance to focus therapy on the psychological aspects of his stutter, arguably his stutter identity, and less so on reducing his stuttering symptoms. He also speaks of using therapy to address certain maladapted managing behaviours:

“my th-therapy kind of helped, kind of almost deal with some of the coping behaviours and some of the habits”

(Eugene, 1508-1510)

A number of the participants also shared their experiences of applying tension reducing techniques to ease their stutter:

“If I’m more relaxed, uhm, I feel I-I-I also stutter less, so I do all I can to re-relax”

(Gary, 892-893)

“I’ve noticed if you j-j-just, like, take a deep breath and just calm down, it doesn’t go away but it kind of [...] helps your stutter to relax”

(Francis, 206-209)

Both Gary and Francis suggest a connection between stuttering and stress or tension. By using relaxation, such as the breathing technique Francis referred to, the participants propose a reduction in the severity of person’s stutter.

Appendix 17: Example Pages of Transcribed Interview

Transcript: Bobby

Time: 02.23.24

1 **Could you perhaps just tell me how you feel about your**
2 **stammer?**
3
4 Well [...], (deep breath), I'm kinda on the fence about my s-
5 s-stammer, you know, because it is obviously a huge part of
6 who I am, you know. However, I'm not that sure that I
7 would be really, argh [...] any [...] any, d-[...]different if I
8 hadn't had a, a st-stammer. However I would say that it has
9 prob...it has prob-probably had a incredible impact on my
10 [...] life. And it would, you know, to be perfectly honest, you
11 know, and I would say without feeling s-s-sorry for myself, I
12 would say that having a s-s-sev-severe stammer like I have, I
13 would say that it has without a doubt had a pretty [...] d-de-
14 [...]detrimental impact on my life, you know, and I think
15 that, kind of that, I would just have to
16 accept...erm...however, prob-probably because I had a
17 severe stammer, I kinda found acceptance in er, (breath),
18 [...] aca[...]academia. You know in erm, aca-academia they
19 almost accept e-e-e-everybody, so I would say that my
20 stammer has had a pretty, I mean it has had a pretty [...]
21 negative effect on my life, because you know, for a really
22 long time I used to be pretty socially is-s-so[...]lated, you
23 know. So I would say that for my, I would say that being a
24 stammerer has had a pretty big impact on me, both in
25 terms of my [...] pro-p-professional life, my erm, my er, and
26 on my s-s-social [...] life and especially my romantic life.
27
28 However, erm, I am [...] fairly conscious of it all and I don't
29 think that I have really suffered from it in terms of being,
30 you know, being depressed about it, and I think that I...and I
31 would say that I am fairly, you know, optimistic person, in
32 light of my [...] you know, in, in er, [...] in, in, light of my, er,
33 [...] affliction.
34
35 **Ok. Do do...so so you said that it had, in, in part, it had**
36 **quite a detrimental impact...**

1 of 44

37

38 Yes, yes

39

40 ...upon, upon, you know, and, and you mentioned that
41 erm, previously left, left you feeling quite socially i-
42 solated, and that it impacted on your professional life and
43 your social life, can you just explain more ab-about that?

44

45 Yeah, well, erm [...]erm, in regards to my pro-pr-
46 professional life, I have had experiences where I was not
47 hired, erm, because the person hiring did-did, you know,
48 did not think that I could really, you know, that I couldn't
49 really er, serve that job to the best of my erm, you know [...]
50 you know...and of course nobody really said that, I-I-I mean,
51 nobody said that, that nobody said that [...] o-o-out loud,
52 because they would just assume that I would have a real
53 difficulty talking on the phone and I would have difficulty
54 speaking to people face to face, which is absolutely [...]
55 correct, because I do still have a big problem talking to
56 people on th-the ph-phone. And, er, there have been
57 instances where I have applied for something and the
58 person that was hiring sent an email and just asked me to
59 call them up. And I would say that I just really, from my
60 own, erm, [...] I mean, I would say that from my own, sort of
61 erm, you know, because I, I have a problem talking on the
62 phone, I just never really called them so because of that,
63 that employment opportunity never really happened. So I
64 would say that, you know, it is a huge problem when you
65 talk on the phone, you know, because I have a s-
66 [...]stammer. And I think that because of that, because I
67 have a stammer, you know, I-I'm not really, you know, I'm
68 kinda, I'm not really actively, you know, pursuing erm, [...]
69 I'm not actively [...] you know, N.E.T.W.O.R.K.I.N.[...]G.

70

71 **So, you're not networking, yeah?**

72

Appendix 18: Table of the Master Themes, Subordinate Themes, and Presented Evidence

Master Theme	Sub themes	Location of included quotes	
“My Stutter is Part of Me”: A stutter identity	“It’s part of me”	C.280; D.11-12; B.5-6; F62-63; B.794-795; F.65-66; H1211-1212	
	“The epicentre of everything”: Impact of a stuttering identity		B9-11; D1263-1265; B23-26; B14-16; D1206-1207
		“It’s like a brick wall”	C26-27; B555-556; A5-10; E714-715; B1316-1319
		“Pushes me away from the things I want”	D1287-1289; H324-327; F292-294; F61-62; F33-34; D31-33; B1150-1151
		“Trying to wade through it”	F371-375; F331-334; D241-280; G1104-1109; E240-242; A10-11; A150-151
	“When I’m stuttering nothing else matters”: The experience of stuttering		C12-15; D550-554;
		“That’s when I become aware of it”: Observable characteristics of stuttering	E143-144; H224-225; G418-420; F212-225; E167-173; H230-234; C74-75
		“I know techniques”: Managing the characteristics	F9-10; H268-271; G378; A1101-1103
		“Therapy can	C611-613; B378-

		of stuttering	help”	379; E1493-1497; E1508-1510; G892-893; F206-209	
“It shaped who I am”: Socialisation of a Stutter Identity				H1519-1522; E292; G16-17	
	“There seems to be bit of a distance”: Experience of social relationships	“Friends”		H5-6; E477-479; F1305-1308; H40-44; D213-217; B196-200; B207-209; G13-15; H199-203	
		“Bullied”		C571-572; E82-92; B189-181; H55-58; G284-286	
			“People are mean and horrible”	E479-480; E488-492; E507-509	
		“Family”		F485-488; A650-651; A638-641; F298-302; G946-949	
	“It shaped me socially”			E313-316; B486-488; A38-39; A53; G40-41; A1103-1105; A28-29; B21-22; B381-383; G24-37	
		“Making it comfortable”: Managing social discomfort	“Isolation”		G37-38; B523-529; B531-533; A178-180
			“Alcohol”		F1544-1550; E1446-1448
			“Speaking concisely”		F35-38; G1066-1069
	“It’s just not cool”: My stutter			F11-13; F1195; C281-283; B4-5; E303-309; F4-8;	

	and me	B6-8
	“Fear of stuttering”	D1110-1114; F16-19; F119-122
	“Frustration”	E844-846; F581-581; C810-812
	“Makes you seem nervous”: How my stutter seems to others	D394; A120-121; E891-893; G894-895; H205-298
	“It’s the pivot”: Reactions of others	D930-936; D870-873; E921-923; E1334-1338; C777-778; C32-33; E1358-1360
“Having a relationship is special”: Impact of a stutter identity on the formation of intimate relationships		F990-991; H2069-2071
	“I stayed on the sidelines”	H1193-1196; B276-278; B484-486; B513-515; H1020-1024; E788-790; G166; D193; D1282-1283
	“It’s a real unknown territory”	B540; E711-714; H1398-1401; H971-977; B538; H981-983
	“it’s like a relationship, just without the sex”	H2293-2305; E1646-1649
	“I like girls that aren’t threatening”: Partner selection	C818-820; H1728-1732; H1734-1736; D308-320; D324
	“They’ve all developed from friendships”	H1295-1297; G362-263; E427-429
	“The problem with stuttering and	E1218-1221; D566-570; E1202-1203; A353;

	relationships can be reduced down to asking someone out”	A406-407; E927-931; H1704-1705
	“It depends where I am”	F1340-1343; G185-189; D663-672; H1686-1688
	“It helps to not hide it”	H1627-1629; B683-685; E1332-1334; A271-276; H1605-1607
	“Meeting online is incredibly efficient”	B958; A217-218; A244-246; H1035-1038; B1079-1080; F415-417
	“It’s less of a big deal”: Role of a stutter identity within a formed relationship	E351-357; B758-761; A708-710; H713-715; F534-536; B797-800

