COPING WITH STUTTERING

Eric R. Swartz

A Dissertation

Submitted to the Graduate College of Bowling Green State University in partial fulfillment of
The requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2011

Committee:

Rodney Gabel, Advisor

Nancy Orel, Graduate Faculty Representative

Roger Colcord

Alexander M. Goberman
ABSTRACT

Rodney Gabel, Advisor

The purpose of this study was to investigate how people who stutter (PWS) cope with stuttering. A concurrent mixed method design was utilized to examine how experiences, knowledge, and career choice effected how PWS coped with and accepted their stuttering. Sixty-eight participants responded to a 7 item, open and closed ended survey. The closed ended questions were on a 9 point likert scale with 1 being a positive attribute and 9 being a negative attribute. The completed surveys were analyzed using quantitative and qualitative data analysis. The results of this study suggested that successful coping with stuttering and acceptance of stuttering share several common themes: 1) managing stuttering with no negative impact, 2) variability of stuttering, and 3) speech therapy and techniques. Common themes were also shared by participants who were unsuccessfully coping and not accepting their stuttering: 1) avoidance and 2) stuttering can inhibit life. Significant correlations suggested that PWS self-report to coping effectively and being more accepting of their stuttering when they self-reported less severe stuttering. Another significant correlation was that acceptance of stuttering and coping with stuttering were related as was seen with the themes. In addition, stuttering modification and fluency shaping, along with counseling were found to be quite successful for the participants in this study. Other treatment approaches, such as use of devices and medication were self-reported to be less effective. Finally, the current research findings were discussed in the context of future research.
This dissertation is dedicated to Kent Emal

Kent thank you for all your support and encouragement as you worked with me on my stuttering from my freshman to senior year of college. Without you I doubt I would have gone into the field of communication disorders.
ACKNOWLEDGMENTS

I would like to thank my advisor, Dr. Rodney Gabel, for his encouragement to get my PhD and support during challenging times. Rod, I learned so much about stuttering from you over the past five years. I also want to thank my committee members, Dr. Roger Colcord, Dr. Nancy Orel, and Dr. Alexander Goberman for your time, guidance, and helpful ideas in completing this dissertation. Roger, thank you for the knowledge you provided me in the classes I took with you. Nancy, thank you for your kindness and great ideas in completing my dissertation. Dr. Mark Early, thank you for educating me about quantitative, qualitative, mixed methods statistics, and above all thanks for listening to me.

I would like to thank Dr. Farzan (Fonzy) Irani and Charlie Hughes for helping me develop themes and for being such good friends! Farzan thanks for being there when I needed to vent or wanted to hit the Slippery Elm trail. Charlie thanks for letting me stay out at your apartment when I was homeless during my final week of dissertation edits. Dr. Derek Daniels, thank you for your friendship and guidance in coding data. Derek, you were a big help when I was having coding blocks. 😊

I would like to thank my good friends who were there for me over the last five years. David Henry we shared a lot of great times over tater tots and adult beverages. Dr. Stephanie Hughes thanks for listening to my research ideas and for being a great friend. Dr. Raul Rojas thanks for being a great friend during the Chicago days and for your support over the past few years. Thanks to all of my colleagues who I shared office space with: Elina Banzina, Charlie Hughes, Ramya Konnai, Scott Palasik, Sabiha Parveen, Emily Rusnak, Stephanie Richards, Siva Santhanam, Jason Whitfield, and Elizabeth Witter.
A special thanks to the 68 people who stutter, who took that time to participate in this dissertation.

Finally, I want to thank my parents, Fredrick Swartz and Virginia Swartz for your constant love and support through this program and my life! You never doubted that I could do this. Also, thanks to my brothers and sisters, Robert, Jennifer, Jim and Kathy for years of great memories.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER 1. INTRODUCTION</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER 2. LITERATURE REVIEW</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping</td>
<td>3</td>
</tr>
<tr>
<td>Coping with Stuttering</td>
<td>6</td>
</tr>
<tr>
<td>Factors which Influence Coping</td>
<td>7</td>
</tr>
<tr>
<td>Self-Accounts of Successful Coping and Recovery</td>
<td>33</td>
</tr>
<tr>
<td>Statement of Problem</td>
<td>36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER 3. METHODS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design</td>
<td>39</td>
</tr>
<tr>
<td>Survey Instrument</td>
<td>41</td>
</tr>
<tr>
<td>Participant</td>
<td>43</td>
</tr>
<tr>
<td>Demographics</td>
<td>44</td>
</tr>
<tr>
<td>Validity</td>
<td>45</td>
</tr>
<tr>
<td>Analysis</td>
<td>46</td>
</tr>
<tr>
<td>Qualitative Data Analysis</td>
<td>46</td>
</tr>
<tr>
<td>Researcher Lens</td>
<td>47</td>
</tr>
<tr>
<td>Credibility</td>
<td>48</td>
</tr>
<tr>
<td>Quantitative Data Analysis</td>
<td>50</td>
</tr>
<tr>
<td>Triangulation</td>
<td>51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER 4. RESULTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative Results</td>
<td>52</td>
</tr>
</tbody>
</table>
APPENDIX D. INFORMED CONSENT

127
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mean, Standard Deviation and Frequency Counts for each 1 – 9 Scale</td>
<td>53</td>
</tr>
<tr>
<td>2</td>
<td>Pearson Correlations of Severity of Stuttering, Acceptance, and Coping with Stuttering</td>
<td>58</td>
</tr>
<tr>
<td>3</td>
<td>Qualitative themes of acceptance, coping and severity of stuttering</td>
<td>62</td>
</tr>
<tr>
<td>4</td>
<td>Positive Acceptance of Stuttering</td>
<td>68</td>
</tr>
<tr>
<td>5</td>
<td>Neutral Acceptance of Stuttering</td>
<td>70</td>
</tr>
<tr>
<td>6</td>
<td>Negative Acceptance of Stuttering</td>
<td>71</td>
</tr>
<tr>
<td>7</td>
<td>Positive Coping with Stuttering</td>
<td>74</td>
</tr>
<tr>
<td>8</td>
<td>Neutral Coping with Stuttering</td>
<td>77</td>
</tr>
<tr>
<td>9</td>
<td>Negative Coping with Stuttering</td>
<td>79</td>
</tr>
<tr>
<td>10</td>
<td>Less Severe Stuttering</td>
<td>83</td>
</tr>
<tr>
<td>11</td>
<td>More Severe Stuttering</td>
<td>86</td>
</tr>
</tbody>
</table>
CHAPTER 1
Introduction

Stuttering is a complex speech disorder consisting of primary (core) and secondary (adjustive) behaviors, along with negative attitudes and emotions (Guitar, 2006). There is a growing body of evidence that indicates how a person who stutters copes (successfully or unsuccessfully) with their stuttering affects how well he or she improves speech behaviors and attitudes towards stuttering (Anderson & Felsenfeld, 2003; Finn, 1996; Finn & Felsenfeld, 2004; Plexico, Manning, & DiLollo, 2005; Quarrington, 1977; Sheehan & Martyn, 1966, 1970; Wingate, 1964). It is suggested that the following factors are related to coping well with stuttering: (1) cognition; (2) acceptance, (3) responsibility; (4) knowledge; (5) risk taking; (6) non-avoidance; (7) motivation; (8) feelings; and (9) emotions (Plexico et al., 2005). Being able to use successful coping strategies is important for limiting the negative effects of stuttering on a person’s life.

This study will explore different kinds of coping strategies to better understand successful stuttering management and factors involved with coping and acceptance of stuttering. For this study, it is assumed that a person who copes well with stuttering will not be limited by their stuttering. Conversely, a person who is not coping well with stuttering will face many stuttering related difficulties with their career, education, and may even be affected socially. People who stutter (PWS) who successfully cope or manage their stuttering have the following positive attributes: (1) acceptance of stuttering, (2) less fear of stuttering, (3) optimism, (4) risk taking in terms of communication, (5) continue to manage, and (6) freedom to say what the speaker wants to say without fear of stuttering (Plexico et al., 2005). Alternatively, PWS who are unsuccessful at managing their stuttering report themes related to suffering and other negative emotions.
(Corcoran & Stewart, 1998; Crichton-Smith, 2002; Plexico et al., 2005). This study will expand on this research by exploring factors that influence successful versus unsuccessful coping. Thus, the purpose of this study is to conduct an investigation of how PWS effectively cope with stuttering.
CHAPTER 2
Literature Review

Coping with stuttering can be better understood by reviewing literature from both people who stutter (PWS) and people who do not stutter. For example, people who have diabetes, chronic pain, or recently have decided to be more open about one’s sexuality have different amounts of coping that are required. There are several ways that people cope with problems. Problem focused coping is used to logically think about how to deal with problems. Emotion focused coping is when people try to control their emotions that arise during various situations. Additionally, there are functional coping and dysfunctional coping strategies. Functional coping is when people are assertive in responding to problems versus in dysfunctional coping, people react to problems in unhelpful ways. Later in this paper the different ways PWS cope with their stuttering will be addressed.

Coping

Stuttering is a chronic communication disorder that might persist and become a lifelong problem that requires PWS to utilize a variety of methods and behaviors to cope effectively and achieve personal goals (Guitar, 2006; Manning, 2009). Coping can be defined “as the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them” (Folkman & Lazarus, 1980, p. 223). Coping is a means by which people deal with different stressors throughout the day without becoming overwhelmed. Coping is a comprehensive process and allows for differences in how people, including PWS, manage their problems successfully or unsuccessfully. There are two primary ways of coping: problem-focused coping and emotion-focused coping (Carver & Sheier, 1994).
**Problem Focused Coping**

Problem focused coping can be defined as using an assertive effort to approach and manage the environment or person that is causing stress (Carver & Sheier, 1994; Folkman & Lazarus, 1980). Another important aspect of problem focused coping is that the person learns to lessen the impact of a stressful event. Applying the concept of problem focused coping to stuttering, the person who stutters learns to better manage his or her environment and inner thoughts and feelings. When applied to stuttering therapy speech language pathologists (SLPs) teach PWS to think of alternative ways to coping with stuttering. Effective stuttering therapy teaches PWS to stutter more effectively or speak with more fluency.

**Emotion Focused Coping**

In contrast, emotion-focused coping occurs when a person tries to regulate stressful emotions (Folkman & Lazarus, 1980). This can involve using avoidance and attempts to distance themselves from the stressor (Carver & Sheier, 1994). Emotion-focused coping responses involve distractions, becoming emotional, or completely avoiding the situation (Wills & Hirky, 1996). In terms of stuttering, this is similar to when PWS exhibit secondary behaviors, negative thoughts and emotions related to speaking, and may avoid the speaking situation entirely. Emotion-focused coping is typically not helpful for PWS and it leads to reinforcing the stuttering behavior.

**Coping Choices**

The concepts functional coping versus dysfunctional coping are used to describe the ways that people cope with stressors. Functional coping occurs when the person approaches problems in an assertive way and uses thoughts and behaviors to solve problems or lessen
stressors (Plexico, Manning, & Levitt, 2009b). Dysfunctional coping occurs when people respond to stressors with self-distraction, efforts to deny stressors, escapism, wishful thinking, and self-blame (Carver & Sheier, 1994). The summative effects of dysfunctional coping are typically negative. In terms of stuttering we know that avoidances, escaping the moment of stuttering, and self-blame or other negative feelings and beliefs about one’s stuttering are not helpful for PWS (Corcoran & Stewart, 1998; Crichton-Smith, 2002; Daniels, Hagstrom, Gabel, 2006; Ginsberg & Wexler, 2000; Plexico et al., 2005, Plexico et al., 2009a). On the other hand, it is recommended that PWS learn to cope with stuttering in a more functional way so that they are approaching difficult speaking situations and using problem solving skills to effectively cope with their stuttering (Corcoran & Stewart, 1995; Plexico et al., 2005; Plexico et al., 2009b).

Active-Prosocial Coping

It has been found that people have a high level of life satisfaction when they use active (problem based) and social coping strategies (Hobfoll & Schroder, 2001; Smith & Wallston, 1996;). This is important because problem-focused coping will not be helpful without the social coping component (Hobfoll & Schroder, 2001). It is likely that prosocial coping has been an important aspect of problem based coping in past research (Bandura, 1997; Lazarus & Folkman, 1984). When applying this research to stuttering, one can hypothesize that problem based and prosocial coping would be combined to help PWS to cope effectively with stuttering.

Benefits of Effective Coping

There are several benefits to being able to cope with life stressors like stuttering. Effective coping gives people the confidence that they can successfully manage life’s challenges (Pearlin, Lieberman, Menaghan, & Mullan, 1981). In stuttering this could translate to having the
confidence to speak in any situation. Effective coping includes having social support when necessary to cope with a problem (Hobfoll, Shoham, & Ritter, 1991). Though effective coping with a problem does not require constant social support, it is helpful to have social support at times when coping becomes more difficult. Effective coping should lower a person’s psychological distress (Aspinwall & Taylor, 1997; Lazarus & Folkman, 1984). Stuttering is not related to a psychological problem, but PWS do often experience anxiety, stress, and other negative emotions because of stuttering. Effective coping lowers psychological stress (Aspinwall & Taylor, 1997) and may help with the stressors associated with stuttering.

Coping With Stuttering

Successful Coping

An important term for understanding how PWS learn to live more effectively with their stuttering is successful coping (Plexico et al., 2009a). Simply put, successful coping can be defined as, “that which is associated with the fewest psychological symptoms under stress” (Folkman & Lazarus, 1980, p. 223). Successful coping occurs when a person is “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). According to this definition the process of coping is not dependent on the outcome (Plexico et al., 2009a). In other words, whether a person has positive or negative coping skills it is important these coping skills do not fluctuate depending on the outcome. Learning to successfully cope with stuttering is more realistic to most PWS than trying to be a fluent speaker. By learning to successfully cope with stuttering it is easier to manage one’s own
stuttering (Plexico et al., 2009a). How people who stutter cope with their stuttering can affect their quality of life (QOL).

Unsuccessful Coping

When people are unsuccessful in coping with stuttering the following themes are noticed: (1) negative thoughts and emotions, (2) negative listener reactions, (3) negative self-esteem, (4) avoidances, and (5) social and career penalties (Daniels, Hagstrom, & Gabel, 2006; Petrunik & Shearing, 1983; Plexico, et al., 2005). It has been found that when PWS try to avoid and conceal their stuttering they become much more self-conscious of their stuttering (Corcoran & Stewart, 1998; Petrunik & Shearing, 1983). Not only is stuttering difficult for PWS who are unsuccessfully coping with stuttering, but stuttering can also lead to negative listener reactions and evaluations (Corcoran & Stewart, 1998; Johnson, 1959; Klompas & Ross, 2004). These negative listener reactions can be hurtful for the PWS and can lead to feelings of shame (Corcoran & Stewart, 1998). Furthermore, listener evaluations, such as acceptance or rejection help to shape the self-identity of a person who stutters (Daniels & Gabel, 2004; Johnson, 1959). When PWS are given labels such as “deviant” they often start to take on the negative label that has been assigned to them. This can be harmful for PWS because negative labels and differences can negatively affect self-identity (Daniels et al., 2006, Goffman, 1963).

Factors Which Influence Coping

In the field of stuttering and in other fields there is information on factors which influence successful verses unsuccessful coping. Some of these factors include quality of life (QOL), locus of control, motivation, self-acceptance, mindfulness, sense of coherence, stereotypes and stigmas, hope, confidence and optimism, knowledge and understanding of
stuttering, responsibility, turning points, risk taking, speech therapy, maturity, and relationships. In the next section I will explain the relationship between these factors and coping with stuttering.

**Quality of Life**

McHorney and Tarlov (1995) analyzed five QOL surveys which were shown to access the following health characteristics: physical functioning, social functioning, and mental health. Since five QOL surveys measure mental health, physical, and social functioning it can be inferred that these are important aspects to quality of life. In order to study how stuttering affects QOL, the Medical Outcomes Study Short form 36 (SF-36; Ware & Sherbourne, 1992) has been used (Craig, Blumgart, & Tran, 2009). The SF-36 is the most common psychometric measure used in the United States. When the SF-36 is administered to PWS, the results indicated that PWS report a significantly lower QOL than people who do not stutter (PWDS). In a qualitative study, 16 PWS were interviewed to better understand their experiences with stuttering. These participants believed that their stuttering had affected aspects of their education, social life, and employment. In terms of social life it was not difficult to make friends, but participants perceived that people reacted negatively to their stuttering. In terms of employment, stuttering did not inhibit PWS from going into their career of choice, but participants believed that their stuttering had reduced their chances of getting promotions. It should be noted that the majority of participants reported that speech therapy improved their QOL and improved self-confidence (Klompas & Ross, 2004).

Another study by Bramlett, Bothe, and Franic (2006) conducted scripted interviews with 75 PWDS. Prior to the interview the participants viewed three short video clips depicting people
with mild, moderate, and severe stuttering. Then the participants were interviewed about health in the context of mild, moderate, and severe stuttering. The study found that the greater the severity of stuttering the greater the impact on QOL for the person who stutters (Bramlett et al., 2006). In fact, severe stuttering caused the QOL of PWS to be similar to that of a person who requires home dialysis. Other examples of how stuttering affects QOL in terms of other factors are: mild stuttering is similar to having lower back pain or a vision impairment, and chronic asthma is similar to moderate stuttering. When comparing stuttering to other health conditions it is clear that stuttering has a negative impact on QOL.

Craig et al. (2009) used the Medical Outcomes Study Short Form-36 (SF-36) to better understand how stuttering affects the QOL of 200 PWS. Each participant was interviewed and subsequently completed QOL and psychological questionnaires. Results from these interviews showed that stuttering negatively impacted their participants in terms of social, mental, and emotional health (Craig et al., 2009). In fact, PWS with severe stuttering reported that their stuttering affected them similarly to a QOL of a person with asthma (Blumenschein & Johannesson, 1998).

Additionally, people who have suffered from spinal cord injuries are shown to have a QOL similar to PWS (Middleton et al., 2007). In this study, surveys were administered to 106 people with spinal cord injuries to assess the impact on QOL and daily living. It was found that people with spinal cord injuries had reduced QOL when pain intensity was combined with low self-efficacy (Middleton et al., 2007). Hence, stuttering must be a difficult speech disorder to cope with when the QOL of people who stutter are like people who have significant physical injuries. It is no wonder that PWS often benefit from talking about their feelings and thoughts in terms of their stuttering. Although stuttering can decrease the QOL for PWS there are ways of
alleviating the effects. Plexico, et al. (2009) determined that when PWS learn to approach their stuttering rather than avoiding it, they are able to better manage their stuttering and have an improved QOL. In fact, there are three benefits that PWS get from learning to approach moments of stuttering. First, PWS benefit from having greater control over their stuttering with reducing physical tension and improved ability to modify moments of stuttering. Second, PWS benefited by making affective and cognitive changes, such as improved self-esteem. Third, PWS benefited with an improved social life.

