

Sociolinguistic Construction of Concealable Stigmatised Identity (CSI) in People Who Stutter

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Abstract

Adult onset stuttering, in comparison to developmental stuttering, the term defines a situation where refers to a stutter where an adult who has previously shown age-appropriate communication skills suddenly starts facing dysfluency in his speech. Research shows that the stuttering has psychological and emotional aspects which impact stutter's identity negatively. Identity is jointly constructed in context via interaction between a people who stutter (PWS) and people around him. Using the constructs of Concealable Stigmatized Identity suggested by Quinn and Earnshaw (2013), this study measured the impact of PWS's education and age on the constructs of CSI.

Introduction

This research using an apparent time study, analysed the development of identity as people who stutter (PSW, henceforth). This study also takes into account the lived experiences of PSW to trace the identity tactics employed by them. A heterogeneous group of PWS ranging from adults as young as 21 years (who recently started to stutter) to senior citizens as old as 68 years who have lived their whole lives as a PWS made the population of this research but one thing that connects this varied population is the onset of stuttering as adults and is not the object of developmental stuttering.

Language constitutes an important part of our identity (Durkin & Conti-Ramsden, 2007) and the connection that language enjoys with identity is a significant part of our "experience of being human" (Llamas, 2010). Language does not construct the identity of its users as how others see them but also how they see themselves, thus creating a mirror image for them. 'Who am I?' is a question that is answered by the self-identity (Castells, 1997; Somers, 1994).

Hence, the question that needs attention and became the main focus of this research is that what happens when one loses their linguistic abilities to construct their own sense of self. Riper (1982) suggests, "if the self could be equated with stuttering then by working with the stuttering we might be able to alter the self". However, Shehaan (1953) while agreeing with Riper (ibid) goes even further and considers that stutterers have two contradictory personas ; one who is facing interruption and dysfluency in his speech stuttering and other a perfectly fluent speaker. Researches show that PWS speak more fluently in the context where they are less concerned about their stuttering (Bloodstein, 1987) as William (1982) observes that the degree of self-consciousness in PWS increases when they are highly conscious about their stutter and thus attempt to avoid stuttering, consequently this heightened self-consciousness increases the severity of stuttering too (Willaims, 1982).

Stuttering: The World Health Organization (WHO) characterises stuttering a communication disorder, which impacts the flow of communication (WHO, 2001). This disturbance in the normal fluency features repetitions, prolongations and blocks that are termed as three fundamental aspects of stuttering by Riper (1982). First aspect , 'prolongations', is defined as an elongated sound with an undisturbed airflow lasting from few seconds to several minutes depending on the stutters, while repetition is repeating a first syllable or entire word till the production of the stuttered word is produced (Riper, ibid). According to Riper (ibid), a block signifies an impediment in the voice or airflow that halts speech. Stuttering can be divided in two basic types depending on the age of its onset; Developmental Stuttering and Adult Onset of Stuttering.

Developmental stuttering starts in childhood, as young as 2 years old children can face stuttering.* National Institute on Deafness and Other Communication Disorders defines developmental stuttering as a stage where children's language abilities, particularly speech abilities are unable to cope with their verbal demands.†

Adult onset stuttering, in comparison to developmental stuttering, the term defines a situation where refers to a stutter where an adult who has previously shown age-appropriate communication skills suddenly starts facing dysfluency in his speech(Ackermann, et. al., 1996) with repetitions, blocks and prolongations(Chesters, 2018). Adult onset stuttering involves the limitation of speech and dysfluency and is considered an acquired speech disorder (Junuzovic-Zunic, 2021). It can come on suddenly; crumpling the speech of adults who had never struggled with the problem before. The reason for sudden onset stuttering is either neurogenic or psychogenic. Neurogenic stuttering is considered acquired stuttering, and it is marked by dysfluencies caused by any damage of certain parts of brain (Junuzovic-Zunic, 2021) while a psychogenic is caused by underlying psychological processes rather than caused by a physiological change (Došen, 2021).