Reference List

- American Psychiatric Association (APA), (1994). *Diagnostic and Statistical Manual of Mental Disorders: 4th ed.* Washington D.C: American Psychiatric Association
- Beilby, J. M., Byrnes, M. L., & Yaruss, J. S. (2012). *Acceptance and commitment therapy for adults who stutter: Psychosocial adjustment and speech fluency.* *Journal of Fluency Disorders, 37*, 289-299
- Beitchman, J.H., Wilson, B., & Johnson, C.J. (2001). *Fourteen-year follow up of speech/language impaired and control children: psychiatric outcome.* *Journal of American Academy of Child and Adolescent Psychiatry, 40*, 75-82
- Blood, G. W., Blood, I. M., Tellis, G. M., & Gabel, R. M. (2003). *A preliminary study of self-esteem, stigma, and disclosure in adolescents who stutter.* *Journal of Fluency Disorders, 28*, 143-159
- Blumgart, E., Tran, Y., & Craig, A. (2010). *Social anxiety disorder in adults who stutter.* *Depression and Anxiety, 27, 7*, 687-692
- Boberg, J. M., & Boberg, E. (1990). *The other side of the block: The stutterer's spouse.* *Journal of Fluency Disorders, 15*, 61-75
- Boyle, M. P. (2011). *Mindfulness training in stuttering therapy: A tutorial for speech-language pathologists.* *Journal of Fluency Disorders, 36*, 122-129
- Boyle, M. P., Blood, G. W., & Blood, I. M. (2009). *Effects of perceived causality on perceptions of persons who stutter.* *Journal of Fluency Disorders, 34*, 201-218
- Breakwell, G. M. (1992). Processes of self-evaluation: efficacy and estrangement. *In G. M. Breakwell (Ed.). Social psychology of identity and the self-concept* (pp. 35-55). London: Surrey University Press.

Breakwell, G. W., Smith, J. A., & Wright, D. W. (2012). *Research Methods in Psychology* (4th ed.). London: SAGE.

Brewer, M. B. & Gardner, W. (1996). *Who is this "we"? Levels of collective identity and self-representations*. *Journal of Personality and Social Psychology*, 71 (1), 83-93.

British Psychological Society (2004). *Guidelines for minimum standards of ethical approval in psychological research*. BPS

British Psychological Society (2009). *Code of Ethics and Conduct: Guidance published by the ethics committee of the British Psychological society*. BPS

Carver, C. S. & Scheier, M. F. (2004). *Perspectives on personality (Int. Ed.)*. Pearson: Allyn & Bacon

Chapman, E. & Smith, J. A. (2002). *Interpretative Phenomenological Analysis and the New Genetics*. *Journal of Health Psychology*, 7(2), 125-130

Chaudoir, S. R. & Fisher, J. D. (2010). *The Disclosure Processes Model: Understanding disclosure decision making and postdisclosure outcomes among people living with a concealable stigmatized identity*. *Psychological Bulletin*, 136, 236-256

Collins, C. R. & Blood, G. W. (1990). *Acknowledgment and severity of stuttering as factors influencing nonstutterers' perceptions of stuttering*. *Journal of Speech and Hearing Disorders*, 50, 75-81

Corcoran, J. A., & Stewart, M. (1998). *Stories of stuttering: A qualitative analysis of interview narratives*. *Journal of Fluency Disorders*, 23, 247-264

Craig, A., Tran, Y., Craig, M. (2003). *Stereotypes towards stuttering for those who have had direct contact with people who stutter. A randomised and stratified study*. *Perceptual Motor Skills*, 97, 235-245

Craig, A., & Tran, Y. (2006). *Fear of speaking: Chronic anxiety and stammering*. *Advances in Psychiatric Treatment*, 12, 63-68

- Crandall, C. S., & Eshleman, A. (2003). *A justification-suppression model of the expression and experience of prejudice*. *Psychological Bulletin*, 129, 414-462
- Crichton-Smith, I. (2002). *Communicating in the real world: Accounts from people who stammer*. *Journal of Fluency Disorders*, 27, 333-352
- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T., Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed., pp. 504-553). Oxford: Oxford University Press
- Daniels, D. E. (2002). Black American men who stutter: A qualitative analysis of how communicative, cultural, and race-ethnic factors affect identity and lifestyle. *Cited in Hagstrom, F. & Daniels, D. E. (2004). Social identity and the stuttering experience*. *Contemporary Issues in Communication Science and Disorders*, 31, 215-224
- Daniel, D. E., & Gabel, R. M. (2004). *The Impact of Stuttering on Identity Construction*. *Topics in Language Disorders*, 24 (3), 200-215
- Davis, S., Howell, P. & Cooke, F. (2002). *Sociodynamic relationships between children who stutter and their non-stuttering classmates*. *Journal of Child Psychology and Allied Disciplines*, 43, 939-947
- De Nil, L. F. & Brutten, G. J. (1991). *Speech-associated attitudes of stuttering and nonstuttering children*. *Journal of Speech and Hearing Research*, 34, 60-66
- Deaux, K. (1992). Personalizing identity and socialising self. In G. M. Breakwell (Ed.), *Social psychology of identity and the self-concept* (pp. 9-33). London: Surrey University Press.
- Denzin, N.K. & Lincoln, Y.S. (2002). *The Qualitative Inquiry Reader*. CA: Sage
- Earnshaw, V. A., Quinn, D. M., & Park. C. L. (2012). *Anticipated stigma and quality of life among people living with chronic illnesses*. *Chronic Illness*, 11, vol. 11 (2), 79-88

Eatough, V. (2012). Introduction to Qualitative Methods. In *Breakwell, G. W., Smith, J. A., & Wright, D. W. (2012). Research Methods in Psychology (4th ed.)*. London: SAGE.

Eatough, V. & Smith, J.A. (2008). Interpretative Phenomenological Analysis. In *C. Willig and W. Stainton Rogers (Eds). The SAGE Handbook of Qualitative Research in Psychology*. London: Sage pp. 179-194

Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). *Evolving guidelines for publication of qualitative research studies in psychology and related fields*. *British Journal of Clinical Psychology*, 38, 215-229

Evans, D., Healey, E. C., Kawai, N., & Rowland, S., (2008). *Middle school students' perceptions of a peer who stutters*. *Journal of Fluency Disorders*, 33, 203-219

Ezrati-Vinacour, R, & Levin, I. (2004). *The relationship between anxiety and stuttering: a multidimensional approach*. *Journal of Fluency Disorders*, 29 (2), 135-148

Finlay, L. (2002). *Negotiating the Swamp: the opportunity and challenge of reflexivity in research practice*. *Qualitative Research*, 2, 209-230

Flick, U. (2009). *An Introduction to Qualitative Research*. London: Sage

Franck, A. L., Jackson, R.A., Pimental, J. T., & Greenwood, G. S. (2003). *School-age children's perceptions of a person who stutters*. *Journal of Fluency Disorders*, 28, 1-15

Gabel, R. M., Blood, G. W. Tellis. G. M., & Althouse, M. T. (2004). *Measuring role entrapment of people who stutter*. *Journal of Fluency Disorders*, 29, 27-29

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. England: Penguin Books.

Gregory, H. H. (2003). *Stuttering therapy: Rationale and procedures*. Boston: Pearson.

Guitar, B. (2006). *Stuttering: An integrated approach to its nature and treatment (3rd Ed.)*. Baltimore, MD: Williams & Wilkins

Guitar, B. (2013). *Stuttering: An integrated approach to its nature and treatment (4th Ed.)*. Baltimore, MD: Lippincott Williams & Wilkins

Hagstrom, F. & Daniels, D. E. (2004). *Social identity and the stuttering experience*. *Contemporary Issues in Communication Science and Disorders*, 31, 215-224

Hancock, K., Craig, A., & Campbell, K.A. (1998). *Two to six year controlled trial stuttering outcomes for children and adolescents*. *Journal of Speech, language and Hearing Research*, 41, 1242-1252

Harter, S. (2003). Development of self-representations during childhood and adolescence. In M. R. Leary & J. P. Tangney (Eds.), *The handbook of self and identity (pp. 610-642)*. New York: Guilford.

