AN EXPLORATION OF THE EXPERIENCES OF WOMEN WHO STAMMER

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ABSTRACT

The experiences of women who stammer have not been explored for over 30 years, with most stammering research recruiting only men and not differentiating the results by gender. Therefore, to date, stammering research can be seen as exploring male or androgynous stammering. Furthermore, speech and language therapies (SLT) that are based on this research are arguably inappropriate in addressing the experiences of women who stammer. In light of the above, this study aimed to explore the experiences of women who stammer, whilst taking into account the influence of societal gender norms on these experiences.

12 women were recruited from either the British Stammering Association (BSA) or the City Lit (college that offers SLT). Individual interviews were conducted using semi-structured interviews and the data was analysed using interpretative phenomenological analysis (IPA).

The four main findings suggested that stammering had a profound influence on the women's lives. They described other's reactions to their stammers as mostly unhelpful and thought this was due to a lack of understanding and mediated by societal gender norms. These negative reactions consequently impacted on their self-perception. Stammering was also found to affect relationships, starting within the family and spreading to other future relationships. There was a trend to want to break these relationship difficulties with their own children. The findings showed that negative experiences in school, due to bullying and lack of teacher support, led to the women feeling as though their potential was overlooked. They then described seeking jobs with minimal speaking or 'pushing' themselves academically and professionally. Finally, the women described their experiences of stammering as a journey, whereby they started off 'hiding' it from others and then learnt to accept it, with the support of SLT.

The research findings are discussed in relation to the literature and clinical implications are suggested.

ACKNOWLEDGEMENTS

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INTRODUCTION

This study will begin by giving a detailed description of stammering, its prevalence and the different explanations offered for why more men than women stammer. I will then review the literature base that specifically addresses women and stammering and also the more generic literature about people's experiences of stammering. I will then outline the limitations in the literature with regards to looking at women's experiences. Finally, I will place these limitations within the context of the mainstream psychological, feminist and disability literature. By discussing the limitations within these different strands of the literature, I hope to introduce a balanced and broad view of how women's experiences are portrayed within these different realms. The introduction will conclude with a rationale for the study and state the research aim.

Definition And Understanding Of Stuttering/Stammering

Stuttering or stammering[1] is a disorder that results in involuntary disruptions of a person's speech (American Psychiatric Association, 2000), which can include syllable repetitions, prolongation, blocking of sounds, substitution and avoidance of words (Craig et al., 1996). During moments of stammering, people often show overt ancillary behaviours, such as head jerking, eye blinking, facial contortion, and tongue protrusion (Zhang, Saltuklaroglu, Hough, & Kalinowski, 2009).

Sheehan (1990) uses the 'Iceberg Theory' to describe how a person experiences a stammer. She proposes that what you see of a person's stammer (i.e. the frustration, blocking etc.) is only the 'overt' behaviours and therefore the tip of the iceberg that is seen above water. However, the majority of the iceberg is below the surface and therefore 'covert' to the listener. Sheehan suggests that it is this hidden part of the iceberg that represents the psychological and emotional aspects of stammering (i.e. the anxiety and other issues related to stammering).

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[1] According to the British Stammering Association (BSA) "stammering" is the same as "stuttering", however the term "stammering" is more often used in the UK and Ireland. As this study is being conducted in the UK, I have opted to use the terms "stammer/stammering" for the sake of this research.

Prevalence And Gender Ratio

According to the British Stammering Association (BSA) (BSA, 2012), approximately 459,000 people in the UK stammer. Stammering is usually first diagnosed in childhood, specifically between the ages 2-5, but is found in all age groups. The population prevalence of stammering over the lifespan is 0.72%, with at least a 50% higher prevalence in males (Craig & Tran, 2005). Although 2-4% of children develop stammers in childhood many spontaneously recover in the transition to adulthood (Bloodstein & Ratner, 2008).

Stammering has two sub-types, 'Developmental stammering' and 'Acquired stammering' (Bloodstein & Ratner, 2008). 'Developmental stammering' is the term used to describe stammering diagnosed in children between the ages of 2-5 (and which persists into adulthood), whereas, 'acquired stammering' is more rare and mostly diagnosed in adulthood. 'Acquired stammering' is the result of a neurological event such as a head injury, brain tumour, stroke or drug use. For the purpose of this research I will be focusing on developmental stammering.

The prevalence of stammering seems to be similar within western countries, such as USA, UK and other countries representative of European culture. Snidecor (1955) and Stewart (1960) found low incidences of stammering within American Indian tribes and in some tribes there was even an absence of a word for stammering. The researchers account the low incidence of stammering within tribal culture to the absence of difficult cultural pressures, including speech pressures. However, Morgenstern (1953) found that some tribes (i.e. the Idoma and Ibo people) in West Africa had a very high incidence of stammering. He concluded that this was because others regarded these tribes as being the most competitive and economically aspiring people in West Africa, and that emphasis was put on being able to speak well in public.

Research to date has been unable to confirm whether stammering is a universal phenomenon but its prevalence does appear to vary between cultures (Bloodstein & Ratner, 2008). However, nowadays researchers are more interested in the cultural differences in the incidences of stammering (Bloodstein & Ratner, 2008). It is now believed that the cultural differences in incidence of

stammering are due to the level of competitiveness of a culture and whether it imposes high standards of achievement on individuals (Bloodstein & Ratner, 2008).

Although the gender ratio between men and women who stammer varies across studies it is clear that within most cultures more males than females stammer (Craig, 2003; Silverman & Zimmer, 1979).

The ratio averages have fluctuated within western cultures from 1.4:1 (Glasner & Rosenthal, 1957) to 10:1 in America (Schuell, 1946) and has more recently been reported at 4 to 1 in the UK (Ammon, 2009). There is some evidence that the sex ratio increases with age as more girls than boys 'grow out' of the problem (Yairi & Ambrose, 2005). Craig and Tran (2005) report that the sex ratio does not remain entirely stable over the lifespan and can narrow significantly for people over 50 but the reason for this is unknown (Bloodstein & Ratner, 2008).

Theories Of Stammering And The Sex Ratio Explanations
The theories of why more men than women stammer have either emphasised genetic differences (West, 1958), environmental and gender role differences (Schuell, 1946; Johnson, 1959; Goldman, 1967) or a biological basis (Craig, 2003).

Genetic explanations
West (1958) proposed a genetic predisposition. He suggested that more men than women stammered as men were more susceptible generally to most childhood diseases and this reflected the vulnerability of the male constitution. Kidd, Kidd and Records (1978) found that the sex ratio differences were explained by both genetic inheritance and environmental factors and MacFarlane, Hanson, Walton and Mellon (1991) proposed a solely sex-modified genetic explanation for the differences.

Drayna, Kilshaw and Kelly (1999) reported that within families who appear to have a genetic transmission of stammering, the ratio of girls who stammer

compared to boys is more equal at 1.5:1. However, Drayna et al. (1999) reported that in families with no genetic history of stammering the sex ratio increases significantly to 5:1 (male to female).

Yairi (2005) found that females who stammer are more likely then males to recover naturally due to genetic factors (likely affecting brain structures linked to speech-language processes). Cox et al. (2005) and Suresh et al. (2006) have found gender differences in chromosomes involved in stammering. Furthermore, Suresh et al. (2006) suggested that sex specific chromosomes are involved in the genetic transmission of stammering and that these account for the sex ratio differences.

Other much earlier researchers, such as Schuell (1947) and Johnson and Associates (1959) stressed environmental explanations or gender differences (Goldman, 1967) to explain the sex ratio differences.

Environmental explanations
Schuell (1947) found that in general, boys did not perform as well as girls in areas of physical, social and language development. In addition to this Schuell (1947) reported that boys tended to lead less sheltered lives than girls and were put in more speaking situations than girls that were often quite stressful. As a result, Schuell (1947) thought that boys' speech may have been more hesitant than girls and they consequently would be more likely to be diagnosed with a stammer by their parents.

Johnson and Associates (1959) went on to investigate this further and found that when boys' and girls' speech was compared, little difference in fluency was found. They surmised from this that it was not the difference in fluency in boys and girls that accounted for the difference in sex ratio in stammering but, that it was due to parents being more likely to perceive and react differently to boys who presented with dysfluency than to girls. However, little evidence has been found since to support this environmental explanation for why more men than women stammer. This theory was also disputed by Bloodstein and Smith (1954) who found that when people were asked to classify the speech of boys or girls into

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people who stammered and those who did not, they did not find that people classified more boys than girls as people with stammers.

Environmental explanation: Gender roles

It has been proposed that the sex ratio skew may be due to traditional gender roles with regards to speech. Within the traditional masculine role a man is expected to 'speak up' under stressful situations whereas, it would be seen as more acceptable for a woman to be silent (Rollins, 1996).

Goldman (1967) found support for this hypothesis by studying the sex ratio of people who stammered between southern African American and Caucasian children with stammers. He was particularly interested in this sample as he thought that the southern African American family structure was more matriarchal and therefore less responsibility was put on the men in the family and more upon the women. His findings indeed showed that the sex ratio between boys and girls was only 2.4:1 in the African American children whereas it was 4.9:1 within the Caucasian sample. Goldman (1967) investigated further and found that within the African American sample children who were from families that did not have a father figure at home, which he termed "Matriarchal" environments, the stammering ratio was 1.1:1.

Consequently, Goldman hypothesised from his findings that more men than women stammered because of the greater social demands put upon them in society.

Differing social attitudes towards men and women who stammer

In support of the environmental and gender role hypotheses, Silverman and Van Opens (1980) found that teachers were more likely to refer a boy for support with their stammer as opposed to a girl. This difference was not found when they were considering people with other language disorders. Silverman (1982) also found that a sample of university students attributed more negative stereotypes to men who stammered than women and further research by Silverman and Zimmer (1982) found that stammering was seen to be more of a problem for men than for women. All these findings suggest that stammering is seen as more of a problem for men than women due to societal expectations of men. Despite men

traditionally having more access to speech therapy than women they continue to make up the majority of people who stammer.

<u>Recent explanations of stammering and the gender skew</u>
Although different explanations have been offered for why more men than women stammer no one definitive explanation has been given for this. Most recent theories have not tried to explain stammering in terms of male-female gender differences, choosing instead to focus on the neurological, genetic and environmental factors associated with it. Stammering is now believed to be a neurological disorder that not only affects physical speech but can also create barriers for social and psychological development (Craig, 2003).

Craig (2003) suggests that although recent theories have significantly advanced our knowledge about stammering and its debilitating effects, they have come no further in helping us understand the differences in the experiences between men and women who stammer.

Research Literature Into The Experiences Of People Who Stammer: A Gender-Less Perspective

A psych-info database search for journal articles using the terms 'stammering' and 'stuttering' in the abstract and 'women' in the title, shows the paucity of research relating specifically to women who stammer (Table 1).

Table 1: Results of psych-info database search

Time-Frame	Search Terms		
	'Women' and 'Stammering'	'Women' and 'Stuttering'	'Women' and 'Speech impediments'
1970-1979	0	1	0
1980-1989	0	1	0
1990-1999	0	0	0
2000-2007	0	1	0

Following this I widened my search criteria using the terms 'Gender' in the abstract and 'Stammering' or 'Stuttering' in the title. I also controlled the results for 'Adulthood (+18)' and 'Female'. The results yielded 227 articles. However, most of these included articles related to the etiology of stammering or to the effectiveness of speech therapies with adults who stammer. There was a paucity of research looking at the experiences of adults who stammer and none aside from the three studies identified in the above table, looked specifically at the experiences of women who stammer. Therefore, research to date on stammering must be viewed as providing a description of male stammering or androgynous stammering but definitely not female stammering. Despite a thorough search of the literature as described above, there were not many recent papers on the experiences of adults who stammer. This suggests that it is an area of research that has been somewhat neglected in recent years and explains why some of the research discussed below is quite dated.

Women within stammering research

As a result of early research studies reporting higher rates of stammering in men, stammering became conceptualised as mostly a male issue. Consequently, research studies into the etiology, symptomatology and treatment of stammering either recruited only male participants or when both sexes were studied, findings have been generally undifferentiated by sex. This has led to research specifically into women's experiencing of stammering being nearly non-existent, with a couple of exceptions written over thirty years ago (Silverman & Zimmer, 1979; 1982).

There have been some suggestions that during adulthood stammering symptomatology is different for women than it is for men. Early research by Johnson (1961) found that women who stammered used fewer words than men and were more likely to revise a dysfluent word after stammering.

Another study conducted in America asked clinicians their views via questionnaires regarding whether they thought there were sex differences in the

symptomology of stammering (Silverman & Zimmer, 1979). The majority of clinicians thought there were differences in symptomology of stammering between the sexes. In particular women who stammered were viewed as having a more severe problem than men, characterised by a more covert, interiorised stammer (Douglass & Quarrington, 1952). Women were also viewed as having lower self-esteem. Interestingly, the clinicians thought that the sex ratio of male to female was 10 to 1. This is probably reflective of the referral process at the time (that more men were being referred for therapy than women). Although, it is possible that things have changed since the time this study was done, no one has re-visited this. This may be especially interesting to do in light of female changing roles (i.e. that women are regarded more equally to men therefore the referral ratio of women may have increased).

Silverman and Zimmer (1982) found differences between men and women who stammer in terms of fluency and self-esteem. They reported similar findings to Johnson (1961), that women were more likely than men to complete an utterance once they started it (this was more likely to happen even compared to other women without stammers in their sample). The women also showed higher levels of self-esteem than the men as measured by self-esteem questionnaires. Moreover, they thought of themselves as "non-handicapped", whereas the men who stammered reported that they thought they were "handicapped" and that others would view them in this way as well.

These findings go against the previous prevailing view that women who stammer present with a more severe symptomology than men. Despite the conflicting findings, the studies helped to highlight that a definite difference in symptomology and experiences of stammering exist between men and women.

Stammering over the lifespan
O'Keefe (1996) suggests that people who stammer have a reduced quality of life due to the frustration experienced by their communication difficulties. He proposes that this frustration could result in people who stammer putting more emphasis on how they say things than on the content of what is said. Therefore they can experience less enjoyment out of life's meaningful activities because

more time is spent on worrying about how something is communicated and less time on enjoying experiences. Stammering can therefore impact on a person's experiences throughout the life cycle.

Negative stereotypes about people who stammer can also have a negative effect on the person's quality of life. A number of studies have identified some of these negative stereotypes of people who stammer. The stereotypes include: nervous, shy, afraid, guarded, tense, insecure, withdrawn, quiet and nonassertive (Craig, Tran, & Craig, 2003). Moreover, research has found that these stereotypes are shared by the majority of people who come into contact with a person who stammers on a daily basis, including parents of people who stammer (Crowe & Walton, 1981), teachers (Dorsey & Guenther, 2000), students (Bebout & Author, 1992) and even speech and language therapists (Cooper & Cooper, 1996; Kalinowski, Armson, Stuart, & Lerman, 1993). It is therefore fair to infer that these negative stereotypes are likely to impact negatively on all domains of their lives (i.e. school, work etc.).

Van Riper (1982, p.238), drawing on his years of clinical experience, sums up his view on the life experiences of people who stammer in the following quote,

> "Most stutterers manage to acquire jobs and friends and mates and children, even though their choices (for all but the last of these) are more limited than for normal speakers". He goes on to say, "They have to work harder, tolerate more initial rejection, or accept a subordinate position in a new group. They must create compensatory assets in order to gain acceptance, and in general learn to live within their communicative limitations".

As described above, stammering can affect a person in all areas of life. By examining the impact of stammering at different times we can gain a rich understanding of the experiences of people who stammer. Below is a summary of the research literature of people's experiences of stammering in different areas of life. It is mostly undifferentiated by gender.

School

School is often the time when a person first encounters difficulties resulting from their stammer and when the anxieties accompanying the speech difficulties become entrenched. These anxieties around dysfluency are often exacerbated by prevalent stereotypical views of people who stammer (mentioned above) as being shy, awkward and of low intelligence (Yeakle & Cooper, 1986). A number of studies have shown that stammering plays a crucial part in how a child experiences school.

Peters and Guitar (1991) found that children who stammer are likely to perform slightly below average in school. They also found that some children become socially isolated due to removing themselves from situations in which they could be bullied. Hugh-Jones and Smith (1999) reported that neither severity of stammer nor experiences of bullying directly predicted academic achievement, however, teachers being aware of bullying but not responding to it, significantly predicted effects on school work. Mooney and Smith (1994) found that teachers often seemed to 'condone' bullying towards children who stammered and that this resulted in these children becoming unmotivated to achieve academically. Klompas and Ross' (2004) findings concurred with those by Mooney and Smith (1994). They found that adults who stammered retrospectively reported their teacher's lack of understanding about stammering to have negatively impacted on their academic achievements in school.

Parker and Asher (1987) reported that children who are bullied at school are more at risk of developing long-term social, emotional and psychological effects. Hugh-Jones and Smith (1999) asked adults who stammered about their experiences of being bullied at school. They found that the majority had experienced bullying and 46% reported some long-term psychological effects.

With regards to the difference in bullying experiences between the sexes Hugh-Jones and Smith (1999) found that men were more likely to have been bullied and they attributed this to the higher incidence of men who stammer. However, they found that females were more at risk to experience long-term psychological

effects such as low self-esteem and concluded that this was because females are more susceptible to these sorts of difficulties (Hartup, 1996).

With regards to academic achievement, Silverman and Zimmer (1982) compared 10 men and women who stammered and found that all the participants said that stammering had stopped them from participating in class. However, a large proportion of the women said they considered stammering to have had a positive influence on their academic achievements as they studied harder to excel on written assignments to compensate for their quietness in class and not to appear "dumb".

Relationships
Van Riper (1982) suggested that during adolescence, people who stammer might have more difficulties than people who don't in establishing friendships and romantic relationships. These difficulties have also been found to carry on into adulthood (Ross, 2001).

With regards to forming friendships, some research has found that people who stammer do not perceive adolescence as a time that is any more demanding than for people who do not stammer (Blood, Blood, Tellis & Gabel, 2003). Furthermore, Blood et al.'s (2003) findings suggested that people who stammer do not think that their stammer hinders their ability to make friendships. Evans, Healy, Kawai and Rowland (2008) reported similar findings, that severity of a stammer did not impact on whether someone would befriend that person. However, the research literature exploring the effects of having a stammer on romantic relationships does not show such encouraging findings.

The importance of having romantic relationships during adolescence and early adulthood for identity formation and development has been well documented (Brown, Feiring, & Furman, 1999). One of the key features of forming romantic relationships is that they can facilitate the acquisition of interpersonal skills. Within Western societies, people generally have a number of romantic relationships that change in quality as the person ages (Brown, 1999). Early adulthood has been identified as the time when people, within Western societies,

identify a partner for a long-term relationship. Although more weight is given to physical attractiveness when forming relationships in adolescence, this factor has been found to continue to play a significant role when seeking a long-term relationship within adulthood. This finding is particularly evident for men (Brown, 1999).

Van Borsel, Brepoels and De Coene (2011) explored the impact of stammering for adolescents and young adults on opportunities to form romantic relationships. They proposed that the negative stereotypes about people who stammer might impact upon the formation of romantic relationships. Their research was influenced by early research by Shears and Jensema (1969) that found that only 7% of a non-stuttering sample would consider marrying a person who stammers. Van Borsel et al.'s (2011) study was also influenced by the following study from Zhang et al. (2009).

Zhang et al. (2009) asked 'fluent' speakers to assess the impact of stammering by assuming the mindset of someone who stammers. The majority thought that having a stammer would impact negatively on opportunities to form long-term relationships. However, they did not think having a stammer would impact on the initial stages of a romantic relationship as during this time they thought it would be easier to 'hide' it. A major limitation of this study is that it did not look to identify any differences between the sexes. Furthermore, as the sample was made up of mostly men the findings cannot be generalised to women who stammer.

Van Borsel et al. (2011) explored the possible negative impact that stammering exerts on romantic relationships. They did this by investigating whether: (1) being a person who stammers affects their perceived attractiveness to peers and, (2) investigating the attitude of people towards embarking on a romantic relationship with someone who stammers. Their findings showed that 'fluent' peers find people who stammer less attractive than people who do not. Additionally, participants said that they would be less likely to engage in a romantic relationship with someone who stammers and there was a trend towards this

attitude worsening with increasing age of the participant (ages ranged from 19-23).

With regards to sex differences, the researchers found that men in the sample tended to express a more negative attitude than the women with regards to dating someone with a stammer. The researchers note that further research is needed to explore in detail any differences in responses between male and female participants with regards to establishing a romantic relationship with someone who stammers. However, these results suggest that dating may be harder for women who stammer than for men.