Locus of Control

PWS who utilize problem focused coping likely have an internal locus of control. Locus of control means one’s ability to control one’s environment (Rotter, 1966). In essence a person with a strong internal locus of control has a better chance of handling problems that arise in life than a person with low internal locus of control. A person with an external locus of control is manipulated by the environment and may not feel like it is possible to have control of one’s life. An internal locus of control can even help people with stressful jobs have fewer illnesses (Kobasa, 1979). Business executives with an internal locus of control were found to approach difficult situations with vigilance and meaningfulness. Rather than waiting for problems to take care of themselves, these executives with the internal locus of control would essentially use all of their resources to solve problems. In stressful situations executives with an internal locus of control feel like they have the ability to resolve problems rather than feeling like a victim.

People with an internal locus of control have also been found to have more coping strategies, such as acceptance, which increases overall well-being (Elfstrom & Kreuter, 2006). Another significant finding about people with an internal locus of control is that they are better at
managing problems that could be stressful. People with an internal locus of control perceive the same situations as lower stress than people with an external locus of control (Anderson, 1977). In regard to stuttering, it has been found that PWS make significantly more progress in stuttering therapy when they have an internal locus of control verses an external locus of control (Dharitri, 1985). This finding is similar to other research which found that if a person has an internal locus of control they believe they have the ability to make progress toward meeting challenges in their life. Furthermore, people with an internal locus of control use problem focused coping and people with an external locus of control become more emotionally involved and react with emotion focused coping.

In relation to stuttering therapy, it has been found that the locus of control (LCB) does not clearly correlate with success in therapy (Andrews & Craig, 1998; DeNil & Kroll, 1995; Rotter, 1975). There have been studies that found a clear correlation between LCB scores obtained before treatment on self-perceived fluency and after therapy (DeNil & Kroll, 1995). Thus, there seems to be some controversy as to importance of locus of control to treatment outcomes.

Sense of Coherence

Related to QOL and locus of control is the term “sense of coherence”. Antonovsky (1979) defined sense of coherence as:

a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one’s internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected (Antonovsky, p. 123)

Individuals with a strong sense of coherence are able to identify stressors and work with them in a manageable way (Fok, Chair, & Lopez, 2005). Thus, it may be possible to have
successful outcomes from stressors like stuttering, when the person who stutters successfully manages the stressor (stuttering) and exhibits a strong sense of coherence. In the medical community coping ability and sense of coherence have been used with various patient populations (autologous bone marrow transplant & type-2 diabetes) as outcome measures (Sanden-Eriksson, 2000; Wettergren, Langius, Bjorkholm, & Bjorvell, 1997).

To compound the problem for PWS, not only is their mental health (negative feelings and beliefs) affected by stuttering, but some studies show that PWDS report negative attitudes and stereotypes toward PWS (Gabel et al., 2004; Kalinowski, Armson, Stuart, & Lerman, 1993; Turnbaugh, Guitar, & Hoffman, 1979; Woods & Williams, 1971, 1976, Yairi & Williams, 1970). Similarly, it does not help the relationship between PWS and clinicians when clinicians view PWS more negatively than themselves (Kalinowski, et al., 1993). These authors suggest that it is the difficulty clinicians have in maintaining speech improvements in PWS that causes clinicians to maintain these negative stereotypes. Unfortunately, when clinicians only focus on the overt speech aspect of stuttering they often fail to attend to the individual experience of PWS (Corcoran & Stewart, 1995).

Motivation

It appears that problem-focused coping may be an effective way to cope with stuttering. However, before a PWS will benefit from problem-focused coping they need to be motivated to change how they cope with their stuttering. Increased levels of motivation are important for people to make positive changes in their speech and how they feel about their stuttering (Anderson & Felsenfeld, 2003; Wingate, 1964). When it comes to motivation there are two primary kinds: intrinsic and extrinsic. Intrinsic motivation develops from the satisfaction of
completing a goal, pleasure, or curiosity that comes from within (Ryan, Connell, & Grolnick, 1992). Extrinsic motivation happens when a person behaves according to societal demands or in order to achieve a reward (Ryan, et al., 1992). In order to make lasting improvements to one’s speech it is important to have intrinsic motivation so that clients will feel satisfied when they have made progress which meets their standards as well as gain external rewards (Bennett, 2006). To improve fluency it is important that the person who stutters believe that they have the ability to control aspects of stuttering, whether it is direct speech control or in how the person is thinking and feeling about stuttering.

Motivation to improve one’s own stuttering can lead to successful coping (Plexico et al., 2005). Not only is motivation important in successful coping with stuttering but motivation is also a key factor to some people recovering from their stuttering (Finn, 1996). Having motivation also helps the person who stutters to improve independence in learning how to work on the stuttering in a more positive way. Similar to the theme of motivation, other proactive behaviors are effective for recovery from stuttering. For example, it was found that cognitive awareness helps PWS focus on ways to be a more effective communicator (Finn, Howard, & Kubala, 2005). PWS do benefit from cognitive awareness in terms of fluency strategies. Several participants described how reducing rate of speech or speaking more deliberately can help when anticipating stuttering or to get through a stuttering moment more easily.

Self-acceptance

Other factors that contribute to successful coping are mindfulness and self-acceptance. In order for people to be well adjusted to a problem they are working on they need to have self-acceptance, good pragmatics, problem focused coping strategies, and take responsibility for their
actions (DeLoach & Antonak, 1997). Disability research states that it is not helpful to accept a problem until one has the resources to deal with it (Deegan, 1996). In other words, people cope with problems to the best of their abilities at any given time. One could speculate that traits such as self-acceptance, good pragmatics, successful coping strategies, and taking responsibility would also help a person who stutters. Self-acceptance is critical to PWS because once people accept their stuttering, they are able to reverse their approach-avoidance behaviors (Plexico et al., 2009b). More specifically approach-avoidance behaviors are broken down by deconstructing the stuttering role (Plexico et al., 2009a). Sheehan (1975) discussed in great detail how PWS have an approach-avoidance problem. People who stutter are conflicted because part of them wants to approach the speaking situation and the other part of them wants to avoid the situation (Sheehan, 1975). Thus, a conflict (stuttering) arises from the two conflicting desires. Plexico et al. (2009a) contends that PWS need to first accept their stuttering before they can learn to approach stuttering. In other words, once PWS are more tolerant and open with stuttering they will have an easier time approaching stuttering in a positive way.

Plexico et al., (2009a; b) investigated how PWS cope with their stuttering using primarily emotion and avoidance focused coping strategies. There were 9 PWS who participated in interviews exploring coping and how coping relates to outcomes with stuttering. Plexico et al., (2009a) explored how PWS use escape behaviors as a way of coping with stuttering. The main theme of escape behaviors can be broken down into two primary themes: (1) how PWS spend time thinking about ways to avoid stuttering to protect themselves and their listener and (2) PWS use escape behaviors to provide immediate protection and control from stressful or difficult stuttering moments. An important transition with how PWS adjust from having primarily
emotion and avoidance focused coping is a person’s ability to be more mindful of the present and less concerned about listener reactions (Plexico et al., 2009b).

Plexico et al. (2009b) studied effective ways of coping by asking participants to report the use of functional and problem focused coping. There were two primary themes in this study: (1) improving self-concept and abandoning escape avoidance ways of dealing with stuttering and (2) taking assertive action and focusing on what the PWS needs to do to effectively cope with stuttering. The first theme is about how PWS can learn to be less concerned about what listeners think about their stuttering and reduce their concerns about being a PWS. In this way, maturity helps improve coping as does realizing that there are worse problems than stuttering. Thus, maturity can help the person who stutters to stop wanting to be a fluent speaker and accept that stuttering is a part of them. With the second theme, once PWS have less fear of stuttering and are better able to approach stuttering they can produce easier stuttering and increased verbal communication. Finally, increased verbal interaction leads to a better QOL for PWS (Plexico, et al.). To summarize, when PWS accept their stuttering and are less concerned about listener reactions, they are more effective (functional) with coping, which ultimately improves QOL.

Acceptance of one’s disability can be a strong indication of how a person will manage their disability or problem. Acceptance can be defined as, “seeing and acknowledging all the various aspects of oneself without devaluing oneself” (Marinelli & Dell, 1999, p. 415). A person’s acceptance of disability is dictated by how significant people in one’s life, including friends, family, and co-workers react to the disability. Acceptance of disabilities has even been shown to lower overall stress levels (Elfstrom & Kreuter, 2006). When people accept a disability it allows them to alter life priorities which in turn will cause the gap between perceived demands and goals to lesson.
One can speculate that if a person who stutters has a goal of being fluent that this gap between the goal of being fluent and demands of being a PWS will add stress. On the other hand, if PWS can accept their stuttering and no longer have the goal of being fluent, then they may lower their level of stress in a host of situations. When PWS no longer have a priority to be fluent, they are allowed to be themselves. Knowledge of being accepted by significant others helps to remove the devaluing aspects of the disability and fosters the merger of the disability into a person’s self-concept (Robinson, et al., 1995). Self-acceptance is another factor that affects how PWS learn to better manage their stuttering. Chmela (1997) stated that a big part of her recovery from stuttering has been about learning to accept herself and her stuttering unconditionally. Similarly, Quesal (1997) stated that self-acceptance was very important to his recovery from stuttering. Along with self-acceptance, knowledge and understanding of stuttering were also very important in learning to effectively cope with stuttering.

**Mindfulness**

Mindfulness can contribute to learning to successfully cope with stuttering. Mindfulness occurs when the person is fully aware of the present, while non-judgmentally taking in new information instead of relying on information from the past to form new ideas (Langer, 2000). Similarly, mindfulness helps PWS let emotions happen and experience them rather than blocking out emotions (Starkweather & Givens-Ackerman, 1997). Chmela (1997) discussed the importance of letting go and not judging herself, which is similar to being more mindful. On the other hand, putting negative judgments on one’s own stuttering can limit acceptance (Marinelli & Dell, 1999). If mindfulness can help a person who stutters not think about past or future speaking events, then this allows the person who stutters to focus on the current speaking situation. Since mindfulness encourages PWS to be in the present it is more possible to make
positive changes. It appears that when a person is fully present and does not place value on alternative explanations it is easier for a person to change (Cheasman, 2007; Langer, 2000).

*Internalizing Stereotypes*

In order for acceptance to develop it is important that significant people react to the person with the disability in a way that shows they fully accept him or her despite the disability (Robinson, et al., 1995). Unfortunately, there are many negative stereotypes towards PWS. These stereotypes include descriptions of PWS as being anxious, unconfident, shy, and self-conscious (Craig, Tran, & Craig, 2003). (Although these stereotypes continue to exist there is evidence that fewer people are having stereotypical views towards PWS (Gabel, 2006; Gabel, Hughes, Daniels, 2008; Healey, Gabel, Daniels, & Kawai, 2007; Irani, Gabel, Hughes, Swartz, & Palasik, 2009; Swartz, Gabel, Hughes, & Irani, 2009). Even though these stereotypes are untrue it is normal for people with disabilities to internalize these faulty assumptions (Smart, 2001). It is also normal for PWS with severe stuttering to develop feelings of shame, helplessness, avoidance, and fear (Corcoran & Stewart, 1998). Thus, it is important that PWS and individuals with disabilities not internalize negative feelings and stereotypes.

*Stigma*

It is common for society to place stigma on people who do not fit into normal categories established by society. Stigma is defined by Goffman as an “attribute that is deeply discrediting” (1963, p. 3). Thus, a person with a stigma is reduced in the mind of society as a “person who is tainted (and) discounted” (Goffman, 1963, p. 3). It is common for a stigma to be placed on people with handicaps or differences. For many PWS, stuttering can be a concealable disorder which is less acceptable for society than a person with a visually observable disability. So, in
some ways PWS are not as visible as a person in wheel chair. However, the speech disfluencies of a person who stutters become visible each time he or she talks. Each time the person who stutters has a disfluency, attention is re-directed to the person’s communication disorder (Goffman, 1963). For people with disabilities it is important to recognize stigma and forgive the person who is doing the stigmatizing. Hence, when people with disabilities recognize the stigma as false, they will not internalize the stigma (Smart, 2005). A history of repeated negative reactions from listeners can lead to stigmatization which in turn can be internalized by PWS. This leads to negative feelings such as guilt, shame, and wanting to hide the disorder (Smart, 2005).

Boyle et al. (2009) looked at the effects of different possible causes of stuttering (genetic, unknown, and psychological) on how PWDS perceive PWS. Participants completed one of four possible surveys looking out how PWDS perceive PWS based on the causality of stuttering. The results showed that when stuttering is thought to have a psychological cause, PWDS perceived PWS much more negatively than if they think stuttering is caused by genetic factors or unknown. Interestingly, approximately half of PWS have been reported to have social anxiety disorder (Menzies, et al., 2008; Stein, Ward, & Walker, 1996), though it is very possible that the high percentage of social anxiety disorder in PWS exists because of the negative and stressful effects stuttering has on PWS (Iverach, 2009). As previously mentioned, PWDS put more of a stigma on PWS when they are told the cause for stuttering is psychological (Boyle et al., 2009). One can infer that PWS who have concomitant social anxiety disorders have a greater likelihood of being stigmatized by PWDS than if they do not have social anxiety disorder.
Hope

Without hope there will not be change (Robinson, West, & Woodworth, 1995). Hope is necessary to help people survive difficult times. Without a hope for a better life, there will be no improvement. In other words, our beliefs shape how our life unfolds. Hope is necessary to facilitate the changes we want to make in life. A moderate level of hope tends to be the most efficient way of facilitating self-acceptance (Boone, Roessler, & Cooper, 1978). The reason for this is that too much hope may not be realistic and too little hope is not helpful.

Hope combined with faith is also helpful in achieving change. People benefit from having faith in “an omnipotent, omniscient, and caring God” because with faith people believe they have the ability to make changes not based on facts alone (Kennedy, Austin, & Smith, 1987). In one study, a woman’s faith was analyzed in response to having severely handicapped children (Leary, 1987). In this study it was found that women of faith go through four phases of coping. First, there is a stage of crisis where it is difficult to make sense out of the reality of what happened. Second, initial coping is done by seeking out meaning and faith. Third, ongoing coping is when the person makes sense out of what has happened by recognizing meaning and faith. Fourth, meaningful coping is when meaning and faith become engrained in the person’s beliefs.

Confidence & Optimism

Similar to having hope is being optimistic about one’s life with stuttering. Qualitative studies have found optimism to be an important part of successful stuttering management (Plexico et al., 2005). Plexico et al. (2005) interviewed seven PWS about their experiences with learning how to successfully manage their stuttering. Themes were obtained from when the
speakers were unsuccessfully managing their stuttering to the transition to learning to successfully manage their stuttering. When these speakers were unsuccessfully managing their stuttering they were found to have a lower QOL, negative emotions, negative reactions from listeners, and restrictions from trying to avoid stuttering. During the transition from unsuccessful to successful stuttering management, participants who took responsibility for stuttering, were more assertive in various situations, and learned to develop more helpful responses to difficult speaking situations. For example, people who successfully managed their stuttering learned to be more assertive rather than passive when being fearful of talking (Plexico, et al.). When participants learned how to successfully manage their stuttering they were found to be more optimistic about life, no longer dwelled on their stuttering, continued to manage stuttering, learned to accept their stuttering, and stuttering no longer restricted conversations.

PWS who are optimistic about their stuttering no longer allow their stuttering to consume a significant portion of their time and thoughts. Increased self-confidence has been shown as an important factor for PWS who have recovered from stuttering (Anderson and Felsenfeld, 2003; Quarrington, 1977; Shearer & Williams, 1965; Wingate, 1964). Anderson & Felsenfeld (2003) interviewed six adults who recovered from stuttering. All six of the participants reported recovery after the age of 10. The narratives of the six participants had shared the following themes: (1) improvements in confidence; (2) taking responsibility for stuttering and making a decision to change, and (3) modifying stuttering to produce more fluency. However, it is important to note that several of the participants stated that they needed to remain vigilant in addressing their speech in order to maintain their fluency. Several people who have recovered from stuttering believe that one cannot improve fluency without improved confidence and vice versa. If increased self-confidence is an important factor for people who have recovered from
stuttering then one can speculate that it is also important for PWS who are learning to better manage their stuttering. In fact, Klompas and Ross (2004) found that PWS who have had speech therapy and continue to stutter stated that speech therapy improved their self-confidence.

Quarrington (1977) interviewed 27 people who reported that they stuttered either into adolescence or adulthood and subsequently recovered. The interviews were geared towards discovering what led to recovery from stuttering. One of the themes from this study was that of turning points. Several participants commented on how they experienced specific events which they successfully coped and thus had increased confidence and self-worth as a result. Another theme was modifying their stuttering to talk more fluently. However, it was surprising how simple some of the modifications were. Participants described how they would talk clearer or slow down in order to improve their speech. Another speech related theme was increased awareness of situations and specifically what they were doing when they stuttered. Quarrington (1977) described how one of the most “striking” themes was the importance of cognitive factors, such as motivation for change and having a detailed understanding of what happens when one stutters as being important in the recovery process.

Shearer and Williams (1965) explored recovery by interviewing 58 college students who claimed to have been PWS and then recovered from stuttering without receiving formal therapy. Even though all of the participants claimed to have recovered from stuttering, 64% stated that they continued to exhibit “some stuttering occasionally”. The greatest percentage of participants reported recovering between the ages of 13 and 16. The majority of participants were able to describe in detail how they used to stutter. Subsequently, the interviews were found to provide the following information: (1) speaking with a slower rate, (2) thinking before speaking, (3) improved self confidence, (4) increased awareness, and (5) relaxing (Shearer & Williams, 1995).
There were similarities between Shearer and Williams (1965) and a study by Wingate (1964) in that both studies sampled PWS whose recovery occurred in late adolescence. Wingate obtained surveys from 50 PWS about recovery from stuttering. Of particular interest, the majority of the participants in this study reported being moderate to severe PWS. There were several factors reported by these participants that were involved in recovery. The majority of participants reported attitude change followed by speech practice, speech therapy, environmental changes, and relaxation.