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). *Acceptance and Commitment Therapy: Model, processes and outcomes*. *Behaviour Research and Therapy*, 44, 1-25

Hayhow, R., Cray, A. M., & Enderby, P. (2002). *Stammering and therapy views of people who stammer*. *Journal of Fluency Disorders*, 27 (1), 1-17

Hayhow, R. & Stewart, T. (2006). *Introduction to qualitative research and its application to stuttering*. *International Journal of Language and Communication Disorders*, 41 (5), 475-493

Heidegger, M. (1927/1962). Cited in Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: Sage

Hinshaw, S. P. (2006). Stigma and mental illness: Developmental issues and futures prospects. In D. Cicchetti, & D. J. Cohens (Eds.), *Developmental psychopathology: Risk, disorder, and adaptation (2nd ed., Vol. 3, pp. 841-881)*. Hoboken, NJ: John Wiley & Sons, Inc

Hogg, M. A., Terry, D., & White, K. (1995). *A tale of two theories: A critical comparison of identity theory with social identity theory*. *Social Psychology Quarterly*, 58 (4), 255-269.

Hottle, E. (1996). *Making myself understood: The labelling theory of deviance applied to stuttering*. *Virginia Social Science Journal*, 31, 78-85

Husserl, E. (1927). Cited in Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: Sage

Iverach, L., O'Brian, S., Jones, M., Block, S., Lincoln, M., Harrison, E., Hewat, S., Menzies, R. G., Packman, A., & Onslow, M. (2009). *Prevalence of anxiety disorders among adults seeking speech therapy for stuttering*. *Journal of Anxiety Disorders*, 23 (7), 928-934

Kraaimaat, F. W., Vanrcykeghem, M., & Dam-Baggen, R. V. (2002). *Stuttering and social anxiety*. *Journal of Fluency Disorders*, 27(4), 319-331

Klein, J. K. & Hood, S. B. (2004). *The impact of stuttering on employment opportunities and job performance*. *Journal of Fluency Disorders*, 29, 255-273

Klompas, M. & Ross, E. (2004). *Life experiences of people who stutter, and the perceived impact of stuttering on quality of life: Personal accounts of South African individuals*. *Journal of Fluency Disorders*, 29, 275-305

Lin, N., Dean, A., & Ensel, W. M. (1986). *Social support, life events, and depression*. San Diego, CA: Academic Press

Link, B. G., & Phelan, J. C., (2006). *Stigma and its public health implications*. *The Lancet*, 367 (9509), 528-529

Linn, G. W. & Caruso, A. J. (1998). *Perspectives on the Effects of Stuttering on the Formation and maintenance of Intimate Relationships*. *Journal of Rehabilitation*, 64, 12-15

Major, B., & Eccleston, C. P, (2004). Stigma and social exclusion. In D. Abrams, J. Marques, & M. A. Hogg (Eds.), *Social psychology of inclusion and exclusion* (pp. 63-87). New York: Psychol. Press

- Major, B. & O'Brien, L. T. (2005). *The social psychology of stigma*. Annual Review of Psychology, 56, 393-421
- Manning, W. H. (2001). *Clinical decision making in fluency disorders (2nd ed.)*. San Diego, CA: Singular-Thomson.
- Menzies, R. G., O'Brian, S., Onslow, M., Packman, A., St. Clare, T., & Block, S. (2008). *An experimental clinical trial of a cognitive-behavior therapy package for chronic stuttering*. Journal of Speech Language, and Hearing Research, 51, 1451-1464
- Menzies, R. G., Onslow, M., & Packman, A., (1999). *Anxiety and stuttering: Exploring a complex relationship*. American Journal of Speech-Language Pathology, 8, 3-10
- Menzies, R. G., Onslow, M., Packman, A., & O'Brian, S. (2009). *Cognitive behavior therapy for adults who stutter: A tutorial for speech-language pathologists*. Journal of Fluency Disorders, 34, 187-200
- Merriam, S.B. (2009). *Qualitative Research: A guide to design and implementation*. CA, USA: John Wiley & Sons Inc.
- Messenger, M., Onslow, M., Packman, A., & Menzies, R., (2004). *Social anxiety in stuttering: measuring negative social expectations*. Journal of Fluency Disorders, 29, 201-212
- O'Leary, K. D., & Beach, S. R. H. (1990). *Marital therapy: A viable treatment for depression and marital discord*. American Journal of Psychiatry, 147, 183-186
- Park, C. L. (2010). *Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events*. Psychological Bulletin, 136, 257-301
- Quesal, R. W. (1989). *Stuttering research: Have we forgotten the stutterer?* Journal of Fluency Disorders, 14, 153-164

Quinn, D. M., & Chaudoir, S. R. (2009). *Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health*. *Journal of Personality and Social Psychology*, 97, 634-651

Quinn, D. M. & Earnshaw, V. A. (2013). *Concealable Stigmatized Identities and Psychological Well-Being*. *Social and Personality Psychology Compass*, 40-51

Ross, E. (2001). *A Social Work Perspective on Stuttering*. *Social Work*, 37(1), 35-42

Sampson, B., Gabel, R., & Daniels, D. E. (2003). *Relationship experiences of people who stutter*. Poster presented at the American Speech-Language-Hearing Association, Chicago

Schmitt, M. T., & Branscombe, N. R. (2002). The meaning and consequences of perceived discrimination in disadvantages and privileged social groups. In W. Stroebe, & M. Hewstone (Eds.), *European review of social psychology* (pp. 167-199). London: Psychology Press

Sheehan, J. G. (1970). *Cited in Manning, W. H. (2001). Clinical decision making in fluency disorders (2nd ed.)*. Thomson Delmar Learning.

Smith, J.A. (1996). *Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology*. *Psychology & Health*, 11, 261-271

Smith, J.A. & Eatough, V. (2012). Interpretative Phenomenological Analysis. In G. M. Breakwell, J. A. Smith, & D. B. Wright (Eds), *Research Methods in Psychology* (pp. 439-459). London: SAGE

Smith, J.A. & Osborn, M. (2003). Interpretive phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods*. London: Sage

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: Sage

Tajfel, H. (Ed.) (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. London: Academic Press.

Tajfel, H. & Turner, J. (1979). 'An integrative theory of intergroup conflict'. In W. H. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations*. Monterey, CA: Brooks-Cole.

Tetnowski, J.A. & Damino, J.S. (2001). *A demonstration of the advantages of qualitative methodologies in stuttering research*. *Journal of Fluency Disorders*, 26, 17-42

Timotijevic, L. & Breakwell, G. M. (2000). *Migration and threat to identity*. *Journal of Community & Applied Social Psychology*, 10, 355-372.

Towler, A. J. & Schneider, D. J. (2005). *Distinctions among stigmatized groups*. *Journal of Applied Social Psychology*, 35, 1-14

Van Riper, C. (1982). Cited in Guitar, B. (2006). *Stuttering: An integrated approach to its nature and treatment (3rd ed.)*. Lippincott Williams & Wilkins

Ward, D. (2006). *Stuttering and cluttering: Frameworks for understanding and treatment*. Psychology Press

Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in theory and method*. Open University Press.

Willig, C. (2008). *Introducing Qualitative Research in Psychology*. Maidenhead: Open University Press.

Willig, C. (2012) *Qualitative Analysis and Interpretation in Psychology*. McGraw Hill/Open University Press

World Health Organization (2001). *International classification of functioning, disability, and health*. Geneva: World Health Organisation.