No research has been conducted exploring the experience of being in a long-term relationship for someone who stammers. Instead, two articles have looked at the experience of the 'fluent' spouse within a partnership. Carlisle (as cited in Boberg and Boberg, 1990, p. 1) discusses what the experience of being in a relationship with a person who stammers might be like in the following extract:

> "Most married people I know who stutter severely have been fortunate in their marriage partners. This is not surprising, because any person taking on someone who can hardly speak as a marriage partner must have considerable courage, as well as the more than usual insight it takes to see beyond the tense, disfluent fecade (*sic*) and love the person within" (p. 163).

This quote reflects the negative attitudes that people ascribe to being linked romantically with someone who stammers. In his book, Carlisle (1985) paints a despondent picture of living with someone with a stammer. He warns readers that people who marry someone with a stammer do not know what they are getting themselves in to. Explaining that the fluent spouse may need to compensate for their partners dysfluency by earning more money to provide for a family.

Boberg and Boberg (1990) interviewed wives of husband's who stammered with the aim of exploring how they coped. There is no research exploring the experiences of couples when the woman is someone who stammers and the man

is a 'fluent' speaker. This is probably due to stammering being thought of as a predominantly male problem. Although the research by Boberg and Boberg (1990) is not directly related to the experiences of women who stammer in relationships, its findings may be useful in shedding light on what it is like to be in a long-term relationship with someone who stammers.

The majority of wives reported that they felt some restrictions had been imposed on their social lives due to the husband's stammer. There was a trend for wives to take on some jobs within married life that are traditionally ascribed to men or shared between the sexes. These included making all phone calls, meeting with accountants and bankers and making public complaints. Wives taking on these jobs could be viewed as negative reinforcement for the husbands because it allowed them to avoid some difficult tasks.

Boberg and Boberg (1990) stated that all the wives were extremely socially competent women who they thought compensated for their husband's dysfluency. In line with Carlisle's (1985) views mentioned above, the wives were characterised as very tolerant and accepting. It is suggested by the authors that these personality traits are required in order to have a successful marriage to someone who stammers. Furthermore, the authors state that because the women played the role of 'traditional sympathetic wife' by putting the husband's needs first, these marriages were deemed successful. These research findings are quite problematic for women who stammer for the following reasons: (1) stammering is portrayed as a male problem; and, (2) the authors imply that a successful marriage is only possible when the fluent spouse embodies the qualities of the 'traditional sympathetic wife'. However, the personality traits a 'traditional husband' would display towards a wife with a stammer may be very different.

Having children
The traditional role of the mother as primary caregiver in a family may also pose a significant challenge for women who stammer (Ammon, 2009). As a result of their stammer women may have concerns about their ability to advocate for their child/children as speaking for a child is seen as an integral part of being a

mother. If nothing else, they are often stereotypically the ones who have to meet with teachers and other professionals in relation to their child so a stammer could make them feel at a disadvantage.

Unfortunately no research has been conducted that explores how women who stammer experience motherhood but surprisingly this has been explored with regards to men and children.

Boberg and Boberg's (1990) study found that men who stammered had various worries about being a father. These worries included being able to say their child's name and that their parental authority would be reduced if they stammered when disciplining their child. Some of the participants had chosen not to have children because they were worried about passing on their stammer to them and making them suffer the way that they had growing up. It is likely that women who stammer share these anxieties about having children but research is needed to investigate this.

Work

The workplace can often be quite a stressful place and it may be even more so for a person with a stammer due to their communication difficulties. Ruben's (2000) research conducted in America, points out the changes in the type of work that people do. He states that at the beginning of the 20th century, 80% of people were employed in jobs that required manual skills, whereas, at the start of the 21st century, 62% of people were in jobs that emphasised communication skills. For a person who stammers it is likely that this shift in the competencies required would be quite anxiety provoking. Van Riper (1982) voiced the concern that if so many jobs require good communication skills, people with stammers may be unable to achieve high social status in society due to being excluded from prestigious job roles.

For those people with stammers who are employed in prestigious roles, research has shown that they are sometimes seen as being less competent in their roles than their fluent peers (Hurst & Cooper, 1983). Research looking into nurses' attitudes towards physicians who stammered found them to be perceived as less

intelligent and more afraid than 'fluent' physicians (Silverman & Bongey, 1997). Similarly, Silverman and Paynter (1990) found that college students thought lawyers who stammered were less educated and employable than lawyers who did not stammer. Research has found that even vocational rehabilitation counselors view people with stammers as having psychological problems and therefore not as employable as people who do not stammer (Hurst & Cooper, 1983).

Hurst and Cooper (1983) conducted a large-scale survey that looked at employer's attitudes towards people who stammered and found that they had mainly negative views. These views included amongst others that stammering interferes with job performance; promotion opportunities; reduced employability; and that people who stammer should obtain jobs with little speaking requirements. Overall, for people who stammer, these findings are very worrisome.

Another contributing factor to possible employment problems for people who stammer is their negative self-perception. McCrosky, Daly, Richmond, and Falcione (1977) pointed out that it is not unusual for people to modify their views about themselves in line with what other people think about them. Therefore for people who stammer it can be very detrimental for their evaluations of self-worth to take on the negative views about them that are held by society. Woods and Williams (1976) highlight that these negative attitudes are not only about the stammering behaviours but also about their character traits, which are seen as unchangeable. According to Craig and Calver (1991) it is quite common for people who stammer to work in jobs that are deemed below their potential as a result of their low self-esteem regarding their abilities.

Peters and Starkweather (1989) found that having a stammer not only impacts on a person's choice of career but also on their job satisfaction. Hayhow, Cray, and Enderby (2002) found people who stammered often avoid jobs that require a lot of talking, particularly using the phone and giving presentations. Hayhow et al. (2002) also found that some people who stammered had been told not to try for a promotion due to their difficulties. Only 12% reported not having been

discriminated against in the workplace or that having a stammer had affected their choice of career.

Klein and Hood (2004) furthered the research into experiences of employment for people who stammer by looking at the impact of factors such as age, gender and ethnicity. In addition to finding that having a stammer did result in discrimination, they also found that men and people from ethnic minorities thought that they were more discriminated against than did females and Caucasians. These findings are in line with earlier research by Silverman and Zimmer (1979) who found that women who stammer had higher self-esteem than men and thought that their stammer was less 'handicapping' than men. Despite viewing stammering as less of a problem for them in the workplace, women still thought that it held them back from fulfilling their aspirations and potential.

Not only do the negative views held by employers and people who stammer result in reduced employment opportunities, research by Gabel, Blood, Tellis, and Althouse (2004) found that people who stammer also experience 'role entrapment'. They explain that 'role entrapment' is the result of negative stereotyping and occurs when the majority group in power restricts the choice of roles that the minority groups can take up. These roles are generally not as good as the roles occupied by the group in power. It is well established in the literature that in addition to people from ethnic minority groups that women also suffer from "role entrapment" (Callahan, 1991). Therefore they are often faced with many challenges when they seek to do a job that is deemed to be outside of their expected roles. As women already face discrimination in employment and less opportunity compared with men (particularly in relation to higher status jobs) it is arguable that women who stammer will be doubly discriminated against.

The jobs that Gabel et al.'s (2004) research suggests would not be suitable for people who stammer included jobs that require people to be assertive and talk on behalf of others, something that is not usually attributed to a person who stammers. Some of the particular roles identified as being unsuitable were: speech and language therapist, psychologist, optician, pharmacist and occupational therapist. However, it is important to note that Gabel et al.'s (2004)

findings do not take into account possible differences in 'role entrapment' for men and women who stammer.

Kelso (2002) paints a different picture to Gabel et al.'s (2004) findings. She found that women who stammer tend to go into jobs within the helping professions as these are becoming more female dominated and are therefore more accepting for women.

Speech And Language Therapy (SLT)

Within SLT there has been a general shift from solely treating the stammering behaviours to combining this with managing the psychological distress that accompanies stammering using strategies from cognitive behavioral therapy (CBT). Most of this research has originated from Australia but is starting to infiltrate into the UK. There has also been some interest, albeit much less, in using personal construct therapy (Kelly, 1966) and narrative therapy (White, 1995). These have been used to reduce relapse after treatment by increasing the meaningfulness of the 'fluent' speaker role (Bloodstein & Ratner, 2008).

There is a strong evidence base for the effectiveness of SLT with children and adolescents (due to the brain still being malleable to change), however, research has found that SLT for adults is much less successful (Bloodsteen & Ratner, 2008; Craig & Hancock, 1995).

Summary of research on SLT

Historically, the therapy most utilised with adults and with the strongest evidence base is speech restructuring (Onslow, 1996). This is a strictly behavioural approach that involves changing the way in which someone speaks (i.e. by prolonging sounds etc.) in order to gain more fluent speech. Although these techniques appear to be effective immediately after SLT, most adults are unable to maintain these effects in the long-term and end up reverting back to their original way of speaking (Craig & Hancock, 1995). This can often result in people who stammer feeling as though they have failed in therapy and consequently this serves to reinforce their already negative self-perception. Adults reported mixed experiences with regards to SLT. Silverman and Zimmer (1982) reported that

most people in their sample did not find therapy helpful during school years, when they were forced to attend by their parents (these were adults who did not 'recover' from stammering through childhood SLT) however, when they re-visited therapy in adulthood and the choice was theirs, they gained more benefit from it. Klompas and Ross (2004) found that 14 out of 15 people in their sample who said that they had attended speech therapy reported that it did not help them enhance fluency. Despite this view, 50% of the sample said that therapy had a positive effect on the quality of their lives as it had improved confidence and self-esteem. Interestingly, therapy did not have to improve fluency but more importantly was that it improved well-being in other areas of someone's life. Consequently, this was likely to impact positively on fluency levels.

Hayhow (1999) conducted a survey looking at the experiences of the SLT people had received. She also found that a recurring theme was the importance of matching the therapy to the individual's needs at the time of the referral and not offering the same therapeutic approach to all people at all times.

SLT treatment and gender

A large proportion of the recent research into stammering has been focused on the issue of SLT effectiveness in treating stammering. However, it seems that none of this literature has looked into the gender differences in how men and women experience SLT aside from some early research that looked at whether men or women are more likely to be referred for speech therapy (i.e. Silverman & Zimmer, 1982).

Silverman and Zimmer (1982) found that twice as many men as women had received some form of therapy for their stammers and that twice as many women as men in their sample had been married. The authors concluded from these findings that stammering was more of a problem for the men (as fewer men were married) than for the women in their sample. Furthermore, the findings that there was a significantly greater time lag between being diagnosed with a stammer and getting treatment for females than for males (7.4 versus 3.6 years) and that teachers are more likely to refer boys than girls for speech therapy (Silverman &

Van Opens, 1980) highlights the greater importance placed on men than women in society.

It is also known that theories about stammering are based on data from men because more men than women have been recruited for research into stammering. Therefore it is likely that speech therapy, which is based on the theories generated from this male-dominated research, may not be as relevant for women who stammer.

Criticisms Of Research Into Stammering

Many concerns have been raised about the usefulness of the traditional stammering research. Traditionally stammering research has been characterised as taking a positivist approach following the example of the medical model. As a result of this, stammering has typically been viewed as pathology and a person who stammers is seen as having a deficiency that needs correcting.

Clinicians such as Kathard (2001a), who work with people who stammer, have highlighted the problems associated with stammering research. Their argument is that treatment models that are based on positivist research and theories are inappropriate to treat people with stammers, as they do not capture the full essence of what it is like for a person living with a stammer. Kathard (2001a) posits that a stammer is shaped by life experiences, which are unique to the person; therefore a practitioner is faced with the whole lives of people who stammer and their diverse backgrounds. Furthermore, stammering can only be understood if viewed within the whole social and political life context.

Quantitative research designs have been criticised for having limited capacity for understanding stammering as a complex social problem (Mowrer, 1998). These designs have been criticised for being reductionist by nature as they aim to uncover the core, pathological aspects of stammering. Despite these methodological problems such research still continues in the name of science.

However, Siegel (1998) has argued that purely laboratory-based research into stammering is insufficient and there is a need to move beyond it. Furthermore, Kathard (2001b) summarises the limitations of the traditional research by identifying the following 5 issues that need to be addressed:

(1) The research fails to capture the whole experience of stammering but engages mainly with symptoms of dysfluency and pathology.

(2) That research has been conducted from an objective, one-sided point of view of the researcher looking in on the participant. However, Perkins (2000) points out that stammering is like a creature with two heads that face in different directions and that dominant research only looks at the head that is facing outwards. Kathard (2001b) argues that it is the head that faces inwards (i.e. the personal meaning of stammering) that is most useful to understand. Furthermore, Queasal (1998) more than a decade earlier, pointed out that it is the core psychosocial concerns that a person with a stammer faces that need to be addressed in research but these had often been neglected as they are difficult to quantify.

(3) Theories of stammering were not taking into account the diversity of the cultural context of people's lives.

(4) Although stammering is regarded as a communication disorder, and it is mostly agreed that language is constructed as a social and political issue; theories of stammering do not take this into account. Furthermore, the idea that stammering is a sociological phenomenon, affected by discrimination and social power, is not addressed within traditional research.

(5) Finally, the traditional research base does not address the change and uncertainty often associated with a person's life. Any research into stammering needs to address these changes and consider that a stammer may also change throughout their lifespan in accordance with life changes.

In addition to the limitations raised by Kathard (2001a) traditional research has overlooked the gendered dimension of stammering. This has been done by mostly recruiting men for studies and by not differentiating findings by sex. It is important that men and women are recruited to reflect the sex ratio in stammering in order to inform theories about stammering and tailor interventions for men and women more appropriately.

New Research Into Stammering: Experiences Of Stammering

As a result of the criticisms levelled against the dominant research paradigm some qualitative research has emerged that looks at the core experiences of stammering. By using qualitative approaches the researchers were able to gain an understanding of the lived experiences of being someone with a stammer. One of the first studies to be conducted in this way was undertaken by Corcoran and Stewart (1998), who were interested in discovering the meaning people gave to their stammering experiences. They hoped to discover this personal meaning by asking participants to tell stories about their lives. This approach was based on Brody's (1987) idea that "suffering is produced, and alleviated, primarily by the meaning that one attaches to one's experience" (p.5).

Corcoran and Stewart (1998) interviewed eight people and used a qualitative approach to analyse the transcripts. Although the sample was made up of five men and three women, the findings were not differentiated by sex. The authors found that "suffering" was the primary theme that emerged from the participants' core experiences of struggling to speak. This theme was mediated by the following factors: (a) helplessness, (b) shame, (c) fear; and, (d) avoidance.

With regards to the finding that "suffering" was the primary theme, Corcoran and Stewart (1998) suggested that SLT should draw from Brody's (1987) ideas about how to treat suffering. Brody (1987) asserts that through the clinician learning the personal meaning the person attributes to the experience they are then able to alleviate the suffering attached to the experience. This is achieved by changing the meaning of the sufferer's experience. Brody (1987) thought that by reducing suffering, the person's overt stammering behaviours would also decrease.

Further research by Crichton-Smith (2002) explored the communicative experiences and coping strategies of adults who stammer. Although the study's findings concurred with the main themes of Corcoran and Stewart (1998) they also found that people felt helplessness, shame, fear and avoidance at different times in their lives. Additionally, they found a strong theme of limitation that started in childhood and continued into adulthood. These limitations were divided

into two factors: (1) limitations that were socially imposed; and, (2) limitations that were imposed on the person by themselves through their coping strategies for stammering. According to Peters and Starkweather (1989), a person who stammers starts to create these maladaptive coping strategies from the age of six in order to minimize their overt stammering behaviours with the aim of covering up their stammer. These strategies can become entrenched in adulthood and can be just as limiting at times as the stammer itself.

Some studies have been interested in exploring 'recovery from stammering'. Finn (1996) used semi-structured interviewing and content analysis to explore 'unassisted recovery' from stammering in 14 adults. Anderson and Felsenfeld (2003) employed thematic analysis to look into later recovery from stammering. Finally, Plexico, Manning and DiLollo (2005) explored 'successful stuttering management' by using thematic analysis. According to Plexico et al. (2005), successful management was associated with increased confidence, increased motivation (to make speech changes) and specific speech changes. The participants said that successful management was associated with living a life that was unrestricted by stammering rather than achieving 'fluency'.
Although these recent studies have advanced stammering research, none have differentiated the findings according to gender. Subsequently we are no closer to understanding the experience of stammering for a woman.

Women Represented Within Psychological And Feminist Research
Women have not only been overlooked and excluded from research into stammering but also within the cannon of psychology research. The realm of clinical psychology has actually been heavily critiqued for overlooking gender issues, particularly with regards to women (Ussher & Nicolson, 1992).

These critiques are mainly aimed at the notion that the clinical psychologist is a scientist-practitioner, allied to the natural sciences that work within a positivist epistemological position. The clinical psychologist has traditionally seen it as their role to test hypotheses and uncover hidden truths about causes of problems in order to treat people based on facts and symptoms. Positivism has come under

much scrutiny from feminists who argue that it is dangerous when applied to mental health issues as it serves to cover up contextual issues and can often work against the interests of women (Ussher & Nicolson, 1992). This way of working also impedes reflexive practice and therefore the development of newer more useful practices that are tailored to the individual (Ussher & Nicolson, 1992).

Psychological theories and interventions, similar to stammering theories and interventions have been seen to serve men not women. According to Weisstein (1973), "Psychology has nothing to say about what women are really like, what they really need and what they want, essentially because psychology does not know" (p. 394). However, following strong criticism, particularly from feminists, things have started to change over the last 30 years. This has led to concerns that attempts to become 'gender aware' in clinical psychology have resulted in a narrow focus on women's distress, positioning them as the weaker sex (Ussher, 1992; 2011).

Feminists are often the strongest critics of clinical psychology stating that it is oppressive towards women because women are measured against male norms and not surprisingly do not fit these (Ussher & Nicolson, 1992). Ussher (1992) states that psychological theories are based on the interests of the patriarchal elite and that they overlook issues of sexism and the interests of women. Feminists have also argued that clinical assessment and intervention are based on gender-biased assumptions that are representative of male mental health (Ussher & Nicolson, 1992).

Feminists state that psychology, by adopting a positivist framework, overlooks the difficult social issues that women have to deal with and instead locates problems within the woman. By doing this, women's distress is pathologised and viewed as symptoms to be treated, often with medication. However, feminists have rejected the medicalisation of women stating that this is a means of exerting patriarchal control (Ussher, 2011). Furthermore, the labels of mental illness have been seen as a way for men to oppress women who do not conform to traditional gender

norms (i.e. they do not define themselves in terms of men) (Ussher & Nicolson, 1992).

Moreover, in light of the above findings, it is my opinion that women with stammers are also at risk of being judged according to the male-biased assumptions about stammering and subsequently viewed as lacking when they don't fit neatly into these assumptions. Consequently, treatments based on these assumptions may serve to exacerbate women's difficulties, as they are not rooted in women's experiences and interests. Treatments also support traditional gender roles as they dismiss women's feelings in the interest of serving the powerful traditional male roles.

Although there is no research that looks at the appropriateness of SLT for women I would argue that traditional therapy, which is based on behavioural principles of speech modification, is more applicable to men for the reasons below. Not only is the therapy based on research that has been conducted mostly with men, it is also symptom-based and overlooks the emotional aspect of stammering. In light of the prevailing view in psychology that men cope with stress by taking a problem-solving approach whereas women take an emotion-focused approach (McMullen & Stoppard, 2006), traditional speech therapy is arguably more suited for men. However a lack of emotional expression among males may be influenced by gender norms, which deny men access to vocabularies of distress (Miller & Bell, 1998).

More recent speech therapies that adopt CBT techniques to address negative feelings associated with stammering may only serve to discriminate women further as feminists such as McMullen and Stoppard (2006) have criticised CBT for being implicitly male-biased in its assumptions of what constitutes good mental health (i.e. emphasis on problem solving and individuality). Therefore women who are measured against these male assumptions are likely to be viewed as deficient. Pilgrim and Bentall (1999) have also expressed the concern that CBT is reductionist in its approach as it pathologises by locating problems within the individual. Locating the locus of distress within women who stammer

may only serve to cover-up other external societal stresses that they often face on a daily basis (Stoppard, 2000).

Changes within clinical psychology to address the marginalisation of women mirror those changes being made within stammering research and practice. Both have started to use qualitative research as a way of exploring individual experiences. However, stammering research is far behind that of psychological research in paying attention to women's experiences.

Women With Disabilities Within Disability And Feminist Research

As little has been written about women with stammers within stammering research, I turned to the literature written about other marginalised women, namely women with disabilities, to shed light on their experiences. I am aware that this is a heterogeneous group and that their experiences may be markedly different to women who have stammers, however, I hope to expose some general findings about what it is like to be a women who does not fit in with the 'normal' gendered ideal of being a woman. I am also aware that some women who stammer may classify their difficulties as a disability.

Similarly to stammering and psychological research, disability studies have traditionally overlooked issues of gender for people with disabilities. Although both men and women with disabilities are discriminated against because of their difficulties, women with disabilities are further disadvantaged due to the double discrimination of gender and disability (Traustadottir, 1990). It is therefore surprising that women with disabilities have been neglected by disability studies and by feminist research. Furthermore, issues that disability often creates such as dependence on others and discomfort have not been addressed by feminism (Asch & Fine, 1988).