Knowledge and Understanding About Stuttering

PWS have commented on how having knowledge about stuttering can help to increase self-confidence in actively managing stuttering (Plexico, et al., 2009b). In other words, more knowledge about stuttering translates into PWS being better able to use stuttering techniques to modify stuttering. PWS also report that even during times when they are not able to use techniques, it is very important to remain confident. If the person who stutters, loses his/her confidence then it is likely that he/she will talk less and possibly leave a conversation earlier than if he/she was more confident (Plexico, et al.).

Increased knowledge and understanding of one’s stuttering often increases a person’s ability to successfully cope with stuttering. It should be noted that the process of change leading to successful coping needs to be fostered with supportive relationships. In a qualitative study by Corcoran and Stewart (1995), seven PWS were interviewed about their experience. The findings of the study included that the participants believed that supportive relationships along with knowledge about stuttering lead the participants to modify and to cope better with stuttering.
Responsibility

Plexico, et al. (2005) found that before PWS can successfully cope with stuttering they need to take responsibility in finding guidance from both SLPs or from other mentors. It was also suggested PWS need to take responsibility for learning to alter the way they think about stuttering. This altered way of thinking would change how PWS view themselves and what they are capable of achieving in the future (Plexico et al., 2005; Shearer & Williams, 1965; Sheehan & Martyn, 1966). In a similar study, Sheehan and Martyn (1966) screened incoming students and identified 58 who reported recovering from stuttering. The recovered people who used to stutter reported that they benefited from speech techniques and avoidance strategies, some that are not typically recommended for PWS. For example, they reported that the following strategies helped them: remaining calm, avoiding stressful situations, and slowing down (Sheehan & Martyn, 1966). In this same study by Sheehan and Martin (1966), the majority of participants reported that speaking with a slower rate had either helped them or would help to recover from stuttering. Thus, slowing down one’s speech can be seen as changing how PWS approach their stuttering and may be a sign of taking responsibility for one’s stuttering. Over time PWS who are successfully coping learn to focus less on avoiding stuttering and more on how they approach and understand stuttering by changing cognitive thoughts. PWS who are currently effectively managing their stuttering take responsibility for making positive changes with their stuttering (Plexico et al., 2005). The by-products of taking responsibility for changing stuttering are more confidence and self-understanding (Plexico, et al., 2009b).
Turning Points

Turning points might occur for PWS in their journey to learn how to more effectively cope with stuttering. Turning points have been found as important to individuals who have mental health problems. In a study about how people with schizophrenia and other personality disorders learn to recover from their disorder, turning points were a common theme for all five participants who were interviewed (Topor, Svenson, Bjerke, Borg & Kufas, 1997). A commonality for the five participants is that before their turning point they had to endure a low point or breakdown in their journey with their mental disorder. This low point before the turning point can be thought of as a period of hopelessness where the person feels vulnerable. During the turning point there is a catalyst that influences how one feels about themselves. In this study, the catalyst reported was usually a significant person or God who provides social support to the person with the mental disorder. The most important aspect of a turning point is when the person changed how he or she perceived themselves in relation to their disorder or problem. When a turning point is influenced by a psychologist, psychologists often do something in addition to what they are required to do by their professional role. From this idea, turning points do not generate from therapy, but from psychologists or others in a similar role doing something significant during the therapy process to greatly influence the person with the mental disorder.

Some PWS report facing difficult challenges and were successful in coping with the challenges. In a study by Quarrington (1977), it was found that successfully navigating challenges decreases feelings of helplessness and improves feelings of self-worth for PWS. As previously discussed the participants in this study self-reported that they had recovered from stuttering. The participants in this study reported to have recovered from their stuttering largely by changing how they approached their stuttering and situations in general (Quarrington). This
study is important for PWS because one can speculate that learning to successfully cope with difficult speaking situations is also beneficial for PWS who are looking to better manage their stuttering.

**Risk Taking and Disclosure**

As discussed earlier, Plexico et al, (2005) found that by taking more risks and putting themselves out there in more difficult speaking situations was helpful in the long term recovery of the persons interviewed. Being assertive and speaking up in difficult situations leads to feelings of success rather than old feelings of shame and guilt. These findings also support that disclosure may be important to consider.

As one becomes more effective at coping with stuttering, PWS may need to be more open about stuttering, usually by disclosing that they stutter to others (Breitenfeldt & Lorenz, 1989; Collins & Blood, 1990; Sheehan, 1975). Unfortunately, disclosure of one’s stuttering to others may be very difficult. PWS are often hesitant to disclose or discuss their stuttering, which is similar to other stigmatized groups (people with mental illness, gays, or lesbians for example) (Corrigan, et al., 2009). It is the potential stigma that goes along with these differences that makes it so difficult to disclose to others. As with PWS, the stigma can also be hidden so it takes a lot of courage for people with emotional problems, mental illness or a stigmatized sexual orientation to be open about their uniqueness. When Lesbian, Gay, and Bisexual (LGB) adults talk about “coming out,” this may be similar to when PWS decide to disclose their stuttering with others. Being open about stuttering and disclosing it with others is important in overcoming feelings like guilt and shame (Murphy, 1998). Coming out occurs when a group of people with a discreditable stigma decide to no longer hide their uniqueness. Both PWS and LGB adults will
usually weigh the pros and cons of coming out before actually disclosing to others about their stuttering or sexual orientation (Corrigan, et al., 2009). Another similarity between PWS and LGB adults is that it is typical for both groups to exhibit anxiety and avoidance when they are not accepting or coping well with their uniqueness or condition (Griffin & Bartholomew, 1994).

Healey, Gabel, Daniels, and Kawai (2007) studied the effects of disclosing one’s stuttering to PWDS. Ninety participants viewed one of three video tapes of a person who stutters telling a monologue with different amounts of disclosure. In one video the person who stutters discloses at the beginning and on another video, disclosure is at the end of the video. In the final video the person who stutters does not disclose. The results of this study showed that PWS benefit from disclosing their stuttering at the beginning of a conversation. This result is in agreement with suggestions by Breitenfeldt and Lorenz (1989) because they suggest that PWS advertise (disclose) their stuttering either before or immediately once the conversation has begun. In addition, Healey, et al. (2007) discovered that PWS who disclose their stuttering are viewed as being friendlier than PWS who do not disclose. Finally, it was found participants believed that disclosure of stuttering is more beneficial to the person who stutters than to the listener.

Collins and Blood (1990) looked at the perceptions of 84 females who do not stutter, on whether they prefer to interact with mild or severe PWS who disclose their stuttering. This study showed that PWS have a greater likelihood of benefiting from discloser than PWS mildly. One explanation for this is that PWDS may see the severe stuttering as more of a disability than the mild stuttering. When a person who stutters severely discloses that he or she stutters the listener may become desensitized to the stuttering. Another interesting finding from this study is that PWDS rate PWS who acknowledged their stuttering lower on appearance, intellect, and
personality than mild PWS. Again, these findings support the notion that PWDS view severe stuttering as more of a disability than the mild stutters. Disclosure is one tool PWS can use to better manage their stuttering by approaching moments of stuttering rather than avoiding them (Plexico et al., 2009b). Along with disclosure there are several other tools and several approaches to providing treatment to PWS.

Speech Therapy

Speech therapy does seem to benefit PWS in helping them to cope more effectively with stuttering, although it does not appear that one approach or one technique works best (Guitar, 2006). Rather it is believed that any approach that the client can commit to and actively access the therapy process that is beneficial (Anderson & Felsenfeld, 2003, Crichton-Smith, 2002; Plexico et al., 2005). Furthermore, approaches that work on both behavioral and cognitive aspects of stuttering appear to benefit PWS. In a qualitative study by Plexico et al. (2009b) they found that all of the participants thought that taking responsibility for their stuttering involved getting speech therapy and finding information about stuttering.

Hayhow, Cray, and Enderby (2002) surveyed 332 PWS using a questionnaire with close and open ended questions to better understand how stuttering affects PWS and to better understand the benefits of stuttering therapy. The majority of participants indicated that their occupations had been negatively affected by their stuttering. While social aspects of their lives were not negatively affected. In addition, the participants in this study felt positive about the speech therapy they had received, but participants were unable to discuss specific therapy approaches that were beneficial.
Another study by Corcoran and Stewart (1995) interviewed seven PWS to generate narratives about their overall experiences with stuttering. Many of the experiences the participants spoke of were in regard to treatment for stuttering. The first benefit from therapy was being understood by clinicians, “I felt all of a sudden that there were people (clinicians) who understood me and I didn’t feel so alone.” Second, participants reported that it helped having a greater awareness of what they are doing during moments of stuttering. Once the person who stutters has a greater understanding of stuttering, it becomes much more possible to modify the stuttering. Third, it is important that PWS understand why they are using certain techniques to modify or reduce their stuttering. For example, if a client uses a technique to avoid stuttering rather than using the technique to modify stuttering, progress in therapy will be much less effective (Corcoran & Stewart, 1995). Once PWS have a greater understanding of what is involved in effectively coping with stuttering the fears associated with stuttering gradually fade away.

A study by Stewart and Richardson (2004) interviewed eight PWS all of which had therapy at the same program. Each participant chose techniques which were found to be the most beneficial to them. There were many positive effects to this therapy program reported. First, participants benefited from participating in group therapy with other PWS, which in turn improved their self-esteem and altered how they viewed themselves and their stuttering. Group therapy also helped to facilitate affective changes in participants (Stewart & Richardson, 2004). In terms of fluency, the majority of participants stated that their fluency improved as a result of therapy. Again, different techniques were beneficial for each individual who participated in this study. The findings from this study also showed that the majority of participants made significant changes in their attitude towards stuttering, more specifically they made changes by
approaching situations with more confidence and less fear. Furthermore, the positive changes in attitude led to an improved QOL (career and social areas) for several participants (Stewart & Richardson).

A review of the literature indicates that speech therapy does help PWS cope better with their stuttering when they are committed to therapy and are able to access techniques which help them (Anderson & Felsenfeld, 2003). PWS who have received speech therapy report many benefits. These benefits include feeling less isolated because of stuttering, increased awareness and understanding of stuttering, being able to modify speech behaviors and attitudes leading to a reduction in fears associated with stuttering (Corcoran & Stewart, 1995). Once the person who stutters is able to modify stuttering and has less fear it becomes easier to approach situations that used to be avoided (Stewart & Richardson, 2004).

Maturity

In a previously discussed study, Hayhow et al. (2002) found that participants indicated that different therapy methods were helpful during different times of the lives of PWS. This finding suggests that maturity along with having more consistent relationships allowed stuttering to become more manageable for PWS (Hayhow, et al., 2002). It is unclear if this is directly caused by maturity, but PWS reported that as they became more mature they had improved attitudes and changes in stuttering severity. When PWS are 30 years of age or older it is common to see a reduction of stuttering severity (Peters & Starkweather, 1989). Plexico et al. (2009b) found that this change as one ages may be due to increased self-confidence, maturity, and having a more positive outlook on life. PWS who are more mature are able to find positive
aspects about being a person who stutters (Plexico et al., 2009b). This positive outlook on stuttering also promotes acceptance and coping with stuttering.

Several professionals who stutter shared that their acceptance of stuttering came with maturity (Chmela, 1997; Manning, 1997; & Quesal, 1997). Individuals tend to accept a lot of negative characteristics one may have and that one may not like. It is important to learn to live with them and accept them. Things that were important to us in our late teenage years may no longer be important to us in adulthood. If acceptance comes with maturity then it may be difficult to teach acceptance.

*Nurturing Relationships (Social Support)*

Social support has been shown to provide positive effects to people who must cope with highly stressful situations, such as the events that lead to post traumatic stress disorder (Holahan & Moos, 1981; Solomon, Mikulincer, & Avitzur, 1988; Wilcox, 1981). Social support has also been shown to decrease the likelihood of developing psychological disorders (Cobb, 1976; Cohen & McKay, 1984; Gottlieb; Holahan & Moos, 1981). Also, social support from significant others, like family members, helps people with disabilities to cope better with their disability (Hamburg & Adams, 1967). When the person with the disability is truly heard by others, that person has a renewed sense of identity, improved spirit, and self-healing (Jourand, 1979). Thus, the social support from family members is extremely important for effective coping (Robinson, et al., 1995).

It is often suggested that family members and significant others be involved in stuttering therapy (Bennett, 2006; Guitar, 2006; Guitar & McCauley, 2010; Manning, 2010). PWS report benefits of having supportive relationships with other people who know something about
stuttering. For example, when other PWS or speech therapists understood their stuttering the
fear of stuttering was reduced for the individual (Corcoran & Stewart, 1995). Having a good
working relationship with a clinician or another person who stutters gives the person who
stutters, hope, support, and a realization that they are not alone. Hence, having a significant
person in the life of the person who stutters who understands what the person who stutters is
going through is very beneficial to coping well with stuttering. In one study, it was found that
support from others helped PWS to change how they viewed themselves and their stuttering
(Wingate, 1964).

In terms of maintaining relationships, stuttering does not appear to negatively impact
PWS. In fact, in a study of 22 PWS, the majority of PWS stated that stuttering did not negatively
impact their relationship with their partner or spouse (Klompas & Ross, 2004). In another study,
many PWS indicate that they benefit from the long term support from their spouse (Hayhow,
Cray, & Enderby, 2002). In fact, a spouse’s acceptance of the individual’s stuttering can often
lead to an improved self-image (Peters & Starkweather, 1989). It is understandable that if the
people that are closest to you and fully accept something that makes you different, you will feel
closer to your difference. Similarly, in mental health literature it has been found that having
significant relationships in one’s life is very beneficial in the recovery process (Anthony, 1993).
Stuttering is not a mental health disorder, but it is a physical disability that relates to a stigma,
similar to mental illness. PWS have an easier time interacting with a listener who is
knowledgeable about stuttering and understands the person who stutters’ unique way of
stuttering (Starkweather & Givens-Ackerman, 1997).
Support Groups

PWS who participate in activities which provide support to their stuttering (stuttering support groups, workshops, and conventions) have been suggested to be effective in helping PWS feel better about themselves and thus cope better with stuttering (McClure & Yaruss, 2003). McClure and Yaruss conducted a preliminary study of 544 PWS exploring the effects of different kinds of stuttering treatment and the benefits of support groups. The results of this study indicated that participants benefited more from treatment focusing on attitudes than treatment focusing on speech. In addition to altering attitudes, stuttering support group activities were found to help PWS cope better with stuttering because in these environments PWS have peer-counseling, share experiences and information from others.

In another study, Yaruss, Quesal, Reeves, et al. (2002) surveyed 71 PWS about their experiences with support groups and stuttering therapy. All but three participants (94%) indicated that going to a support group helped them improve their self-image and accept their stuttering. It was also found that support groups gave participants a better regard for SLPs and also helped several participants decide to pursue treatment. In fact, the majority of participants stated that SLPs should be involved in support group meetings. In a similar study, Ramig (1993) surveyed 63 PWS to provide evidence on the overall usefulness of stuttering support groups. It was discovered that the majority (49 of the 62) of participants stated that their fluency had improved as a result of attending a stuttering support group. Moreover, the majority (52 of the 62) of participants found that attending national stuttering association groups helped them feel better about themselves. From this study, it appears that national stuttering association groups benefit PWS both with improved speech fluency and with feeling better about themselves. One can speculate that if attending support groups leads to improved fluency, improved feelings of
Thus, support groups play a vital role in helping PWS better cope with their stuttering. Support groups can also lead to feelings of improved self-confidence and improved acceptance of stuttering. Additionally, Ramig (1993) found that support groups even support improved fluency in PWS and improved feelings of self. Support groups can also be effective in helping PWS decide to pursue treatment for stuttering (Yaruss et al., 2002).

Self-Accounts of Successful Coping and Recovery

There are several self-accounts of people who have learned to successfully cope with stuttering or even recovered from stuttering. It should be noted that these self-accounts are from speech-language pathologists and professors in communication disorders who used to have a significant stuttering disorder. These self-accounts may share many similarities with factors that help lay-PWS to better manage their stuttering. First, Quesal (1997) discussed events (turning points) which contributed to his “recovery” from stuttering. These turning points led to his acceptance of stuttering. He also commented on the importance of knowing more about the nature of stuttering and having a better understanding of how stuttering affects him. Finally, Quesal discussed how maturity and life experiences were important factors in accepting his stuttering, “Sometimes acceptance just comes with aging” (Quesal, 1997, p. 387).

Similarly, Ramig (1997) described how understanding his stuttering improved through maturity which led to accepting his stuttering, and being responsible for change fueled his motivation. Many other factors were also important for changing his stuttering. He also benefited from having good clinicians. These clinicians were caring individuals, knowledgeable,
and had good counseling skills. Learning to confront and modify his stuttering made it easier to stutter and communicate. Along with modifying stuttering, being more open with his stuttering and disclosing to others that he is a person who stutters helped. Having speech success in previously difficult situations led to improved confidence and lessened tension.

St. Louis (1997) discussed how narrative psychology can be beneficial for PWS by helping them make sense of their life through stories and experiences. Like many PWS he had several therapy experiences from when he was a young child to adolescent to college age. It was not until the person who was supervising his stuttering therapy in college raised expectations for St. Louis that his speech improved. He did eventually relapse, but gradually his experiences led to long term success. He commented on how turning points, both positive and negative events were beneficial in learning to better manage his stuttering. He talks about a series of therapy experiences that subsequently resulted in relapse.

Chmela (1997) discussed several turning points in her development of coping and acceptance of stuttering. She reported how she was able to turn negative events in her life into positive motivation for her coping with stuttering. For example, she learned through a relapse that it is okay to stutter. This led the way to beginning to accept and better understand her stuttering. Another factor that helped was “lowering walls” that she used to block out feelings and allowing herself to stutter. She also benefited from looking at her stuttering as just a speech disorder and not a problem that defined her. Once she realized she did not have to be perfect (fluent) with her speech, she felt like she had permission to modify her speech and take risks with talking.
Daily (1997) learned to be more optimistic towards his stuttering. Rather than a curse, he learned to view his stuttering as a challenge. He reported that he benefited from never accepting the idea that he would always stutter and that he benefited from working with a clinician that he could trust. To him, the most helpful part of his therapy was working on the affective or emotional components of his stuttering. It was also important that he learned to view his stuttering as something he wanted to improve rather than a curse.

Manning (1997) described how he recovered from stuttering through acceptance and having better knowledge and understanding of his stuttering. He made much progress with his stuttering after he graduated from college, a point in time that he was highly motivated to change his stuttering. Through treatment he learned that he could modify his speech and also how he thought about his stuttering. Stuttering therapy helped him look at his stuttering more logically rather than being fearful. Manning believes that it is important that clinicians only use approaches to stuttering treatment that they can be enthusiastic about. This is essential to effective treatment because both the clinician and client need to believe in the treatment approach.