Yairi, E. (1997). Early stuttering. In R. F. Curlee, & G. M. Siegel (Eds.), *Nature and Treatment of Stuttering: New Directions (2nd ed.)* Boston: Allyn & Bacon

Yardley, L. (2000). *Dilemmas in qualitative health research*. *Psychology & Health*, 15 (2), 215-228

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J.A. Smith (Ed), *Qualitative Psychology: A Practical Guide to Methods* (2nd edn). London: Sage

Yaruss, J. S. (1998). *Describing the consequences of disorders: Stuttering and the International Classification of Impairments, Disabilities, and Handicaps*. *Journal of Speech, Language, and Hearing Research*, 41, 249-257

Yaruss, J. S., Quesal, R. W. (2004). *Stuttering and the International Classification of Functioning, Disability, and Health (ICF): An update*. *Journal of Communication Disorders*, 37, 35-52

Zlotnick, C., Kohn, R., Keitner, G., & Della Grotta, S. A. (2000). *The relationship between quality of interpersonal relationships and major depressive disorder: Findings from the National Comorbidity Survey*. *Journal of Affective Disorders*, 59(3), 205-215

SECTION C: Professional Component

'A Threatened Masculine Identity': A Combined Case Study and Process Report

The professional component has been removed from the electronic version of this portfolio.

SECTION D: Critical Literature Review

**The Relationship Between a
Stutter Identity and Anxiety:
A Critical Literature Review**

1. **Introduction**

The following review aims to critically evaluate existing literature relating to the relationship between stuttering, or more specifically a stutter identity, and different forms of anxiety, such as state/trait anxiety and social anxiety.

Literature in the field of stuttering has traditionally concentrated on examining the causes (see Suresh et al., 2006; Watkins, Smith, Davis, & Howell, 2008) and treatment of stuttering (see Guitar, 2005; Beilby, Byrnes, & Yaruss, 2012). There have been a relatively limited number of studies that have investigated the idiosyncratic experiences and psychological impact of stuttering and a stutter identity, with the majority of research into stuttering being theory driven (Packham & Attanasio, 2004). However, there has been increase in recent years in research that has explored the experiences of people who stutter and this has shed light on the psychology and emotional effects of stuttering. In the past decade researchers have increasingly suggested the existence of a relationship between stuttering and anxiety. With the recent growth of literature studying stuttering and anxiety it is becoming increasingly important to explore the experiences of individuals living with a stutter, as well continuing to research the possible causes and therapeutic treatments available to them. This study will critically review some of the studies that have investigated the relationship between a stutter identity and anxiety.

Before reviewing the salient texts selected for this study, the nature of stuttering will be discussed. This will be followed by an introduction to the key figures in the field of stuttering and an explanation of the methods used in selecting the texts for this study.

1.1 The Nature of Stuttering

Stuttering is widely recognised as a multi-faceted speech dysfluency disorder. However, finding a universally definitive description of stuttering has been at the centre of much debate among researchers and clinicians. The reason for such dispute in classifying the disorder has principally been due to the difficulty in identifying the specific defining characteristics that indicate the differences

between fluent and dysfluent speech (Van Riper, 1982). Goldman-Eisler (1968) states that in all speech there is a certain level of dysfluency, and therefore differentiating between what constitutes acceptable dysfluency and stuttering is challenging. Taking into account the lack of complete fluency in all speech, attempts have been made to define stuttering as consisting of an abnormally high frequency of prolonged disruptions in the forward flow of speech (Peters & Guitar, 1991).

Despite stuttering being frequently identified by dysfluency in speech, the major part of a stutter occurs below the overt surface of vocalised speech. Previous studies have adopted Sheehan's (1970) analogy of stuttering as equated to an iceberg, with this analogy demonstrating the multi-faceted nature of stuttering (for examples of studies that have used Sheehan's iceberg analogy see Williams, 2006; Collins & Blood, 1990). The verbalised aspects of stuttering, referred to by Van Riper (1982) as '*core behaviours*', are regarded as a relatively small fraction of the disorder and constitute the tip of the iceberg, which can be 'seen' by others. The emotional and psychological aspects of stuttering form the far more significant portion of the iceberg which cannot be 'seen'. For example, a person who stutters may avoid situations or certain words that they anticipate will cause them speech difficulty (Enderby & Emerson, 1996), which could increase anxiety and contribute to the individual experiencing negative social consequences (Yaruss, 1998). As mentioned, Van Riper (1982) termed the characteristics that make up the dysfluency in speech as '*core behaviours*', with the larger submerged part of the iceberg referred to as '*secondary behaviours*' and associated cognitions.

1.1.1 Core Behaviours of Stuttering

Adopting Van Riper's (1982) terminology, Guitar (2005) identifies the occurrences of prolonged stoppages in speech as (i) sound or syllable(s) repetitions, (ii) prolongations of sounds, and (iii) a blockage of air or voice in speech. These are the '*core behaviours*' of stuttering. Such dysfluency can often occur in the speech of those who would not be considered as people who stutter, yet it is the frequency and intensity of the disruption that determines a stutter

diagnosis. Previous studies have indicated that non-stuttering individuals would typically speak with only one or two occurrences of core behaviour during a standard-length sentence (see Yairi, 1981; Yairi, 1982), whereas people who stutter would normally produce almost twice as many dysfluencies, depending on the degree of their stutter (Guitar, 2013).

Van Riper (1982) considered that the '*core behaviours*' of stuttering are often regarded as the first and initial manifestation of dysfluency and are widely regarded as involuntary to the person who stutters (Guitar, 2005). The first instance of the '*core behaviours*', especially in children, is sound, syllable, or whole word repetition (Guitar, 1998). The repetition would generally continue until the speaker is able to complete the desired sound or word or abandons the attempt. Yairi and Lewis (1984) found that children who stutter demonstrate repetition more than twice per instance. For example, a child might say "That's my-my-my ball".

Prolongations can occur at the onset of development of a stutter, although it has been suggested that repetitions develop before prolongations in speech (Van Riper, 1982). A prolongation is defined as a drawn-out sound during speech where the airflow is undisturbed, but the movement to the following articulator is stopped (Peters & Guitar, 1991). In severe stutters prolongations can persist for several minutes (Van Riper, 1982).

Blocks are the final of the three '*core behaviours*' and are typically the last to develop (Guitar, 2013). In contrast to prolongations, a block is defined as a blockage in the airflow and therefore prevents speech (Guitar, 1998). Blocks are often characterised as causing the person who stutters increased physiological tension, particularly in the jaw and throat area, with blocks becoming more tense and longer in duration as the stutter develops over time (Van Riper, 1982).

1.1.2 Secondary Behaviours of Stuttering

Guitar (2005) suggests that the '*secondary behaviours*' of stuttering originate as a means of evading the negative thoughts, feelings, and experiences associated

with the '*core behaviours*' of stuttering. During speech development children who stutter can learn through social interactions, primarily with parents and peers, that stuttering is undesirable, which consequently increases anxiety and fear of speaking (Williams, 2006). For example, an individual who frequently experiences involuntary repetitions is likely to evaluate such experiences negatively and seek to avoid future occurrences. Guitar (2005) argues that it is the anxiety caused by the anticipation of stuttering that forms the nucleus of '*secondary behaviours*'.

Guitar (2013) categorises the '*secondary behaviours*' of stuttering into two sub-classes: escape behaviours and avoidance behaviours. He describes escape behaviours as the speaker's learned behaviours to stop or escape from stuttering (Guitar, 2013). These behaviours often occur once the person who stutters develops a greater understanding and awareness of their stutter within a social context, which can also occur alongside increased social isolation and feelings of shame and anxiety (Williams, 2006). Such behaviours can take the form of eye blinks (Williams, 2006), nodding, tense facial gesturing, and the interjection of "uh" and "aghh" sounds (Guitar, 2013). Whereas escape behaviours arise during a stutter, the second sub-class of '*secondary behaviours*', avoidance, occurs when the speaker anticipates and seeks to avoid oncoming '*core behaviours*' (Guitar, 2013). Common avoidant behaviours include word substitution and circumlocution, or replacing or avoiding words that the speaker anticipates stuttering on with an alternative word(s) (see Peters & Guitar, 1991; Ingham, 1984; Guitar, 2013).

1.1.3 Cognitive Aspects of Stuttering

A common misconception held about stuttering is that the characteristics of the '*core*' and '*secondary*' behaviours, as previously described, form the epitome of the speech disorder. Guitar (2005) suggests that a person's emotions, feelings, and attitudes towards their stutter are as much a part of stuttering as any overtly apparent behaviour. A review of The International Classification of Functioning, Disability, and Health (ICF) in relation to stuttering by Yaruss and

Quesal (2003) emphasised that the negative cognitive reactions experienced by people who stutter are likely to significantly limit their overall quality of life.