Some women have questioned whether women who are seen as disabled have been left out of feminist writings because they do not emulate the image of strength and independence that feminism often projects. Asch and Fine (1988) suggest that they have been overlooked because they are typically seen as

helpless, childlike and passive and therefore reinforce the traditional female stereotypes that feminism steers away from.

Whereas feminism has traditionally tried to dismantle the gendered social norms ascribed to being a woman, such as marriage and motherhood, women with disabilities are often found trying to fit in by seeking these matriarchal roles and expectations. However, they are marginalised from patriarchal society by being seen as unable to fulfill the traditional female roles due to being "incomplete" in the "basic expression of (their) womanhood" (Kent, 1988). As a result of their struggle, women with disabilities may want to enter into such relationships as opposed to protest against them. Accessing these roles may also be a way for them to gain acceptance within society.

Important issues for women with disabilities, such as child-rearing issues, have also been ignored by research and the disability rights movement and feminists with disabilities have argued that the focus is on male experiences and concerns (Blackwell-Stratton, Breslin, Mayerson & Bailey, 1988). Women with communication difficulties such as stammering may feel as though they are not attractive because of their difficulties or unable to engage in rituals such as dating because of them. Due to fear of 'passing on a stammer' they may feel reluctant to become mothers. This is probably further exacerbated by the negative stereotypes ascribed to people who stammer as being incompetent. These may result in women with stammers lacking confidence in their parenting abilities and particularly in being able to advocate for children.

In response to the need for research from the perspective of women with disabilities (Thomas, 1992) some recent studies have emerged (Mintz, 2007). However this literature has mainly explored the experiences of women with physical disabilities and has not included women with communication difficulties such as stammering.

A summary of the research by Traustadottir (1990) showed that women with disabilities face a multitude of barriers in today's society. They are more disadvantaged than men with disabilities and non-disabled women in the realms

of education and employment. With regards to relationships, women with disabilities are more likely to be unmarried, marry late or divorced (Asch & Fine, 1988).

With the increase of women entering the workforce and especially the rise in working mothers, some concern has been expressed about women taking on too much stress and the impact this may have on their mental health. Research by Sales and Frieze (1984) has refuted this concern as he found that work was a source of self-esteem for women. They also reported that women who are most at risk for mental health problems are those who are not employed, non-married and who have limited social roles. This suggests that women with disabilities, who have less access to social roles, are at greater risk for developing mental health problems.

Disability as socially constructed

When thinking about how disability impacts on women's lives it is useful to understand 'disability' within a social model (Mintz, 2007), as a social construct that is mediated by society and power as opposed to an affliction of the physical body that needs to be corrected. As a result of society setting standards of normalcy, some bodies that do not fit within that standard are marginalised and seen as deficient. However, by understanding disability in terms of the social model, it is no longer seen as catastrophic, but just a social construction set out by political and cultural discourses. These ideas are based on Foucault's (1980) understanding of the body as constructed within the discourses that are prevalent at any particular socio-historical time.

The social disability model grew in the mid-1970s in Britain as a backlash against the medical paradigm that defined disability as a problem with an individual body (Mintz, 2007). It also drew light to the detrimental effect of comparing people with disabilities to the narrow societal expectations of beauty, fitness, health etc. By re-conceptualising disability in terms of power and discourses it began to be understood as no longer a product of 'real' embodied flaws. The model differentiates between physical impairment and disability, which is now seen as

prevailing societal and cultural attitudes that are imposed on the body to 'correct' its divergence from the expectations of 'normalcy' (Mintz, 2007).

In addition to changing the discourses around disability, the social disability model is also interested in removing the structural and social barriers that disempower people with disabilities as they are confined to places and by information that is accessible to them (Kaye & Longmore, 1997). The social disability model aims to empower people with disabilities by making changes within society by removing barriers and providing equal opportunities to all. These changes might include offering social support and providing suitable information when required (e.g. braille).

Harris (1987) argues that women in general struggle to create identities and gain empowerment due to their difficult relationship with language and the act of speaking, as she views both as products of patriarchal culture. According to Harris (1987), language is not only the vehicle for delivering the values and material of patriarchy but it is problematic in its very structure. She posits that the very structure of language, in its orderliness and grammaticality, is a way of experiencing the world that reflects patriarchal culture and serves men. Therefore, women may feel excluded by words and the act of speaking may feel to be an uncomfortable medium of expression.

Aims Of The Research

It is well documented in psychological and feminist literature that until recently little was known about the physical and mental health of women (Ussher, 2011). Historically, women's health was measured against men's and as a result they were often seen as deficient and in need of medical and psychiatric treatment (Ussher, 2011). Issues of gender were neglected in research and women were mostly excluded or marginalised from studies. Consequently, women were seen as lacking when judged against the research findings.

Similarly, within stammering research, not only are women's experiences of stammering overlooked, when they were addressed their experiences were

conceptualised as being less important than men's. Although gendered norms are now lessening with the emergence of feminist literature, we continue to live in a society that values men's needs over women's (Lee, 2000). Indeed, Traustadottir (1990) found that women with disabilities are more disadvantaged than men with disabilities because of the combined discrimination based on gender and disability.

Traditional gender norms are particularly important to consider when looking at the experiences of women who stammer, as not only do they have to face the everyday challenges of being female within a patriarchal society, they are also faced with the difficulties of being less articulate than other women. Therefore, research looking into the experiences of women that takes into account the sociocultural context of their lives will serve to inform and improve current theories and therapeutic practices for women who stammer.

This study seeks to interview women who stammer in order to explore their lived experiences of stammering and how it has impacted on their lives. It seeks to build on studies such as those by Corcoran and Stewart (1998) and Crichton-Smith (2002) by taking a gendered approach of the experiences of stammering for women and locating this within the context of traditional gender roles and feminist discourses.

Based on the rationale provided above, the research question was as follows:

What is the gendered nature of the experiences of being a woman who stammers?

METHOD

In this chapter I will outline how the aims of this study will be addressed. This will include describing the epistemological position within which the research is rooted and look at how this position informs my choice of methodology. I will then discuss my own personal values and assumptions related to the research. Following this I will describe the participant recruitment and data collection procedures and lastly, the process of analysis.

Epistemology And Methodology

Epistemology is a branch of philosophy and is concerned with the theory of knowledge. It is particularly interested in answering the question 'How, and what, can we know?' (Willig, 2008). A research methodology assists in answering the research aims and questions. However, before choosing a methodology it is important to state the epistemological position because this determines the sorts of questions that can be asked.

As discussed in the introduction, most of the research into stammering has been conducted from a positivist epistemological position. This position posits a direct link between the world and our perception and understanding of it. Positivist research is based on the assumption that it is possible to uncover objective knowledge and truths about the world, that are completely unbiased by the researcher's viewpoint (Willig, 2008).

As a result of most stammering research adopting positivist epistemological positions it has been heavily criticised for overlooking the personal experiences of people who stammer (Kathard, 2001b). Furthermore, feminist scholars (e.g. Ussher, 1992) have criticised positivism for overlooking women in research studies and for generating theories that are biased towards men. Consequently, women who are judged according to male norms are often seen as inferior to men (Gilligan, 1982). Thus positivist research serves to perpetuate existing sex inequalities in society and is unhelpful for advancing our knowledge of the experiences of women who stammer.

This research adopts a critical realist epistemological position. This position aspires to gain a detailed understanding of the world but acknowledges that this understanding is mediated and shaped by socio-cultural factors and the researcher's own perceptions and beliefs (Willig, 2008).

Bhaskar (1989) has adopted this position to explore women's experiences of psychological distress. He suggests that critical realism helps to highlight the 'lived experience' of women's distress whilst acknowledging its complex relationship with socio-cultural mediators that can cause, maintain and/or exacerbate this distress. By adopting a critical realist position, I hoped to shed light on the gendered experiences of women who stammer by acknowledging their 'real' experiences and the societal and cultural processes that influence them, such as gender norms and sex inequalities. Additionally, a critical realist position allows the researcher to address their own biases towards the research and reflect on how these may impact upon the findings.

The epistemological position informs the process of choosing a compatible methodology for conducting the research. As critical realism is interested in people's 'lived experiences' it is useful to adopt a qualitative research methodology as some of these can provide descriptions of people's experiences. The importance of using an appropriate research methodology in stammering research was highlighted by Tetnowski and Damico (2004) in the following statement: 'It is well concluded that future knowledge about stuttering and its treatment will be well served by applying the most appropriate investigative methods to it rather than by attempting to establish information with a restricted set of quantitative approaches' (p.153).

Qualitative research has also been described by Willig (2008) as a particularly useful method for 'giving voice' to people who are seen as marginalised. Therefore it has the potential to empower women with stammers who may face both the 'double' challenge of being part of a minority group within stammering culture and being women within a patriarchal society.

<u>My values and assumptions</u>

Within qualitative research, researcher subjectivity is considered an important aspect in shaping the research process. Being transparent about the researcher's own values and assumptions is seen as necessary in allowing the reader to interpret the findings within the context from which the researcher positions themselves. This is in sharp contrast to most quantitative research, which requires the researcher to be 'neutral' and 'unbiased'.

Willig (2008) suggests that being reflexive not only means making personal 'biases' apparent to the reader but that it also encourages us to think about how the researcher's reactions to the research makes certain insights and understandings possible. Although I will re-visit reflexivity in the 'Discussion' chapter, when I consider links between my reactions to the research context and data in more depth, I will now give some information about my own values and assumptions regarding this research. I hope this will help the reader to understand and reflect on my own position within the data and subsequent findings.

A bit about me…

I am a 32-year-old married woman who has a stammer. I hope to have children one day. I do not consider myself to have a disability but feel as though my stammer has impacted upon my life to a varying degree at different stages.

From a young age I was aware that I was 'different' from others because of how I spoke. This negative self-perception was reinforced daily by others reactions to me that included looking away when I stammered, smiling and talking over me.

I often dreaded going to school as I would worry about being asked my name during register or asked by the teacher to read something aloud. My negative self-perception was made worse by sporadic incidents of bullying, when people would mimic how I spoke. I also felt a lack of support from teachers who in hindsight I think did not know how to treat a girl with a stammer.

As an adult I think others react more patiently to someone who stammers so I have experienced less negative feedback than from children. This has allowed me to establish more confidence in my abilities and I now feel as though my stammer is a part of me and does not make up my whole.

I often felt that having a stammer did not confer with the gendered feminine norm, which is for women to be attractive and articulate. I struggled with feeling unattractive and worried that I would not have the opportunity to form romantic relationships. However, on the other hand, I think that being a woman as opposed to a man has also made it easier for me to form romantic relationships as traditionally less emphasis is put on a woman to instigate partnerships.

Experiences of SLT

My experiences of speech therapies have been varied. I underwent hypnosis as a very young child, which I do not think helped me in any way. Then as an adolescent I attended SLT with the focus being entirely on changing the way I spoke. Despite some short-term gains, the feeling of failure was immense when I lapsed back into my usual speaking patterns.

Although most of the SLT that I have accessed as an adult have addressed both emotional and practical issues relating to stammering, more focus has been put on modifying speech and less on managing the psychological factors associated with stammering. I have always hoped that therapists would put more emphasis on the emotional issues and wondered whether focusing on teaching speech modification techniques is more relevant for men, who are generally less inclined to talk about their feelings (and who make up the majority in most speech therapy courses). The most helpful aspect of any SLT I've attended has been meeting others who stammer, sharing experiences and learning to accept that it is 'ok' to stammer.

Why I chose this research?

I have met very few women who stammer over my lifetime and as a result have felt quite isolated at times. In hindsight, I would have found it extremely useful to

know other girls and women who stammered so I could share experiences with them and not feel as 'different' as I did.

I hope that as a result of knowing more about how women experience stammering, SLT can be tailored more appropriately for women.

Participants

To address the aims of this study I explored the experiences of 12 women who stammer. Only women over the age of 18 were included in the sample as I wanted to focus on the experiences of adult women as opposed to children or adolescents in order to gain information on issues that are pertinent to adult women, such as relationships, work and motherhood. Although adolescent girls who stammer may also experience these factors, the issues involved are likely to differ and may require separate exploration. There was no cut-off age as I was interested in exploring the experiences of adult women throughout the lifespan.

An exclusion criterion was that people's stammer needed to be a developmental stammer as opposed to an acquired stammer because I was interested in exploring experiences of stammering across a person's lifespan. No assessment of stammering severity was required as the interest was in the experiences, not in the quality of their stammering.

Recruitment procedure

Participants were recruited to the study through the British Stammering Association (BSA) website and SLT at the City Lit (that offers part-time adult education evening classes). The BSA also advertised the research on their Facebook webpage. After ethical approval was obtained from the University of East London (UEL) Research Ethics Committee (Appendix A), recruitment was able to begin. I sent speech and language therapists at the City Lit and people working at the BSA, a sheet that was used as an advertisement to post on the BSA website and also as leaflets to hand out at the City Lit speech therapy courses (Appendix B). It was felt at the time that it would be unethical for me to attend a group to discuss my research in case women felt obligated to participate. Therefore clinicians handed out the leaflet at their discretion and only

those people who really wanted to take part contacted me via email. I sent all those who contacted me an information sheet giving further details about the study (Appendix C). 20 women contacted me in total. I set up interviews with 15 and out of those three dropped out due to other commitments. All 12 women who were interviewed signed a consent form (Appendix D).

Participants recruited

12 women participated, whose ages ranged from 23 to 64. All the women described themselves as having a stammer and reported stammering since childhood (this represents a developmental stammer as opposed to acquired stammer). It was apparent that the women had varying degrees of stammering severity although this was not formally measured. Seven women (58% of the sample) were in their 20's, none were in their 30's, three were in their 40's (25%), one woman was in her 50's (8%) and another one in her 60's (8%). Four were recruited via the City Lit speech therapy courses; seven through the BSA and one reported having heard about the research through both avenues.

Four women were married; two co-habiting; three in relationships (but not living together); and three women were not in relationships. Four of the women had children and eight did not. All participants were White British and all of them were employed with one currently on maternity leave.

Interestingly, six of the women were in helping professions, namely, speech and language therapy, teaching and charity work involving supporting others who stammer. Table 2 presents the participants' demographic details.

Table 2: Participants' demographic details

Participant	Age	Relationship status	Children	Occupation	Referral route
1. Susan	57	Co-habiting	No	Customer Services Coordinator and Charity Volunteer	BSA and City Lit
2. Claudia	23	In relationship	No	Teaching Assistant	City Lit
3. Jen	28	Co-habiting	No	Business Manager at	BSA

				a school	
4. Jane	28	Married	Yes	Speech and Language Therapist	BSA
5. Ann	64	Divorced	Yes	Business Executive	BSA
6. Catherine	44	Married	Yes	Senior Lawyer	City Lit
7. Stacy	27	Married	No	Charity Fundraiser	BSA
8. Mary	49	No	No	Library Assistant	BSA
9. Annabel	24	No	No	Speech and Language therapy trainee	City Lit
10. Frankie	26	In relationship	No	PhD student	BSA
11. Sarah	47	Married	Yes	Medical Rep	BSA
12. Emily	25	No	No	Speech and Language Therapist	City Lit

Data Collection Procedure

The qualitative method of semi-structured interviewing was chosen as the method by which to collect the data. In addition to being the most utilised method by which to do qualitative research (Willig, 2008) these interviews allow participants to explore the quality and texture of their experiences of stammering. This is in line with Kvale's (1996) claim that "If you want to know how people understand their world and their life, why not talk to them?" (p.1). Although this may seem common sense, I wondered whether people who stammer, and especially women, were not given many opportunities to freely express themselves. Therefore this method of data collection fitted well with the aims of the study.

Most of the interviews were conducted at participants' homes with a few exceptions at other locations, such as at a library, a workplace and a coffee shop. The main criterion for a meeting location was that it would be somewhere private and quiet. When visiting someone's home, safety precautions were taken (i.e. by informing someone when the interview was completed).

At the start of each meeting I reminded the participant of the information sheet and confirmed that they had read and understood it. Following this, I reiterated the key points from the sheet. These included: (1) that the interviews would be recorded; (2) that they were able to opt out of the interview and research at any point; and, (3) that the information would be anonymised. I was aware that being interviewed is an anxiety-provoking experience that can be particularly distressing for someone with a stammer (e.g. Klein & Hood, 2004). Furthermore, I was also concerned that the sensitive subject area could exacerbate any potential distress associated with being interviewed. With this in mind, I was prepared for the possibility of participants becoming emotionally distressed during interviews and would use my clinical experience to identify and manage their distress. Two women did become tearful during their interviews and this was managed by offering them a break and making sure they wanted and felt able to continue.

Before being asked to consent to the research they were given the opportunity to ask further questions. Once they understood and consented to the research some demographic details were taken (see Table 2) following which we started the interview.

A self-devised semi-structured interview schedule was used (Appendix E). The structure of the interview was in accordance with the guidelines proposed by Willig (2008) that it is useful to start with a general question in order to establish rapport with the interviewee before moving on to asking about more personal issues. Willig (2008) also suggests keeping the interview questions open-ended and to a small number thus to encourage the participant to talk at length. All interviews were conducted with an approximate 60-minute time frame. They included three 'open-ended' questions, intended to explore the personal experiences of the participant without imposing any researcher biases. Some prompt questions were used that were designed to capture experiences at different stages of women's lives and in various relationships. The questions were based loosely on the interview schedules used by Corcoran and Stewart

(1998) and Plexico et al. (2005) with the addition of asking participants their views on the gendered issues of stammering.

Following each interview the participant was given the opportunity to ask further questions and then given a de-briefing sheet (Appendix F), which I talked through with them. The sheet reiterated the aims of the study and gave contact details of support services they could contact if they wished to discuss any sensitive issues that were raised in the interviews. The sheet also gave my contact details so they could get in touch with any further questions about the research. All the women expressed an interest in receiving a copy of the findings.

On completion of each interview I transcribed the audio recording for analysis. In line with the method of analysis used, discussed below, most non-linguistic features of speech were not recorded as the interest was only in the semantic content of speech. Therefore a 'Jefferson-lite' transcription approach was adopted as this gives basic interactional information (e.g. 'er', interviewer's questions and responses etc.) (Potter & Wetherell, 1987). It also gives information about the conversational and interactional context (Potter & Wetherell, 1987). According to Willig (2008) if the interest of the researcher is only in the content of the interview then it is sufficient to transcribe only the words or to 'tidy up' the transcript, alternatively other things could be included such as incomplete sentences, laughter etc. I chose to 'tidy up' the transcript by not transcribing each stammer as I thought that this might be confused with various other features of 'fluent' speech such as pauses, interruptions, intonations etc. as stammering can often sound very similar to these. Stammering is also quite heterogenous, with no two people who stammer, stammering in the same way (Bloodstein & Ratner, 2008); therefore I thought that it would be difficult to decipher the non-linguistic features of each person's speech. Furthermore, I was not interested in the subtleties of communicative interaction, which are required for other forms of analyses such as conversation analysis (Willig, 2008). All identifying information was anonymised during transcription and audio-recordings were destroyed after being transcribed.

Process Of Analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse the transcripts. This is a qualitative method of analysis developed by Jonathon Smith (2009) that explores how people make sense of their major life experiences. According to Smith, Flowers and Larkin (2009), "IPA researchers are especially interested in what happens when the everyday flow of lived experience takes on a particular significance for people. This usually occurs when something important has happened in our lives" (p. 1).

IPA is informed by phenomenology, which is a philosophical approach that is interested in exploring lived experience in its own terms. In addition to wanting to capture the quality and texture of personal experience, IPA is informed by hermeneutics (i.e. the theory of interpretation), therefore, it recognises the role of the researcher in interpreting this experience. The IPA researcher is seen as engaging in a process of 'double hermeneutics' as they are making an interpretation of what the participant has already interpreted (Smith & Osborn, 2003). In particular, IPA recognises that all interpretations of participant's experiences are influenced by the researcher's own values, experiences and beliefs and that these 'biases' are important in making sense of another's experiences. As a woman who stammers, IPA offered a useful method of analysis in that it allowed me the ability to be reflexive about my position within the research. Furthermore, I think that I was able to bring to the study an added depth of interpretation due to the 'knowledge' gained from being a woman and being a woman who stammers.

Finlay (2003) argues that there are five different types of reflexivity that can be adopted in research, of which I choose to use three of these within this research. One of these is 'reflexivity as introspection', which uses self-reflection to provide information regarding the social and emotional world of participants. I attempted to adopt this stance when planning the research, collecting, analysing and interpreting the data. By reflecting on my own experiences that were often shared with the participants I hoped to gain insight into the experiences of other women who stammered. Taking a reflexive introspective stance also allowed me to be

explicit about making links between my own and the participants' experiences and the social contexts of our experiences.