Individuals who recovered from stuttering had many of the following themes in common: (1) turning points, (2) developing positive coping skills, (3) acceptance, (4) motivation, (5) responsibility, (6) maturity, (7) speech therapy, (8) self-help groups, (9) disclosure, (10) knowledge of stuttering and (11) an understanding of their experience. These themes are similar to those found in research related to positive coping and acceptance. Thus, there are many factors which influence how people cope with stressors. It is yet to be determined if positive coping from non-professionals who stutter reflect these same experiences.
Statement of Problem

Several studies have investigated recovery from stuttering (Anderson & Felsenfeld, 2003; Cooper, 1972; Finn, 1996; Finn & Felsenfeld, 2004; Finn, Howard, & Kubala, 2005; Quarrington, 1977; Sheehan & Martyn, 1966 and 1970; Shearer & Williams, 1965; Wingate, 1964), but only a few studies have looked at successful stuttering management and coping with stuttering (Plexico et al., 2005; Plexico, et al., 2009a; b). Plexico et al., (2005) conducted a phenomenological study to explore the coping techniques of seven PWS to identify how these participants were able to successfully manage their stuttering. Several themes were identified from these individuals who successfully coped with their stuttering including: continued management, self-acceptance and fear reduction, unrestricted interactions, sense of freedom, and optimism. Although this study has provided important themes on successful stuttering management, the findings were not able to be generalized because the participants consisted of speech-language pathologists and board recognized fluency specialists. It is unknown if a lay population’s experiences would suggest the same themes. It is important to determine if there are similar themes between professionals who stutter and non-professionals who stutter, because we can then use data sets from professionals who stutter and apply the themes and statistics to the average person who stutters.

In another study Plexico et al. (2009a) explored how PWS either cope successfully or unsuccessfully with their stuttering. In this study, the researchers interviewed nine PWS with diverse backgrounds (age, occupation, therapy experience, gender, or severity of stuttering). The results showed that PWS cope with their stuttering based on their level of self-acceptance and sensitivity to listeners’ responses. The authors formed a model showing that coping based on
negative reactions of listeners and low self-acceptance results in short-term relief, but long-term difficulties.

Several studies exploring recovery from stuttering used forced choice (yes or no) questions (Sheehan & Martyn, 1966, 1970; Wingate, 1964). While forced choice questions can provide important information, open ended questions are preferred for developing theories regarding recovery and management (Creswell, 2009). Furthermore, several studies about recovery from stuttering used quantitative analysis to analyze the results from interviews with PWS (Cooper, 1972; Finn, 1996; Shearer & Williams; 1965). Though these studies provided an important contribution, they did not provide a comprehensive picture of successful stuttering management or recovery of stuttering. Other studies have explored these issues in smaller samples (Anderson & Felsenfeld, 2003; Corcoran & Stewart, 1998; Finn, Howard, & Kubala, 2005; Plexico, et al., 2005; Plexico, et al., 2009a,b) but a comprehensive study is needed to thoroughly investigate common themes related to successful stuttering management that can be generalized.

*Purpose*

The purpose of this study was to provide a comprehensive picture of how PWS cope with stuttering. Several studies have used interviews (Plexico et al., 2005; Plexico et al., 2009a, b) to study coping and management of stuttering, but no studies have completed a large scale study on this topic. This study utilized a large number of PWS to allow for generalization of themes to the population at large. A motivating factor for the current study was that the results may provide additional insight into how PWS successfully cope with stuttering. It was anticipated
that improved knowledge of how PWS cope with stuttering would provide speech-language pathologists with new insights that can be used in therapy with PWS.

This study was conducted utilizing a survey questionnaire that included both open and close ended items, along with a demographic questionnaire, to obtain pertinent information and reports related to coping with stuttering. The themes from participants’ responses were analyzed to determine similarities and differences across participants. Additionally, this study identified if experiences while learning to successfully cope with stuttering was the same or different for professionals who stutter verses non-professionals who stutter. For this study, professionals who stutter was defined as any speech pathologist or professor who stutters. For example, many SLPs who stutter report to having had speech therapy before, but therapy may be less important for lay-people who stutter. In addition, there was a good chance that SLPs who stutter have read more about stuttering and have had classes about stuttering. Thus, they may have different experiences than lay persons who stutter. One would hypothesize that the more experiences and knowledge that a PWS has about stuttering the better they would cope with their stuttering. In addition, it could be hypothesized that professionals who stutter would cope better than lay-people who stutter. This study was guided by the following research questions:

1. What experiences (therapy, support groups), events, people, or processes do PWS report to be important to the process of coping with their stuttering?

2. Does knowledge of stuttering impact how PWS cope with their stuttering?

3. Are there significant differences between professionals in communication disorders (professors and SLPs who stutter) and individuals who are not in communication disorders (lay-people who stutter) in learning to successfully accept or cope with stuttering?
CHAPTER 2

Methods

Design

This study used a concurrent mixed method design. When using this design, qualitative and quantitative data were collected at the same time and both qualitative and quantitative data were analyzed separately. Subsequent to data analysis inferences were made using both quantitative and qualitative data analysis (Tashakkori & Teddlie, 2003). In this study, both the qualitative and quantitative designs added important information to this project. Creswell (1998) describes the importance of qualitative research; and he defines qualitative research as:

An inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting (p. 15).

The above quote refers to how qualitative research is ideal for exploring social, human problems like stuttering by obtaining a detailed story from the participants. In other words, qualitative research helps others to understand phenomena from the participants’ point of view. Qualitative research is becoming more commonplace in the study of stuttering. There are several articles that have used qualitative methodologies for better understanding how PWS cope and deal with their stuttering (e.g., Crichton-Smith, 2002; Plexico et al., 2009a, b; Plexico et al., 2005; Quarrington, 1977). Furthermore, several authors in the area of stuttering have described the need for additional qualitative research (Finn & Felsenfeld, 2004; Hayhow et al., 2002 Tetnowski & Damico, 2001).
The qualitative portion of this project used a phenomenological approach to better understand how PWS cope with their stuttering. Phenomenological studies serve to “describe the meaning of the lived experiences for several individuals about a concept or the phenomenon” (Creswell, 1998, p. 51). A phenomenological approach serves to explore how people have experienced a specific issue or problem. This relates to stuttering in that it builds towards a better understanding of how PWS cope with their stuttering. Furthermore, this study will generate new data, gathered from open ended survey questions and a demographics section. A survey design was chosen over face-to-face interviews because the survey allowed for larger numbers of participants and generalization of the results.

This study sampled PWS on the continuum of people who successfully cope with their stuttering to people who are unsuccessfully coping with their stuttering, thus providing a diverse sample. Participants self-determined if they were successfully or unsuccessfully coping with their stuttering. A diverse sample is important because it helps to better represent the phenomena being studied (Patton, 1990). This diverse sample of PWS allowed for diversity in severity of stuttering, variations in coping with stuttering, career, age, gender, and ethnicity. Severity of stuttering was self-selected by the participants as well as how they cope with stuttering. This approach provided saturation of data on coping with stuttering. Saturation of data means that there was enough data until additional data no longer provided new information (Creswell, 1998). The open-ended questions were constructed in a way to guide participants in telling about key aspects of their lives in coping or not coping with stuttering. The data was coded and analyzed for common themes.
Survey Instrument

Several studies have provided evidence suggesting that internet based research does not provide different results as compared to traditional, non-internet based research (Birnbaum & Wakcher, 2002; Buchanan & Smith, 1999; Gosling, Vazire, Srivastava, & John, 2004; McGraw, Tew, & Williams, 2000; Vadillo, Barcena, & Matute, 2006). Research also shows that the quality of data obtained from internet surveys are just as good of quality as data gathered from traditional surveys. Thus, whether a study is conducted in the laboratory or online, similar results are expected.

Data from the internet does not appear to exhibit problems such as repeat participants or false data (Gosling et al., 2004). This is not to suggest that data gathered over the internet is better than traditional methods, but successful internet research suggests that the internet is a viable research method. People who use the internet are often concerned about their privacy when they are online (Paine, Reips, Stieger, Joinson, & Buchanan, 2007). Examples of this range from concerns about sharing of email addresses to having their browsing history tracked on the web (PC World, 2003). To deal with privacy concerns, a large percentage (73%) of people who use the internet say that they take action to keep their privacy from being compromised (Paine et al., 2007). Examples of taking action are making sure that computers have firewalls, virus protection and that participants be directed to clear their browsing history after completing a survey.

In this study, approximately 200 surveys were emailed to professionals who stutter. An exact number of sent surveys was unknown because the professionals who stutter forwarded the surveys to other people they knew who stuttered. Appendix B is the email that was sent to the
professionals in the area of stuttering. The emails all contained a link to Surveymonkey.com where the participants were given the option to participate in the research study. Professionals in the area of stuttering were asked to forward the survey onto their clients who stutter. In addition, the professionals were asked to complete the survey if they are a person who stutters.

Surveymonkey.com is a web based survey software program that has been used previously to disperse and gather data for stuttering research (Venkatagiri, 2009). By completing the survey, participants grant consent for the research project. Appendix C is the Consent form that was on the first page of the online survey. The first part of the questionnaire was a demographics section. The demographic questionnaire was constructed to record basic information such as participant’s age, gender, ethnicity, vocation, and marital status. Information on the clients’ stuttering was also gathered such as, self-rated stuttering severity and previous therapy experiences. The second part of the questionnaire focused on coping with stuttering and included both open and close ended items. The coping questionnaire was intended to serve as a guide for the participants in telling their stories about how they cope with their stuttering. The open-ended questionnaire was developed from reviewing the themes from qualitative articles in the area of stuttering and from reflecting on clinical, academic, and personal experiences (Corcoran & Stewart, 1998; Plexico et al., 2005; Quarrington, 1977; Shearer & Williams, 1965; Wingate, 1964). The demographics questionnaire was included as appendix A, and the coping questionnaire was included as appendix B.

Participants

This study included participants who meet specified criteria (Nosek, Banaji, & Greenwald, 2002). In this study, participants self-reported that they were a person who stutters
and that they were 18 years of age or older. This study also utilized invited accessibility in that participants were contacted by the researcher and invited to participate in the research (Nosek, et al., 2002). Participants were recruited from the following sources:

1. People who stutter were contacted through the Fluency and Fluency Disorders Special Interest Division (SID-4) of the American Speech-Language and Hearing Association (ASHA). The SID-4 division of ASHA consists of a group of speech language pathologists who research fluency disorders and work with PWS. Speech language pathologists and professionals in stuttering who belong to SID-4 helped the researcher in contacting PWS. It is likely that participants who were located by SID-4 members will have had experiences with speech therapy or have been in a stuttering support group.

2. Professionals who also stuttered were contacted either through the SID-4, or were invited to participate and complete the survey.

The participants in this sample were not meant to represent the general population of PWS. Rather the participants in this study represented people who had access to a computer, have been a member of a stuttering support group, attended speech therapy, and might have worked with PWS as a speech-language pathologist.

Ten participants is said to be an ideal number for face to face interviews (Creswell, 1998). In a recent study nine participants were interviewed in a grounded theory study about coping with stuttering (Plexico et al., 2009a). Another seven participants were interviewed in a study that found the themes of knowledge, experience with stuttering, and nurturing relationships help PWS cope with stuttering (Corcoran & Stewart, 1995). Although these studies had low
numbers (10 or less), they were methodologically sound qualitative studies. It should be noted that it is possible to improve one’s understanding of a phenomena by using a larger sample size (Glesne, 1999).

This aim of this current study was to ask questions similar to the prior studies mentioned but obtain a larger sample size. The final sample in this research study included 68 participants which appeared to reach the point of data saturation. This large number of participants allowed for generalization of both quantitative and qualitative findings.

**Demographics**

Sixty-eight adults (18 years of age and older) who currently stutter, participated in this research study. The mean age of participants was 35.7 years of age with a range of 19 to 69 years of age. The participants received surveys sent electronically to professionals in the area of fluency disorders. These professionals who stutter subsequently either filled out the survey themselves and or forwarded the surveys on to other people they knew who stuttered. As a result of how the surveys were delivered to people who stutter, it was not possible to have an accurate count on the number of surveys that was sent out to people who stutter. The majority of the participants in this study were males (63.2%) with females consisting of 36.8% of the participants. This ratio of males to females is consistent with research that shows that the ratio of stuttering in males to females ranges from 3:1 to 4:1 (Guitar, 2006). In terms of race and ethnicity, the majority of participants were Caucasian with 75%, followed by Asians (10.3%), African Americans (7.4%), Latinos (4%), and Native American Indians (1%). The majority of participants in this study were single (55.9%) followed by married (30.9%), divorced (8.8%) widowed (2.9%), and partnership (1%). Demographics related to employment suggested many
full time college students (23.5%). The majority of participants were employed (60.3%), followed by retired (8.8%), and unemployed (7.4%). The participants who were employed had a diverse range of occupations (e.g. fire alarm service technician, pharmacist, and college professor). Furthermore, 14.7% (10 out of 68) of participants were employed as a speech-language pathologist and 5.9% (4 out of 68) of participants worked in higher education as professors in communication disorders. Hence, 79% (54 out of 68) of participants were laypeople who stutter. Information was also gathered on whether or not the participants attended support groups or speech therapy for stuttering. All 68 participants in this study were either currently attending speech therapy for stuttering or had previously had therapy for stuttering. The majority of participants (48.5%) had attended 1 to 5 years of speech therapy for stuttering. The majority (94.2%) of participants in this study either currently attended stuttering support groups or used to attend stuttering support groups. Other background data was collected such as the number of courses in stuttering participants had taken in college. Similarly, data was collected on professional readings in the area of stuttering and the number of books about stuttering people read.

Validity

There are validity risks to doing internet research, especially if precautions are not taken. The primary risk is that it is possible for data from completed surveys to be intercepted by a third party (Nosek, Banaji, & Greenwald, 2002). However, the risk of data being intercepted is greatly reduced by using a secure server that allows for data to be encrypted. Once data is encrypted it becomes nothing more than noise if intercepted by a third party. In terms of accessibility there are benefits to using an invitation design for recruiting participants. First, it is
secure because each participant will be sent a unique access code. Second, the invitation design ensures that participants can only complete the survey one time (Nosek et al., 2002).

Analysis

Qualitative Data Analysis

The data from the open-ended questions were transferred from Surveymonkey.com to an excel spreadsheet. Subsequently, the qualitative data was analyzed using phenomenological data analysis guidelines (Creswell, 1998). Analyzing phenomenological data involves reducing each participant’s data into categories and themes, along with looking for all feasible meanings. While analyzing the data, the primary investigator needs to set aside all biases and prejudgments to keep from personally influencing the research. The following steps describe how the phenomenological study was analyzed:

1. Each transcript was read in its entirety.

2. The transcripts were read with the lens: coping with stuttering. In other words, the primary investigator looked for the different ways that PWS cope with their stuttering.

3. Each transcript was read line by line and assigned a code that summarizes each of the participants’ statements. (Maxwell, 2005). The codes were intended to capture the essence of the information conveyed by each participant. Tangential statements that were not related to the topic (coping with stuttering) were not coded. Each code attempted to contain participant text in it. This was done to keep the codes as close as possible to the language used by the participants (Plexico, 2009a).
4. Once a list of codes were compiled from each participant, the primary investigator analyzed the list of codes and decided which codes best illustrated the participants’ experience.

5. Themes were determined by looking at similarities across participant experiences with stuttering. The themes were further refined by grouping them into major and minor themes.

_Researcher lens._ The researcher’s background needs to be considered a potential bias to this research. First, the researcher is a person who stutters. Along with being a person who stutters comes along positive and negative experiences of coping with stuttering. The researcher had primarily negative experiences of coping with stuttering in high school and in undergraduate college. During this time his acceptance of stuttering was also low. Then during graduate college these negative experiences were shifting to being more positive. The researcher was beginning to cope better with stuttering and learning to accept stuttering. Later in the researcher’s life his acceptance of stuttering was more positive and he was coping well with stuttering.

The researcher has also had over a decade of clinical experience from graduate school, working in the public schools (2001 to 2006) and from providing clinical supervision to graduate students and direct therapy to clients who stutter from 2006 to 2010. The researcher’s clinical experiences of working with PWS has helped him to see that for some PWS acceptance of stuttering appears to be an important piece to coping well with stuttering. In instances where PWS did not accept their stuttering it was difficult for them to learn techniques and it was harder for them to transfer what they were working on in therapy. Moreover, from working with several PWS it is apparent to me that treatment needs to be tailored to the person who stutters.
One approach or one technique will not work for everyone. Likewise, working on the affective aspect of a person’s stuttering may be helpful for one person and less helpful for another person who stutters. To summarize, both my personal and professional experiences with stuttering have helped to shape my researcher lens.

_Credibility._ In order for the researchers’ themes and conclusions to be valid, the researcher needs to provide ways of verifying that the findings are credible and not biased. When research is valid it exhibits, “correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account” (Maxwell, 2005, p. 106). Furthermore, credibility helps to identify and eliminate threats to a study’s validity (Huck & Sandler, 1979). A threat to validity means that the researcher’s findings may not be correct. Several strategies were conducted to eliminate threats to the credibility of this research project.

In order for qualitative research to be credible and valid it needs to exhibit certain verification factors such as triangulation and member checks (Creswell, 1998). Several studies used triangulation to enhance credibility (e.g., Panico, Healey, Brouwer, & Susca, 2005; Corcoran & Stewart, 1998). Member checks also help to improve the credibility of this project. Member checking involves asking participants if the themes obtained from the data set mesh with what the participants said. In fact, Lincoln and Guba (1985) consider member checks to be “the most critical technique for establishing credibility” (p. 314) for several reasons. First, member checks help in assessing the participant’s intentions. Second, they allow participants to correct any errors or correct faulty interpretations. Third, they allow the participant the opportunity to add additional information to his/her story. Fourth, by having the participant agree that the transcript is accurate and correct it helps to make the transcript more valid.
Similarly, by confirming that the overall process is accurate, this helps to confirm specific pieces of data.

Member checks were carried out in this project by sending a copy of participants’ responses along with the themes that were found to allow them to confirm or deny that the themes found were accurate. Furthermore, several qualitative studies in stuttering have used member checks to provide credibility (Daniels, Hagstrom, & Gabel, 2006; Hearne, Packman, Onslow, & Quine, 2008; Plexico et al., 2005; Yaruss, et al., 2002). In this study, since it included a large number of participants, it would have been difficult to identify the statements that each participant provided. Thus, a smaller set of responses were accumulated and then sent to a smaller group of participants that equaled 25% (17 out of 68) of the total sample. Of the 17 participants who participated in the member checking only 1 had suggestions about the data interpretation. This participant’s suggestions were followed by modifying the interpretation of this participant’s responses. The other 16 participants reported that they agreed with the researcher’s interpretation of their responses.