Williams (2006) argues that the effectiveness of the '*secondary behaviours*' of stuttering are often relatively transitory. Despite the short-term effectiveness of the escape and avoidance behaviours, people who stutter frequently experience feelings of shame, frustration, and anxiety as a result of their inability to verbally express their intentions, attitudes, or desires. These negative emotions cause an increase in physiological tension and an amplified effort that in turn makes speech increasingly difficult (Guitar, 1998).

In addition to feelings of shame, embarrassment, and frustration, people who stutter may also experience hostility towards their listeners, voluntary and involuntary social isolation (Daniels & Gabel, 2004), and anticipatory anxiety with regard to future speaking situations (Guitar, 2013). Guitar (1998) illustrated the systematic connection between the '*core behaviours*', '*secondary behaviours*', and feelings with the following example:

*The core behaviour is the individual's block on the B in Boston.
The secondary behaviours consist of postponement devices such as uh, well, and you know, and the substitution of The Big Apple for New York. Feelings and attitudes are depicted as the individual's thoughts that he won't succeed in saying the word fluently and his belief that listeners will think he is dumb because he stutters.*

(Guitar, 1998, p. 13)

1.2 Leading Figures

Before we turn to reviewing the selected studies, it is worth highlighting two key authors whose work has greatly influenced the field of stuttering. The first key figure is Dr. Charles Van Riper. Van Riper, who died in 1994, is widely regarded as a pioneer in the development of speech pathology and his work remains hugely influential in the field of stuttering (Kehoe, 2006). He is credited with being the founder of '*stuttering modification therapy*', which focuses on

addressing the anxieties and associated behaviours of adults who stutter (as described above). His seminal publication *The Nature of Stuttering, The Treatment of Stuttering and Speech Correction: Principles and Methods* categorised the symptoms of stuttering into two aspects, core behaviours and secondary behaviours. These terms remain relevant and continue to be used by researchers and authors today.

One of the current leading figures in the field of stuttering, and one of Van Riper's former students, is Professor Barry Guitar. Professor Guitar is a Professor of Communication Sciences and Disorders and Professor of Psychology at The University of Vermont. In a career spanning almost 40 years, Guitar has contributed to over 80 publications in the field of stuttering. His work includes research into the treatment, impact, and experiences of stuttering, and has involved work with children and adults who stutter, as well as with the parents of children who stutter. Guitar continues to be a leading figure in his field and in 2013 the fourth edition of his comprehensive and influential account of stuttering, *Stuttering: An integrated approach to its nature and treatment*, was published.

1.3 Method

Prior to discussing the literature on stuttering, it is worth mentioning the method used and the reasoning for selecting the salient texts. A search of a number of databases was conducted to retrieve research in the field of stuttering and anxiety. The databases used included: PsycInfo, Ovid, Web of Science, and Google Scholar. Combinations of several keywords were used in the database searches to retrieve the studies, these included: stutter, stutter identity, and stuttering, which were searched in conjunction with anxiety, social anxiety, GAD (Generalised Anxiety Disorder), and state/trait anxiety. The terms 'stammer' and 'stammering' were also used as alternatives to 'stutter' and 'stuttering'.

The studies selected were chosen based on their relevance to the field of stuttering and anxiety, the number of citations received, and were published between the years 2002 and 2010. Only empirical studies (that were published

in English) were reviewed, therefore secondary sources such as books were excluded. Also, studies where only abstracts were available were not considered, owing to insufficient information about the study being available for review. Four articles were identified for a more in-depth review: (i) Ezrati-Vinacour and Levin (2004), (ii) Davis, Shisca, and Howell (2007), (iii) Kraaimaat, Vanryckeghem, and Van Dam-Baggen, (2002), (iv) Messenger, Onslow, Packham, and Menzies (2004).

2. Stutter Identity and Anxiety

Anxiety is a complex psychological construct, which has historically been difficult to define, especially when differentiating between anxiety and fear (Butcher, Mineka, Hooley, & Carson, 2004). The traditional way of distinguishing between fear and anxiety has been by means of identifying the bona fide existence of a clear and present danger for the former, and not for the latter. Corsini (1991) suggests that fear is an instinctive response to a specific threat, whereas anxiety is a response to an undefined or underlying risk which may originate from internal conflicts, feelings of insecurity, or forbidden impulses; these are frequently accompanied by thoughts of danger and vulnerability (Padesky & Greenberger, 1995). The sensation of feeling anxious is often prolonged and long lasting, and can be debilitating in its intensity in severe cases (Cardwell, 2003).

Lang (1971) made a distinction between three components of anxiety: cognitive-verbal, behavioural, and physiological. Cognitively, anxiety consists of negative moods, concern of possible future threat or danger, self-preoccupation, and the inability to foretell future threats and perceivable coping strategies (Butcher et al., 2004). An example of the behavioural component might be an increased sense of anxiety accompanied by an intense desire to avoid the forthcoming situation where danger might be encountered (Barlow, 2002). Many of our sources of anxiety are learned through previous experiences. In accordance with Ivan Pavlov's influential studies on conditioning (Leahey, 1997), it has been suggested that when a previously neutral stimuli is repeatedly paired with an aversive situation that causes physical or psychological trauma, then that stimuli

comes to serve as a cue for something threatening to happen (Butcher et al., 2004).

2.1 State Anxiety, Trait Anxiety, and Stuttering

Two principal types of anxiety have been identified by theorists, namely trait anxiety and state anxiety. As defined by Spielberger (1979), trait anxiety refers to a person's predisposition to anxiety and the individual's interpretation of certain stimuli as being dangerous or threatening. Trait anxiety is widely regarded as residing in an individual's inherent levels of susceptibility to anxiety. State anxiety, on the other hand, is conceptualised as a transitory emotional state that fluctuates over time and in intensity, and is characterised by feelings of tension and apprehension (Spielberger, 1979). In contrast to trait anxiety's concept of inherent levels of anxiety, with state anxiety the personality and situational factors at play are considered to cause fluctuations in the levels of anxiety. To illustrate the fluctuating nature of state anxiety Spielberger (1979) stated:

...state-anxiety should be high in circumstances that are perceived by an individual as threatening, irrespective of the objective danger ...intensity should be low in stressful situations, or in circumstances in which an existing danger is not perceived as threatening

(Spielberger, 1979, pp. 39)

Studies that apply a multidimensional approach to investigating trait and state anxiety have defined them as consisting of several components (Spielberger, 1980). Trait anxiety was found to consist of four components: (i) social evaluation, (ii) ambiguous situations, (iii) physical danger, and (iv) daily routines. Two components were found to make up state anxiety, these were: (i) worry (cognitive) and (ii) emotionality (automatic).

A recent study by Ezrati-Vinacour and Levin (2004) applied the multidimensional approach of trait and state anxiety to investigate the relationship between

anxiety and stuttering. Prior to Ezrati-Vinacour and Levin's (2004) study, research into the connection between anxiety and stuttering had primarily focused on investigating the relationship between stuttering and social anxiety or the effects of anxiety on people who stutter.

Ezrati-Vinacour and Levin (2004) describe employing stringent recruitment methods, which involved focusing exclusively on men. The rationale given by the authors for only including males was that the population of adult women who stutter was too limited. Given that stuttering is reported to affect 75% more men than women (Williams, 2006), it is perhaps understandable that Ezrati-Vinacour and Levin limited their study to males. However, it is also worth considering that by restricting the field of participants to be 'male only', the researchers also limited the population diversity to which their findings could apply. The limitations caused by the lack of diversity among the participants were also further in evidence since the majority were serving military personnel.

Despite the possible weaknesses in the chosen population, the recruitment process consisted of sound controlling measures. Two participant groups were employed: adults who stutter, and fluent speakers (control group). During the recruitment process all participants were asked to carry out three separate examinations to ascertain which group criteria they met. The three measures were (i) a self-definition of their verbal capabilities, (ii) examination and diagnosis by a speech-language clinician, and (iii) a quality and quantity analysis of 600-syllable speech samples recorded in two situations, reading and conversational. The thorough recruitment process along with the employment of a speech-language expert increased reliability in the diagnosis of the participant's speech fluency, and an accurate designation into the appropriate group. A further observation pertains to the sample size recruited. In total 94 adult males were asked to participate, 47 in each group. Previous studies of trait anxiety and state anxiety have tended to use a larger population. Endler and Okada (1975) used an overall sample size of 386 males and females, and a more recent study used a sample size of 190 (Abrahamsen, Roberts, & Pensgaard, 2008). It is therefore worth remaining mindful of the limitations Ezrati-Vinacour and Levin may have experienced in recruiting from a relatively small population of people who stutter, compared to other studies of trait/state

anxiety. It is also worth considering that the participants in the adults who stutter group were all recruited through a speech-language clinic and were already undertaking speech therapy. It is plausible that they were attending therapy due to high levels of speech-related anxiety, therefore it is possible that they might not have been an ideal representative group to measure the general relationship between anxiety and stuttering.