I also used another type of reflexivity called 'intersubjective reflection', whereby the mutual meanings involved in the research relationship are explored (Finlay, 2003). This type of reflexivity was particularly important for me during the interview and analysis stages of research when I was able to reflect on my own emotional reactions to the participants and the content of the interviews. This type of reflexivity was explored further within my reflexive diary (Appendix I) (this is discussed further below) and within the Discussion section.

Finally, by using 'reflexivity as social critique' (Finlay, 2003) I hoped to explore issues of power inequalities in the lives of women who stammer by highlighting the importance of gender norms and expectations of women. This type of reflexivity was adopted throughout the research process but as a woman with a stammer I was particularly struck in the interview process by how strongly I identified with some of the women's discussions of female gender norms and how women who stammer should 'fit' into societal expectations of the 'ideal woman'. This reflective stance was also particularly helpful when considering the clinical implications of the research because it allowed me to reflect on the current services that are offered to women who stammer and think critically about addressing any power inequalities that may currently exist in order to best address the research findings.

IPA is also influenced by idiography, which is concerned with the particular. It is not interested in making generalised claims about large samples but instead aims to give detailed accounts of phenomena. Therefore IPA is suited to exploring the experiences of a homogenous group of people, such as women who stammer, within a particular context, such as western culture. Despite focus on the particular experience, IPA locates this experience within social and relational context (Smith et al., 2009). Therefore it is a particularly useful approach to adopt when exploring the 'gendered' nature of stammering for women.

Although IPA has not been used previously to study the experience of stammering, other qualitative methods that use semi-structured interviewing (such as grounded theory and content analysis) have been adopted and deemed useful methods of inquiry (Plexico, Manning, & Levitt, 2009; Klompas & Ross, 2004). As I was interested in acknowledging my own reflexivity and grounding the data within a socio-cultural context, I thought that another method, such as Thematic Analysis, which mainly focuses on identifying, analysing and reporting patterns (i.e. themes) within the data (Braun & Clarke, 2006), would not allow me to do this. Therefore, in light of the above reasons, IPA was seen as the most appropriate and useful method to use to analyse the data.

According to recruitment guidelines by Smith et al. (2009), interviewing between four to ten participants when conducting an IPA is optimal. This is in order to provide meaningful points of similarity and difference between participants. Despite these guidelines by Smith et al. (2009) I decided to be generous in my recruitment due to the amount of women who came forward to take part in the research. I also felt that it in light of the reduced opportunities given to women with disabilities to voice their experiences (Mintz, 2007) that it was important to include as many participants as possible. In light of the number of participants, quantity of data and the word restrictions of the thesis I was unable to explore some of the themes in a lot of detail, however, my aim was to give a broad and full account of these women's experiences.

According to Smith et al. (2009) there is no right or wrong way of conducting IPA and some authors have proposed following different stages. I chose to use Willig's (2008) guidance because it offered a useful account of how to conduct IPA without putting emphasis on highlighting language use in the data such as pauses and hesitations (this is suggested by Smith et al., 2009), as for a sample of people who stammer, noting language use would not be very informative.

As IPA is ideographic and interested in the particular, each interview transcript is analysed before exploring themes across all transcripts. Willig (2008) proposes the following four broad stages of analysis:

(1) The reading and re-reading of a text, whilst at the same time making notes that reflect initial thoughts. These can include descriptive labels and questions about the text.

(2) In this stage the researcher notes different themes that were identified in the text and these are recorded in the right margin.

(3) The researcher attempts to structure the themes from stage (2) into clusters of themes and gives each a label that captured their essence.

(4) The researcher created a summary table of structured themes, together with a quote that represented that theme from the text and details of where to find it in the text. Only themes that captured the essence of the participant's experience were included at this stage.

These stages were completed for each transcript and then all the data was integrated into a list of master themes (see Table 3 within the Analysis section). According to Willig (2008), this list of master themes should "…capture the quality of the participants' shared experience of the phenomenon under investigation, and which, therefore, also tells us something about the *essence* of the phenomenon itself" (p. 62). A worked example of the IPA process is in Appendix G.

The analysis of the data was further informed by the reflexive journal (Appendix I) that I kept throughout the process of this study to keep track of ideas and experiences. The notion of keeping a reflexive diary is common practice in qualitative research as it is seen as a useful tool for the researcher to facilitate reflexivity about personal beliefs and assumptions (Etherington, 2004, as cited in Ortlipp, 2008). Moreover, as impressions of experience can change over time and with different experiences, it was important for me to record these initial impressions after each interview. The journal also helped me to develop the research themes.

ANALYSIS

As described in the Introduction, this thesis sets out to explore the lived experiences of women who stammer, whilst taking into account the gendered nature of these experiences. The research aims to build upon previous studies by Corcoran and Stewart (1998) and Crichton-Smith (2002) by taking this gendered approach of stammering for women.

Using IPA, four super ordinate themes were developed and some of these comprised a number of subordinate themes. These themes are shown in Table 3 below and are discussed in detail in the sections that follow. Extracts from the interview transcripts and interpretations of these are used to elaborate on each of the themes. These are then discussed further in relation to the literature in the Discussion.

Table 3: Superordinate and subordinate themes (Appendix H)

Superordinate themes	Subordinate themes
1. Reactions of others and impact on self-perception	Lack of understanding
	Gendered norms and reactions
2. The effects of stammering across relationships	Tensions within the family
	The impact on friendships
	Forming and maintaining romantic relationships
	Worries about 'passing on' a stammer
3. The transition from school to work	
4. Journey to acceptance	Seeking support
	Accepting difference

Reactions of Others And Impact On Self-Perception

The women all gave detailed accounts of how they thought people reacted to them as a woman who stammered. They thought that the unhelpful reactions of others were partly due to a lack of understanding about stammering and gendered expectations of women. Some women described a disparity between the reactions of men and women towards women who stammer.

<u>Lack of understanding</u>

All the women described a variety of difficult reactions and thought that these stemmed from the listener not understanding why they were having difficulties speaking. Often this could result in difficulty or embarrassment.

> *… well some people get urm embarrassed and then either that makes people try to help you…say what they think you are going to say… or it makes people avoid me maybe or look kind of uncomfortable...* (Catherine, 1, 7-10)

> *You'll always get a reaction that's slightly different because it's quite an odd thing to be confronted with and I think it's not often out of like any malice or any mal intent but it's just through lack of understanding.* (Frankie, 1, 3-5)

> *…urm I get a lot of extra attention….You start stammering and suddenly everyone's attention's on you… I feel you can't just say anything and it be a small thing…*(Annabel, 1, 21-33)

Annabel describes getting a lot of unwanted attention from others. It seems that this is upsetting for her, as the attention is not because of the content of what she is saying but because of how she is saying it. It is likely that this sort of scrutiny from others is quite anxiety provoking.

Some women said their teachers often reacted in quite a negative way and they thought this was also due to a lack of understanding.

I used to be made to speak like I think they didn't understand. They wanted to drum it out of me. Even the teachers laughed at me, which was really hard. (Claudia, 2, 56-59)

I was doing a sort of gaping thing that I do sometimes because I'm blocking..urm the French teacher actually did an impression of me, because she didn't realise I had a stammer…(Annabel, 6-7, 244-248)

..they didn't understand stammering…one teacher in particular, kind of imply that I was attention seeking and was wondering if I was an only child…(Stacy, 5, 158-160)

Although in hindsight the women attribute these reactions to a lack of understanding, it is likely that at the time these reactions felt not dissimilar to other bullying by peers. Consequently, these reactions were probably internalised and impacted negatively on the women's self-perception.

Gendered norms and reactions

Most of the women said they thought that stammering did not fit with societal norms of how women are supposed to be and this impacted negatively on how they felt about themselves.

I think women are expected to be better in terms of communication and …everyone thinks that women are better at having conversations. (Annabel, 1, 40-41)

… it has all those impacts of making you feel unattractive urm and…I dunno unintelligent and..unloveable… (Frankie, 7, 280-288)

It's not exactly a ladylike thing, pretty or womanly thing to do. (Claudia, 7, 340-341)

Women are supposed to aspire to the magazines and be perfect…and having a stutter doesn't really help with that. (Jane, 2, 56-60)

*You're not meeting that perfect perception of what society thinks you should
be.* (Jane, 2, 65-70)

It is likely that these negative perceptions of themselves are constantly being
reinforced by the unhelpful reactions of others to their stammers, the lack of
understanding around stammering and the proliferation of the 'perfect' woman
within the media.

Some women described others reactions as being due to a general expectation
that only men stammer and thus women who stammer are viewed as anomalies.

*…well I think people see it as more of a male problem, perhaps more of male
geeky sort of problem. Well you know … you get sort of intellectual, not very
good social skills and stammering sort of thing you know.* (Annabel, 1, 3-7)

…a lot of men stammer…people don't expect you to do it. (Claudia, 7, 347-
348)

Other women highlighted the role the media plays in perpetuating the myth that
only men stammer:

*…so I think people who don't know anything about stuttering and just pull
their knowledge from the telly will think oh I've only seen men stammer, it
must be a male problem.* (Jane, 4, 167-169)

*I mean it would be good to have something more out there about women that
stammer, I mean if stammering is mentioned…they talk about historical
examples, it's always male examples you know, I mean the king's speech…*
(Annabel, 20, 793-796)

Two women highlighted how people sometimes explain the anomaly of being
faced with a woman who stammers by infantalising them. This might be an

extension of more generalised sexist views of women and women with disabilities as helpless and needy (Asch & Fine, 1988)

> *People think I'm a child because I can't get my words out and that really frustrates me. They think I'm a shy school girl…They think I'm nervous but it's got nothing to do with it.* (Claudia, 7, 357-370)

> *I think people are generally really surprised that as an older woman I do have a stutter as it's generally seen as a childhood difficulty.* (Jane, 1, 32-34)

Some women also described a degree of disparity in the reactions of men and women to their stammer, with men often being more supportive than women. This behaviour could also be explained by the 'sexist infantalisation' of women by men.

> *I mean perhaps some people would be more paternalistic almost and help you out…* (Catherine, 1, 18-19)

> *…or they think that women are more vulnerable, need more help or that they are less likely to be horrible to a woman.* (Catherine, 1, 38-39).

> *I think men like take charge a little bit more like when we go out… like I'm helpless I guess, like a woman.* (Jane, 1, 23-28)

Stacy and Jen described why they find it easier to speak to a man than to a woman:

> *… I think that they perceive my stammering in a different way than females do and … my perception has always been that they're more willing to give me time to speak or more understanding…* (Stacy, 4, 115-118)

> *...with women I always felt like any reaction I got from my stammer was quite condescending and quite..negative.* (Stacy, 4, 127-131)

..in experience it's actually the men who are more understanding, have more time on the phone. I think they are less superficial sometimes… (Jen, 2, 97-101)

I think that the above descriptions by Stacy and Jen highlight the impact of traditional gender roles on the reactions of men and women to their stammers. According to the women's descriptions it is as though, 'fluent' women may be less tolerant towards women who stammer as they do not fit in with the 'ideal' expectation of women (i.e. who are fluent). Furthermore, men may perceive women who stammer as needing to be 'saved', therefore, they may fall into traditional male roles of wanting to 'look after' women in need (Rollins, 1996).

The Effects Of Stammering Across Relationships

The women spoke about the effect of stammering on family, friendships, romantic relationships and children. Although these were spoken about at different times in the interviews it was noticeable that all these relationships had been affected at times by stammering.

<u>Tensions within the family</u>

The women described families that either spoke openly about stammering or families that did not. The women below described how not talking about the stammer at home, even when another family member also stammered, resulted in them feeling a sense of shame and isolation:

…well my mother has a stammer. We didn't really talk about it … it feels a bit strange to not talk about something that is so obvious and that is a shared experience…I've always found it hard to talk about my stammer…I guess because I feel bad about it…for myself. (Catherine, 4, 111-128)

We never really discussed my speech with my friends or my family …I suppose because I was always quite embarrassed about it. (Jen, 4, 164-172)

My Dad has one as well as does my brother…so my Dad I think was probably horrified when I started stammering because he never liked to discuss it that much. (Frankie, 2, 49-51)

…you know if I had a child who had a stammer then I would talk to them…and ask them how they are….I don't remember my parents asking, …I don't remember them caring really. (Sarah, 6, 248-253)

The above extracts capture the sense of loneliness felt by the women partly due to the denial or reluctance on behalf of parents to acknowledge their stammers and the obvious distress brought about by it. The extracts also describe how women often exonerated their parent's behaviour by saying that the choice to speak openly about stammering was theirs and they choose not to.

Although other parents discussed their child's stammer at home, this often went hand in hand with trying to find a 'cure' for it.

…they were desperate to get me cured…Mum and Dad wanted the best for me and they felt that that wasn't (i.e. having a stammer). (Susan, 1, 15-29)

… I had a lot of NHS therapy…then I flatly refused to go anymore because I felt it was not helping in any way. (Susan, 6, 253-255)

Annabel described the effect of being taken to numerous speech and language therapies (SLTs) as reinforcing the feeling that there was something intrinsically 'bad' about her:

…my parents were quite keen to sort of cure it…so I saw lots of people who didn't really help me …and now I quite resent that…and that the emphasis was curing me opposed to helping me understand that I wasn't that bad... (Annabel, 3, 98-105)

Annabel was also angry towards her mother for putting so much emphasis on how she spoke as opposed to the content of what she was saying:

I sort of blame her because she was the one taking me to them things…and because I was eleven, you know, they have some techniques that where you're supposed to say to your child, 'oh no, that was bumpy speech or that was smooth speech' you know…but I found that very patronising..…so I'd say, just let me say my thing and listen to the content of what I'm saying rather than telling me to slow down...it does sort of cause a lot of arguments with my mum, now it has sort of hurt our relationship quite a lot. I've got to deal with that now as an adult, you know. (Annabel, 4, 130-150)

The above extracts by Annabel and Susan describe a tension between the women and their parents. These tensions were described as wanting to comply with parent's wishes to find a cure, whilst at the same time acknowledging the detrimental effect this was having on their well-being. It is likely that these tensions were exacerbated as time went on and the women felt unable to discuss openly how they were feeling with their parents.

In line with Annabel's above description about her relationship difficulties with her mother, it is likely that relationships with mothers were more affected than those with fathers, as girls usually form closer bonds with their mothers (Rollins, 1996).

Only Emily described her parents as striking the right balance in managing her stammer. The following extract is taken from when she was talking about how she would manage her own child's stammer one day:

I think it's more through actions than words so actually in a home environment just as my parents did, giving me time, making it acceptable… (Emily, 13-14, 550-559)

In the above description Emily describes how she found certain actions (rather than words) by her parents to be supportive in helping her manage her stammer.

Both Claudia and Jen described how their attempts to 'hide' their stammer affected family relationships.

I'm probably not as close as I would want to be with my dad and brother because I don't talk much. If I'm not giving many answers it's difficult to… be close to someone…(Claudia, 6, 299-301)

I've always been embarrassed of my speech. I will do anything that I can even now to hide it and I always have done as a child..I think it's a fear of shame and disappointment that I feel that my family might have… (Jen, 2, 90-95)

Sibling relationships were also affected by a stammer. Jane described having to manage feelings of jealousy towards her 'fluent' sister:

I've always been really jealous of her…why do I stutter and she doesn't? She used to find things a lot easier than I did at school… (Jane, 5-6, 262-281)

Jane describes feeling jealous towards her sister because of her fluency and easier school experiences and said that these feelings posed a challenge for forming an intimate relationship with her. This is probably a challenge that a lot of children who stammer face and have to deal with alone for fear of creating conflict in the family, which may result in sibling support (i.e. in speaking situations etc.) being taken away.

<u>The impact on friendships</u>
All of the women described feeling as though stammering had made it harder to establish friendships. Some women, such as Jen (above), described this difficultly as stemming from difficulties relating within the family. Most of the women also preferred being within small friendship groups but not all the women thought this was due to having a stammer.

In the following extracts, women spoke about the challenge of making 'small talk' and simply being spontaneous with others. They describe being unused to talking 'freely' for fear of disclosing their stammer and others disliking them because of it.

I mean I wonder how much my stammer has affected my personality because I'm not very open with people and I wonder if that's because I was so used to…not saying everything that came into my head growing up…. (Annabel, 15, 593-609)

…I find it difficult to open up to people really and I think that is something I still struggle with and I think maybe if I didn't have a stammer I would find it easier… (Stacy, 3, 93-95)

I used to struggle really with friendships of any kind, platonic ones or otherwise. I used to find it hard to trust people and be myself with them and to be honest about how I felt…Putting up barriers and always wanting…people to like me when I was afraid they didn't. (Mary, 6-7, 257-262)

It is also likely that having a stammer makes it harder to express yourself in front of someone you want to befriend and that each friendship takes a lot more work than for a 'fluent' person. Therefore, it is probably easier to befriend fewer people as you have more time to establish friendships.

The following extracts describe the women's preference for smaller friendship groups:

I chose to have …one friend…so that I could build up relationships with one person rather than a group. I've never coped too well in groups of people. (Jen, 3, 133-143)

I only really had a few close friends at school..I found making friends really hard at school... a friendship group that were really protective of me and stood up for me and told me not to worry about what people thought. (Jane, 4, 200-207)

It is possible that the women also preferred smaller friendship groups because this made them less vulnerable to being a target for bullying from others. Furthermore, as women generally put more importance on developing close expressive relationships with their peers than men do (Rollins, 1996), it is likely that women who stammer as opposed to men who stammer, may prefer smaller friendship groups in order to develop these relationships.

Sarah described her difficulties establishing friendships with other Mums in her children's school:

... I sort of feel like some of them have got like closer bonds and you know because there's no other mum in my children's class that's got a stammer…. I struggle…to work at really good relationships with them…. I shouldn't feel sorry for myself but…I don't feel like I've got as many…really close..friendships…(Sarah, 3, 97-119)

Sarah reflects on how the stammer has probably affected how she is with people and her ability to open up. This difficulty probably stems from feeling as though she always had to 'hide' her stammer from her family and friends. Sarah's description that she 'shouldn't feel sorry for herself' suggests that she thinks that struggling to form close relationships is expected when you have a stammer and something she 'should' be able to cope with.

Forming and maintaining romantic relationships

Forming romantic relationships for someone with a stammer can be very challenging. This is because they usually begin with attraction (before any words are spoken) and as a stammer is not immediately identifiable, the fear that the woman will no longer be regarded as attractive when she speaks can be immense. This fear is affected by the negative self-perceptions that women who stammer have as being 'unattractive'. These are discussed within the first theme (i.e. 'Reactions of others and impact on self-perception').

For a long time I sort of desperately wanted to have a relationship I just felt I wasn't very attractive. (Susan, 4, 158-153).

I think I would have had rather more relationships (if she didn't stammer). (Susan, 4, 193)

Well I always felt that it was kind of a negative point kind of oh why would anybody want to be with a person with a stammer cos other people would judge your partner, you know... Like I dunno people who might be with a wheelchair user or a really large person or something like that. (Catherine, 7, 219-231)

Interestingly in the above extract, Catherine describes worrying about other people judging her partner for dating her, as opposed to worrying about what others or her partner would think about her. It is as though judging others for being with her is a worse critique of herself than judging herself directly.

Some women described how they developed coping strategies to help with dating:

I remember I actually used to write down the few words I wanted to get across on the phone. (Sarah, 10, 429-430)

…kind of texting and stuff is really good so I could probably hide behind that a bit more. (Emily, 10, 428-429)

Well basically I avoided dating and all of that and.. I actually met my husband online so I kind of bypassed the whole dating thing (laughs). We were in a long distance relationship and I think part of that was just it was easier I think... (Stacy, 10, 460-470)

Claudia and Annabel discussed how the stammer sometimes affected maintaining a romantic relationship:

…he would get annoyed when I wouldn't talk myself. (Claudia, 7, 335-336)

…it takes up a big space in my head and I think that's hard for other people to understand, you know. I think the thoughts about my stammer and the history of my stammer and things urm I think it's I think people don't understand what how much of an issue it is. (Annabel, 8, 315-323)

Annabel draws attention to the underlying difficulties that often accompany a stammer. It is as if there are three people in the relationship – herself, her partner and her stammer – and for a relationship to work, the stammer has to be addressed.

Worries about 'passing on' a stammer

The women were all of different ages and only four had children, however, all the women had thought about having children at some point in their lives.
Many of the women spoke about how awful they would feel if they were to 'pass on' the stammer to their children and at least one had a parent who also stammered. They described this fear as not wanting the child to suffer the way that they had.

…I have thought oh will I pass it on… or have I passed it on. My younger son has at times shown some signs of dysfluency but I hope it never develops… (Catherine, 8, 274-277)

I mean there's much worse things out there that she could potentially have and I was much more worried about her having a stutter, which is completely silly. (Jane, 8, 411-415)

I don't want them to have a stammer; it would be just wrong, I'd feel awful. It's not fair on them. (Claudia, 7-8, 379-388)

Another fear, expressed by Jane, was that her child would 'resent' her for passing on her stammer to them. Although she did not 'resent' her own father for 'passing on' the stammer to her.