The process of “clarifying researcher bias” was also completed (Creswell, 1998, pp. 202). An understanding of biases is helpful in ensuring that the research is conducted as objectively as possible. The researcher’s biases were evaluated by the researcher completing the same survey provided to the participants in this study. Then the researcher’s narrative was analyzed and coded for themes. These themes were carefully analyzed for any biases that may skew this research.
Quantitative Data Analysis

The demographic scale was utilized to compare and contrast the self-reported participant demographics with qualitative themes. The quantitative analysis provided descriptive information about the participants in this study. The following rating schemes were based off of a 9-point rating scale for self-reported stuttering severity (O’Brian, Packman, & Onslow, 2004). Participants were asked to consider how their stuttering is on an average day when considering the following questions. In this study self-reported stuttering severity (1 = No Stuttering; 9 = Extremely Severe Stuttering) was used to assess each participant’s severity of stuttering (O’Brian, et al., 2004). Self-reported level of stuttering management (1 = Excellent Stuttering Management; 9 = Very Poor Stuttering Management) was used to assess how each participant copes with and manages his or her stuttering. The scales and descriptive information (age, stuttering severity, coping with stuttering, level of acceptance, and situations or people who led to turning points) were entered into SPSS in order to run statistical analysis. Additionally, the quantitative items on the coping questionnaire were entered into SPSS for analysis. This information was used to compare the participant themes with the quantitative data. Correlations between quantitative items (Pearson r) were completed to identify relationships between the scaled items.

In addition to analyzing the demographic scale, the themes from the open-ended items on the coping questionnaire underwent some quantitative analysis which is called quantitizing data (Tashakkori & Teddlie, 2003). The benefit of “quantitizing” data is that codes and themes can be counted and analyzed in order to more fully describe the phenomena being studied. For example, this was done by counting the participants who cope well with their stuttering or by counting events that contribute to PWS not coping well with their stuttering. Thus, the
researcher was able to run descriptive statistics on both the demographic scale and on the quantitized data from the open-ended questions.

Triangulations

All of the data from the questionnaires were compared. The comparisons were completed with all of the quantitative and qualitative data. Thus, there was triangulation of data from three sources: (1) the demographic questionnaire, (2) open-ended items on the coping questionnaire, and (3) close-ended items on the coping questionnaire. The comparison of this data provided a deeper understanding of the phenomenon of interest.
CHAPTER 4

Results

Quantitative Results

The goals of this study were to better understand how PWS cope with stuttering, identify different factors involved in successful coping and explore whether there were differences in ways of coping between speech-language pathologists who stutter and lay-people who stutter. In order to study this topic a concurrent, mixed methods design was utilized. The following research questions were used to guide this research: (1) What experiences, events, people, or processes do PWS report to be important to the process of coping with stuttering; (2) Does knowledge of stuttering impact how PWS cope with their stuttering; (3) Are there significant differences between professionals in communication disorders (professors and SLPs) and individuals who are not in communication disorders (lay-people) who stutter in learning to successfully manage stuttering?

The three research questions were partially answered using quantitative analysis of the 9 point rating scales that measured success of therapy, success of specific therapy strategies, stuttering severity, acceptance of stuttering, and coping with stuttering. On each of these scales a rating of 1 reflected on the most positive side of an attribute, a rating of 5 a neutral or moderate response, and a rating of 9 reflected the most negative aspect of an attribute. In addition to the quantitative data, qualitative data was utilized to provide additional insight and depth of understanding to the research questions. Table 1 provides sample sizes, means, standard deviations, and frequency counts (1 to 9) for each of the 9 point rating scales.
Table 1

Mean, Standard deviation, and frequency counts for each 1-9 scale. (N = number of participants who chose each therapy approach and number of participants who chose each specific value (1 to 9) on the therapy approaches. Mean = the average amount of effectiveness for each approach. SD = the standard deviation for each therapy approach).

<table>
<thead>
<tr>
<th>Scale Item</th>
<th>N</th>
<th>Mean (SD)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy Success</td>
<td>64</td>
<td>3.41 (1.84)</td>
<td>13</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>13</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Stuttering Modification</td>
<td>53</td>
<td>3.49 (2.14)</td>
<td>13</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>14</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fluency Shaping</td>
<td>59</td>
<td>3.51 (2.17)</td>
<td>12</td>
<td>12</td>
<td>7</td>
<td>11</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Mixed Approach</td>
<td>51</td>
<td>3.33 (2.03)</td>
<td>9</td>
<td>13</td>
<td>9</td>
<td>6</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Device</td>
<td>20</td>
<td>5.90 (2.71)</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>15</td>
<td>6.90 (2.64)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Counseling</td>
<td>32</td>
<td>3.87 (2.27)</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>4.60 (2.76)</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Severity</td>
<td>65</td>
<td>4.36 (1.78)</td>
<td>0</td>
<td>8</td>
<td>17</td>
<td>7</td>
<td>18</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Acceptance</td>
<td>64</td>
<td>3.72 (2.25)</td>
<td>13</td>
<td>8</td>
<td>10</td>
<td>8</td>
<td>14</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Coping</td>
<td>61</td>
<td>3.21 (1.76)</td>
<td>9</td>
<td>17</td>
<td>13</td>
<td>7</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
Nine Point Rating Scales

The first of these 9-point rating scales was used to measure participants’ success in therapy for stuttering. A rating of 1 indicated having received very successful therapy, a rating of 5 indicated some success from therapy, and a rating of 9 indicated no success from speech therapy. On this rating scale participants reported a mean score of 3.2, which suggests the average participant found stuttering therapy to be successful (between very successful and some success). Forty-four out of 64 (69%) participants (a rating of 1-4) reported success in therapy and moderate therapy success was chosen by 13 out of 64 (20%) participants (a rating of 5). Only 7 out of 64 (11%) participants (a rating of 6–9) indicated that therapy was not successful.

The next rating scales measured the success of specific methods of treatment. The success of stuttering modification therapy was measured with the 1 to 9 rating scale. Fifty-three participants had participated in stuttering modification therapy. The mean for stuttering modification therapy was 3.49 with a standard deviation of 2.14 indicating that therapy was in between some success and very successful, with the majority of participants (62%) reporting that stuttering modification was successful (a rating of 1 to 4). Some success (a rating of 5) was experienced by 26% of participants followed by no success (a rating of 6 to 9) by 11%. Fluency shaping strategies were used by 59 participants. These participants indicated that fluency shaping was successful as with a mean of 3.51 with a standard deviation of 2.17. Similarly, the majority of participants (71%) reported that fluency shaping was successful. Some success was experienced by 14% of participants followed by no success by 15%. A mixed approach had been used with 51 people who stutter in this study. A mixed approach to stuttering therapy provides elements of both stuttering modification and fluency shaping to fit the individual’s needs. Participants who used a mixed approach had a mean of 3.33 with a standard deviation of 2.03.
The majority of participants (73%) reported that a mixed approach was successful. Some success was experienced by 18% of participants followed by no success for 10%.

Less frequently used methods of treating stuttering were also explored, such as using devices, medications, counseling, and other. Devices such as delayed auditory feedback were used by 20 of the participants in this study. Only 10% of participants reported that they experienced some success (a rating of 5) with devices (mean = 5.9 and standard deviation = 2.71). Thirty-five percent of participants who used a device reported that it was successful (a rating of 1 to 4), some success was experienced by 10% of participants, followed by no success (a rating of 6 to 9) reported by the majority of participants 55%. Medication was used less frequently than devices. Eighty-seven percent of participants reported using medication for stuttering with no success (mean = 6.9 and standard deviation of 2.64). Only 13% of participants who used medication reported that it was successful. Counseling was a method of treatment used by 32 participants with a mean success rated as 3.87 and a standard deviation of 2.27. This indicates that PWS had at least some success or better with counseling. The majority of participants (63%) reported that a mixed approach was successful, some success was experienced by 19% of participants, followed by no success reported by 19%.

Finally, there was a category entitled “other” for participants to select if they had experienced another type of treatment for stuttering that was not listed. Eleven participants had received an “other” type of treatment with a mean of 4.60 and standard deviation of 2.76 indicating some success. Forty-five percent of participants reported that the “other” category was successful, some success was experienced by 27% of participants, and no success reported by 27%.
Each participant’s stuttering severity was also measured using the 1 to 9 rating scale. The scale was such that a 1 translated to no stuttering, 5 translated to moderate stuttering, and 9 translated to severe stuttering. All but 3 (65) participants responded to this question, with a mean rating of 4.36 and a standard deviation of 1.78. A mild stuttering severity (a rating of 0 – 4) was reported by 32 out of 65 (49%) participants, moderate stuttering severity was reported by 18 out of 65 (28%) participants, and only 15 out of 65 (20%) participants indicated that they had severe stuttering (a rating of 6–9).

In terms of acceptance of stuttering, a 1 translated to accepting stuttering, a 5 translated to some acceptance of stuttering, and a 9 translated to no acceptance of stuttering. Sixty-four participants responded to this question with a mean of 3.72 with a standard deviation of 2.25. This indicates a little better than average acceptance of stuttering. The majority (61%) of participants reported that they accepted stuttering (a rating of 1-4), 14 of 64 participants reported a moderate acceptance (a rating of 5), and just 11 out of 64 (17%) participants indicated that they were less accepting (a rating of 6 - 9).

In terms of coping with stuttering, a rating of 1 translated to excellent coping, 5 translated to some coping with stuttering, and 9 translated to no coping with stuttering. Sixty-one participants who answered this question had a mean of 3.21, with a standard deviation of 1.76, indicating that participants were coping well with stuttering. The majority (75%) of participants reported that they were successfully coping with their stuttering. Some coping with stuttering was reported by 9 out of 61 (15%) participants and six out of 61 (10%) participants indicated that they did not cope well with their stuttering.
Research Question 1: What experiences, events, people, or processes do PWS report to be important to the process of coping with stuttering?

The first research question was intended to identify the important factors in the process of coping with stuttering for PWS. Items #5 and #6 asked participants to provide information about successful coping with stuttering. These items were correlated with the other 9-point scales related to therapies, severity, and acceptance. These correlations derived from participants self-perception measures are reported in Table 2.

A significant correlation \( r = .518, p < .05 \) was found between coping with stuttering and severity of stuttering of stuttering. This correlation suggests that participants perceived their stuttering severity as less severe because they were coping well. Additionally, coping with stuttering was significantly correlated with acceptance of stuttering \( (r = .663, p < .05) \). This correlation suggests that PWS coped significantly well when they had a high level of acceptance of stuttering. Next self-perceptions of severity of stuttering were significantly correlated \( r = .293, p < .05 \) with acceptance of stuttering. In other words, PWS who perceived their stuttering as less severe had a tendency to be more accepting of their stuttering. Another significant correlation \( r = .686, p < .05 \) was found between other and severity of stuttering. This correlation suggests that PWS who had success with the “other” therapy approaches had more severe stuttering.
Table 2

Pearson Correlations on Severity of Stuttering, Acceptance, and Coping with Stuttering

<table>
<thead>
<tr>
<th>Approach</th>
<th>Severity</th>
<th>Acceptance</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy Success</td>
<td>.289</td>
<td>.251</td>
<td>.311</td>
</tr>
<tr>
<td>Stuttering</td>
<td>-.14</td>
<td>.227</td>
<td>.223</td>
</tr>
<tr>
<td>Modification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluency</td>
<td>.140</td>
<td>-.068</td>
<td>.076</td>
</tr>
<tr>
<td>Shaping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed Approach</td>
<td>-.142</td>
<td>.130</td>
<td>.045</td>
</tr>
<tr>
<td>Device</td>
<td>.208</td>
<td>.014</td>
<td>.092</td>
</tr>
<tr>
<td>Medication</td>
<td>.032</td>
<td>.173</td>
<td>.037</td>
</tr>
<tr>
<td>Counseling</td>
<td>-.072</td>
<td>.298</td>
<td>.291</td>
</tr>
<tr>
<td>Other</td>
<td>.686*</td>
<td>-.008</td>
<td>-.353</td>
</tr>
<tr>
<td>Severity</td>
<td>1</td>
<td>.293*</td>
<td>.518*</td>
</tr>
<tr>
<td>Acceptance</td>
<td>1</td>
<td>.663*</td>
<td></td>
</tr>
</tbody>
</table>

* p = .05
Research Question 2: Does knowledge of stuttering impact how PWS cope with their stuttering?

The second research question was intended to determine how knowledge of stuttering effects how PWS cope with stuttering. This question was answered by several of the demographic questions. There were two questions about stuttering support groups. One question was about PWS who currently attended a stuttering support group. Seventeen out of 35 (49%) participants currently attended a stuttering support group. The other question about stuttering support groups was asked for participants who responded “no” to the previous question. Eighteen out of 35 participants used to attend a stuttering support group.

Another demographic question asked how many college courses were taken that focused solely on stuttering. Most of the participants 49 out of 68 (72%) had taken no courses in stuttering. Nineteen out of 68 (28%) participants took one or more courses focusing solely on stuttering. Another demographic question that helped to determine how knowledge affects reported coping with stuttering was professional readings about stuttering. The majority of participants (66%) indicated that they had read professional literature on stuttering. Professional readings were not completed by 34% of participants. Finally, participants were asked about how many books they had read about stuttering. Most of the participants (79%) read one or more books about stuttering. Fourteen out of 68 (21%) participants had not read any books about stuttering.

A series of t-tests were conducted to study the effect of courses, professional readings, and being a professional in stuttering with coping and acceptance of stuttering with alpha set at .008, which was done by dividing .05 by the number of tests conducted. The first series of t-tests looked at the effect of courses in stuttering with coping \( [t=2.657 \text{ (df=59)}; p=.004] \) and
acceptance \( t=1.861 \) (df=62); \( p=.389 \) of stuttering. The effect of taking courses in stuttering had a significant effect on coping with stuttering. This finding suggests that when PWS who took one or more courses in stuttering they reported coping better with stuttering. Additional \( t \)-tests were completed to determine the effect of professional readings in stuttering with coping \( t=-2.427 \) (df=59); \( p=.012 \) and acceptance \( t=-2.947 \) (df=62); \( p=.054 \) of stuttering.

Research Question 3: Are there significant differences between professionals in communication disorders (professors and SLPs) and individuals who are not in communication disorders (lay-people) who stutter in learning to successfully manage stuttering?

The third research question was intended to assess if there were differences between professionals in communication disorders who stutter versus lay-people who stutter. This question was answered by comparing the mean responses for acceptance and coping with stuttering as reported by speech-language pathologist and professors in communication disorders with participant ratings from the survey questions, successful coping with stuttering. Another series of \( t \) tests were completed to determine the effect of being a professional in communication disorders with coping \( t=-2.427 \) (df=59); \( p=.012 \) and acceptance \( t=-2.947 \) (df=62); \( p=.054 \) of stuttering. Neither of these \( t \) tests were significant with the alpha set at .008.

Qualitative Results

Research Question 1: What experiences, events, people, or processes do PWS report to be important to the process of coping with stuttering?

In the next section the qualitative data from this study will be discussed to add a deeper understanding to the quantitative data related to coping and acceptance with stuttering. The main areas of discussion will be about participants stuttering severity, successful and unsuccessful
coping, and acceptance of stuttering. The three research questions will provide organizational structure for the qualitative discussion. Table 3 provides a summary of the major and minor themes.

Acceptance of Stuttering

There were two open-ended survey questions that asked participants to write about acceptance of stuttering. First, participants provided the 1-9 number rating of acceptance and then were asked to provide an explanation of their answer. For the second open-ended question participants were asked, “What does acceptance of stuttering mean to you?” From the responses related to these items, three major themes were evident. These were 1) positive acceptance, 2) neutral acceptance, and 3) negative acceptance.

Positive acceptance. For the first major theme, responses indicative of positive acceptance of stuttering was about 1) coming to terms with stuttering, 2) not worrying about stuttering, and 3) speech therapy and techniques. A summary of this major theme can be found below in Table 3. Seventy-two out of 109 (66%) participant statements commented on how it is important to come to terms with stuttering in order to positively accept stuttering. P11 reported, “I feel, for the most part, I have come to terms with my dysfluency and do not have negative attitudes towards stuttering.” P46 said, “I have come to accept my stuttering because I realized it is who I am, no one can change that!” These participants explained how coming to terms with stuttering is helpful in avoiding negative feelings about it. So, coming to terms with stuttering also suggests a better understanding of one’s own stuttering. For example, understanding that stuttering is only one aspect of one’s life is a big part of this minor theme.
Table 3

Qualitative themes of acceptance, coping and severity of stuttering

<table>
<thead>
<tr>
<th>Major and minor themes of acceptance, coping and severity of stuttering</th>
</tr>
</thead>
</table>

Responses indicative of positive acceptance of stuttering
- Coming to terms
- Not worried
- Speech therapy and techniques

Responses indicative of neutral acceptance
- Variability of stuttering

Responses indicative of negative acceptance
- Negative emotions
- Avoidance
- Stuttering inhibits life

Responses indicative of positive coping with stuttering
- Living life with stuttering
- Managing stuttering with no negative impact

Positive effects of techniques and therapy on stuttering
Table 3 (continued)

Qualitative themes of acceptance, coping and severity of stuttering

Major and minor themes of acceptance, coping and severity of stuttering

Responses indicative of a neutral coping with stuttering

- Variability of stuttering

Responses indicative of unsuccessful coping with stuttering

- Avoidance

- Treatment was not helpful

- Negative impact on the life

- Coping with stuttering is difficult

Responses indicative of less severe stuttering

- Open with stuttering

- Positive effects of speech therapy and techniques on stuttering

Responses indicative of more severe stuttering

- Stuttering difficult and frequent

- Avoidance
Learning to be more responsible about doing what one needs to do to effectively cope with stuttering. P2 described how acceptance of stuttering is about taking responsibility:

I used to think that if you accept something than you have to like the thing that you accepted. However, I have found this is different. For me, acceptance of stuttering means that you don't HAVE to like your stuttering, but that you take responsibility and ownership for your stuttering.”