Ezrati-Vinacour and Levin (2004) used the Trait State Anxiety Inventory (TSAI) (Spielberger, Gorsuch, & Lushene, 1970) to measure the levels of anxiety, along with the Speech Situation Checklist (SSC) (Brutten & Janssen, 1981) to evaluate negative-emotion-arousing situations. The researchers also applied their own measurement of anxiety developed for the study, which aimed to evaluate the participants' anxiety levels after performing four specific tasks. The reliability of each of the three anxiety measurements was assessed using Cronbach Alpha, with the TSAI and the SSC both indicating high levels of internal consistency with coefficients of 0.88 and 0.96 respectively. The researchers' own task-related anxiety test did not indicate a high measurement of reliability, with a coefficient of 0.63. It is also somewhat difficult to critique Ezrati-Vinacour and Levin's (2004) task-related anxiety test as there is minimal evidence to show how it was formulated.

Despite the noticeable flaws in Ezrati-Vinacour and Levin's (2004) research, particularly in relation to their chosen population sample, their study achieved appropriate validity and reliability measures. The findings of the research also supported a number of previous studies. The key findings from the research suggest that people who stutter are generally more anxious than their fluent counterparts and display greater trait anxiety, with no differentiation in trait anxiety according to the severity of their stutter. However, there was a difference in state anxiety between individuals with severe stutters compared with participants with mild stutters, with the former experiencing higher anxiety in social communication. The findings also supported previous studies in terms of being consistent with the multidimensional interaction model of anxiety (Endler, 1988); it found that individuals with a greater tendency to manifest higher levels of anxiety in social communication displayed greater task-related anxiety when performing a speech task, such as engaging in conversation. It is worth noting

that the study also found that anxiety during a speaking task is highly correlated with the expectancy of receiving a negative social evaluation.

There seems great merit in future research applying a multidimensional approach to studying the relationship between anxiety and stuttering. Ezrati-Vinacour and Levin's (2004) findings demonstrate the advantages of implementing such an approach, with their clear suggestion that doing so could help gain a greater understanding of the effects that the '*secondary behaviours*' have on state anxiety and social communication. The researchers also suggested that future research might focus on applying the multidimensional model to measure trait anxiety in people who stutter and the relationship with social communication.

Other recent studies have also investigated the connection between trait/state anxiety and stuttering in a single-level construct, rather than via the previously discussed multidimensional approach (Howell, 2006). A study by Davis, Shisca, and Howell (2006) followed on from Ezrati-Vinacour and Levin's (2004) suggestion that people who stutter experience a higher trait anxiety than fluent speakers, and that state anxiety in situations requiring social communication is higher among individuals with a severe stutter than for fluent speakers or those with a mild stutter.

Davis et al. (2006) placed great importance on understanding the role of anxiety in children who stutter in terms of the developing nature of their personalities and maturing cognitive abilities, as opposed to the more rigid psychological composition of adults who stutter. The researchers suggested that investigating the presence of anxiety in children who stutter might provide a greater insight into the role of anxiety during the development of stuttering.

The aim of Davis and colleagues' (2006) study was to investigate the differences in trait and state anxieties between (i) young children and adolescents who stutter, (ii) individuals who have recovered from their stutter, and (iii) a control group of fluent speakers. In recruiting the 57 participants, the researchers followed guidance from a previous study (Yairi & Ambrose, 2005) by ensuring that the gender distribution within the groups was consistent with the gender profile of stuttering (i.e., more boys than girls). The age ranges of the

participants were also relatively consistent, with the youngest participant in each group being between 10 years and 10 years and 1 month, and the oldest being between 15 years and 16 years and 7 months. Although the age range for the older participants was marginally greater between the groups, this is unlikely to have had a significant effect on the findings.

All of the participants of the study were recruited through an existing speech and language research volunteer database, and were assessed by a specialist Speech and Language Pathologist. The ethical considerations in terms of the young participants' well-being seem to have been extensively considered, with participants in regular contact with Speech and Language experts throughout the recruitment and data collection phases of the research. Additionally, the participants undertook extensive speech therapy as part of the study. Furthermore, the children's parents were required to relay the procedures of the research to the child participant to ascertain the child's willingness to participate in the study. The parents of participating children were then regularly contacted and informed of the research progression. Involving the parents during the recruitment and data collection phase of the research seems sound and ethical, however, allowing the parents to discuss the aims of the experiment with the child, without a researcher being present, might have placed both parent and child in an ill-informed and difficult position. Furthermore, the child might have felt obliged to follow the parent's guidance or desire for them to participate, irrespective of the child's own desire.

The findings of Davis and colleagues (2007) supported Ezrati-Vinacour and Levin's (2004) suggestion that there was no significant difference in trait anxiety between speaking groups of varying fluency. However, despite this finding, the researchers insisted that the lack of a statistical difference did not necessarily support the view that there were no significant differences between speaker groups. They attribute the lack of significant findings to the age group of the participants, with previous research with children also finding no difference (Craig & Hancock, 1996). Studies on adults who stutter, by contrast, suggest that there *is* such a difference, with people who stutter showing a greater trait anxiety than their fluent counterparts. This suggests that trait anxiety could be age dependent. In their discussion Davis et al. (2007) appear to draw subtle

implications and conclusions about the possible age dependency of trait anxiety from non-significant data. Future research investigating the relevance of age to trait anxiety would therefore potentially be investigating a previously under-researched area. Davis et al. (2007) propose that future research into anxiety and stuttering using a wider age range could be beneficial in informing clinicians of the appropriateness of certain interventions according to age.

Further support for the findings of Ezrati-Vinacour and Levin (2004) were found in two studies, with the researchers' results indicating a higher level of state anxiety in individuals' with severe stutters compared with fluent speakers and speakers with a mild stutter. However, a different version of the SSC (Brutten & Janssen, 1981) was applied in the studies by Davis et al. (2007) and Howell (2006). Therefore, it is difficult to accurately conclude the exact role of state anxiety in stuttering from these studies alone.

2.2. Social Anxiety and Stuttering

As with broader concepts of anxiety, social anxiety refers to a heightened sense of anxiety when in, or anticipating being in, certain social situations. Leary and Kowalski (1995) refer to social anxiety as a common experience with sensations such as nervousness, self-consciousness, uncertainty, and dread being prevalent. In a study of social anxiety in social speaking situations, Pollard and Henderson (1988) found that a significant number of participants reported experiencing a high degree of apprehension about public speaking. Following on from Pollard and Henderson's (1988) findings, Vanryckeghem, Hylebos, Peleman & Brutten's (2001) research into the relationship between a stutter identity and social anxiety found that people who stutter display significantly greater levels of anxiety when in speech-dependant social interactions than the non-stuttering control group. Similarly, Janssen, Kraaimaat, & Van Dam-Baggen (1987), in their study of stuttering and social anxiety, found that adults who stutter had a significantly higher level of social anxiety compared to a control group of fluent speakers, yet a lower level than a group of highly anxious psychiatric patients.

Avoidance of anxiety-provoking social interactions is symptomatic of social phobia. As conceptualised in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994), social phobia involves experiencing disabling fears of one or more social situations, with symptoms characterised as involving severe anxiety relating to self-evaluations (Butcher et al., 2004). Stein, Baird, and Walker (1996) research findings suggest that almost 50% of adults who stutter fit into the DSM-IV (APA, 1994) criteria for social phobia, with negative emotions experienced by people who stutter being similar to those found in individuals diagnosed with social phobia.