I'm a bit worried that she'll grow up and she'll resent me if she does stutter, even thought I don't at all resent my dad (laughs). (Jane, 8, 391-392)

The above extracts describe the fears that 'passing on' a stammer might both impact negatively on the child's well-being and their relationship with the parent who 'passed it on' to them.
Some women discussed how they managed their worries by accessing support services and by being open about their stammers with their children.

… I worried a lot about starting a family and … the possibility of passing on a stammer and that's when I went to the city lit. (Ann, 9, 403-405)

I remember I did go and have a chat because I was worried that they, because they were hearing me stammering quite a lot whether they would start imitating me. And they said look, Stacy, they're not gonna start imitating you know, it's quite difficult for them to suddenly start speaking like you (laughs). (Stacy, 12, 546-549)

For the women who have children they face the daily challenges of being a mother and having a stammer. Catherine and Sarah, who grew up within families that did not talk openly about their stammers, have decided to talk openly with their children about it.

I have talked to my children about doing the course and …having a stammer and … I hope that would make it easier for my younger son. (Catherine, 8-9, 282-287)

Catherine is concerned about her youngest son having a stammer so by speaking openly with him about her stammer she hopes to alleviate any negative feelings he has about his own speech.

…well I mean they take it in their stride really (laughs). It doesn't seem to bother them. I always think oh well will they be embarrassed in front of their

friends. Urm and I've asked my eldest son and he says that he doesn't but then I think he might not tell me …so as not to hurt my feelings …(Catherine, 9, 298-301)

Catherine described above how even when she is open with her son and asks him if he feels embarrassed of her stammer, she does not believe him when he says he does not. This suggests that her feelings of shame about her stammer are so deep rooted that they may be hard to change.

Sarah described the process of being open about her stammer with her children as an ongoing process in which she has to deal with a variety of different issues on a daily basis.

...a couple of times I've had to say to my son…he actually finished a word for me and I said, you know, I don't want you to do that…I suppose the next stage of worrying about will be when they have their friends round and I stammer in front of them…(Sarah, 13, 591-597)

Some of the mothers spoke about the isolation they felt as the result of being both a woman who stammers and a new mother. There was a sense that they might not 'live up' to gender expectations of new mothers, who have to deal with various speaking situations when advocating for their child. In order to manage these anxieties, some women thought that support groups for women only would be extremely useful.

But I think having a stutter as a woman can be quite isolating…(Jane, 8, 406-408)

You're accessing help services, midwives and doctors and I think…just dealing with having to ring people. It would be nice to kind of talk to somebody about that…I'm entering a different phase in my life and it would be nice to be able to have support with it because you stutter. (Jane, 12, 643-654)

I looked on the BSA website to see if there was a group for mothers who stammer…and there wasn't so I sent an email out you know about, saying … can I see if there's any interest out there…I suppose if there had been a group I would have gone to it. (Sarah, 15, 661-668)

Jane, who is a speech and language therapist, felt as though SLT in general did not address the gendered issues associated with being a woman with a stammer:

I haven't really found anything as a female. There's not really anything out there… (Jane, 11, 603-604)

It doesn't seem to go away, the stammer (laughs) and the issues change, as you get older. (Jane, 12, 636-637)

In the above extracts, Jane highlights how the gendered issues associated with having a stammer may change over time according to life events and that it would be helpful to be able to talk to other women at similar life stages. I too, have found that my stammer is always there throughout life but that the difficulties associated with it have changed according to my priorities, challenges and interests at particular times.

The Transition From School To Work

This theme captures the experiences of women who stammer within school and work and the transition from one to the other. As a result of bullying and a lack of support from teachers (discussed in Theme 1: 'Reactions of others and impact on self-perception'), some women reported having increased fear about speaking, which resulted in not participating in class. Subsequently, they felt as though their teachers sometimes overlooked their academic potential. These negative school experiences either made women seek jobs with little speaking or had the opposite effect of making them want to 'push' themselves academically and professionally.

The majority of women described being bullied in school and how this impacted on their fear of speaking. Some women spoke about the reasons for being bullied and thought that their speech wasn't the only reason but that it was an added layer to making them feel 'different':

…I had like glasses and a brace and my stammer and I was also quite nerdy so like all around break into pick on me…a few people did sort …mimic my speech every now and then and I think while you're in school you don't have the tools to say 'oi what are you doing like, that's not very nice is it?' (Frankie, 2, 69-75)

I was bullied quite badly. One of the reasons was my speech. (Jen, 2, 55)

I can still just remember how unhappy I was and how hard it was …it was really difficult because I was different and I stuck out and at that age kids want to fit in and if they just kind of all jumped on the kind of band wagon so I was really isolated…(Emily, 3, 97-102).

You want to be the same as everyone else and it just made me really different and people just didn't know how to react to it (Jane, 2, 86-88).

The fear of speaking in class is described in the following extracts:

…simple things that other people probably take for granted like answering the register and reading out loud was really difficult and I used to not want to sleep at night because I was so worried about answering the register in the morning. (Jane, 2, 78-82).

I remember hating primary six and seven and to be honest I'd be sitting there thinking oh please don't ask me to read. (Sarah, 4, 166-167)

And others linked the lack of participation to their potential being overlooked by teachers:

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I think it probably stopped me from answering in class and from giving my opinions … so I think people didn't realise that I was quite intelligent ... (Annabel, 4, 160-162)

… even when I knew the answer I wouldn't speak up… (Catherine, 4, 134-136)

…if I didn't have a stammer, I would've … got more out of the lessons and more out of school… (Sarah, 4, 211-214)

The women appeared to cope with their difficult school experiences in different ways; they either sought jobs with little speaking involved or they made a point of not letting their stammer hold them back from doing what they wanted.

I sort of let it limit me. I took a summer job in the library service and sort of am still there thirty five years later, it's just that I could do a lot more and I let it slide. (Mary, 3, 95-98)

I chose it partly cos I wanted to but partly cos I didn't want to work with loads of people. (Claudia, 4, 215-216)

Well you see because I thought with the computing I can just work at my computer and I won't have to talk to people. (Ann, 4, 166-167)

The following extracts describe how other women 'pushed themselves' to achieve academically and professionally and there is a sense that their stammer acted as a driving force in pursuing their goals.

I think I'm just quite a determined person overall but I also think having a stammer and being female has encouraged that determination and has kind of pushed me to…attempt to be perfect in other ways because I couldn't be perfect speech wise (Stacy, 7, 256-258)

I think there are a lot of people in my situation with a stammer who wouldn't do what I'm doing now. A lot of people would choose the easy option. I haven't let that happen with my career so much. (Jen, 8, 430-434)

…I think I was about 18 when I though I'd like to practice law, which you know, … it's not the obvious career for a person with a stammer. But I think that I'm the type of person that when I get an idea in my head I'll just keep on going…I just carried on in the hope that I'd get there (Catherine, 5, 147-150)

All these women describe wanting to do jobs they are interested in and proving to themselves that they are able to achieve their goals in life in spite of having a stammer.

Annabel describes a wish to achieve her career goals in order to feel better about herself:

I always feel that if I achieve something more then urm I don't have to feel so bad about it you know, like I'm living on a sort of higher level, like my stammer isn't holding me back. It kind of sort of drives me on to do something bigger to prove to myself that I can do it and then I can feel happier at that level... (Annabel, 10, 398-403)

However, even when Catherine achieved her goal of becoming a lawyer she described ongoing challenges associated with her stammer:

…there were some clients who obviously didn't want to have a lawyer with a stammer. There were people who may have been a bit skeptical at first but who could see that, well I always really tried hard and put a lot of effort and care in to my work so they were ok. (Catherine, 5, 173-175)

Catherine's experiences at work perhaps reflect negative societal views about people who stammer as not being as competent as someone 'fluent'. These views are probably so entrenched within society that they are not diminished by

the fact that Catherine is an extremely competent women who is a Lawyer and has a PhD.

Journey to Acceptance

Although the women were all at different stages in their lives, most of them spoke about their stammer as changing over time and of the process being like a journey. This journey consisted of a time of 'hiding' the stammer, which was accompanied by feeling ashamed of it. This led to them feeling gradually worse about themselves until they reached a point when they sought support from services. With the help of SLT services they were able to gradually accept their stammer by being open about it, which in turn increased their general well being. In order to maintain well being, the women described needing to constantly find new ways of challenging themselves for fear of falling back into old habits (i.e. of 'hiding' their stammers).

<u>Seeking support</u>

As discussed within Theme 3 (i.e. 'School to work'), some women who were taken to therapy as a child experienced it as unhelpful. However, a couple of women thought that the therapy was not unhelpful, but that they were not ready to make changes to themselves or their speech:

> *I think it was partly to do with my age and not wanting to be different and I didn't want to take the time at that age…* (Stacy, 12, 545-547)

> *I think I had some of it when I was like in primary school age, which it did help but I think until I was more in like 18 plus that was when I wanted to address it and I could get my head around it…* (Emily, 15, 608-610)

After a long break from SLTs, some women described reaching a point in their lives when they actively sought support from SLT. This was when the coping strategy of 'hiding' their stammer from others was no longer working and their general well being had deteriorated as a result.

I could barely go out the house you know, I was so scared of catching the bus…. There was a very key moment when I was about 16 when I thought…I've got to stop it letting it hold me back… (Annabel, 10, 403-406)

...I just couldn't take it and I sort of poured my heart out one night (laughs) and then well he actually made the first moves and he got in touch with a (speech therapist)…That was the first step to my journey as it were to, it sounds a bit extreme but free, free speech as it were (laughs). (Sarah, 1, 41-44).

<u>Accepting difference</u>

After a life long struggle to 'hide' their stammer in order to 'fit in', all the women described a turning point when support services helped them to accept their difference by stammering 'openly' with others. They described SLTs as being unable to help with fluency but instead helping them to feel less ashamed about their stammers with the help of psychological approaches. By stammering 'openly' the women felt they were being 'true' to themselves and were happier overall as a result. The women describe this as time of their lives that was both challenging and rewarding.

...when I sort of thought I could accept it, I could accept that I stammer and do all the sorts of things I want to do anyway that things improved for me. (Annabel, 3, 105-106)

I can't say it's done a lot for my fluency (SLT) *but it's certainly making me be able to accept my stammer with less embarrassment and it has helped my improve my self-esteem quite a lot.* (Mary, 10, 409-410)

Both Sarah and Frankie described how by stammering 'openly' they were able to disconfirm negative beliefs they held that others would not like them if they stammered openly. By doing this, they were also challenging the predominant notion of the 'ideal' fluent woman.

..much more comfortable now with who I am…Yeah ok I've got a stammer but I'm not a bad person…I actually do invite people round for meals … and enjoy conversing…I'm a much warmer, friendlier person compared to what I was like before … (Sarah, 9, 440-454)

I think as I've gotten older and I've been on sort of more courses…I've become more open about it …I went on a really good course at uni which didn't help my fluency or control at all but just made me much less ashamed…and sort of took away that urm feeling of inconveniencing other people, which I had. (Frankie, 3, 126-131)

Once the women were able to accept their stammers they were also able to notice some positive aspects of being a woman who stammers, which they had been unable to notice previously.

…I think there is that there is a positive too…if I now get a train ticket or something, or like had to read out a long number to someone on my ticket and I could do it, I have a really good buzz from that but other people wouldn't have…so yeah lots of small achievements you know…helped me in certain sort of empathy and personality ways maybe… (Annabel, 6, 217-222)

…I find now I can actually use my stammer in a positive way by being involved with things like the BSA…using it in a positive way is really helping me. (Mary, 6, 256-257)

Sarah thinks her stammer may have a positive effect on her children:

… I mean hopefully at the same time because they've heard me stammer, they will have even better communication skills and…later on in life…they won't finish people's sentences you know. (Sarah, 12, 615-620)

The women saw the process of self-acceptance as ongoing and some of them emphasised the importance of constantly challenging themselves in order to not fall back into old habits.

...I thought I have to be careful when…I retire that I still have a need to use the telephone because I had this fear that…if you stop doing something you might gradually find it more difficult to use the phone when you need to. (Ann, 7, 310-311)

…getting a new job has encouraged me to take on responsibilities I would have avoided some time ago. (Mary, 13, 544-545)

Interestingly, all the women said that the helpful courses were not ones that improved their fluency but those that increased their self-esteem and overall well-being. Some women even thought that courses that were focused more on achieving fluency may be aimed more at men who stammer:

urm men I've found have been more interested in learning techniques to control their speech rather than maybe looking at the underlying emotional aspects and feelings of it. (Mary, 11, 439-440)

…it's all very male. It's all 'hard' and you've got to fight it (hits her hand to express this) and all this sort of thing, which is not me at all. (Susan, 7, 331-337)

However, most of the women found being in a group format with both men and women helpful to share experiences of stammering:

I think realising that other people are going through the same problems that you are really helped. (Jane, 9, 455-456)

Helpful to problem solve with other people who stammer. (Jane, 9, 465-475)

It's refreshing to remember there are other people who stammer cos I'm in a world where I don't know anyone else who stammers... (Emily, 17, 732-735)

All the women found talking about the underlying thoughts and feelings around stammering extremely helpful in learning to accept their stammers and some stressed the important role that psychology plays within SLT and advocated for more psychological support.

Mary described her one to one SLT as being very psychologically informed:

…much more based on the psychological aspect…We do look at all my underlying issues which I've found very helpful and I hadn't realised actually how much damage I had done when I was younger to my sort of emotional side of me… (Mary, 10, 388-396)

Annabel and Emily both work as speech therapists and think that psychological input is crucial within SLT for learning to accept a stammer:

I think stammering is a field that should have a lot of input from psychology…I think SLTs perhaps don't have all the psychological tools that they could have and there should be more impact on giving them psychological training as a matter of course…yeah I mean it would be good as it there were input from psychology in a team. (Annabel, 17, 668-679)

… SLT approaches draw on psychological approaches because you can't treat it as a just a disorder of dysfluency 'so we're going to give you these strategies and our aim is to make you more fluent', it's more about addressing the covert stuff. (Emily, 15, 625-629)

DISCUSSION

This study aimed to explore the lived experiences of women who stammer and the impact of this on their lives. It also aimed to take into account the socio-cultural context of the women's lives and consider the effect of societal gender norms within different areas of their lives (e.g. their family, school, work and relationships with others). In light of the above interests, the research question was: What is the gendered nature of the experiences of being a woman who stammers?

Summary Of Analysis

Twelve women of different ages were interviewed about their experiences of being a woman with a stammer. All the women described feeling as though having a stammer had impacted profoundly on their lives. It was apparent that other's unhelpful reactions were often mediated by a lack of understanding about stammering within society and gendered norms of how women 'should be'. The internalisation of negative reactions and gender norms consequently impacted negatively on other areas of their lives, such as school experiences and romantic relationships.

Stammering was found to affect relationships over the lifespan. These difficulties seemed to originate within the family and then spread to future relationships with peers and romantic partners. However, there was a trend to want to break these difficulties relating with their own children. Again, internalised gender norms of the 'ideal women' impacted on how attractive the women felt, which affected romantic relationships and made them question their mothering abilities.

Stammering was found to play a key role in the transition from school to work. Overall, the women described negative school experiences of bullying and lack of support from teachers that reinforced a fear of participation in class. Subsequently, they felt as though teachers overlooked their potential. These experiences had the effect of either seeking jobs with minimal speaking

requirements or choosing to 'push' themselves academically and professionally to prove their true potential.

Many women described a process of adopting the coping strategy of 'hiding' their stammer in order to 'fit in' within the family and social network. This led to deterioration in their overall well-being and to a point when they decided to seek support. Most of the women described the benefits of SLT in accepting their stammers and the importance of using psychological approaches. They then described a gradual process of learning to accept their stammer, after which, some women were even able to identify positive aspects of having a stammer.

This chapter will discuss the above findings in more detail by placing them within the context of the research literature and using them to describe the experiences of women who stammer within different areas of their lives (e.g. early experiences of stammering, friendships, school, work, romantic relationships, children and SLT). It will then explore the clinical implications of the findings, my own contribution to the study as the researcher, evaluate the quality of the research and review the methodological limitations. Finally, it will conclude by giving suggestions for future research.

Early Experiences Of Stammering

The findings suggest that early experiences of stammering can impact negatively on self-perception and future relationships.

Within the family, stammering was managed by either not talking about it or talking 'openly', whilst trying to find a 'cure'. Both these methods resulted in reinforcing a sense of shame in the women who felt as though there was something inherently wrong with them.

The parent's decision not to talk openly about stammering may have also been affected by negative stereotypes about people who stammer as these have been found to be shared by parents of children who stammer (Crowe & Walton, 1981). It is likely that if parents regard a child with a stammer as being more sensitive

and scared they would probably be less likely to broach the subject of stammering with them for fear of causing them distress. However, as we are aware from research into mental illness, not talking openly about a problem within families can perpetuate feelings of isolation and shame (Byrne, 2000).

Furthermore, some women described how they had to deal alone with feelings of jealously towards their 'fluent' siblings or shame associated with their stammer, as a result of not being able to 'openly' discuss the stammer within the family. It seemed that this created underlying tensions within the family and at times impacted on the women's ability to form close relationships with their parents and siblings.

The majority of women described childhood SLT as unhelpful. They said that most of the courses were focused on speech restructuring and when they were unable to maintain fluency gains in the long-term, they were left feeling a sense of failure. The finding that childhood SLT is unhelpful was also a theme for adults who stammered within the Silverman and Zimmer (1982) study. Furthermore, one woman in this study described feeling anger towards her mother for putting so much pressure on finding a 'cure' for her speech and putting emphasis on how she spoke as opposed to the content of what she was saying.

The above negative experiences of family interactions and childhood SLT were compounded by how others reacted to their stammers in quite a negative manner. In general, the women thought that listeners were often surprised and embarrassed to hear them stammer as in addition to being an unusual thing, it is also usually seen as a problem solely associated with boys and men. The myth that stammering is a male problem is probably in part due to the higher ratio of men who stammer compared to women (BSA, 2012) and perpetuated by the media that continues to portray stammering as a male problem within films such as 'The King's Speech'. As discussed in the Introduction, it is likely that this myth has been maintained by the research literature on stammering that has mostly recruited men for studies and by not differentiating the findings by sex.

As a result of feeling ashamed of their stammers, most of the women described adopting a coping strategy whereby they tried to 'hide' them. They did this by speaking less within the family and with friends or by changing how they spoke (e.g. one woman said she tried to speak very quickly to disguise her stammer). Feeling ashamed has been found to be one of the common consequences of living with a stammer (Murphy, 1999).

These early experiences of managing the stammer within the family, reactions of others and internalised negative perceptions of people who stammer laid the foundations for how the women experienced other areas of their lives, which are addressed below.

Friendships

As a result of wanting to 'hide' their stammers from others, some women described having difficulties establishing friendships. The majority of women described this difficulty as a long-standing problem that stemmed from childhood and one woman said that she thought her relationship difficulties were due to holding back from saying what she was thinking as a child in case she stammered.

The findings that stammering impacted negatively on relating within the family and that these patterns of relating then affected future friendships, is not something that has been found previously in the literature. In fact, these findings are inconsistent to those reported by Blood et al. (2003) and Blood and Blood (2004) who found that adolescents who stammered did not think their stammer affected their social life. However, their samples were mixed and therefore not representative of women's views.

It is perhaps not surprising that all the women interviewed expressed a preference for smaller friendship groups in which they felt more able to 'open up' to people as they had more opportunities to show their 'true' characters. It is also not surprising that the women in this research preferred smaller friendship groups in light of their reports that often people reacted in a difficult way to their

stammers. Therefore, it is likely that they would want to socialise with a small group of people.

School

Most of the women described school as a very difficult time in their lives. In addition to the stammer making them feel 'different' from their peers, they said that bullying and a lack of teacher support, further exacerbated these negative experiences. It is likely that how their peers and teachers treated them was mediated by prevalent negative stereotypes of people who stammer as being shy, of low intelligence and inferior to their 'fluent' counterparts in all domains (Craig et al., 2003; Dorsey & Guenther, 2000). Moreover, these stereotypes are found to form in children as young as three (Ezrati-Vinacour, Platzky & Yairi, 2001).

Some of the women perceived the stammer as adding a layer to other pre-existing difficulties and did not solely attribute it as the reason for being bullied. This finding has not been reported previously in the research but makes sense in light of the awkwardness usually experienced in the pubescent years.

Although Hartup (1996) found that men who stammer were more likely to have been bullied than women, all the women in this study described experiencing bullying in school. Furthermore, the women did not think that the sole reason of being female affected how their peers or teachers treated them.