P5 discussed how it is important to come to terms with stuttering: “Accepting stuttering means coming to terms with the realities of your disfluency, it means controlling [controlling] it and not letting it control you. I am a person who also had a stutter. Not a stuttering person.” P45 discussed how acceptance is when a person understands that stuttering is only part of a person. “To me, having an acceptance of stuttering means that I wrap my mind around the fact that stuttering is a part of me and that it is not the bad part. Stuttering has made me who I am and I don't know if I'd like who I would be without it.” Coming to terms may be one of the most important components of acceptance in that many participants reported that PWS cannot effectively cope with their stuttering until they have learned to accept it. Coming to terms with stuttering, also suggests increased majority in learning to accept stuttering. Participants explained how as they matured it became easier to accept stuttering. P36 said,

Acceptance has taken me a bit of years, but with age I find acceptance comes. I wouldn't say I've completely accepted it but I actively work on my thoughts about stuttering (positive self-talk) and I've reached a point where I am okay with being someone who stutters.

Another participant said, “the older I get the more I accept it (P42).” These statements demonstrate how maturity helps some PWS to accept their stuttering and that acceptance is a process that takes time. It takes time to work through negative thoughts and feelings about stuttering.
The minor theme, not worried, described how the participants believed that accepting stuttering happened when people were not worried about others reactions and not worried about stuttering, which is similar to talking freely. There were 33 out of 109 (30%) participant statements that suggested not being worried about stuttering. P6 explained about not being worried, “Freedom. No scanning ahead for words or situations. Talking freely”. P11 reported “Most of all not worrying [worrying] about what people [people] think of me because of my stuttering”.

The next minor theme about the positive acceptance of stuttering is speech therapy and techniques. This minor theme described how awareness of speech, techniques and speech therapy can help PWS to accept their stuttering. This minor theme was reported by 4 out of 109 (4%) participant statements. P30 explained how helpful speech therapy had been in helping her to accept stuttering, “Since starting speech therapy, I've been learning to accept some stuttering.” Another participant referred to a therapy program as a positive effect on acceptance, “after my intensive program at AIS, I can say I have fully accepted my stutter (P35).” P23 discusses how “Acceptance of stuttering means to me is that I am fully aware of my speech.” P38 added to this minor theme by saying, “fully aware that I am a stutterer and control it.” Hence, some participants stated how acceptance of stuttering relates to how well PWS control their stuttering and remaining fully aware of their stuttering.

Neutral acceptance. This major theme included participant statements that had a neutral acceptance of stuttering. Neutral acceptance was a major theme reported by 8 participants’ statements in table 4. This major theme described how some participants reported that they had variability in their stuttering contributing to a less than positive or a neutral acceptance. P19 reported, “I'm still growing in the area of 100% accepting my stuttering. Sometimes, if I don't
know a person or a group, I will hide or minimize it. But I've grown, over the year(s), more comfortable with stuttering in public and on the phone.” This statement suggests that this participant is doing better with accepting stuttering, but still has difficult times during specific situations. P18 stated, “since going to therapy I am much more accepting of stuttering. However, I still have much fear that I will have a severe block when around friends, coworkers, boyfriend (P18).”

Negative acceptance. The next major theme encompassed factors that have a negative acceptance (Table 5). Some of these factors include negative emotions, avoidance, and how stuttering can inhibit living life. There were 11 out of 19 (58%) participants’ statements which reported negative emotions with stuttering. The following participant explains how negative emotions about stuttering can lead to very strong feelings. P55 stated, “I identify myself as a stutterer. It's been my whole life. I have not done so many things because I stutter. I am not a person who stutters - I am a stutterer. It's affected my self-worth, etc.”

Another participant reported on how frustrating and difficult stuttering can be.

(P43) I absolutely hate the inconvenience of stuttering. It has caused me much pain and anxiety, and also self-limited some of my decisions in life. I am finally getting closer to the point of not letting the "what if I stutter" rule my life.

Avoidance was another minor theme reported as a negative acceptance of stuttering. There were 3 out of 19 (16%) participants’ statements which showed avoidance has a negative impact on their stuttering. P50 said, “For most of my life I've tried to avoid it but that only makes it worse.” Another participant reported, “I am slowly working towards being comfortable speaking in most situations, but sometimes I continue to avoid some situations. (P17).”
When stuttering inhibits the life of a person who stutters this also has a negative effect on acceptance with stuttering. Five out of 19 (26%) participant statements indicated that their lives were inhibited by their stuttering. “I chose number nine because I do not accept myself stuttering, I would like to get a lot better, so I can do better in this world (P9).” Another participant reported: “But sometimes I wish I could speak like normal people. It just aggravates me because I just want to get my point across to people, and they just don't understand(P25)”

Participants stated that there are several factors which lead to a negative acceptance of stuttering. They discussed how negative emotions, avoidance, and stuttering can inhibit the life of a person who stutters.

In summary, participants provided insightful information about what goes into acceptance of stuttering. First, people who have accepted their stuttering have come to terms with their stuttering by understanding it and by effectively managing stuttering. Second, people who accept their stuttering are not worried about their stuttering or worried about others reactions to their stuttering. Third, participants discussed how experiences with speech therapy and use of techniques helped them to accept their stuttering. Next participants described a middle ground where PWS discussed how variability of stuttering is similar to neutral acceptance of stuttering. Lastly, participants reported how negative emotions, avoidance, and reduced quality of life lead to negative acceptance.
Table 4

Positive acceptance of stuttering

Major Theme: Responses indicative of positive acceptance of stuttering

Minor Theme: Coming to terms (n = 72):

- “I feel, for the most part, I have come to terms with my dysfluency and do not have a negative attitudes towards stuttering (P11).”

- “I have come to accept my stuttering because I realized it is who I am, no one can change that (P46)!”

- “Accepting stuttering means coming to terms with the realities of your disfluency (P5)”.

- “To me, having an acceptance of stuttering means that I wrap my mind around the fact that stuttering is a part of me and that it is not the bad part (P5)”.

- “Acceptance has taken me a bit of years, but with age I find acceptance comes (P36).”

Minor Theme: Not Worried (n = 33):

- “Freedom. No scanning ahead for words or situations. Talking freely (P6).”

- “Most of all not worring [worrying] about what people [people] think of me because of my stuttering (P11).”
Table 4 (continued)

Positive acceptance of stuttering

Major Theme: Responses indicative of positive acceptance of stuttering

Minor Theme: Speech Therapy and Techniques (n = 4):

- “Acceptance of stuttering means to me is that I am fully aware of my speech (P23).”

- “Since starting speech therapy, I’ve been learning to accept some stuttering (P30).”
**Table 5**

*Neutral acceptance of stuttering*

---

**Major Theme: Responses indicative of neutral acceptance**

**Minor Theme: Variability of stuttering (n = 9):**

- “I'm still growing in the area of 100% accepting my stuttering. Sometimes, if I don't know a person or a group, I will hide or minimize it. But I've grown, over the year, more comfortable with stutter in public and on the phone (P19).”

- “Since going to therapy I am much more accepting of stuttering. However, I still have much fear that I will have a severe block when around friends, coworkers, boyfriend (P18).”

- “I definitely accept my stuttering much more now than I have in the past. I think I accept it pretty well now, but I do occasionally have trouble showing that I stutter sometimes when meeting new people (P58).”
Table 6

Negative acceptance of stuttering.

Major Theme: Responses indicative of negative acceptance

Minor Theme: Negative emotions (n = 11):

- “I identify myself as a stutterer. It's been my whole life. I have not done so many things because I stutter. I am not a person who stutters - I am a stutterer. It's affected my self-worth, etc. (P55)”

- “I absolutely hate the inconvenience of stuttering. It has caused me much pain and anxiety, and also self limited some of my decisions in life. (P43)”

- Basically I've learned to live with it, but have negative feelings about it everyday.

Avoidance (n = 3):

- “For most of my life I've tried to avoid it but that only makes it worse. (P50)”

- “I am slowly working towards being comfortable speaking in most situations but sometimes I continue to avoid some situations. (P17)”
**Table 6 (continued)**

*Negative acceptance of stuttering.*

<table>
<thead>
<tr>
<th>Major Theme: Responses indicative of negative acceptance</th>
</tr>
</thead>
</table>

*Stuttering inhibits life (n = 5)*

- “I chose number nine because I do not accept myself stuttering, I would like to get alot better, so I can do better in this world. (P9)”

- “But sometimes I wish I could speak like normal people. It just aggravates me because I just want to get my point across to people, and they just don't understand. (P25)”
Coping with Stuttering

The survey question, “What does successful coping with stuttering mean to you” also answered the first research question. Two major themes were identified with responses to this survey question: 1) positive coping with stuttering, 2) and neutral coping with stuttering. The theme, positive coping with stuttering had three minor themes: 1) living life with stuttering, 2) managing stuttering with no negative impact, and 3) positive effects on stuttering. Table 6 provides summary information about the three minor themes describing positive coping with stuttering will be discussed.

Positive coping with stuttering. Living life with stuttering represented statements that suggested, living all aspects of your life and not being held back by your stuttering. Forty-eight out of 109 (44%) participant statements were about the minor theme living life. For example, participant 24 (P24) stated, “Successful coping means that stuttering doesn't prevent me from doing things in my life.” P45 said: “It means being able to live a fulfilled life even though you stutter.” Similarly, P54 reported, “Successful coping is not letting stuttering rule your everyday life. I believe if one is coping successfully they are living their lives and stuttering openly and honestly.” Thus, participants stated that living life with stuttering means to stutter openly and to live life without letting stuttering hold them back.
Table 7

Positive coping with stuttering

Major Theme: Responses that suggest positive coping with stuttering

Minor Theme: Living life with stuttering (n = 48):
- “Successful coping means that stuttering doesn't prevent me from doing things in my life (P24).”
- “I believe if one is coping successfully they are living their lives and stuttering openly and honestly (P54).”
- “It means being able to live a fulfilled life even though you stutter (P45).”

Minor Theme: Managing stuttering with no negative impact (n = 39):
- “It means that you do not let your stuttering negatively affect your psychological well being… (P10)”
- “Successful coping means to way degree I can accept my behaviors of stuttering and mentally move forward without going backwards…(P2)”

Minor Theme: Positive effects of techniques and therapy on stuttering (n = 22):
- “The concept of successful coping means to me is that I practice my speech therapy everyday and continue to meet with a speech group (P22).”
Participants also described how living life without negative emotions led to positive coping with their stuttering. P39 reported,

I don't let it interfere with my life if someone ask me about it, then I tell them and are truthful if they are curious, my friends know I'm a stutter and they are not bothered by it, so I keep on talking.

The next component of successful coping with stuttering was managing stuttering without it having a negative impact, mostly on the person’s emotions. There were 39 out of 109 (36%) participant statements that talked about how when you manage stuttering well it does not negatively affect your emotions. P10 stated,

It means that you do not let your stuttering negatively affect your psychological well being, such as elevated levels of anxiety or depression and lower self-esteem. It means that if you do have specific instances or events where your speech was significantly dysfluent, you are able to bounce back (i.e. calm yourself down and realize that this was an isolated event and there were many other times where you are fluent)

Similarly, participants talked about how important it is to accept the stuttering behavior without having negative emotions. P2 stated,

Successful coping means to way degree I can accept my behaviors of stuttering and mentally move forward without going backwards (to often) on a day to day, hour to hour basis. To walk with stuttering instead of fighting it.

Again, several participants agree that in order to successfully cope with stuttering it is important accept and manage stuttering without having negative feelings about it.

Another aspect of successfully coping with stuttering is positive effects of therapy and techniques on stuttering. These types of statements were reported by 22 out of 109 (20%) participants. For example, P22 reported: “the concept of successful coping means to me is that I practice my speech therapy everyday and continue to meet with a speech group.” Thus, this
participant discussed how practicing skills learned in speech therapy and meeting with other people who stutter was an important to the process of successfully coping with stuttering. Another participant, P41, reported how it’s important to better understand stuttering: “The concept of successful coping means that you know what makes you stutter, understanding why it does.” Another participant discussed how use of techniques taught in speech therapy can also have a positive impact on how PWS cope with their stuttering. P27 stated, “Now that I'm attending speech therapy, I'm practicing "avoiding avoidances" and taking steps toward coping in a better way: learning to control/modify my stutters and refusing to let stuttering change what I want to do or say.” It appears that both a positive attitude towards living life with stuttering and using techniques can lead to positive coping with stuttering.

Neutral coping with stuttering. The second major theme was neutral coping with stuttering, which was reported by 14 out of 109 (13%) participant statements. This major theme suggested that both coping with stuttering and feelings about stuttering can vary. P1 indicated the following: “I feel like most of the time I cope with my stuttering "well". I chose a "2" because, sometimes, I find myself reverting back to unhelpful behaviors, like avoiding situations.” This participant illustrated how some people who stutter may cope well with stuttering but still revert back to unhelpful behaviors. Table 7 provides other participant statements that are indicative of neutral coping with stuttering.
Table 8

Neutral coping with stuttering.

Major Theme: Responses indicative of a neutral coping with stuttering

Minor Theme: Variability of stuttering (n = 14):

- “I feel like most of the time I cope with my stuttering "well". I chose a "2" because, sometimes, I find myself reverting back to unhelpful behaviors, like avoiding situations (P1).”

- “I accept "typical" stutters that I have when speaking such as "I-I-I have to go.", but still have not accepted getting through long blocks in front of others(excluding family). I have less anxiety when going out to public feel I have a little more control because I feel a little bit more comfortable and accepting of myself if I "slip up" and stutter in front of someone (P18).”

- “I accept that I am a PWS, yet unconsciously I use avoidance behaviors, such as using fillers. Also I cannot deny that I still feel somewhat bad when listener reacts (solely my interpretation though) to my stuttering, and the disfluency may possibly lose the importance of the message I was trying to convey (P29).”
Negative coping with stuttering. On the other spectrum of coping is described by the major theme, negative coping with stuttering. This major theme consisted of the minor themes 1) avoidance, 2) negative impact on life, 3) treatment did not work, 4) and coping is difficult. There is a summary of these themes with participant statements on Table 8. The unsuccessful coping theme of avoidance suggested that PWS avoided talking and situations where they may stutter more. There were 16 out of 75 (21%) participant statements included minor theme avoidance. P17 stated, “I devoted more energy avoiding situations than I did engaging in communication of any kind.” Another example of unsuccessful coping was P23 who described avoidance.

For example, an unsuccessful coper might avoid situations in which she knows she's going to stutter, such as changing her order at a restaurant, asking a friend to make a phone call for her, or deciding not to voice her opinion on something she feels strongly about. As these two participants have reported stuttering can be a very difficult speech disorder to cope with.

Another aspect of unsuccessful coping with stuttering is that there is a negative impact of stuttering on the life of the person who stutters. Thirty-nine participant statements (52%) reported that unsuccessful coping leads to a negative impact on life. For example, P6 reported, “feeling like I am limited in certain ways. Feeling that my stuttering may have affected me socially and in my career.” Similarly, P24 stated that:

Unsuccessful coping means that one gets easily frustrated, develops poor self-esteem for him/herself based upon stuttering, wants a quick fix to their stuttering, and allows the negative aspects that accompany their stuttering to override other promising elements of their live. Such people dwell on how stuttering inhibits them, brings them down and restricts them from enjoying life.
Table 9

Negative coping with stuttering

Major Theme: Responses indicative of unsuccessful coping with stuttering

Minor Theme: Avoidance (n = 16):
- “I devoted more energy avoiding situations than I did engaging in communication of any kind (P17).”
- “For example, an unsuccessful coper might avoid situations in which she knows she’s going to stutter (P23).”

Minor Theme: Treatment was not helpful (n = 11):
- “Giving in to stuttering; letting the blocks take control rather than relaxing and taking control of them through a more passive approach rather than aggression (P18).”
- My problem with conventional remedies for getting through speech blocks never worked (P20).”

Minor Theme: Negative impact on the life (n = 39):
- “Feeling like I am limited in certain ways. Feeling that my stuttering may have affected me socially and in my career (P24).”
- “Such people dwell on how stuttering inhibits them, brings them down and restricts them from enjoying life (P24).”

Minor Theme: Coping with stuttering is difficult (n = 9):
- “I feel very ashamed and humiliated when I am not fluent, and then beat myself
These participants described how stuttering can have a negative impact on life, which contributes to having negative emotions about stuttering.

The next component of unsuccessful coping with stuttering represented statements suggesting that treatment was not helpful and techniques did not work. There were 11 out of 75 (15%) participant statements about treatment for stuttering not being helpful. P18 reported, “Giving in to stuttering; letting the blocks take control rather than relaxing and taking control of them through a more passive approach rather than aggression.” P20 stated: “My problem with conventional remedies for getting through speech blocks never worked.” These two participants discussed how traditional stuttering treatments did not work for them.

The last component of unsuccessful coping with stuttering is that stuttering is difficult and produces negative emotions. There were 9 out of 75 (12%) participant statements that suggested that coping with stuttering is difficult. P9 referred to negative emotions from stuttering by saying, “I feel very ashamed and humiliated when I am not fluent, and then beat myself up about it.” This next quote helps to describe how coping with stuttering can be both difficult and emotionally draining. P42 said:

But other days it’s just so hard to deal with. I just want to crawl in a hole. On my worst days I wish sometimes I was deaf so people can never hear me talk again. I know that’s awful to say but I am being honest.
As these two participants have reported stuttering can be a very difficult speech disorder to cope with.

Participants who responded to the survey questions about successful and unsuccessful coping with stuttering explained factors that contribute to positive coping with stuttering. For example, one minor theme was living life with stuttering while not having negative emotions. On the other end of the spectrum, participants explained how negative coping occurs when stuttering is difficult leading to negative emotions. Lastly, for some PWS stuttering has a neutral effect on how they cope with stuttering. This last group of participants discussed how it is possible to cope well with stuttering while having fluctuating moments of stuttering. Several participant statements described the neutral effect on coping as how both stuttering and feelings can fluctuate.

Participants provided statements to support the minor themes avoidance, negative impact on life, treatment did not work, and coping with stuttering is difficult. These minor themes all described different aspects of unsuccessful coping with stuttering. Participants reported how when PWS are unsuccessful with their stuttering they often avoid talking and specific situations. Similarly, avoidance can lead to negative emotions and a negative impact on life which was reported by participants. Lastly, a few participants discussed how techniques either do not work or speech therapy never helped.

*Severity of stuttering.* The next major theme, severity of stuttering will be discussed with three minor themes, less severe stuttering, more severe stuttering, and managing the variability of stuttering. Table 9 provides summary information about stuttering that is less severe. People who experience less severe stuttering were open
with 1) stuttering, 2) experienced positive effects on stuttering, 3) reported that stuttering is variable, and 4) maturity was a factor. Being open with stuttering was the first minor theme, suggesting that people with less severe stuttering often speak freely, have a positive attitude about communication and report no concern about stuttering. There were 11 out of 58 (19%) participant statements about open stuttering. The next statement by P11 provides an example of open stuttering and speaking freely: “I still stutter with repetitions, mainly whole word and phrases. No avoidance behaviors.”