A recent study by Kraaimaat, Vanryckeghem, and Van Dam-Baggen (2002) investigated the differences between adults who stutter and their fluent counterparts in relation to social anxiety. Similar to previously discussed studies, participants were recruited via speech-language therapy centres. In terms of the education level of the participants, this was below college level for 80% of the people who stuttered and 70% of the fluent speakers. It is worth considering the role of education in relation to social anxiety. For example, attending university could expose people who stutter to more speaking situations, such as seminars and presentations, and place the individual in an environment that encourages self-expression. This could subsequently have an effect on the symptoms of social anxiety. Despite no relationship being found by the researchers between social anxiety and the level of education achieved, future research may wish to explore the relationship between stuttering, social anxiety, and education with a larger population.

The findings of Kraaimaat and colleagues (2002) indicate that adults who stutter encounter higher amounts of emotional distress in social situations than fluent speakers, with the frequency with which they interact socially significantly lower than for non-stuttering adults. However, their findings contradicted the statement in the DSM-IV-TR that stuttering and high levels of social anxiety inevitably coincide, since the research showed that although as a group adults who stutter score high in terms of social anxiety, not every person who stutters experiences such high levels of anxiety. The authors of the research highlight a possible weakness in their design with regards to the participant recruitment process: given that all of the participants in the adults who stutter group were

already in speech therapy, it is plausible that a key factor in their enrolling in treatment in the first place might have been their negativity towards their speech and their high anxiety levels surrounding it. Future research could address this issue by broadening the recruitment process for participants to include publications or places of interest that are not primarily targeted towards adults who stutter, for example publications that are not Speech and Language journals.

One of the aims of Kraaimaat et al.'s (2002) research was to investigate the experience of anxiety in social situations encountered by adults who stutter. The researchers decided upon a quantitative approach for their investigation, whereas a mixed method design, incorporating qualitative methodology, could have led to a greater understanding of the individual experiences of the participants (see Willig, 2001).

A more recent study investigating social anxiety and stuttering by Messenger, Onslow, Packham, and Menzies (2004) aimed to explore whether stuttering is mediated by social anxiety or if social anxiety is a by-product of stuttering. The focus of this study was primarily on the negative expectations of social situations. Vocalised speech is central to everyday interactions and it is understandable that disturbances in this core social function could develop expectations of social harm (Poulton & Andrew, 1994).

Messenger and colleague's (2004) study shared similarities with all of the previously discussed studies with regard to its method of participant recruitment. Stuttering participants were recruited from a speech-language pathology clinic, similar to the other studies. However, this study differed from the others in that it excluded any potential participant who had undertaken speech and/or anxiety therapy during the previous 12 months. The inclusion of individuals receiving therapy as participants was a possible weakness of the previous research, although Messenger et al.'s study did recruit participants that were involved with, or known to, the speech-language pathology clinic and therefore might have already been experiencing or been previously treated for high levels of social anxiety.

The conclusions from Messenger and colleague's (2004) study indicate that adults who stutter are more likely to negatively evaluate social situations and experience anticipatory anxiety. These findings follow considerations of existing theories of stuttering, that early experiences of stuttering during childhood and adolescence impact on future behaviours and cognitions (Guitar, 2013). Messenger et al. (2004) suggest several areas of future research, with particular attention paid to the need for the study to be replicated, since the authors' claim that, with one exception, the report is the first study of anxiety and stuttering that has attempted to investigate the concept of expectancy of social harm in adults who stutter. Other possible directions of future research could be to move away from investigating the correlation between stuttering and social anxiety and move towards the question of whether social anxiety mediates stuttering and/or vice versa. Messenger et al. (2004) offer a compelling suggestion that considering the suggested relationship between stuttering and anxiety it is plausible that social anxiety does indeed mediate stuttering in day-to-day speaking situations. In a review of anxiety and stuttering literature, Alm (2004) argued that the emotional modulation of stuttering might not necessarily mean that emotional factors alone increase stuttering. However, it is worth giving credence to the probability that emotional states affect the fluency of speech (Alm, 2004). Therefore, it is important to consider the connection between the physiological, emotional, and cognitive facets of stuttering.

3. Summary

The reviewed studies have all indicated that people who stutter experience greater anxiety than their non-stuttering peers. The studies showed there was no correlation between the severity of a person's stutter and trait anxiety (Ezrati-Vinacour & Levin, 2004), however, the level of state anxiety was shown to significantly relate to the severity of the person's stutter (Davis et al., 2007). In terms of social anxiety, Messenger et al. (2004) and Ezrati-Vinacour and Levin (2004) found that people who stutter are more likely to anticipate that they will be evaluated negatively in social speaking situations and therefore to avoid such situations. This anticipation of a negative reaction increases the

person's anxiety levels in social situations and subsequently the person develops learned '*secondary behaviours*' to manage their anxieties.

4. Discussion

The emergence of literature during recent years investigating the relationship between stuttering and anxiety has led to an improved understanding of how anxiety influences the quality of life for individuals who stutter, often impacting on all areas of the person's life (Yaruss & Quesal, 2004). An improved understanding of the relationship between a stutter identity and anxiety could help inform health professionals, such as counselling psychologists, in their work with people who stutter presenting with anxiety characteristics. By understanding the negative cognitions and behavioural characteristics of stuttering it is possible to attest to the value that counselling psychology could add to the treatment of the underlying factors associated with stuttering. Counselling psychologists are well placed to challenge the behavioural and cognitive factors that form the covert body of Sheehan's iceberg (1970) analogy.

Messenger et al. (2004) proffered that establishing whether anxiety mediates stuttering or whether anxiety is a by-product of stuttering will be of fundamental importance both theoretically and therapeutically. If, for example, anxiety was found to mediate stuttering, in theory a person's stutter would improve by alleviating that anxiety, that is, working to desensitise the client to the feared situation. Since stuttering is also significantly associated with social anxiety, anxiety reduction techniques and exposure to feared stimuli could be an effective treatment to reduce social anxiety in stuttering. Therapeutic approaches, such as Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT), have been shown to be effective treatments for people who present with anxiety (Heimberg, 2002). In the light of the findings of the research reviewed in this study and their indication of a significant correlation between stuttering and anxiety, future research is needed to investigate the effectiveness of counselling psychology in the treatment of stuttering.

As the reviewed studies have shown, there is growing evidence supporting the link between previous negative experiences and the interpretation of events in the formation and maintenance of anxiety, and it would therefore be of great benefit to study the therapeutic benefits of applying counselling psychology models to treat anxiety in adults who stutter. A pilot study could be conducted with adults who stutter and who experience high levels of anxiety, with participants recruited from speech-language clinics and stuttering associations. The participants could then be randomly allocated to a CBT therapy group, ACT therapy group, and a control group with a set course of treatment. Data collected using a mixed methodology would be beneficial in providing an understanding of the way people with a stutter identity experience anxiety.

In conclusion, we can state that research into stuttering and its relationship with trait/state anxiety and social anxiety has certainly escalated during recent years, with initial studies showing a clear relationship between stuttering and anxiety. However, there is much more research that can be done in this field, in order to assist theorists, health professionals, including counselling psychologists, and most importantly the people who stutter in gaining a broader, richer understanding of the relationship between stuttering and anxiety.

Reference List

- Abrahamsen, F. E., Roberts, G. C., & Pensgaard, A. M. (2008). *Achievement goals and gender effects on multidimensional anxiety in national elite sport*. *Psychology of sport and exercise*, 9(4), 449-464
- Alm, P. A. (2004). *Stammering, emotions, and heart rate during anticipatory anxiety: a critical review*. *Journal of Fluency Disorders*, 29(2), 123-133
- American Psychiatric Association (APA), (1994). *Diagnostic and Statistical Manual of Mental Disorders: 4th ed.* Washington D.C: American Psychiatric Association
- Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and panic*. N.Y.: Guilford
- Beilby, J. M., Byrnes, M. L., & Yaruss, J. S. (2012). *Acceptance and commitment therapy for adults who stutter: Psychosocial adjustment and speech fluency*. *Journal of Fluency Disorders*, 37, 289-299
- Blood, G. W., Blood, I. M., Maloney, K., Meyer, C., & Qualls, C. D. (2007). *Anxiety levels in adolescents who stutter*. *Journal of Communication Disorders*, 40, 452-469
- Brutten, E. J. & Janssen, P. (1981). Cited in Ezrati-Vinacour, R. & Levin, I. (2004). *The relationship between anxiety and stammering: a multidimensional approach*. *Journal of Fluency Disorders*, 29(2), 135-148
- Butcher, J. N., Mineka, S., Hooley, J. M., & Carson, R. C. (2004). *Abnormal Psychology*. (12th ed.). Boston: Pearson, Allyn & Bacon
- Cardwell, M. (2003). *Complete A-Z psychology handbook*. (3rd ed.). Hodder & Stoughton
- Collins, C. R. & Blood, G. W. (1990). *Acknowledgment and severity of stammering as factors influencing nonstammerers' perceptions of stammering*. *Journal of Speech and Hearing Disorders*, 50, 75-81.