The women described their teachers reactions to their stammer and to the bullying as unsupportive and said they would often force them to speak in class or not address the bullying when it happened. They attributed these unhelpful reactions and lack of support from teachers (and others in general) to a lack of understanding about stammering.

However, in line with the Silverman and Van Opens' (1980) study that teachers perceive girls stammering as less of a problem than boys, the negative reactions of the teachers in this study may be due to them perceiving stammering as less

problematic for girls. Therefore, they would have been less likely to address any issues associated with girls and stammering.

Consequently, the women described the negative reactions by teachers (described above) as reinforcing their fear of participating in class. Corcoran and Stewart (1998) found that intense fear was one of four predominant feelings associated with the stammering experience, however, this research takes their findings one step further by suggesting a link between negative school experiences leading to fear of speaking and the potential of being overlooked as a result.

These findings also partially support earlier research by Klompas and Ross (2004) and Mooney and Smith (1994) that bullying and lack of support from teachers leads to poor academic achievement. Although all the women in this study achieved academically (as reported by them), most of them said that their full academic potential was probably overlooked due to a lack of participation. One woman, who went on to become a speech therapist said that although she did achieve academically, she felt that if she did not have a stammer she would have got more out of lessons and out of school in general.

Work

The women split into two camps in terms of how their negative school experiences influenced later career choices: (1) they either sought jobs with little speaking; or (2) more than half the women sought to 'push themselves' in order to prove to themselves and to others that they could succeed academically and professionally.

One woman attributed this determination as being due to both having a stammer and being a woman in a male-serving workforce. It is well researched that women are discriminated against within the workforce (Rollins, 1996). This determination to 'push' oneself to succeed may, in fact, be more common in women with stammers than men as it was also found previously by Silverman and Zimmer

(1982) when comparing academic achievement in men and women who stammer.

Furthermore, within the disability literature it has been found that men with disabilities are twice as likely to be employed as women and when women are in employment, historically, they were found to receive lower wages (Bowe, 1984). Therefore, in light of the fact that people who stammer are perceived as less employable than 'fluent' people (Hurst & Cooper, 1983), it is possible that in order to achieve their goals, women who stammer may need to be more driven than men.

The perception of stammering as predominantly a childhood problem, held by some women in the study, together with the prevailing childlike stereotypes attributed to someone who stammers as nervous, tense and anxious (Lass et al., 1995) all probably work against women who stammer being perceived as competent. One women in the study described how even when she managed to attain her professional goal of working as a lawyer, she was still seen by her clients as less competent than her 'fluent' peers. This finding is supported by the literature, particularly with regards to lawyers who stammer (Silverman & Paynter, 1990). It is further supported by findings from Gabel et al.'s (2004) study in which, 'fluent' respondents thought that people who stammer should avoid careers that require good communication and presentation skills.

For the other women in the sample, negative school experiences led them to pursue work that involved little speaking in order to 'hide' their stammer. It is likely that these women had internalised the negative reactions and views about themselves that were held by society and their peers in school and that this had a detrimental effect on their self-perception. In line with findings by Craig and Calver (1991), that it is common for people who stammer to work in jobs that are deemed below their potential, many of the women said that they went into work in which they felt unfulfilled in order to continue to 'hide' their stammers.

With regards to the roles that women who stammer occupy, over half the women were in jobs associated with the helping professions, such as speech and

language therapy and charity work. The two women who were speech and language therapists described their profession as being female dominated and reported they found this environment a supportive one in which to work. These findings are in line with Kelso (2002) who found that women who stammer might gravitate towards helping profession roles in order to feel more accepted. Though generally speaking women are more likely to enter these professions than men (Rollins, 1996).

Romantic Relationships

The findings of this study suggest that women with stammers do want to occupy traditional gender roles ascribed to being a woman, such as dating and marriage. However, research into the experiences of women with disabilities (Kent, 1988), suggests that they are often marginalised on the grounds of being unable to take up the roles of wife or nurturer due to their difficulties (Traustadottir, 1990).

Nearly all the women thought that stammering did not fit with societal norms of femininity and this impacted negatively on how they perceived themselves. The finding that stammering has a negative effect on self-image through internalising societal norms of femininity, has been found previously by Klompas and Ross (2004) within a mixed gendered sample. As a result, many of the women perceived themselves to be 'unattractive' and felt that having a stammer was not a 'ladylike' or 'pretty' thing to do or have.

Within the disability literature it has also been found that women with disabilities are significantly disadvantaged in their access to form romantic relationships (Trustadottir, 1990), even more than men with disabilities. Furthermore, as discussed in the Introduction, Van Borsel et al. (2011) has also found that women who stammer are found to be less attractive than 'fluent' women and have less prospects to form romantic relationships.

The women in this study seem to have internalised these negative gendered stereotypes of women who stammer and women with disabilities.

Some women described male listeners as reacting in an infantalising way towards them and this was perhaps an extension of more generalised sexist views of women and particularly women with disabilities (i.e. as needy and passive) that are held within society (Asch & Fine, 1988). However, this possible 'sexist infantalisation' on the part of the male listeners was at times experienced as providing an 'easier' speaking experience and they even considered men to be more understanding of their difficulties than women. However, as the focus of this research is on women's experiences we do not know if 'fluent' men would also react in the same way towards men who stammer, therefore suggesting that they were not exclusively behaving in an infantalising manner towards the women in this study.

Despite sometimes finding it easier to speak to men, most of the women described the rituals of dating especially challenging due to their stammer and as a result developed ways to 'hide' it through means such as text messaging and emailing. This is in line with findings from Zhang et al. (2009) who found that fluent speakers thought that having a stammer would not impact on the beginning of a relationship as they thought it would be easier for someone who has a stammer to 'hide' the stammer at that time.

Two women described stammering as having negatively affected their romantic relationships. One stated that her ex-partner would get annoyed with her for not speaking, whilst the other woman described her stammer as taking up too much 'space' in her head, which was made worse by her difficulties in communicating her distress to her partner. Boberg and Boberg (1990) suggest that when in a romantic relationship the partner of the person who stammers (and in their study it was the wives) needs to be very tolerant and accepting, inline with traits associated with the 'traditional sympathetic wife'. However, contrary to the findings by Boberg and Boberg (1990) some women in this research have found men to be more understanding than women towards their stammer, suggesting that they too can embody these 'sympathetic' traits.

Having Children

All the women in the sample described concerns about having children, mainly that they might 'pass on' their stammer to their children. One woman described this concern as 'irrational', as she knew there were other more serious things that a child could contract. Another concern was around being able to advocate for the child.

As mentioned in the Introduction, no previous research into stammering has taken into account women who stammer's experience of motherhood and only one study by Boberg and Boberg (1990) has touched upon men who stammer's experience of having children. When comparing the findings from their study and this study, unsurprisingly, both men and women expressed concerns about 'passing on' a stammer, however, the men's concerns were markedly different from the women's concerns. Boberg and Boberg (1990) found that men were concerned with fulfilling stereotypical gender norms such as being able to discipline their child without their stammer affecting their parental authority, whereas, women in this study were more concerned with fulfilling traditional female gender norms, such as advocating for their child with doctors and teachers. Ammon (2009) has previously highlighted these concerns held by women.

The concerns regarding their abilities to advocate for their children are probably internalised by society's lack of confidence in women with disabilities to mother a child successfully due to their image of being childlike and dependent on others (Shaul, Dowling, & Laden, 1985). Women with disabilities who are mothers face the challenges of parenting in a society that often questions their competence (Olkin, 2003) and offers limited support (Banks & Kaschak, 2003). However, women with disabilities are challenging what it means to be a 'normal' mother and arguing for their right to occupy traditional female roles and have children, even when those children may also have disabilities (Frank, 1995).

Current autobiographical writings by women with disabilities (Mintz, 2007) have challenged the traditional notion of female embodiment as being a healthy, reproductive and able body by presenting themselves as experiencing alternative bodies that are able to marry the notions of disability and motherhood. These

women (i.e. Jacobson & Finger, 2007) are keen to not portray their autobiographical accounts as personal narratives but to bring to light the social and political forces that construct how women with disabilities are embodied (Mintz, 2007).

When becoming a mother, Jacobson (2007), who has cerebral palsy, described that it was important to her to refuse being 'disabled' by the stigma of disability and the discrimination against women with disabilities having children. Furthermore, it was also important to her to feel validated as a mother and as someone who has a disability and not to feel that the two were mutually exclusive.

All the women in this study described similar concerns to Jacobson (2007) as they expressed worries about having children. Moreover, the women in this study who have children described refusing to be 'disabled' by the stigma of disability by managing their worries with support from services, which they found helpful. During her pregnancy, one woman said that she managed to get in touch with other pregnant women who stammered and found this extremely useful.

The women thought that talking 'openly' about their stammers with their children, even when they had not with their own parents, would serve to alleviate any difficult feelings that they or their children might have about stammering. They thought this would help the child if they were to stammer as well. Boberg and Boberg (1990) also suggest open discussion about stammering with children as a way of preventing what they call 'the conspiracy of silence' and as a means for the family to function in a positive manner.

The women in this study, regardless of having children or not thought that support groups for women who stammer that addressed issues regarding parenting are much needed. They also thought that these groups would serve to decrease the sense of isolation that often accompanies both being a woman with a stammer and being a mother with a baby. One woman, who is a speech therapist, described how she thought there does not seem to be anything for women who stammer that addresses these issues. She was surprised at the lack

of resource, in particular, because the stammer does not go away but the issues associated with it continue to change and pose challenges throughout one's life. Furthermore, the benefits of accessing support groups in order to acknowledge distress and struggles has been well documented in women's mental health literature (Ussher, 2011).

Adult SLT

Many of the women described a journey whereby they started out 'hiding' their stammers from their family, friends and partners in order to 'fit in'. They described continuing to hide their stammers until they reached a point when 'hiding' was no longer a helpful coping strategy as it was impacting negatively on their general well-being (e.g. by increased avoidance of speaking). Corcoran and Stewart (1998) have also found reduced well-being and significant personal loss to be associated with increased avoidance behaviors, particularly trying to 'hide' a stammer from others. It also may be the case that women with stammers are better than men at covering up their overt stammering behaviours as was suggested in the early study by Douglass and Quarrington (1952).

The majority of women described seeking support from SLTs at this point. Although many of the women had accessed SLT services before this, most were in agreement that therapy at a time when they perceived themselves as most in need of, or ready for it, was significantly more helpful than when they went earlier on in their lives.

The stammering research literature has looked to research within the clinical psychology field that addresses clients 'readiness to change' as this has been found to be an integral part in therapeutic success. As a result, stammering research has highlighted the importance of matching SLTs to the individual's motivation (Floyd, Zebrowski & Flamme, 2007). Therefore, it is likely that women who accessed SLT when they were 'ready to change' found it very useful at that time.

SLTs were described as being helpful, not due to improving fluency, but rather due to learning to accept the stammer, by challenging the internalised societal norms of women. Consequently, this had a positive effect on well-being. The findings in this research are in line with Plexico et al. (2005) whose study showed that successful management of stammer was associated with living a life without restrictions and not about achieving fluency.

Although the sources of distress are different, it is helpful to compare these findings to women's experiences of psychological distress, particularly, the tendency to pathologise women. By covering up the sources of women's psychological distress with medication and therapies that are focused on symptoms, we limit their ability to explore their distress, place it within its socio-political context and thus find solutions for it (Ussher, 2011). Arguably, 'hiding' a stammer for fear of being rejected by others and attending SLTs that predominantly focus on achieving fluency, could be potentially harmful as they also serve to pathologise women by ignoring the real distress of their everyday lives and the sources of their distress (i.e. societal negative stereotyping of people who stammer). By facing the pain and stammering 'openly', rather than 'hiding' it, the women were able to begin to gradually accept it. Furthermore, Corcoran and Stewart (1998) argue that in order to gradually accept a stammer, any useful SLT must address the role that societal negative stereotyping plays in the distress felt by people who stammer. Additionally, in line with the findings of this study Corcoran and Stewart (1998) think that any SLT that focuses on fluency serves only to perpetuate the distress.

By accepting their differences and stammering 'openly' the women are also rejecting society's view of the 'idealised' female, which includes being fluent. The women are thus allowing themselves to explore their own needs without ascribing to what society expects from them. Consequently they have learnt that you don't need to be 'fluent' to be a 'good' woman or a good mother.

Accepting a stammer can also be viewed within the conceptual framework set out by Wright (1983) in which he analysed how disabilities can affects someone's life. Wright (1983) postulated that shame and guilt are the result of comparing

yourself (as the person with a disability) to a functional level of individuals without disabilities. However, in a coping framework it is more useful to emphasise what a person with a disability is able to do as this reduces feelings of shame and guilt.

The women described accepting their stammer as a gradual process at which they constantly had to work. They described how a lifetime of accumulating negative beliefs about themselves and their speech were slowly being disconfirmed by putting themselves in challenging speaking situations. Overall there was a sense that the older women in the sample had come to accept their stammers more and this was probably due to having had more opportunities to challenge their beliefs. Previous research by Plexico et al. (2005) and Anderson and Felsenfeld (2003) has also highlighted the importance of entering into difficult speaking situations for ongoing management of stammering and well-being.

Through acceptance and constant challenging of themselves some women described being able to notice the positive aspects of having a stammer, something they would not have been able to do when they were trying to 'hide' it. One woman noticed how she felt a sense of achievement throughout the day following interactions with others, which she thought 'fluent' people probably took for granted and other women noticed how they are using their stammers in a positive way by helping others with similar difficulties. The personal gains in emotional well being due to helping others with similar difficulties, has been well researched (Schwartz & Sendor, 2009). Moreover, McCormack (2011) recently highlighted the importance of according value to a stammer as opposed to feeling ashamed of it.

In summary, these findings are encouraging for women who stammer as they suggest that although living with a stammer can be difficult, through seeking help, accepting a stammer and constantly challenging yourself, women with stammers are able to live fulfilling lives. These findings take those by Crichton-Smith (2002) one step further by suggesting that although limitation is a predominant theme for people who stammer, it can be alleviated through acceptance of a stammer.

The findings of this research highlight that although men and women who stammer may share experiences, the gendered nature of women's experiences is apparent in all areas of their lives. The findings have also shown that women who stammer have experiences that are influenced by societal gender norms of how women 'should' be and the reactions of others, both of which are often internalised.

Clinical Implications

The findings discussed above have many implications for helping women who stammer at different times in their lives. It would be helpful to adopt a systemic approach and think about the clinical implications, not only for working with the individual woman who stammers but also within the whole system around them, that includes, family, school, work and SLTs. This conceptualisation serves to de-pathologise women who stammer as it highlights the integral roles that others play in maintaining their difficulties.

<u>Addressing patterns of relating within the family</u>

A major finding of the research was the negative effect that stammering has on establishing positive patterns of relating within the family. These patterns are not only detrimental for family relationships but serve as a template for future relating with others. As a preventative measure, SLTs should help families to adjust to living with a stammer and particularly to offer support to parents and siblings in learning to interact positively and helpfully with the person who stammers. By ensuring other's reactions are supportive, the person would not feel shame about their stammer within the family and feel able to discuss it openly. This is the approach currently taken at the Michael Palin Stammering Centre (Botterill & Kelman, 2010).

As most children recover spontaneously from a stammer in their teenage years, and particularly girls (Craig, 2003), it is a plausible assumption that people who stammer feel a sense of failure when this does not happen. Furthermore, the findings suggest that parents who continued to take their child to different SLTs may have inadvertently reinforced a sense of shame in the child when fluency did not improve. In light of this, it might be more helpful for speech and language techniques to be complemented by systemic family therapy, which is an approach that addresses problems as being maintained in interaction and communication between people, rather than residing within the individual (Fredman, Anderson & Stott, 2010). This would serve to de-pathologise the person and alleviate feelings of shame that they may have about the problem. This is also important in light of Carter and McGoldrick's (2004) findings that there is a strong implication that any emotional difficulties that are not addressed at the

time within the family unit are likely to re-emerge later in the life cycle during times of stress. This model may be particularly relevant for women who stammer in light of the findings from this research that their relationship difficulties established in childhood, can continue into adulthood, impacting on romantic relationships and children.

Teachers and employers

This research suggests that school is an extremely difficult time in the lives of women who stammer, due to bullying and a lack of understanding by teachers, which reinforce fear of speaking. Consequently, these experiences were found to impact negatively on academic potential. These findings should be interpreted in light of those by Hartup (1996) whose study found that bullying has more negative long-term effects on women than men and often results in long-term self-esteem difficulties. Therefore, it is important for teachers to have more awareness of stammering and that it affects both males and females. With increased awareness, teachers would be more likely to be supportive with managing bullying, the fears associated with speaking in class and encourage learning potential through other means. Furthermore, a greater understanding about the associated relationship difficulties in stammering would allow teachers to support girls in socialising with their peers more effectively. The BSA in Scotland launched an initiative to train teachers within primary and secondary schools on how best to support pupils who stammer and the Michael Palin Stammering Centre (www.stammeringcentre.org) offers support for teachers who have pupils who stammer within their classes. However, these initiatives do not take into account the gendered experiences of being a female who stammers, which is much needed.

In light of the findings that many of the women chose to occupy professional roles that are below their potential for fear of speaking, there is a need for employers to be aware of this and to support them to achieve their goals. This could be done through offering funding for SLT services where appropriate. Additionally, dispelling negative stereotypes about people who stammer (discussed further below in societal changes) would also help employer's see the true potential of

someone who stammers and reduce some of the discrimination faced by women who stammer accessing jobs and in the workplace.

SLT for adult women who stammer

Most of the women in the study described having accessed a number of different SLTs over their lives and said that the most helpful aspect of these was learning to accept their stammer through addressing the underlying thoughts and feelings associated with it. Although stammering is predominantly viewed as a fluency disorder and treated with SLTs, the findings from this research highlight the need for psychological input in addressing the underlying difficulties associated with having a stammer.

The women all agreed that continuing to challenge themselves (i.e. using CBT exposure techniques) was a means by which they could maintain well-being, whereas focusing on fluency techniques was less helpful and may be a more suitable technique for men who stammer. However, as mentioned in the Introduction, there is a concern that using mainly CBT within SLTs can serve to overlook the real discrimination faced by women who stammer and focuses instead on individual symptoms, which is a common critique of CBT (Stoppard, 2000).

Of further concern is the emerging literature within stammering research that advocates diagnosing adults who stammer with Social Anxiety Disorder, in light of their long-standing problems relating to others and higher rates of anxiety than has been found in 'fluent' speakers (Menzies, Onslow, Packman, & O'Brian, 2009; Blumgart, Tran & Craig, 2010). Furthermore, no relationship has been found between stammering severity and social anxiety (Blumgart et al., 2010), thus suggesting that not all people who stammer are at risk of symptoms of social anxiety.

By diagnosing people who stammer with a mental health disorder they lay risk to further discrimination from society and for the causes of their distress to be overlooked (i.e. how others perceive and relate to them). This is also extremely

worrying for women who stammer as women are known to outnumber men in psychiatric diagnoses, are more likely to be given psychiatric 'treatment' for their difficulties and more likely to be labeled as 'mad' (Ussher, 2011).

When addressing the clinical implications, I found that reflexivity as social critique (Finlay, 2003) (as discussed in the Method) was particularly helpful in naming the above problematic practices and services that people who stammer are exposed to. I was also able to address these and suggest alternative services, discussed below, that take into account the research findings.

Adopting a social constructionist approach such as narrative therapy (or systemic therapy as mentioned above) (White 1995) to working with women who stammer would help to highlight the dominant negative discourses about people who stammer (Craig et al., 2003). White (1995), influenced by Foucault (1988) suggests that discourses of power can only be overcome by being recognised and by the person choosing to resist them and create alternative discourses that are a better fit with their values. Therefore, for a woman who stammers, it is important to identify the problematic discourses around stammering and gender norms and to create alternate more useful stories of being a person with a stammer (Leahy, O'Dwyer & Ryan, in press).

Narrative therapy would also help to explore the personal meaning of stammering on the women's lives and notice times when stammering does not play such a dominant role. Corcoran and Stewart (1998) have previously highlighted the importance of exploring the personal meaning of stammering to alleviate suffering. By doing so the women could notice and 'thicken' more powerful stories built upon their values and abilities and this would serve to help them accept their stammers.

All the women found attending groups helpful, to share experiences and feel less isolated, even when they were the only female in those groups. They also identified the need for women only groups to address the gendered issues around being a woman who stammers, such as pregnancy, motherhood and advocating for children. This gives further support for the utility of adopting a

social constructionist approach within group therapy, such as narrative or systemic therapy that would highlight how women and gender norms are socially constructed within society. There appears to be no available research that has examined whether social constructionist groups have been employed with women with disabilities. However, this is an approach that has been used in a range of settings, such as with people with mental health problems (Courtney & Williams, 2000). In particular, narrative therapy groups have been found to be useful in managing women's symptoms of depression and eating disorders (Weber, Davis & McPhie, 2006) and with women survivors of sexual abuse (McPhie & Chaffey, 1998).