Another component of less severe stuttering is positive effects on stuttering. Positive effects on stuttering are when participants report using stuttering techniques, therapy, or devices to improve their stuttering. Positive effects on stuttering were reported by 13 out of 58 (22%) participant statements. This next example by P9 illustrates how devices can improve stuttering severity: “Overall, I'd say about a 2-3, [2-3 rating is mild severity] depending on if I am wearing my SpeechEasy device.” Another participant commented on how fluency skills aid fluency: “I do occasionally stutter, but I have learned fluency skills to pull me through those stutters and if I think about using the skills at hand I can be 95-99% fluent (P20).” These examples have shown that use of techniques and devices can have a positive effect on fluency for some PWS.
Table 10

Less severe stuttering

Major Theme: Responses indicative of less severe stuttering

Minor Theme: Open with stuttering (n = 11):

- “I still stutter with repetitions, mainly whole word and phrases. No avoidance behaviors. (P6)”

- I have found that "advertising" my stuttering with the statement "Please excuse my stuttering. If you have any difficulties understanding me, please let me know" is very helpful in decreasing my stress level and therefore my stuttering. (P26)”

Minor Theme: Positive effects of speech therapy and techniques on stuttering (n = 13)

- “I have to communicate in a number of different contexts (classrooms, face to face conversations, phone) and so I am aware of my fluency across these multiple situations. (P29)”

- “Speech modification has helped me tremendously, though I still stutter on occasion, it has been significantly reduced. The three modification techniques that help me the most are slowing my rate of speech, annunciating my words, and maintaining a focused consciousness of my oral movement while speaking. (P46)”
The next minor theme described managing the variability of stuttering. This minor theme is about how both stuttering and feelings can vary. There were 28 out of 58 (48%) participants’ statements reflecting this minor theme. P5 discussed how emotions can fluctuate: “My stutter goes up and down. There are a great number of factors that influence my fluency. My mood/ health and my speech rate are variables, as well as social and emotional situations.” P15 reported on how frequency of stuttering varies; “I am fluent on the phone 75% of the time, but I am dis-fluent when meeting new people and giving speeches. Once I get to know someone I usually fluent 90% of the time.” Participants who discussed variability of stuttering illustrated how stuttering varies both in feelings and stuttering severity.

The last aspect of less severe stuttering is maturity, which was reported by 6 out of 58 (10%) participant statements. Maturity towards stuttering means coping better with stuttering through learning about stuttering and better understanding how stuttering affects each individual who stutters. P50 discussed how maturity played a role in having less severe stuttering, “Although I've had no official [official] counseling, belief (which was a long time coming) of "being okay with myself as a pws" is what turned the corner for me at about age 35.” Furthermore, for some PWS improved beliefs and ways of managing stuttering may come with maturity.

More Severe. On the other end of the stuttering severity spectrum is the minor theme, more severe. This minor theme is about how stuttering is difficult and frequent and avoidances are often present. Table 10 summarizes factors that relate to more severe stuttering. There were 10 out of 16 (63%) participants’ statements indicating that stuttering was frequent and difficult. P16 provided an example of how more severe
stuttering can be difficult and frequent: “I feel I stutter on more than 50% of my words, with a couple severe blocks. Currently I'm having trouble with "f" and "s" sounds but it varies, sometimes I have trouble on hard consonants too.” P13 discussed how more severe stuttering can be frequent, “Anyone can tell that I'm a PWS. I can control it at times but I almost always stutter anytime I speak.”
Table 11

More severe stuttering

---

**Major Theme: Responses indicative of more severe stuttering**

**Minor Theme: Stuttering difficult and frequent (n = 10)**

- “Anyone can tell that I'm a PWS. I can control it at times but I almost always stutter anytime I speak (P13).”

- “I have trouble beginning a sentence and also when I have to say words or phrases upon request. It is difficult to introduce myself and talk on the phone (P16).”

- “Since I am not using the skills I have been taught, my speech is not nearly as fluent as it could be - it's very tiring at first to try and use those skills. It's like using a completely new language (P54).”

**Minor Theme: Avoidance (n = 6)**

- I am a covert stutterer. Therefore, I try to hide my stutter when among friends, coworkers, etc. It can be draining when I frequently have blocks with words and have to either avoid certain words or get through that block. (P16).”

- I consider myself a "closet stutterer". I never know when it will happen and most of my peers, friends, coworkers etc have no idea that I am a stutterer. It has definitely gotten better as I have aged, but I still run across blocks especially when I am introducing myself in formal settings. (P41)"
There were 6 out of 16 (38%) participant statements which showed examples of avoidance. P16 talked about the difficulties of avoiding stuttering,

I am a covert stutterer. Therefore, I try to hide my stutter when among friends, coworkers, etc. It can be draining when I frequently have blocks with words and have to either avoid certain words or get through that block.

Participants described how more severe stuttering can be difficult with frequent stuttering. In addition, more severe stuttering can lead to avoidances and covert stuttering.

Participants reported variation on severity of stuttering from the major themes less severe to more severe stuttering. The major theme less severe stuttering consisted of four minor themes: 1) open with stuttering, 2) positive effects of therapy and techniques on stuttering, 3) stuttering variability, and 4) maturity. These four minor themes provided different avenues PWS used to help them stutter less severely. In contrast, the major theme more severe stuttering consisted of the minor themes stuttering is difficult and frequent and avoidance. People who stutter who have more severe stuttering reported struggling more when they talked and had more frequent stuttering. This difficulty they reported having led to avoiding stuttering.
CHAPTER 4

Discussion

This research project was conducted to better understand how PWS cope with and accept their stuttering. A concurrent mixed method design was used to gain a deeper understanding of this process. Sixty-eight surveys about coping with stuttering were completed by professionals and lay-people who stutter. This study used a phenomenological approach to understand how participants accept and cope with their stuttering. Analysis of the qualitative and quantitative data was used to form inferences in the discussion. One way that PWS learn to cope effectively with stuttering is through successful therapy and finding a therapy approach that works best for the individual who stutters. The themes describing coping with stuttering and acceptance of stuttering were combined to provide a clearer picture of successful coping with stuttering. Differences between professionals who work with PWS verses lay-people who stutter will be reviewed. In addition, factors which contribute to coping better with stuttering will be discussed.

Therapy Success

One way that PWS cope better with their stuttering is by having successful therapy. Success in therapy was measured by using a 9 point rating scale. The majority (69%) of participants indicated that speech therapy for stuttering had been successful (some success to very successful). Similar to the current results, Hayhow, et al. (2002) found that participants felt positive about the speech treatment they had received. However, the results from the current study differed with Klompas and Ros (2004). The
participants in that study reported that speech therapy was not successful, but they discovered that speech therapy improved QOL. The results of the current research indicated a significant correlation between self-reported success in speech therapy and coping with stuttering and with acceptance of stuttering. These correlations show that when PWS report having successful speech therapy, they are better able to accept and cope with their stuttering.

**Therapy Approaches**

Based on the results of this study, it appears that different approaches to therapy are effective for individuals who stutter, similar to findings by Stewart and Richardson (2004). Common therapy approaches such as stuttering modification, fluency shaping, and mixed approach were found to have similar effectiveness, while counseling was also found to be effective. These results were similar to the findings from other studies who found that any approach can be effective when the client commits to the therapy approach (Anderson & Felsenfeld, 2003; Crichton-Smith, 2002; Plexico et al., 2005). Hence, past research and this current research shows that most therapy approaches are effective for individuals who stutter when they are devoted to the approach. In the current study less effective approaches were found to be use of devices, medication, or other therapy approaches not listed in the survey.

**Stuttering Severity**

Another important measure in this study was stuttering severity. Participants in this study had a mean rating of moderate stuttering severity. About half of the participants exhibited mild stuttering severity, followed by moderate and severe stuttering
severity. It appears that this research study had a range of mild to moderate to severe PWS. Another aspect of the current research study was looking at the differences between PWS who self-reported as less severe stuttering versus self-reported more severe stuttering.

A significant correlation was found between coping with stuttering and acceptance of stuttering with severity of stuttering. This suggests that PWS reporting less severe stuttering are more accepting of their stuttering and cope better than PWS reporting more severe stuttering. The correlations of mild stuttering with coping and acceptance of stuttering suggest that these two terms (acceptance and coping) may go together when PWS are effectively managing their stuttering. In the current research, participants who reported less severe (mild) stuttering were found to have the following themes: openness about stuttering and maturity. Another significant correlation was found between other (therapy approach) and reported severity of stuttering. This finding showed that uncommon therapy approaches and techniques did not usually work for PWS. The results from this study showed that when participants whose stuttering was reported as more severe presented statements indicating that stuttering was more difficult to cope with and accept.

There is evidence that acceptance of stuttering decreases the overall severity of stuttering, particularly by helping to diminish the negative feelings and reactions to one’s stuttering (Yaruss & Reardon, 2002). People who accept their stuttering may also be willing to use certain kinds of techniques, called stuttering modification techniques, which can help to decrease the severity of stuttering (Van Riper, 1982). Acceptance can also help to reduce physical tension associated with stuttering because the PWS is more
likely to let the stuttering happen without trying to escape and avoid the stuttering moments (Sheehan, 1979; Van Riper, 1982). Reduced physical tension and better use of stuttering modification techniques can help a PWS stutter less severely (Manning, 2001).

Knowledge and Stuttering

There is clearly a knowledge component that helps PWS cope better with their stuttering. The results from this research indicate that professionals who stutter and who work with PWS cope significantly better with their stuttering than lay-people who stutter. Professionals who stutter and reported to cope successfully with their stuttering also reported knowledge and understanding as key components to managing their stuttering better (Manning 1997; Quesal, 1997). It is understandable that professionals who stutter would cope better than lay-people who stutter. In addition, a t-test indicated that PWS who have had one or more courses about stuttering coped significantly better with stuttering. Research has shown that knowledge is a key component of being able to effectively manage stuttering (Corcoran & Stewart, 1995). Other factors that were assessed to determine if they contributed to knowledge about stuttering were support groups, reading books about stuttering and professional readings about stuttering. None of these other factors were found to significantly contribute to coping with stuttering. In summary, both professionals who stutter and PWS who have taken course(s) in stuttering benefit from knowledge about stuttering.

This finding about knowledge can be applied to speech therapy for PWS. This can be achieved by educating PWS about stuttering. More specifically, teaching PWS about how their speech system operates, and identification and understanding of why
specific speech techniques help. Understanding how the speech system operates is important so that the person who stutters can better understand which parts of his/her speech system (breathing and articulators) are not operating properly. Identification is especially important because PWS cannot improve how they communicate until they understand what is not working. This includes how PWS think and feel and what occurs with their speech mechanism while stuttering. Techniques can become effective once the person who stutters understands how the speech system operates and understands why the specific techniques are helping.

Acceptance of Stuttering

Participants in this study reported mean ratings indicating acceptance of stuttering. Sixty-one percent of participant statements reported that they accepted their stuttering, followed by 22% who had some acceptance, and 17% who did not accept their stuttering. Since the majority of participants self-reported to accept their stuttering there was a good amount of qualitative data to add depth of information about acceptance of stuttering. The minor theme “coming to terms” best described acceptance of stuttering.

The majority of participants who provided statements about acceptance of stuttering provided the theme, coming to terms. Coming to terms with stuttering can be thought of as better understanding one’s own stuttering and realizing that stuttering is only one part of a person. In addition, people who have come to terms with their stuttering have learned to accept the realities of their situations. The qualitative data from this current study was similar to the results from Klompas and Ross (2004). Several participants in Klompas and Ross (2004) reported that they had come to terms with their
stuttering and learned to accept it. Hence, prior research supports the minor theme coming to terms with stuttering as being important in acceptance of stuttering. Similarly, Chmela (1997) and Quesal (1997) reported that accepting their stuttering was important to the process of recovering from stuttering. A few participants also discussed how maturity was important in coming to terms with stuttering.

_Coping with Stuttering_

Coping with stuttering was investigated next. To best describe coping and acceptance of stuttering the major themes positive, neutral, and negative coping with stuttering emerged from the data. Seventy-five percent of participant statements reported that they were successfully coping with their stuttering. There was a large amount of qualitative data to provide additional information to these findings about successful coping with stuttering. The two themes concerned with successful coping with stuttering were positive and neutral coping with stuttering. The first minor theme that will be discussed is “living life”. Almost half of participant statements provided the minor theme living life with stuttering. Living life with stuttering was about outwardly stuttering and not letting stuttering hold people back from living a fulfilled life. This finding is similar to Plexico et al. (2009) who found that when PWS are more effectively managing their stuttering they have a better QOL. When PWS are able to say everything they want to and not be inhibited by their stuttering, then it is easier to have a high QOL. This can be related to how people with disabilities who have a significant disease (home dialysis patient) have a lower quality of life than people with disabilities who have a less significant disease (vision impairment) (Bramlett, et al., 2006).
Another aspect of the living life theme with stuttering is not being ashamed of it. In the current study some of the participants commented on the importance of advertising stuttering and being open about it with others. Nineteen percent of participant statements were about being open with stuttering. Openness with stuttering reflects not avoiding stuttering. In order to cope better with stuttering, therapy programs often recommend that PWS advertise that they stutter (Breitenfeldt & Lorenz, 1989; Collins & Blood, 1990; Sheehan, 1975). By advertising one’s stuttering, PWS show that they accept it enough to be open about it. It stands to reason that if PWS are open enough to advertise their stuttering, that they probably are either coping well or learning to cope better with stuttering. Another benefit of advertising one’s own stuttering is it puts both the PWS and the listener(s) at ease (Crichton-Smith, 2002). When both the PWS and the listener feel more comfortable this makes for a more enjoyable communicative interaction.

Another minor theme that emerged by participants who reported successfully coping with stuttering was, “managing stuttering with no negative impact”. This minor theme was similar to the minor theme not worrying about stuttering. Thirty-six percent of participant statements reported managing their stuttering with no negative impact, especially related to their psychological well being. Similarly, Aspinwall and Taylor (1997) and Lazarus and Folkman (1984) reported that when people cope effectively with stressors they have less psychological distress. Also, Plexico et al. (2005) found that when PWS are successfully managing their stuttering they no longer are in fear over their stuttering. In fact, it was found that when PWS successful manage their stuttering they have few or no negative emotions towards their stuttering. In addition, rather than having
negative emotions, PWS who successfully managed their stuttering were positive about their life as a person who stutters (Plexico et al., 2005).

A similar minor theme to describe acceptance of stuttering was “not worried.” Being not worried about stuttering was described by 30% of participants’ statements. People who were not worried about stuttering did not fear upcoming situations or listener reactions. In addition, when PWS are not worried they may exhibit stuttering, but they do not fear stuttering and they are able to talk freely when they do stutter. This was a similar finding to Plexico et al. (2005) who found that when PWS are successfully coping with stuttering they have reduced fear and feel freedom in all interactions. Hence, PWS reported that in order to accept stuttering, coming to terms with stuttering and not worrying about it were most important. Also, important but less frequent were positive effects of speech therapy and techniques on stuttering and maturity.

The next minor theme was positive effects of techniques and therapy on stuttering. This minor theme was reported by approximately 25% of participant statements. Positive effects of techniques and therapy on stuttering were related to speech therapy, techniques, and devices that can have a positive effect on how people who stutter cope with, and accept their stuttering. Some participants indicated that by having useable techniques they can use they are much less frustrated with their stuttering. The positive effects of techniques and therapy on coping can be related to a study by Plexico et al. (2009b) which found that when PWS focus on their individual needs rather than worrying about the listener they are able to cope more effectively with stuttering. One of the minor themes discussed in Plexico et al. (2009b) was using techniques to improve stuttering which are similar to the minor theme found in the current research.
study. The literature supports speech therapy in that it helps to improve one’s ability to cope with stuttering (Anderson & Felsenfeld, 2003) and improves overall QOL (Stewart & Richardson, 2004). Twenty-two percent of PWS with mild stuttering severity reported to be in speech therapy or use techniques to help them manage their stuttering. This finding suggests that when PWS are able to manage their stuttering with techniques they are more likely to exhibit mild stuttering.

Maturity is another factor that leads to less severe stuttering and positive coping with stuttering. Essentially, the participants in the current study stated that with maturity they have learned to be okay with their stuttering instead of avoiding it. The literature supports the notion that maturity leads to less severe stuttering and better coping with stuttering (Chmela, 1997; Manning, 1997; Peters & Starkweather, 1989; Plexico et al., 2009b; Quesal, 1997). Hence, PWS who have less severe stuttering are open with their stuttering, use techniques to benefit their speech, and their maturity helped them to be okay with being a person who stutters. Hayhow et al. (2002) also found that when PWS become older they have an easier time managing their stuttering. This may be due to the fact that as most people age they become more established in careers and social lives.

Variability in Coping and Acceptance of Stuttering.

The next major theme was about the neutral coping with stuttering. This minor theme was about how the behaviors of stuttering and feelings can change from situation to situation. Thirteen percent of participant statements identified with having variability in their stuttering. It is common for stuttering to fluctuate depending on the situation and on several other factors. According to Van Riper (1971) stuttering has variability at
every age for PWS. In addition, no two people stutter alike, not even twins who stutter. This variability of stuttering is related to a hierarchy of stuttering behaviors that PWS have (Van Riper, 1971). A stuttering hierarchy is used to classify easy to difficult situations/people that trigger stuttering. Thus, depending on the situation stuttering may be absent or may be frequent and difficult depending on how it relates to a person who stutter’s stuttering hierarchy. Johnson (1955) also reported that stuttering is variable according to the situation and according to the stimulus.

Variability of stuttering also affects how PWS accept their stuttering. Eight participant statements were described as having neutral acceptance. Variability of stuttering is described as when PWS are growing in the area of accepting their stuttering but still have difficult situations where they have negative emotions and negative thoughts towards their stuttering. Both Guitar (2006) and Van Riper (1982) described that stuttering fluctuates depending on the environment, people listening to the person who stutters, and time pressure. Hence, both current and past research indicates that there are many factors that can cause stuttering to fluctuate in PWS. In addition, several participants who reported to have mild stuttering indicated that they do not have much difficulty the majority of the time but when they encounter a difficult situation this can temporarily lead to more stuttering and possibly negative feelings. In summary, all PWS have some variability in their speech, even people with mild stuttering report variability.