Identity:The language we use constitutes an important part of the sense of our identity(Durkin & Conti-Ramsden, 2007). According to the Sociolinguistics of Identity,people position and construct themselves and others in sociocultural situations through language employing all the variable that comprise identity markers in speech (Omoniyi, 2009). Participants of a communicative event perceive themselves and others in the manner in which they have been socialised. Social psychologists Brewer and Gardner (1996) suggest that self-concept can be approached from three aspects, these are; the personal, collective and relational self. The personal self creates a unique identity that distinguishes one individuals from other. The second aspect, the relational self that is established on the social roles and needs of others, is the result of binary interpersonal relationships, such as parent-child relationships. The collective self refers to the importance of reference groups that the individual belongs to (Brewer & Gardner, 1996). Some psychologists propose that social identity plays an important role in the development of personal identity as the individual weighs himself against other individuals and other social groups on the basis of the group members that are similar or different from him (Tajfel, 1978). This comparison is linked to the individual's desire for a social identity that is positive and acceptable (Tajfel& Turner, 1979). Conversely, where positive social identities are adopted and strived for negative stigma identity is avoided by the individuals. Stigma identity traits are considered socially less acceptable. In cases where individuals present negative identities, they are subject to stigma, including exclusion, discrimination, rejection, loss of social status (Boyle, Blood, & Blood, 2009), lower self-esteem, social isolation, and reduced psychological well being (Link & Phelan, 2006; Major & O'Brien, 2005; Hinshaw, 2006). Link and Phelan (2010), identify different stages of the 'stigma process'. The first stage involves the identification and labelling of undesirable characteristics and differences. In the second stage, an individual with undesired able characteristics is identified. The third stage deals with the identification of the stigmatised group as an 'out-group', and the final stage relates to the possible consequences for the members of the 'out-group'. Possible consequences include rejection, discrimination, exclusion, and loss of social status (Boyle, Blood, & Blood, 2009). However, stigma identity has also been linked to lower self-esteem, social isolation, and reduced psychological well being (see Link & Phelan, 2006; Major & O'Brien, 2005; Hinshaw, 2006). When it comes to stuttering, the overt and observable components of stuttering do not represent the whole picture. In his iceberg analogy, Sheehan (1970) notes that at the top, what people can observe, are the spoken manifestations. However, hiding below this visible tip is a larger part that contains the negative feelings, emotions, attitudes and frustration (Collins & Blood, 1990; Guitar, 2006).

A large number of research studies have been conducted on self-esteem and stuttering (Green, 1997; Green, 1999; Kalinowski, Lerman& Watt, 1997; Riper, 1982; Yovetich, Leschied&Flicht 2000; Zelen, Sheehan &Bugenthal, 1954). While these studies have investigated the varied aspects of self-concepts, they have not researched the effects of sudden onset stuttering on the social identity of PWS. The majority of the studies conducted on this topic relied on quantitative methodologies to understand the relationships between self-conception and severity (Green, 1999) and assessments of self-esteem (Yovetich, Leschied&Flicht, 2000). However, this study, quantitative in nature, examined how PWS conceive themselves with stuttering after facing social language impairment.

PWS' struggle to verbalise their intention and feelings makes speakers experience an increased tension and effort that ultimately intensifies the stutter (Willaims, 1982). Ward (2006) proposes that to avoid the helplessness, embarrassment and shame PWS might apply avoidance behaviours to ease the dysfluency. In addition to Ward's suggestion, Craig and Tran (2006) argue that PWS are also more likely to develop a fear of

* <https://www.nidcd.nih.gov/>

† <https://www.nidcd.nih.gov/>

future speaking as a result of their negative experiences. Furthermore, research evidence has indicated that the psychological and emotional components of stuttering increase the probability of a person experiencing social difficulties (Yaruss, 1998).

Hennie, one of the participants of a study, “*On becoming someone: Self-identity as Able*” conducted by H. Kathard explains, “Imagine this. I walk in the door. Tall, Blonde, Macho, Strappy, Rugby-playing Hennie. Next to me is the guy in the wheelchair. His problem is obvious. I look normal. I open my mouth to speak and ... NO. The game is not over yet. Not over till I stutter. Then [stuttering] happens. Out of the blue. It takes me by surprise because I don’t know exactly when it will pop up and until it does I am normal... (Kathard, 2003: 4-13)”. The attributes that Hennie uses to construct his identity: physical looks, athletic ability and even his stutter are identity markers for him. Hennie, while having many identities, shares one of his identities with the person in the wheelchair. However, Hennie’s identity is hidden and concealable. This struggle and shift between identities as “stutterer” and “normal speaker” is best described by Sheehan (1970). Sheehan (ibid) considers stuttering a “conflict” which has two faces: *a real self* and *role* which problematizes identity construction.

Social Identity Theory: We propose to examine the effect of these social difficulties on the construction and maintenance of adult individual’s social identities by building on Quinn and Earnshaw’s (2013) model of concealable stigmatised identity (CSI). This model helped the researchers to measure the effects of stuttering on the concept of identity and self in PWS with the help of following constructs:

- 1) Salience: the extent that a person thinks about their CSI
- 2) Centrality: how much a stutterer describes himself or herself by stuttering
- 3) Concealment: the efforts to hide their stuttering identity
- 4) Disclosure: how often a person reveals their identity

Given that identity is a social phenomenon, research followed Hottle (1996) who suggests that PWS construct a stuttering identity as a result of how people react to their stutter. Consequently, one’s identity is not simply the product of their desire. Rather it is a process, jointly constructed in context via interaction between an individual (here, PWS) and their interlocutors (e.g. family, friends, care-givers). This research traced the construction of CSI in PWS through mainly three constructs of CSI; centrality, salience, and disclosure and the effect of their age and education on them.

Contextualising above discussed constructs of CSI, following questions are answered in this study:

1. Can education be considered as a significant factor in the construction of centrality, disclosure and salience in PWS?
2. How does age influence a PWS’ perspective about his stuttering identity with reference to the selected three constructs of CSI?

Method of Data Collection

A sample of 12 PWS were given a survey that included measures of salience, centrality, disclosure and adverse impact of stuttering on quality of linguistics choices.