Although there is an obvious difference in experiences between women who stammer and these other groups, it is arguable that all these groups share experiences of being discriminated against by society and feeling 'different' from other women. Therefore, narrative therapy or another social constructionist approach could be helpful in challenging societal negative discourses that maintain discrimination (McPhie & Chaffey, 1998).

The finding that women all accessed SLT services when stammering was impacting negatively on their quality of life and/or when they needed help addressing concerns about having children, suggests that a generic model of SLT that does not take the reasons for accessing therapy into account would not be as helpful as it could be. In light of clinical psychology's core competencies of formulating individual difficulties and tailoring interventions accordingly (BPS, Division of Clinical Psychology, 2011), there appears to be a need for clinical psychology services to offer consultative input into SLT teams to help with this.

Societal changes
According to the findings of this research, other's reactions to stammering are mediated by a lack of understanding about stammering and traditional gendered norms, both of which are affected by how stammering is portrayed within society. I would argue that stammering, like 'disability', is socially constructed and maintained through how we talk about people who stammer and compare them

to a standard of 'normalcy'. Therefore, there is a need to address how stammering is perceived on a societal level in order to change the prevalent negative stereotypes about people who stammer, that are found to be held by all people that come into contact with them (Craig et al., 2003), particularly, parents, peers, teachers and employers. Portraying positive role models of men and women who stammer within the media could support this.

Reflexivity

As discussed previously within the Method chapter, being reflexive about your involvement in the research process is an integral part of doing any qualitative analysis (Willig, 2008). Therefore, in addition to the reflections made in the Method chapter, the following section will elaborate on how my role as the researcher and experience of being a woman who stammers has influenced and shaped all stages of the research process. My involvement in the research was also influenced by my reflexive journal, which was updated after each interview. Please see Appendix I for an extract from this.

The researcher-participant relationship

Dealing with power dynamics

By adopting a reflexive introspective stance (as discussed in the Method), I wondered if the women in my sample had many opportunities to express themselves. As a woman who stammers myself, I was acutely aware of how difficult it is at times to voice my views due to being part of a marginalised group within society. Therefore, I felt it was extremely important to give 'voice' and power to the women and I did not want the power inequalities faced by women who stammer to play out in the interview process through power imbalances.

By engaging in semi-structured interviews in which the participants contributed to the process as 'co-researchers' I hoped to change the power dynamics from the traditional interviewer and interviewee to a more collaborative one. I also did this by allowing the women to choose when and where the interviews were to take place and for how long they wanted to talk. They were also aware that they could choose to disengage from the research at any time. Despite making these changes I was aware of the concern raised by Wolf (1996), that although power dynamics can be reduced they are unable to be eradicated as it is the researcher who is able to 'walk away' at the end of the interview. Therefore, clinical judgment was used to monitor the well-being of the participants at all times.

Dealing with similarities

Many feminist researchers have looked at how similarities and differences in gender, class and race can affect the researcher-participant relationship

(Mauthner & Doucet, 2003). As all the participants were women who stammered and from White, British origins, I felt as though we shared quite a lot in common, however, I was aware that despite our overt similarities, all experiences are unique to the individual.

By adopting intersubjective reflection (as discussed in the Method), I was able to reflect on how being a woman who stammers influenced how the respondents engaged with me and how I engaged with them in the interviews. On the one hand, I think they tended to 'open up' about their experiences based on the assumption that I was likely to have shared some of these (due to being a woman who stammers and of a similar age to most of the participants) and would therefore empathise with them. On the other hand, I think that due to a 'shared understanding' I may have, without intending to, 'shut down' potential avenues of conversation by agreeing with what people said (because I have shared experience) and not explored these avenues further. In order to manage these concerns, I adopted Willig's (2008) suggestion that it is a good idea to take an 'ignorant' stance and encourage participants to 'state the obvious' so that they talk about implicit views and beliefs. By being aware of these issues I tried to monitor how I responded during the interviews. In practice, this meant that even though I had some shared experiences to the ones described by the participants and could remember how they made me feel, I still asked the participant to describe how they experienced the situation, as I was aware that each person's experiences are unique. For example, in the below extract Mary describes overhearing a conversation by her grandparents in which they decide not to 'do anything' about her stammer. When hearing this during the interview I felt sad as I remembered my own experiences of not talking openly about my stammer within my family. Despite wondering if Mary had felt sadness as well, I took an 'ignorant' stance and encouraged her to talk about how she had felt at that time.

> Mary: …*I do remember my grandparents discussing it and it was decided that they wouldn't do anything about it because they thought it was a phase and I would grow out of it.* (119-121)
>
> I: …*how did that feel at the time?* (122)

> Mary: *Urm. Well they didn't discuss it with me because they never discussed anything with me (laughs). I just overheard things.* (123-124)
>
> I: *Urm. How was that, not talking about it…* (132)
>
> Mary: *Urm. Well as I say, in those days urm children were not, adults didn't confide in children very much and you weren't considered to have much of an opinion about things so I was used to things not being discussed in front of me.* (133-135)

By taking an 'ignorant' stance I found that Mary had experienced her grandparents not discussing her stammer openly in front of her as something that was considered culturally normal at that time and therefore her overall feeling of the situation was one of acceptance. This was interesting, as it proved different to the feeling of sadness that I had originally thought she had felt.

How my own experiences impacted on the research

On reflection, when looking at the research findings I am aware of the similarities between my own biographical experiences of being a woman who stammers and those of the women in this sample. I highlight the main similarities below in order to be transparent about my own experiences and consider how they have influenced how I interpreted the data.

Like most of the women in this study, my stammer was not really spoken about within my family. Although in hindsight I understand this was probably in order not to make me feel worse about it, it had the effect of making me feel isolated and ashamed. 'Failing' at a number of therapy courses that aimed for fluent speech reinforced these negative feelings about myself.

I too remember a turning point in my life when after attending a number of SLTs as an adult I felt as though I accepted my stammer more and that I no longer needed to achieve fluency in order to be happy. I have learnt that by constantly challenging myself through work and not avoiding speaking situations I find difficult, I am able to maintain a feeling of positive self-worth. This is also a gradual process for me and I envisage that stammering will continue to take a

back seat in my life as I get older and have accumulated more speaking experiences to disconfirm the negative beliefs that I had about my abilities.

I was also able to identify with the women who said that their stammer acted as a driving force in order to achieve their goals in life. I too, feel as though both being a woman and being a woman with a stammer has made me even more determined academically and professionally. It is important for me to work in a job and career that I enjoy, such as psychology, in order to feel personal fulfillment. In fact my stammer has equipped me with skills of looking at why people behave the way they do as this was something I had to do from a young age to cope with a variety of negative reactions from others.

Although these findings cannot be generalised to all women who stammer, it does offer the opportunity to understand the lived experiences of what it is like to be a woman who stammers. Furthermore, on a personal level, the fact that I have similar experiences to those described by the women in this research has made me feel less isolated and 'different'.

Evaluation Of The Study's Quality

Unlike quantitative research, which is evaluated according to criteria such as reliability, validity and objectivity, qualitative research is evaluated according to different sets of criteria. Whilst a number of qualitative researchers (Henwood & Pigeon, 1992; Elliott, Fischer, & Rennie, 1999; & Yardley, 2000) have proposed criteria for evaluating research, most of these overlap and the main difference is the value ascribed to different attributes, in line with the researcher's preferred methodological practice.

This research will be evaluated according to Elliott et al.'s (1999) guidelines, as these are located within a phenomenological tradition, which has to do with understanding the nature and quality of phenomena and is therefore relevant to the current exploration of the experiences of women who stammer. Below I outline the criteria and discuss the degree to which they have been met:

(1) Owning one's perspective (the researcher should be reflexive about their own beliefs and assumptions regarding the research phenomena so that the reader can make up their own interpretations). By outlining my values and assumptions in the Method section and considering their impact within the above reflexivity section, I think I have met this criterion.

(2) Situating the sample (giving enough information about the participants so that the reader can assess generalisability of the findings). I think I have met this criterion by giving details of the participants in the Method section. This information included, age, occupation, relationship status, whether they had children and referral source.

(3) Grounding in examples (giving examples of data so that the reader can make links between the data and the researcher's interpretations of it). This was met by giving a variety of quotes within the Analysis section that helped to elaborate on the themes identified in the data.

(4) Providing credibility checks (by getting others to also interpret the data). I had extensive discussions with my supervisor when we looked at the transcriptions

and emerging themes and discussed these jointly. I felt it was important to use these discussions to highlight another person's perspective on the themes, as this would inform the development of the analysis. I also followed a systematic IPA analysis procedure (Willig, 2008), which is outlined in the Method and a worked example of this is in Appendix G.

(5) Coherence (it is important to present the analysis of data in a structured and coherent manner). This has been achieved by integrating the data into superordinate and subordinate themes.

(6) Accomplishing general versus specific research tasks. (Having sufficient data to meet the research aims and identifying limitations if these are not met). By having 12 participants I was able to use the research question to guide the analysis and interpret the findings.

(7) Resonating with readers (the material should be accessible and informative for readers). Although I am unable to answer this from an outsider's viewpoint, I hope the research is of value not only to women who stammer but also to people who come into contact with them.

Methodological Limitations

As with all research, this study has practical and conceptual limitations that I will be discussing in the below section.

Although the data set was quite large for a doctoral thesis (12 interviews) this was made up of participants who were all White, British and therefore not highly representative of the range of people who stammer living in London. The findings of this research therefore do not represent the possible cultural differences associated with women who stammer. The findings also do not explore the issues faced by women who stammer who are lesbian or bisexual, as all the women in this study were in relationships with men. Furthermore, half the sample was made up of women in their 20's with the eldest woman being 64, therefore the findings may be more applicable to younger women and not representative of older women. As mentioned in the Method section, 20 women contacted me to take part in the research and most of them did so through the BSA Facebook page. Moreover, as most people who use social networking sites are typically quite young (Ofcom, 2010), it is not surprising that half the sample consisted of women in their 20's.

Over half the participants were working within helping professions, including speech and language therapy, teaching and charity work. It is likely that this bias is partly due to the fact that women were recruited from organisations associated with supporting people who stammer and therefore women most likely to participate are those who are invested in supporting others. It is also likely that the findings of this research, namely that the women learnt to accept their stammer through SLT, are partly due to the fact that most of the women had recently been on a SLT course as it was through the stammering support organisations that they first heard about this research. Also, the finding that women described their experiences of stammering as a journey in which they had come to accept their stammer might be representative of the type of person who wanted to take part in the research – i.e. women who felt better about their stammers.

In IPA, the use of language is crucial as this is the means by which the participants express their experiences to the researcher. The use of language can also be explored in the analysis of the data as it often reflects the way that meaning is portrayed (Smith et al., 2009). Things that are usually highlighted in the data are, pauses, repetition and degree of fluency, amongst others. This posed a challenge when interviewing people who stammer as a person who stammers will often manipulate sentences by avoiding words, use word substitutions and/or using filler words. This is in order to 'hide' the stammer or to make the act of speaking 'easier' (Craig et al., 1996). As mentioned in the Method, in order not to confuse the women's stammers with pauses and repetitions of fluent speech I chose to portray the speech as 'fluent' within the transcripts. This made sense in light of the fact that I was not so interested in portraying the communicative subtleties, such as is the case in Discursive Analysis (Willig, 2008) but instead wanted the focus of the reader to be on the content of what the women were saying as opposed to how they were saying it. As mentioned by some of the participants and in my own experience as a woman who stammers, it is often felt that others give more attention to how fluent you are as opposed to the content of what is being said, which can be very frustrating and I did not want this to be replicated in this research. However, I also thought that it would be too difficult to decipher the women's communicative subtleties in light of the fact that all stammers are unique (Bloodstein & Ratner, 2008) therefore, without knowing the person well, it would be difficult to know what was a 'stammer' as opposed to a pause or repetition of fluent speech.

Despite these reasons for 'tidying' up the data, I was still disappointed that I was unable to convey the communicative subtleties in the women's speech and wondered whether overlooking these was another way in which these women were subjugated to inequalities. I did consider collecting data in written form, however, as it was important for me to allow these women to 'voice' their experiences, I thought that this would feel discriminatory. In hindsight, in order to have not lost any of the meaning associated with subtle communicative changes in speech, I could have filmed the interviews as well. This would have helped me to notice when hesitations in the speech were due to stammers or to changes in feelings as they would be corroborated by body language.

Another challenge associated with being a person who stammers and using IPA is how the women were able to convey the 'texture' of their experiences due to the difficulties associated with their language use (i.e. word substitutions etc). I tried to manage this difficulty by not putting a time frame on interviews, thus allowing the participants as much time as they needed to express their experiences and by including references to times in the interview when their emotions changed suddenly (i.e. when they became tearful or were laughing).

Willig (2008) has criticised IPA for not paying enough detail to the participants' social and political contexts and unfortunately I think this was the case within this research study. Using another method of analysis, such as Foucauldian discourse analysis (FDA) would have allowed the data to be more easily considered within the current cultural, social and political contexts and look at how language constructs gender norms and negative stereotypes about people who stammer. Furthermore, Ashworth (1997) has argued that discourse analysis can be seen as an extension of phenomenology and shares the same epistemological position, therefore, this method could have been used in addition to IPA to compliment it.

Despite the limitations of using IPA mentioned above, I still consider it to have been the most appropriate method by which to explore the gendered experiences of women who stammer.

Lastly, it is important to note that although the findings from this research are compared to the literature base on women with disabilities, as it seemed relevant to this topic (and no current research on women with stammers was available), the women within this sample did not describe their stammers as a disability.

Suggestions For Future Research

As this research study is the first one in over 30 years to explore the experiences of stammering for women, more research on this topic is much needed. Any future research could look at any of the above themes in more depth in order to get a broader understanding of the experiences. It could explore in more detail the effect of being a woman with a stammer on relationships within the family of origin and the impact of those on future relationships, particularly with their own children. Alternatively it could look in more detail at how different early experiences of being a woman with a stammer impacted on career choices.

In light of all the women in this study originating from White ethnic backgrounds, it would be useful to see if the findings are similar with women from different backgrounds, including Black and minority ethnic groups. Future research could also look more closely at the role of gender norms on the experiences of women who stammer by adopting FDA as part of the data analysis.

It is hoped that this thesis has shed some light on the gendered experiences of women who stammer and that the work will change how people view stammering as predominantly a difficulty that affects children and adult men. Furthermore, it is hoped that the research will bring awareness to the fact that experiences of women who stammer are very much interlinked with how society constructs and perpetuates the perceptions of both women and stammering. Finally, it is also hoped that these findings will encourage SLTs to work together with psychological services to be more gender aware of the issues facing women who stammer and to tailor their services accordingly.

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APPENDICES

APPENDIX A: UEL Ethical Approval

SCHOOL OF PSYCHOLOGY
Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.
uel.ac.uk/psychology

UEL
University of
East London

Doctoral Degree in Clinical Psychology
Direct Fax: 0208 223 4967

June 2011

| Name of Student | Laura Weingarten |
| Title of Research Project | An exploration of the experiences of women who stammer. |

To Whom It May Concern:

This is to confirm that the above named student is conducting research as part of the requirements for the Professional Doctorate in Clinical Psychology. The Ethics Committee of the School of Psychology, University of East London has approved their proposal and they are, therefore, covered by the University's indemnity insurance policy. . This policy should normally cover for any untoward event provided that the experimental programme has been approved by the Ethics Committee prior to its commencement. The University does not offer "no fault" cover, so in the event of untoward event leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the above named is a student of UEL the University will act as the sponsor of their research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Kenneth Gannon PhD
Research Director

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Ruth Wacholder	020 8223 4408	r.wacholder@uel.ac.uk
Administrators 020 8223 4174/4567 c.wickham@uel.ac.uk/ j.chapman@uel.ac.uk

Stratford Campus, Water Lane, Stratford, London E15 4LZ
Tel: +44 (0)8 8223 4966 Fax: +44 (0)20 8223 4937 MINICOM 020 8223 2853
Email: mno.davies@uel.ac.uk

APPENDIX B: Advertisement for BSA/Leaflet for City Lit

<u>**Experiences of Women who stammer**</u>

Participants are needed to help improve understanding of the experiences of women who stammer

There is a lack of research that looks exclusively at the experiences of women who stammer. This is probably due to the fact that only 1 in five people who stammer are women and it is, therefore, seen as a male problem and research in the field is mostly generic. This research intends to ask women individually about their experiences of being women who stammer and explore how this has affected different stages of their lives such as education, work, social lives, love lives and motherhood.

As a woman who stammers the researcher, Laura Weingarten, aims to increase validity of the study by being reflexive about her own personal and professional biases.

The researcher is a Trainee Clinical Psychologist, carrying out this work as part of a doctorate qualification, and is supervised by Dr Ken Gannon, Director of Research at the University of East London.

What does taking part involve?
If you decide to take part you will be invited to meet with the researcher for an informal interview that will last approximately one hour. During this meeting you will be asked about your experience of stammering.

What are the benefits to taking part?
Although you may not benefit personally from the interviews, by communicating your experience of stammering, it is hoped that the research may inform the development of better/more appropriate services for women who stammer. Unfortunately we are unable to offer payment for taking part.

How do I take part?
For further information please contact the researcher, Laura Weingarten (Trainee Clinical Psychologist):
Email: u0933890@uel.ac.uk

Ethical Issues
If you decide to take part, you can withdraw at any point, without giving a reason and without any disadvantage to you. This study has been approved by the School of Psychology Research Ethics Committee.

APPENDIX C: Information Sheet

<u>**University Of East London**</u>
Stratford Campus, Water Lane
London, E15 4LZ

University Research Ethics Committee
If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact the chair of the School of Psychology Research Ethics Committee, Dr. Mark Finn, School of Psychology, University of East London, Stratford Campus, London E15 4LZ (Tel: 020 8223 4493, Email: m.finn@uel.ac.uk)

The Principal Investigator
Laura Weingarten
(Email: u0933890@UEL-Exchange.uel.ac.uk)

Consent to Participate in a Research Study
The purpose of this sheet is to provide you with information that you need to consider in deciding whether to participate in this study.

Project Title
An exploration of the experiences of women who stammer

Project Description
There is a lack of research that looks exclusively at the experiences of women who stammer. This is probably due to the fact that only 1 in five people who stammer are women and it is therefore seen as a male problem and research in the field is mostly generic. This research intends to ask women individually about their experiences of being women who stammer and explore how this has affected different stages of their lives such as education, work, social lives, love lives and motherhood.

You will be asked to sign a consent form, following which you will be interviewed for approximately an hour. You will be asked some questions about what it is like to be a women who stammers, how has having a stammer affected your life at different times and what has been your experiences of accessing support services. The interviews will then be transcribed by myself (the researcher) and analysed.

You are free to withdraw at anytime with no implications and without having to state a reason. You are also free to ask questions at any point and to take breaks if needed. Following the interview you will be debriefed and given the opportunity to ask any questions. If you should feel the need to discuss issues further or are distressed, you are able to contact the researcher at a later date on the contact details listed at the top of this sheet.

Confidentiality of the Data

All names and identifying information will be removed from transcripts and codes will be used so that the researcher can identify participants. All the data (interview recordings and transcripts) will be kept in locked cabinets at the researcher's home. The codes that identify participants will be kept in a separate locked cabinet to the transcripts, in accordance to the Data Protection Act (1998).

Confidentiality will be maintained in the thesis/publications by removing information which could be used to identify the participants.

Data will be stored for five years following the submission of the thesis, after which they will be destroyed. Paper copies of consent forms and personal information will be shredded after the thesis is examined.

Locations of the interviews

A quiet place that is convenient for both the participant and researcher to get to will be arranged.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give reason. This study has been approved by the School of Psychology Research Ethics Committee.

APPENDIX D: Consent Form

<u>UNIVERSITY OF EAST LONDON</u>

Consent to Participant in an Experimental Programme Involving the Use of Human Participants

An exploration of the experiences of women who stammer

I have read the information sheet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information.

I understand what is being proposed and the procedures in which I will be involved have been explained to me. By signing this form I give:

1. Consent to the digital audio recording

2. Consent to the transcription of interview data

3. Consent to the inclusion of anonymised interview material in the thesis and any publications or presentations resulting from it.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to the raw data. It has been explained to me what will happen once the experimental programme has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant's Name (BLOCK CAPITALS)………………………………………….

Participant's Signature…………………………………………………………………

Investigator's Name (BLOCK CAPITALS)……………………………………………

Investigator's Signature………………………………………………………………

Date: ………………………………….

APPENDIX E: Semi-Structured Interview Questions

The prompt questions following question (2) are designed to elicit experiences at different stages of women's lives.

1. As a woman who stammers do you think people react differently to you compared to: (a) other women who do not stammer; and (b) men who stammer?