Negative Coping with Stuttering

Unsuccessful coping was exhibited by 10% of participants on the 9 point scale about coping with stuttering. In terms of the qualitative data there were several minor
themes: avoidance, negative impact on life, treatment did not work, and stuttering is difficult.

The majority of participant responses (52%) for unsuccessful coping were about how stuttering has a negative impact on life. Participants indicated that stuttering had a negative impact on their lives when it affected them socially, or academically. Klompas and Ross (2004) found similar information about how stuttering can have a negative impact in life. Participants from Klompas and Ross’ (2004) study found that stuttering effected job promotions and it caused PWS to get negative reactions from others. Craig et al. (2009) also found stuttering has a negative impact on the life of a person who stutters in terms of social and emotional health.

Another minor theme provided by participants who were identified as unsuccessful coping with stuttering was “avoidance.” This minor theme was about how PWS found a variety of ways to avoid stuttering. Avoidance was discussed by 16 out of 75 participant statements. The majority of these statements came from PWS who self identified themselves as covert stutterers. Although avoidances can temporarily help the PWS avoid the pain of stuttering it does not lead to satisfaction over a conversation. Participants also indicated that avoiding stuttering can lead to a lot of mental energy used in concealing their stuttering. Crichton-Smith (2002) reported that participants who often avoided stuttering stated that avoiding their stuttering was not a helpful way of managing stuttering. There are several articles in the stuttering literature that discuss unhelpful behaviors that some PWS have such as avoidances (Corcoran & Stewart, 1998; Crichton-Smith, 2002; Daniels, Hagstrom, Gabel, 2006; Ginsberg & Wexler, 2000; Plexico et al., 2005, Plexico et al., 2009a).
The minor theme, “treatment was not helpful” was provided by 11 out of 75 participant statements in this research. This minor theme was about how treatment is not always successful for people who stutter and can foster unsuccessful coping with stuttering. There is not much information in the literature about therapy for stuttering not being successful. There is evidence that therapy needs to be individualized for the person who stutters (Stewart & Richardson; 2004). One possible explanation for the participants in the current research project not benefiting from therapy is that they may have tried only one approach (e.g. stuttering modification) to stuttering rather than trying all of the major approaches. It is also possible that the participants might not have used the techniques for sufficient a time to notice any benefit from them. It is important to determine whether therapy approaches need to be used consistently for an extended period of time before an individual can notice any significant benefit from them. This too may vary from one person to the other.

The current and past research studies indicate that stuttering can be both difficult and frequent for PWS. In the current study there were 19 participant statements indicating how difficult and frustrating stuttering can be. Other PWS in the current study discussed how they stutter every time they talk and there is little they can do to control their stuttering. Corcoran and Stewart (1998) found similar results regarding how the difficulty of stuttering and how stuttering can lead to negative emotions and avoidances. Crichton-Smith (2002) found that stuttering can be very difficult for PWS during different life stages. This can be attributed to maturity and learning to be more comfortable with one’s own stuttering. Moreover, some participants who were identified as unsuccessful coping with stuttering reported that stuttering is emotionally difficult.
This is similar to other literature in stuttering that found that people who are un unsuccessfully coping with stuttering have negative thoughts, emotions and avoidances (Daniels, Hagstrom, & Gabel, 2006; Petrunik & Shearing, 1983; Plexico, et al., 2005). Thus, when PWS find communication to be difficult and have frequent stuttering moments this leads to negative emotions and unsuccessful coping with stuttering.

Seventeen percent of participant statements reported not accepting their stuttering. Participants who reported negative acceptance of stuttering listed factors such as negative emotions, avoidance, and that stuttering inhibited life. These factors described in participants who did not accept their stuttering are similar to research on emotion-focused coping. Emotion-focused coping involves negative emotions, avoidance, and distractions (Wills & Hirky, 1996). Kompas and Ross (2004) found that stuttering evoked negative emotions, such as fear, frustration, and anger. There were other participants in the current study who reported the minor theme avoidance. Participants recognized that avoidance was not helpful but would use avoidance because stuttering can be difficult and unpleasant. When taking into account the negative emotions and avoidances that can go along with stuttering, it is logical to think that a person who stutters’ quality of life may be affected. There were several participant statements which illustrated how stuttering can inhibit life. In fact, one study highlighted the idea that the more severe a person stutters, the greater the impact on the person who stutters’ quality of life (Bramlett, et al., 2006). Thus, emotion focused coping and avoidance are key components of negative coping with stuttering.
Emotion Focused and Problem Focused Coping

As discussed earlier, emotion focused and problem focused coping are two ways that people react to problems. Problem focused coping is when people are able to logically figure out the most effective ways to cope with a stressor (Carver & Sheier, 1994; Folkman & Lazarus, 1980). In terms of stuttering, this relates to how PWS can learn to cope effectively with stuttering. On the other hand, emotion focused coping occurs when people try to control their emotions by avoiding a stressor or trying to reduce it (Carver & Sheier, 1994; Folkman & Lazarus, 1980). This relates to stuttering in that when PWS react with their emotions and then try to control their emotional reactions to stuttering by using escape avoidance behaviors (Carver & Sheier, 1994). Of course, emotion focused coping is not helpful to PWS and only contributes to increased stuttering. Participants in this research have provided evidence of how they effectively coped with stuttering which is similar to problem focused coping. PWS utilize problem focused coping by using helpful techniques, better understanding their stuttering, and using helpful attitudes to improve how they cope with stuttering (Plexico et al, 2009b). Speech therapy can help PWS to learn to manage their stuttering using problem focused coping rather than emotion focused coping.

Limitations and Future Directions

The aim of this study was to capture each participant’s story about coping and acceptance of stuttering via a concurrent mixed methods design. While the quantitative information is easier to measure, with the qualitative themes and interpretations it is difficult to have an exact interpretation about what the participants reported. Credibility
was provided via member checking to add credibility to the themes the researcher identified. All but one of the participants who participated in the member checking agreed with the researcher’s interpretations of their information. One participant chose to add some information to guide the researcher’s interpretation of her statements. Listing researcher biases was completed by having the researcher answer the survey questions and then provide themes to the statements (Creswell, 1998).

One limitation of this study was the undetermined number of surveys that were sent out. As a result of the survey being forwarded from professionals who stutter to other PWS it was difficult to keep an exact number on this. Data saturation was a strength of this study as there were enough participants to provide data saturation for the themes. Another strength of this study was the use of mixed methods so that participants were able to explain their reasoning for the numbers they chose on the 9-point rating scales. The open-ended responses added valuable information to each participant’s response on the rating scale.

The higher percentage of participants who received speech therapy was another limitation. Almost all (94%) of the participants either had speech therapy or were currently receiving speech therapy. The 6% who had not had speech therapy may have had contact with a professional who stuttered. It may have been helpful to have more PWS in a similar study who never received speech therapy for stuttering. It is possible that not having speech therapy for stuttering may change how the person who stutters copes with their stuttering.
Another limitation to this study was the demographic information about the professionals who stutter. It would have been helpful to obtain information about number of clients the professionals had worked with, have they taught classes about stuttering, and do the professionals who stutters have Masters or PhDs. Thus, the limitations in this study have been discussed. Although this research study added to prior research on coping and acceptance of stuttering, more research is needed.

Based on this study’s limitations future research can help to improve knowledge about coping and acceptance of stuttering. First, it would be beneficial to explore which factors help PWS transition from not accepting stuttering to some acceptance to accepting their stuttering? This is important because if SLPs knew this PWS may get through these stages of coping and acceptance quicker. Research suggests that maturity plays a role in how PWS cope with and accept their stuttering, but it is unknown exactly how this works (Peters & Starkweather, 1989; Plexico et al., 2009b). Research about maturity and stages of coping and acceptance could provide new insights about how PWS learn to better manage their stuttering.

Another limitation of this study is that all of the participants were adults, 18 years of age and older. Children and adolescents were not included in this study. Moreover, there is minimal research about how children and adolescents cope with, and accept stuttering. Studying the development of children and adolescents who stutter could provide valuable information about coping and acceptance of stuttering. It is unknown if children and adolescents cope in similar ways to adults who stutter.
Another beneficial study would be to identify strategies which help to improve how PWS cope with their negative emotions to stuttering, such as fear and avoidance. This could be conducted by testing existing therapy approaches to see which ones are the most effective at improving how PWS cope with negative emotions. The results of this type of study may allow SLPs to conduct therapy that improves coping with stuttering in children and adults.

In order to improve how children cope with stuttering, researchers need more information about how parents cope with children who stutter. It is important to know how parents and caregivers cope with their child’s stuttering because early intervention for children who stutter usually involves parents and caregivers. Future research could investigate coping and acceptance of parents and caregivers of children who stutter. One hypothesis is that if parents are not coping well with their child’s stuttering, they may be unknowingly adding stress to their child increasing the likelihood of continued stuttering.

Another weakness to the current study is that participants were not asked how long they participated in specific therapy approaches for stuttering. This is considered a weakness because if the participant only tried a therapy approach or technique for a short period of time they may not know if the therapy approach or technique could have been effective. Future research could analyze length of time required to determine if a given therapy approach or technique will benefit the person who stutters.

Conclusions

This research study has provided information about successful coping with stuttering and acceptance of stuttering. Successful coping with stuttering and acceptance
of stuttering shared several common themes in this study: 1) managing stuttering with no negative impact, 2) variability of stuttering, and 3) speech therapy and techniques. In addition unsuccessful coping and not accepting stuttering had similar themes. As a result of both coping and acceptance of stuttering sharing several of the same themes it appears like they both are important for successfully managing stuttering. This information also suggests that whether we use the term coping or acceptance we will have similar findings about stuttering.

Successful outcomes from speech therapy for stuttering are related to effective coping and acceptance of stuttering. Speech therapy should not only teach PWS to be more fluent, but it should also help PWS to modify their attitude so that it is easier for them to accept and cope with stuttering. This current research study and other studies explained that when PWS accept and cope better with their stuttering they have a higher QOL, come to terms with stuttering, and they are not worried or fearful of stuttering (Corcoran & Stewart, 1995; Plexico et al., 2005; Plexico et al., 2009b; Quarrington, 1977). Thus, the benefits from coping with stuttering and accepting stuttering are both relevant to speech therapy for PWS. First, findings from this study suggest that when PWS have success in speech therapy they are better able to cope with stuttering and have an easier time accepting their stuttering. The findings from this study provide evidence that speech therapy for PWS needs to be tailored to the individual. Participants in this study often made statements about one specific therapy method helping them. The three most common approaches for treating PWS (e.g., stuttering modification, fluency shaping, and mixed approach) were also found to be the most effective for PWS. The
less common approaches for treating PWS (e.g., medication, devices, and other therapies) were found to be less effective.

Another important similarity between acceptance and coping with stuttering was the finding that stuttering is variable. The results from this study indicate that stuttering is variable both when PWS stutter less severely and when they are learning to cope better with stuttering. This is an important finding for SLPs to be aware of so that they can educate PWS about the variability of stuttering. Educating PWS about the variability of stuttering can help them to problem solve situations that cause more difficulty with stuttering. There were also similarities for acceptance and coping with stuttering when PWS were not managing their stuttering very well. PWS who did not cope well or accept their stuttering avoided stuttering and had a reduced quality of life (Corcoran & Stewart, 1995; Klompass & Ross, 2004; Plexico et al., 2005). Through successful speech therapy PWS can learn to cope better with stuttering, have a higher QOL while stuttering more effectively.
References:


Appendix A: Demographic Scale

1. Your birthdate: ____________ (month/year)
2. Gender: _____ Male _____ Female _____ Other
3. Race and Ethnicity: ___ American Indian or Alaska Native ___ Asian ___ Black or African-American ___ Hispanic or Latino ___ Native Hawaiian or Other Pacific Islander ____ White
4. Relationship Status: _____ Legally Married _____ Single _____ Divorced _____ Widowed _____ Separated _____ Partnership _____ Other
5. Employment Status: _____ Employed _____ Unemployed _____ Full time Student _____ Retired
5b. If employed please list your occupation: ______________________
6. Do you currently attend a stuttering support group? _____ Yes _____ No
6b. If no, did you use to attend a stuttering support group? _____ Yes _____ No
7. Are you presently receiving speech therapy? _____ Yes _____ No
7b. If No, have you ever had speech therapy? _____ Yes _____ No
8. In your life, how many years have you spent in therapy? ________
9. Have you had any college courses (undergrad or masters) that focused solely on stuttering? ____ Yes ____ No
10. Have you ever done any professional readings (journals) about stuttering? ____ Yes ____ No
11. How many books about stuttering have you read? _____ 0 _____ 1 to 4 _____ 5 to 8 _____ 9 or more
**Appendix B: Coping with Stuttering Survey**

1. In your opinion, how successful has your speech therapy been?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Very Successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Success</td>
</tr>
</tbody>
</table>

2. Which of the following approaches to reducing stuttering have you participated in and were they Successful, Not Successful, or had No Effect (Neutral) on you?

- ____ Stuttering Modification (voluntary stuttering, slides, bounces, and work on attitudes)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Very Successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Success</td>
</tr>
</tbody>
</table>

- ____ Fluency Shaping (slower rate, light articulatory contacts, easy onsets, and phrasing)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Very Successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Success</td>
</tr>
</tbody>
</table>

- ____ Mixed Approach (both stuttering modification and fluency shaping)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Very Successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Success</td>
</tr>
</tbody>
</table>

- ____ Speech Easy, DAF, or other assistive device

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Very Successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Success</td>
</tr>
</tbody>
</table>

- ____ Counseling……
3. Currently, on a scale of 1 to 9 how would you rate your stuttering severity?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Stuttering</td>
<td>Mild Stuttering</td>
<td>Some Stuttering</td>
<td>Severe Stuttering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain the number chosen:
______________________________________________________________________________________
______________________________________________________________________________________

4. On a scale of 1 to 9 how would you rate your acceptance of stuttering?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept Stuttering</td>
<td>Accept Some Stuttering</td>
<td>Do NOT Accept Stuttering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain the number chosen: ______________________________________________________________
___________________________________________________________________________________

4b. What does acceptance of stuttering mean to you? ______________________________________
___________________________________________________________________________________
5. On a scale of 1 to 9, how well do you cope with your stuttering?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Excellent Coping</td>
<td></td>
<td></td>
<td></td>
<td>Some Coping</td>
<td></td>
<td></td>
<td></td>
<td>No Coping</td>
</tr>
</tbody>
</table>

Explain the number chosen: __________________________________________________________
__________________________________________________________________________________

6. What does the concept successful coping with stuttering mean to you?
__________________________________________________________________________________
__________________________________________________________________________________

7. What does the concept un-successful coping with stuttering mean to you?
__________________________________________________________________________________
__________________________________________________________________________________
Appendix C: Advertisement Letter

Dear Colleague,

Hello, my name is Eric Swartz. I am a doctoral student in the Department of Communication Sciences and Disorders at Bowling Green State University and a long time member of the NSA. I am writing today to ask for your help with a study I am conducting. This study has the goal of surveying people who stutter regarding how they cope with stuttering. Those who participate in the study will be asked to complete an online questionnaire. These surveys should take no longer than 20 minutes to complete. If you wish to participate in reviewing the findings from your survey, that could take another 5 to 10 minutes. I am contacting you today to ask for your assistance in conducting this important study. You have been identified through your membership in ASHA’s Special Interest Division-4 and/or because you are a BRSFD. It is my hope that you may be able to participate in the study and help me identify adults who stutter (over 18 years of age) on your caseload or that you are in contact with who might be interested in participating. If you know of someone who is interested (including yourself, if you stutter), the person needs to simply click on the link below, and complete the questionnaire. If you have questions about this study and how you might help, please contact me at eswartz@bgnet.bgsu.edu. Thank you!

This link will take you to the survey, which is on a secure website.

https://www.surveymonkey.com/s/KPFBV5V
Appendix D: Informed Consent

INFORMED CONSENT

Hi, my name is Eric Swartz and I am a final year doctoral student at Bowling Green State University in the Department of Communication Sciences & Disorders. I am currently working on a dissertation study, which aims to determine how people who stutter cope with their stuttering. Please note: If you are under 18 years of age, do not complete this survey.

If you participate in this study you will answer questions from the survey entitled, Coping with Stuttering. This survey consists of a demographics section which asks background questions. The second part of the survey consists of questions about coping with stuttering. These questions require you to rate certain aspects that help you cope with stuttering. You are also encouraged to elaborate on questions about your stuttering. You may skip any question you do not want to answer. You will be given the option to review the findings from your survey to assure that the summaries and themes found by the researchers are accurate. Also, when you review the findings from your survey you will be able to confirm that the findings are accurate to what you intended to say. The summaries and themes from your survey may be emailed to you at a later date. Your email address will remain confidential.

I estimate that your participation in this study will take approximately 20 minutes. However, if you decide to participate in reviewing the findings to your survey your total time commitment should be no more than 30 minutes.

I anticipate no risks or costs to you as a result of your participation in this study other than the time it will take to complete the survey. Deciding to participate or not will not impact grades, class standing, or relationship to an institution. Please take a moment and review the questionnaire and consider the topic of the study. At that time, you can decide whether you wish to continue. You may choose to withdraw from the study at any time. While there may be no immediate benefit to you as a result of your participation in this study, it is hoped that you will choose to share your experiences. We believe that improved knowledge of how people who stutter cope with stuttering will provide speech-language pathologists with new insights that can be used to make therapy for people who stutter more effective. As a thank you for your participation in this research, four $25 Amazon.com gift cards will be given away from a random drawing of participant numbers.

Information you provide will remain confidential and your identity will not be revealed. Only members of the research team will have access to the information you provide us. In order to maintain confidentiality, this survey will not request your name. A participant number will be assigned to each person completing the survey. All completed questionnaire information will be stored in a database on a password protected computer in my locked research laboratory. Only the three researchers working on this study, will see your answers to the survey. All of the data gathered (including your email address and correspondence with me) during this study will be destroyed upon completion of this research project. To assure your confidentiality, you should clear the search history in your browser and cache.

Questions: If you have any questions or comments about this study you can contact Eric Swartz, M.A., CCC-SLP (eswertz@bgsu.edu; 419-372-4320; 312-804-2141) or Rodney Gabel, Ph.D, CCC-SLP, BRS-FD (rgabel@bgsu.edu; 419-372-7168). If you have questions about your rights as a research participant or how this study is being conducted, you may contact the Chair of Bowling Green State University’s Human Subjects Review Board at (419) 372-7716 (hsrb@bgsu.edu).
By completing and submitting this survey you are indicating your consent to participate in this study.

BGSU HSRE - APPROVED FOR USE
ID #4102323367
EFFECTIVE 1.31.10
EXPIRES 7.31.11