Research Tools

This study measured the extent PWS thought they would be stigmatised if people around knew their stuttering through a questionnaire. The questionnaire had mainly two parts: the first part had open-ended questions asking about their age, education and race. While, the second part of the questionnaire contained items using Likert scale. The main concern of the questionnaire remained the identity of the selected population as a stutterer, they were given 5 options starting on the scale from 1-5; 1 being *strongly disagree* while 5 *strongly agree*. The scale made use of the items used by discrimination scale from Kessler, Mickelson and Williams (1999:214), with items discussing the social devaluation such as “people not befriending you”, “people blaming you for your stuttering”, “friends avoiding you”, “people not wanting to get to know you better or showing discomfort around you”. A 5 items scale measured the anticipated stigma; another important aspect of the research was relation of stuttering to the self to measure which sub-scale of the Collective Self-Esteem scale (Luhtanen & Crocker, 1992) was used. This scale was used to examine the extent to which one considers stuttering as an important identity. In order to measure the concealed identity’s centrality, items like “stuttering as an important part of my identity” were measured again on a 5 point response scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A 7

items scale was used to measure the centrality of CSI. All the items in the questionnaire were coded so that higher scores reflected greater centrality.

Data Collection

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

Participants of Research

12 participants made up the population of this study; it was a heterogeneous group of people reflecting various racial identities, education levels and age groups. Their common feature was their onset of stuttering as all of them started stuttering as adults. 5 participants were females while 7 participants were males. Their education level ranged from high school to doctorate. The youngest participant was 21 years old and the oldest was 68 years old. As for their ethnicity, 2 participants identified themselves as Asian while two as Caucasian. White American, White British, Hebrew and Dual White and Black race was represented by one participant each while 4 chose not to disclose their race. 7 people received a diagnosis of their stuttering from a professional while 5 did not receive any treatment formally. 41.7% of this study’s population consider stuttering as a part of their identity while 48.3% does not identify their stuttering as a disability.

Results

The results of the PWS are plotted in Tables 1 and 2 below. A Pearson correlation coefficient was computed to determine the relationship between age and the three constructs namely salience, centrality and disclosure. As in Table 1 below, the results indicate that the relationship between age and the three constructs of CSI are all non-significant. Firstly, the results indicate a non-significant positive relationship between age and salience [$r(12) = .047, p = .886$]. The relationship between age and centrality is also non-significant but positive [$r(12) = .078, p = 0.809$]. Similarly, the relationship between age and disclosure is also found non-significant but negative [$r(12) = -.085, p = .793$].

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

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

Table 1: Correlation between age and salience, centrality and disclosure.

To determine the relationship between education and the three constructs i.e. salience, centrality and disclosure, Pearson correlation coefficient was computed. As in Table 2 below, the results indicate a non-significant and negative relationship between education and salience, [$r(12) = .704, p = 0.704$] and education and centrality [$r(12) = -.173, p = 0.590$]. However, there is a significant but weak correlation found in education and disclosure [$r(12) = -.211, p = .511$].

		Education	Salience	Centrality	Disclosure
Education	Pearson Correlation	1	-.123	-.173	-.211

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

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

Table 2: Correlation between education and salience, centrality and disclosure.

Findings and Conclusion

The correlation of age was analysed against variables namely salience, centrality and disclosure. On the basis of the evidence presented above, it can be confidently concluded that age does not bear any significant impact on any of the above variables in the PWS population of this study. Hence, relation between CSI variables and age remained non-significant. Moreover, a second test was run to investigate the effect of education on these three constructs, which produced slightly different results. Correlation between education, salience and centrality remained non-significant. However, disclosure showed a significant but weak correlation with education. This clearly confirms that education helps people devise better mechanisms to deal with the stigma found around stuttering and gives them confidence to reveal their identity as a stutterer. It can be safely concluded that the three CSI variables investigated in this study are not affected by age. While for education, centrality and salience are not affected but disclosure shows some impact as it has a weak but significant correlation with education.

The first research question which leads the study, tried to measure the influence of education as a significant factor in the construction of centrality, disclosure and salience in PWS. This question bore an interesting result; while education does not bring any meaningful change in the attitude of PWS towards the centrality and salience but with the increase in the level of education, our population responded less to the stigma surrounding stuttering, which is reflected by a positive correlation between education and disclosure. Thus, a follow up study would be needed to investigate further as why education helps PWS to lessen the stigma surrounding their identity as a stutterer; whether it is because of the exposure that education gives them, the time in educational institutes that helps them with the stigma or just the confidence that is the result of their acquired knowledge. As for the second question, about the impact of age on the 3 CSI constructs, our data revealed non-significant correlation between age, centrality, salience and disclosure.

However, this study has some limitations too, which keeps us generalising its results: the size of its population is not ideal. Researchers tried to reach out to a large number of research sample to gather as much data as possible by contacting different Facebook pages that are established by and for PWS, since social media is a quick and popular tool to reach target audiences. However, this questionnaire could not get the anticipated response from a large group to make the results more reliable and valid. Thus, the study's results cannot be generalised. It is clear that follow up is needed with a larger number of research sample which was not possible because of the limited resources.

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