2. How has being a woman who stammers affected your life at different times? Examples of prompts:
   a. Whilst in education
   b. When choosing a career
   c. With regards to having children

3. As a woman who stammers, what have been your experiences, if any, of: (a) accessing support services (i.e. speech therapy); and (b) their appropriateness?

APPENDIX F: Debriefing Sheet

<u>**University of East London**</u>
An exploration of the experiences of women who stammer - Debriefing sheet

Firstly, thank you so much for taking the time to participate in this study. I am extremely grateful for your support.

Although much has been written about stammering in general, there is almost no research that focuses on what it is like to be a woman who stammers. As a result, the experience of being a woman who stammers can at times be quite isolating.

I am hoping that the findings of this research will be used to:
1. Provide an account of the experiences of women who stammer from a women's perspective.
2. Inform current theories of stammering and make them more relevant for women.
3. Inform and improve therapeutic practices for women who stammer.

Please let me know if you would like to receive a written summary of the results and I will be happy to send you one.

Also, if you do have any further questions about the study or experience any distress related to this study; please do not hesitate to get in touch with me on Email: u0933890@UEL-Exchange.uel.ac.uk

Alternatively, for further support or if you require information and resources about stammering you could also contact any of the following services:

- The **British Stammering Association (BSA) Helpline 0845 603 2001** (local rate) or 020 8880 6590
(This is confidential service offering callers the opportunity to ask, talk about and explore any issues of concern about stammering.)
The British Stammering Association (BSA)
15 Old Ford Road, London, E2 9PJ
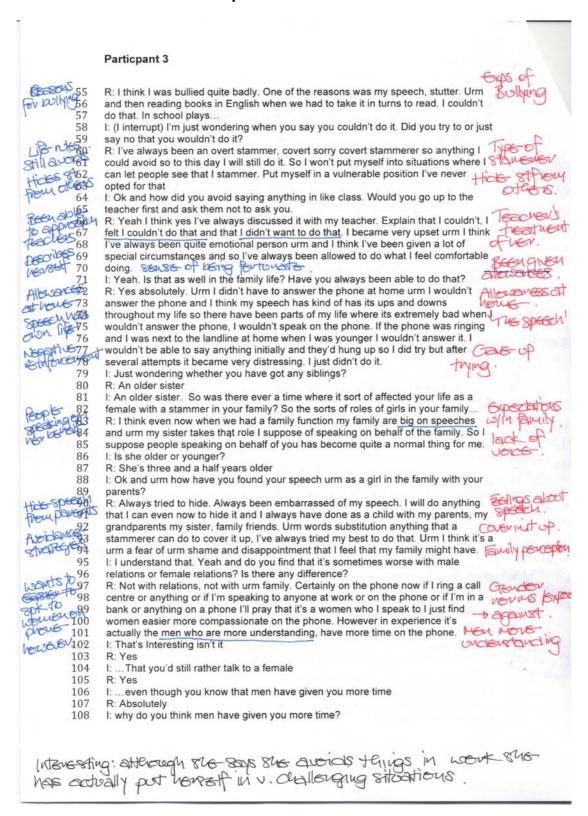Tel: 020 8983 1003
Web: www.stammering.org
Email: info@stammering.org

- **The Samaritans Helpline: 08457 90 90 90 (this is open 24 hours a day)/**
                          Email: jo@samaritans.org

Thank you again for your participation and support.

Laura Weingarten
Trainee Clinical Psychologist

APPENDIX G: Worked Example of IPA

Particpant 3

Left margin annotations (handwritten):
REASONS FOR BULLYING 55-56
LIP nutes still avoids 60-61
Hides stammer from others 62-63
Been able to approach Teacher 66-67
Describes herself 69-70
Allowances at home 72-73
Speech was own life 74-75
Negatives reinforcement 77-78
People speaking on her behalf 83-84
Hides speech from parents 90-91
Avoidance strategies 93-94
Wants to easier to spk to women on phone However 97-102

Right margin annotations (handwritten):
Exps of Bullying
Type of stammerer Hides stammer others.
Teachers treatment of her.
Been given allowances.
Allowances at home.
The speech!
Gave up trying.
Expectations w/in family. lack of voice.
Feelings about speech. Cover / cut up. Family perception
Gender neutral / expect → against. Men more understanding

55 R: I think I was bullied quite badly. One of the reasons was my speech, stutter. Urm
56 and then reading books in English when we had to take it in turns to read. I couldn't
57 do that. In school plays...
58 I: (I interrupt) I'm just wondering when you say you couldn't do it. Did you try to or just
59 say no that you wouldn't do it?
60 R: I've always been an overt stammer, covert sorry covert stammerer so anything I
61 could avoid so to this day I will still do it. So I won't put myself into situations where I
62 can let people see that I stammer. Put myself in a vulnerable position I've never
63 opted for that
64 I: Ok and how did you avoid saying anything in like class. Would you go up to the
65 teacher first and ask them not to ask you.
66 R: Yeah I think yes I've always discussed it with my teacher. Explain that I couldn't, I
67 felt I couldn't do that and that I didn't want to do that. I became very upset urm I think
68 I've always been quite emotional person urm and I think I've been given a lot of
69 special circumstances and so I've always been allowed to do what I feel comfortable
70 doing. sense of being fortunate.
71 I: Yeah. Is that as well in the family life? Have you always been able to do that?
72 R: Yes absolutely. Urm I didn't have to answer the phone at home urm I wouldn't
73 answer the phone and I think my speech has kind of has its ups and downs
74 throughout my life so there have been parts of my life where its extremely bad when I
75 wouldn't answer the phone, I wouldn't speak on the phone. If the phone was ringing
76 and I was next to the landline at home when I was younger I wouldn't answer it. I
77 wouldn't be able to say anything initially and they'd hung up so I did try but after
78 several attempts it became very distressing. I just didn't do it.
79 I: Just wondering whether you have got any siblings?
80 R: An older sister
81 I: An older sister. So was there ever a time where it sort of affected your life as a
82 female with a stammer in your family? So the sorts of roles of girls in your family...
83 R: I think even now when we had a family function my family are big on speeches
84 and urm my sister takes that role I suppose of speaking on behalf of the family. So I
85 suppose people speaking on behalf of you has become quite a normal thing for me.
86 I: Is she older or younger?
87 R: She's three and a half years older
88 I: Ok and urm how have you found your speech urm as a girl in the family with your
89 parents?
90 R: Always tried to hide. Always been embarrassed of my speech. I will do anything
91 that I can even now to hide it and I always have done as a child with my parents, my
92 grandparents my sister, family friends. Urm words substitution anything that a
93 stammerer can do to cover it up, I've always tried my best to do that. Urm I think it's a
94 urm a fear of urm shame and disappointment that I feel that my family might have.
95 I: I understand that. Yeah and do you find that it's sometimes worse with male
96 relations or female relations? Is there any difference?
97 R: Not with relations, not with urm family. Certainly on the phone now if I ring a call
98 centre or anything or if I'm speaking to anyone at work or on the phone or if I'm in a
99 bank or anything on a phone I'll pray that it's a women who I speak to I just find
100 women easier more compassionate on the phone. However in experience it's
101 actually the men who are more understanding, have more time on the phone.
102 I: That's Interesting isn't it
103 R: Yes
104 I: ...That you'd still rather talk to a female
105 R: Yes
106 I: ...even though you know that men have given you more time
107 R: Absolutely
108 I: why do you think men have given you more time?

Bottom annotation (handwritten):
Interesting: although she says she avoids things in work she has actually put herself in v. challenging situations.

Particpant 3

109 R: I think they're less superficial sometimes urm I think maybe my experience with
110 men face to face with my stammer I think maybe they see things as it is and they can
111 laugh about it and joke about it but they might not mean much malice. I think maybe
112 women try to hide more of that and try to be more sympathetic but maybe due to
113 competitiveness or anything I think men in my experience are more easy going and
114 laid back in a lot of ways.
115 I: So actually you find men easier on the phone to talk to but women nicer face to
116 face?
117 R: I don't know I think it's very strange that my feelings are automatically drawn
118 towards wanting to speak with a female over the phone. Maybe cos it's one of me
119 and my kind (inaudible). I think I stammer more when it's a male on the phone but the
120 response that I get makes me more relaxed with them. (laughs) I don't quite
121 understand my feelings there but (laughs). That seems to be not all the time urm
122 there have been you know some men who haven't been so good to talk to and
123 women have but in generally that seems to be the case.
124 I: Ok and what about school what was it like with friends and things.
125 R: Urm
126 I: You said that when you were young you would get bullied a bit. Was that in primary
127 school and secondary school?
128 R: Always for varies reasons not just my speech. For other reasons as well I was
129 bullied. I don't think my speech helped
130 I: Can I ask why?
131 R: My weight. I was very very big as a child, adolescent, my weights always
132 fluctuated. I don't think my speech helped because maybe I would have stood up for
133 myself more but urm yeah I didn't find it easy. It think when I was in school I chose to
134 have kind of not groups of friends but more kind of one friend and then you know,
135 different friends kind of you know. So that I could build up relationships with one
136 person rather than a group
137 I: Yeah because it can be hard in school really because everyone's in groups
138 generally aren't they, especially girls.
139 R: Yeah. I've never coped too well in groups of people.
140 I: Why's that?
141 R: Urm I'm not quite sure. I don't know if my speech has got something to do with it
142 but I felt that I had more one on one attention and more kind of focus I'm not sure it's
143 hard to tell really.
144 I: Ok. And where there any other children in the schools with stammers?
145 R: No
146 I: I'm just wondering whether there were any boys there with one maybe and how
147 people treated them.
148 R: No, there weren't.
149 I: No. ok so you were the only person
150 R: Yes.
151 I: How do you think the teachers treated you, reacted to you as a girl with a
152 stammer?
153 R: Urm that's a hard one. I think they just kind of let me get on with what I wanted to
154 do. So I didn't feel encouraged at all to step out of my comfort zone. It was really
155 accepted, what I wanted to do and how I wanted to do it. So by not wanting to
156 participate urm in any focal kind of things in lessons or school plays or anyting I
157 wasn't' pushed or encouraged in anyway good or bad.
158 I: Urm
159 R: I was quite vulnerable as a child, an adolescent. So that was probably a good
160 think I think, that I was just left alone I think.
161 I: Uhum. And how did you cope with being left alone cos sometimes we find that
162 when we're left alone it can make things worse, or that it can make things better as
163 well. Were there people round you who could support you?

Participant 3

Stage 3: Clustering of Themes

Cluster 1: Treatment of people who stammer
1. Reactions to her as a person who stammers ('maybe they have less time for me in conversations but I don't think that's specifically a gender thing.') (lines 11-14)
2. No chances to see if people react differently to men or women with stammers ('the only time I've been around other men who stammered has been in therapy') (lines 20-23).

Cluster 2: Differences in coping styles between men and women who stammer
3. Differently ways of coping for men and women who stammer ('he has banter with his work colleagues and he invites that, it relaxes him. I feel totally different though. I couldn't imagine if a person were to mock me in jest') (lines 29-37).
6. Gendered traits ('I don't know if women have more like an outward sensitivity that men don't have so that maybe we are more willing to show our feelings) (lines 48-49).

Cluster 3: School experiences and bullying
4. Experiences in school ('school was difficult I raised my hand when the teacher did the register. I couldn't say the register') (lines 40-41)
7. Experiences of being bullied ('I was bullied quite badly') (line 55).
8. Why she thinks she was bullied ('one of the reasons was my speech, stutter') (line 55)
9. Thing she avoided in school ('..in English when we had to take it in turns to read. I couldn't do that.') (lines 57-58).
22. Reasons for being bullied ('always for various reasons, not just my speech. I don't think my speech helped', 'my weight.') (lines 131-132)
23. Impact of speech on bullying ('I don't think my speech helped because maybe I would have stood up for myself more..') (lines 132-133).

Cluster 4: Teachers
11. Relationships with teachers ('I think yes I've always discussed it with my teacher. Explain that I couldn't. I felt I couldn't do that') (lines 66-67).
12. Given special allowances by teachers ('I've always been quite an emotional person and I think I've been given a lot of special circumstances..') (lines 68-70).
25. Teachers' indifference ('I think they just kind of let me get on with what I wanted to do. So I didn't feel encouraged at all to step out of my comfort zone. …I wasn't pushed or encouraged in anyway good or bad', 'I was quite vulnerable as a child, an adolescent. So that was probably a good thing I think, that I was just left alone I think') (lines 159-160).

Cluster 5: experiences within the family
13. Allowances at home ('I didn't have to answer the phone at home') (line 72).
16. Other's speaking for her within the family ('…people speaking on behalf of you has become quite a normal thing for me') (lines 84-85).
17. Reasons for hiding speech from family ('always been embarrassed of my speech. I will do anything that I can even now to hide it and I always have done as a child…', ' I think it's a fear of shame and disappointment that I feel that my family might have') (lines 90-92 and lines 93-95).
26. Relationship with Mum ('I had a lot of support from my mum…') (line 164)
27. Reasons stammering wasn't discussed at home ('…we never really discussed my speech with my friends or my family urm I suppose because I was always quite embarrassed about it maybe that's why.', 'I never initiated it and they didn't either so I suppose it was out of choice but I think it was just how it was..') (lines 164-166 and lines 171-172).

28. Support at home ('I had speech therapy from primary school age…that was the support that I had really..my family were understanding but it was never really talked about') (lines 167-169).

Cluster 6: Her speech
14. 'The speech' ('my speech has its ups and downs throughout my life') (lines 73-74).
50. Feelings about her speech ('being embarrassed, feeling ashamed, angry with myself. It's the feelings behind it…I'm embarrassed about my speech) (lines 371-374)
51. Facial contortions ('I'm embarrassed about the way I look, about facial contortions about a lot') (lines 374-375).

Cluster 7: Hiding her stammer
10. Hiding her stammer ('I've always been an overt stammerer, covert, sorry, covert stammerer so anything I could avoid so to this day I will still do it. So I won't put myself into situations where I can let people see that I stammer') (lines 60-63).
18. Ways of hiding speech ('word substitution. Anything that a stammerer can do to cover it up') (lines 92-93).

Cluster 8: using the telephone
5. Using the telephone ('when someone answered the phone people used to hang up') (lines 41-42).
15. Negative experiences of the telephone ('I wouldn't be able to say anything initially and they'd hung up so I did try but after several attempts it became very distressing. I just didn't do it.') (lines 75-79).

Cluster 9: what sex is easier to talk to
19. Listeners do not fit gendered expectations ('I'll pray that it's a woman that I speak to. I just find women easier, more compassionate on the phone. However in experience it's actually the men who are more understanding, have more time on the phone.') (lines 97-101).
20. Differences between male and female reactions ('I think they're (men) less superficial sometimes…maybe they see things as it is and they can laugh about it and joke about it but they might not mean much malice', '..maybe women try to hide more of that and try to be more sympathetic but maybe due to competitiveness..',) (lines 109-114).
21. Her personal preference of listener ('I think it's very strange that my feelings are automatically drawn towards wanting to speak with a female over the phone. Maybe cos it's one of me and my kind.' 'I think I stammer more when it's a male on the phone but the response that I get makes me more relaxed with them'. I don't quite understand my feelings there (laughs)') (lines 117-121).

Cluster 10: Friendships
24. Choice of friendships (' I chose to have kind of not groups of friends but more kind of one friend…so that I could build up relationships with one person rather than a group.', 'I've never coped too well in groups of people', 'I felt I had more one on one attention and more kind of focus…') (lines 133-143).

Cluster 11: Mental health difficulties
30. Effect of mental health on education ('I didn't go to university urrm I didn't have. I had a very bad adolescence. I was very ill, emotionally unwell for many years..') (lines 190-192).

Participant 3

Stage 4: Summary Table

Reactions to people who stammer	
Negative reactions to	('maybe they have less time for me in conversations but I don't think that's specifically a gender thing.') (lines 11-14)
No chances to see if people react differently to men or women with stammers	('the only time I've been around other men who stammered has been in therapy') (lines 20-23).
Reactions of men and women on the phone do not fit gender expectations	('I'll pray that it's a woman that I speak to. I just find women easier, more compassionate on the phone. However in experience it's actually the men who are more understanding, have more time on the phone.') (lines 97-101), ('I think they're (men) less superficial sometimes…maybe they see things as it is and they can laugh about it and joke about it but they might not mean much malice', '..maybe women try to hide more of that and try to be more sympathetic but maybe due to competitiveness..',) (lines 109-114), ('I think it's very strange that my feelings are automatically drawn towards wanting to speak with a female over the phone. Maybe cos it's one of me and my kind.' 'I think I stammer more when it's a male on the phone but the response that I get makes me more relaxed with them'. I don't quite understand my feelings there (laughs)') (lines 117-121).
Others perceptions of stammering	
Public's lack of understanding about stammering	('one of the big issues is that people are feeling ignorant to stammer and they just don't understand and they don't know what's going on , they don't understand why you're making these noises') (lines 375-377), ('I'm not expecting them to understand how it makes you feel…') (lines 379-384).
Negative perceptions of people who stammer	(''they think it's an emotional thing. They think it's because you're nervous.') (lines 377-379).
Societal expectations and stammering	
Fear of completing societal expectations	('there's always the fear of what you say when you're at, in the aisle..and with vows…') (lines 452-456)
Traditional gender roles for children	('I suppose boys are maybe encouraged to be kind of strong and you know hold their own and women are more, girls you know are more fragile…') (lines 181-184).
Differences in coping styles between men and women who stammer	
Men find that 'banter' relaxes	('he has banter with his work colleagues and he

them	invites that, it relaxes him. I feel totally different though. I couldn't imagine if a person were to mock me in jest') (lines 29-37).
Women have an outward sensitivity	('I don't know if women have more like an outward sensitivity that men don't have so that maybe we are more willing to show our feelings) (lines 48-49).
School experiences and bullying	
Negative experiences	('school was difficult I raised my hand when the teacher did the register. I couldn't say the register') (lines 40-41)
Experiences of being bullied	('I was bullied quite badly') (line 55), ('one of the reasons was my speech, stutter') (line 55), ('always for various reasons, not just my speech. I don't think my speech helped', 'my weight.') (lines 131-132), ('I don't think my speech helped because maybe I would have stood up for myself more..') (lines 132-133).
Avoidance in school	('..in English when we had to take it in turns to read. I couldn't do that.') (lines 57-58).
Teachers	
Support of teachers	
Being open with them	('I think yes I've always discussed it with my teacher. Explain that I couldn't. I felt I couldn't do that') (lines 66-67), ('I've always been quite an emotional person and I think I've been given a lot of special circumstances..') (lines 68-70).
Teacher's indifference	
Being left alone	('I think they just kind of let me get on with what I wanted to do. So I didn't feel encouraged at all to step out of my comfort zone. …I wasn't pushed or encouraged in anyway good or bad', 'I was quite vulnerable as a child, an adolescent. So that was probably a good thing I think, that I was just left alone I think') (lines 159-160), ('we don't follow the national curriculum so I left school a bit early after really struggling. Having breakdowns..') (lines 240-242).
Family and stammering	
Avoidance at home	('I didn't have to answer the phone at home') (line 72), ('…people speaking on behalf of you has become quite a normal thing for me') (lines 84-85).
Feeling ashamed to speak to family about her speech	('always been embarrassed of my speech. I will do anything that I can even now to hide it and I always have done as a child…', ' I think it's a fear of shame and disappointment that I feel that my family might have') (lines 90-92 and lines 93-95), ('…we never really discussed my speech with my friends or my family urm I suppose because I was always quite embarrassed about it maybe that's why.', 'I never initiated it and they didn't either so I suppose it was out of choice but I think it was just how it was..') (lines 164-166 and lines 171-172).

APPENDIX H: Final Themes from the Data Analysis

Superordinate themes	Subordinate themes
1. Reactions of others and impact on self-perception	Lack of understanding
	Gendered expectations and reactions
2. The effects of stammering across relationships	Tensions within the family
	The impact on friendships
	Forming and maintaining romantic relationships
	Worries about 'passing on' a stammer
3. School to work	The impact of negative school experiences on future careers
4. Journey to acceptance	Seeking support
	Accepting difference

APPENDIX I: Extract from my Reflexive Journal

After interviewing participant 5:

I felt very sad during the interview, as there was a sense that she had a very difficult life and that having a stammer was a compounding factor for her distress. She said that her childhood was something that she still thinks about and continues to address in one to one therapy. Despite feeling very sad talking to her, there was a real sense that she was able to turn her life around with the support of individual speech and language therapy and doing work for the BSA. She said that it is important for her to talk about her experiences as this helps her to come to terms with them and she enjoys helping others who stammer. Another interesting point that came up was that she said her stammer has changed in quality over time.

Some themes that I am becoming aware of are that all the women so far described incidents of bullying in school and some have described choosing career paths with limited speaking opportunities. Another theme is the importance of support services, such as the BSA, in helping women come to terms with their stammer and allowing them to help others who have similar experiences.