- Corsini, R. J. (1999). *The dictionary of psychology*. Psychology Press
- Craig, A. & Hancock, K. (1996). Cited in Davis, S., Shisca, D., & Howell, P. (2007). *Anxiety in speakers who persist and recover from stammering*. *Journal of Communications Disorders*. 40(5), 398-417
- Daniels, D. E. & Gabel, R. M. (2004). *The impact of stammering on identity construction*. *Topics in Language Disorders*, 24, 200-215
- Davis, S., Shisca, D., & Howell, P. (2007). *Anxiety in speakers who persist and recover from stammering*. *Journal of Communications Disorders*. 40(5), 398-417
- Enderby, P. & Emerson, J. (1996). *Speech and language therapy: Does it work?* *The British Medical Journal*, 312, 1655-1658
- Endler, N. S. & Okada, M. (1975). *A multidimensional measure of trait anxiety: The S-R Inventory of General Trait Anxiousness*. *Journal of consulting and clinical psychology*. 43(3), 319-329
- Endler, N. S. (1988). Cited in Ezrati-Vinacour, R. & Levin, I. (2004). *The relationship between anxiety and stammering: a multidimensional approach*. *Journal of Fluency Disorders*. 29(2), 135-148
- Ezrati-Vinacour, R. & Levin, I. (2004). *The relationship between anxiety and stammering: a multidimensional approach*. *Journal of Fluency Disorders*. 29(2), 135-148
- Goldman-Eisler, F. (1968). Cited in Peters, T. P. & Guitar, B. (1991). *Stammering: An integrated approach to its nature and treatment*. Baltimore: William & Wilkins
- Guitar, B. (1998). *Stammering: An integrated approach to its nature and treatment*. 2nd ed. Baltimore: William & Wilkins
- Guitar, B. (2005). *Stammering: An integrated approach to its nature and treatment*. 3rd ed. Lippincott, Williams & Wilkins

Guitar, B. (2013). *Stuttering: An integrated approach to its nature and treatment (4th Ed.)*. Baltimore, MD: Lippincott Williams & Wilkins

Heimberg, R. G. (2002). *Cognitive Behavioral Therapy for social anxiety disorder: Current status and future directions*. *Biological Psychiatry*. 51, 101-108

Howell, P. (2006). *Signs of developmental stammering up to age eight and at 12 plus*. *Clinical Psychology Review*, 27(3), 287-306

Ingham, R. J. (1984). *Stammering and behaviour therapy: Current status and experimental foundations*. College-Hill Press, Inc.

Janssen, P. Kraaimaat, F. W. & Van Dam-Baggen, C. M. J. (1987). Cited in Kraaimaat, F. W., Vanryckeghem, M., & Van Dam-Baggen, R. (2002). *Stammering and social anxiety*. *Journal of Fluency Disorders*. 27(4), 319-331

Kehoe, T. D. (2006). *No Miracle Cures: A multifactorial guide to stuttering therapy*. University College Press

Kraaimaat, F. W., Vanryckeghem, M., & Van Dam-Baggen, R. (2002). *Stammering and social anxiety*. *Journal of Fluency Disorders*. 27(4), 319-331

Lang, P. J. (1971). Cited in Leary, M. R. & Kowalski, R. M. (1995). *Social Anxiety*. Guilford Press

Leahey, T. H. (1997). *A history of psychology: Main currents on psychological thought. 4th ed*. N.J: Prentice Hall

Leary, M. R. & Kowalski, R. M. (1995). *Social Anxiety*. Guilford Press

Messenger, M., Onslow, M., Packham, A., & Menzies R. (2004). *Social anxiety in stammering: measuring negative social expectancies*. *Journal of Fluency Disorders*. 29(3), 201-212

Packham, A. & Attanasio, J. S. (2004). *Theoretical issues in stammering*. N.Y.: Psychology Press

Padesky, C. A. & Greenberger, D. (1995). *Clinician's guide to Mind Over Mood*. N.Y: The Guilford press

Peters, T. P. & Guitar, B. (1991). *Stammering: An integrated approach to its nature and treatment*. Baltimore: William & Wilkins

Pollard & Henderson (1988). Cited in Leary, M. R. & Kowalski, R. M. (1995). *Social Anxiety*. Guilford Press

Poulton, R. & Andrew, G. (1994). *Appraisal of danger and proximity in social phobics*. Behaviour Research and Therapy. 32, 639-642

Sheehan, J.G. (1970). Cited in Ezrati-Vinacour, R. & Levin, I. (2004).). *The relationship between anxiety and stammering: a multidimensional approach*. Journal of Fluency Disorders. 29(2),135-148

Spielberger, C. D., Gorsuch, R. L. & Lushene, R. E. (1970). Cited in Ezrati-Vinacour, R. & Levin, I. (2004). *The relationship between anxiety and stammering: a multidimensional approach*. Journal of Fluency Disorders. 29(2), 135-148

Spielberger, C. D. (1979). *Understanding stress and anxiety*. N.Y: Harper & Row

Spielberger, C. D. (1980). *Test anxiety inventory. Preliminary professional manual*. Consulting Psychologist Press

Stein, M. B., Baird, A. & Walker, J. R. (1996). *Social phobia in adults with stammering*. American journal of psychiatry. 153, 278-280

Suresh, R., Ambrose, N., Roe, C., Pluzhnikov, A., Wittke-Thompson, J., Ng, M., Wu, X. Cook, E., Lundstrom, C., & Garsten, M. (2006). *New complexities in the genetics of stammering: Significant sex-specific linkage signals*. The American Journal of Human Genetics. 78(4), 554-563

Van Riper, C. (1973). *The treatment of stammering*. N.J: Prentice-Hall

Van Riper, C. (1982). *The nature of stammering*. 2nd ed. Prentice Hill: Englewood Cliffs

- Vanryckeghem, M. Hylebos, C. Peleman, M. & Brutten, G. (2001). *The relationship between mal-attitude and negative emotion among children who stammer*. *Journal of fluency disorders*. 26, 1-15
- Watkins, K. E., Smith, S. M., Davies, S., & Howell, P. (2008). *Structural and functional abnormalities of the motor system in developmental stammering*. *Brain*. 131(1), 50-59
- Williams, D. F. (2006). *Stammering recovery: Personal and empirical perspectives*. Routledge
- Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in theory and method*. Open University Press.
- Yairi, E. (1981). Cited in Peters, T. P. & Guitar, B. (1991). *Stammering: An integrated approach to its nature and treatment*. Baltimore: William & Wilkins
- Yairi, E. (1982). *Longitudinal studies of disfluencies in two-year-old children*. *Journal of Speech and Hearing Research*. 25, 155-160
- Yairi, E. & Lewis, B. (1984). Cited in Guitar, B. (1998). *Stammering: An integrated approach to its nature and treatment*. 2nd ed. Baltimore: William & Wilkins
- Yairi, E. & Ambrose, N. G. (2005). Cited in Davis, S., Shisca, D., & Howell, P. (2007). *Anxiety in speakers who persist and recover from stammering*. *Journal of Communications Disorders*. 40(5), 398-417
- Yaruss, J. S. (1998). *Describing the consequences of disorders: Stammering and the international classification of impairments, disabilities, and handicaps*. *Journal of Speech, Language and Hearing Research*, 41, 249-257
- Yaruss, J. S., & Quesal, R. W. (2004). *Stammering and the international classification of functioning, disability, and health (ICF) An update*. *Journal of Communication Disorders*, 37, 35-52.