



## The impact of stuttering on adults who stutter and their partners

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### ABSTRACT

This study explored the impact of the stuttering disorder on perceived quality of life, with emphasis on the individual's relationship with their partner or spouse. Specifically, the purposes were: (a) to investigate what personal experiences and themes exist for both members of a couple dyad when one member of the couple stutters and (b) to examine whether the partners have different experiences with respect to the impact of stuttering on their lives.

A mixed method research design was used. Participant dyads (adults who stutter and their fluent life partner) each completed one semi-structured qualitative interview and two questionnaires: the Overall Assessment of Speakers' Experience of Stuttering (OASES), and the Medical Short Form 36 (SF-36).

Interviews were analysed qualitatively and significant themes evaluated. Quantitative results of the OASES and SF-36 were analysed, and scores correlated to determine the strength of any clinically significant relationships.

Results indicated that people who stutter and their fluent partners reported similar experiences in reactions to stuttering and perceived difficulties in communication. However, no relationship was seen between the two groups in perceived impact on quality of life. Qualitative results indicated that the participants shared life experiences including reactions to stuttering, treatment undertaken and support. Such findings lend support to a broad-based clinical programme for adults who stutter that includes the fluent partner as an agent of change in their treatment. Findings also support the utilisation of qualitative and quantitative research techniques to elucidate relevant psychosocial life themes and experiences for those who live with a stutter.

**Educational objectives** The reader will be able to: (a) identify the life themes associated with having a partner who stutters; (b) identify the perceived impact of stuttering for adults who stutter compared to their partners; and (c) discuss the clinical implications of the results with regards to working with adults who stutter.

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## 1. Introduction

### 1.1. The perceived life impact of stuttering

People who stutter (PWS) often view their speech as an obstacle to developing relationships with potential partners (Hayhow, Cray, & Enderby, 2002; Van Borsel, Brepoels, & De Coene, 2011). In part, this may be due to anxiety that some people who stutter develop about speaking in social settings. A meta-analysis of the literature conducted by Craig and Tran (2006) revealed chronic levels of anxiety experienced by those who stutter and their subsequent fear and avoidance of social interactions. Petrunik and Shearing (1983) explored these experiences regarding social interactions and suggested that underlying behaviours include avoidance, circumvention, voluntary disclosure and denial. A recent article by Van Borsel et al. (2011) found that adolescents and young adults perceived their peers who stuttered to be less attractive than those who were fluent. Further, these fluent young people were less likely to engage in a romantic relationship with someone who stuttered. There are a number of studies that have investigated the prevalence of avoidance behaviours and coping strategies in PWS (Daniels, 2007; Daniels, Hagstrom, & Gabel, 2006; Klein & Hood, 2004; Messenger, Onslow, Packman, & Menzies, 2004). However, there is a gap within the literature exploring the impact and prevalence of such behaviours on the personal support networks of people who stutter.

Klompas and Ross (2004) investigated the impact of stuttering on key psychosocial aspects of the PWS's life. Measures included employment, self-esteem, marital and family status as well as overall emotional functioning. The study found that 43.7% of participants identified that stuttering did have a negative influence on their marital and family life; however, the research did not explore how the quality of life of the partner of the PWS was also affected.

### 1.2. Quality of life

The concept of quality of life (QoL) for individuals who stutter is inherently complex and the empirical literature is not unambiguous. Patrick and Erickson (1993) recognised QoL as being "a comprehensive construct that encompasses the emotional, mental and physical functioning, life satisfaction and overall well-being" (p. 377).

It has been demonstrated that the features pertaining to QoL impacted upon for individuals who stutter may include vitality, social functioning, emotional functioning and mental health (Craig, Blumgart, & Tran, 2009; Yaruss, 2010). These features have been evaluated using both qualitative and quantitative assessment measures. People who stutter do not often report difficulties across the more physical areas within standard QoL instruments, such as pain, general health, vitality or sexual function. However, they do report difficulties often with social interactions, perceived ability to reach potential in education and vocational opportunities and general activities of daily living (e.g., Craig, 2010; Craig et al., 2009; Klein & Hood, 2004; St Louis, 2001; Yaruss & Quesal, 2006).

The clinical potential for measuring QoL provides a broader understanding of the clients' experiences and life impacts that the speech disorder may potentially pose. Yaruss (2010) suggests that it is, in fact, the essence of the speech pathologist's job to address their clients' quality of life and explore their life experiences. Further, the American Speech-Language-Hearing Association recognise this role to be one of "improving quality of life by reducing impairments of body function and structures, activity limitations, participation restrictions, and barriers caused by contextual factors" (ASHA, 2007, p. 4).

### 1.3. Other disorders

A number of studies have investigated the QoL of partners who live with adults with serious disabilities. Such studies have been conducted with partners of stroke survivors experiencing aphasia and partners of people who have suffered spinal cord disability (Angermeyer, Kilian, Wilms, & Wittmund, 2006; Kershaw et al., 2008; Kim et al., 2008). These studies have found that spouses of people affected by a variety of communication-specific disorders or general sudden-onset chronic disabilities demonstrate significantly reduced and impaired QoL ratings. For example, literature specific to spinal cord injury has found that the spouse emerges as a key facilitator in their partner's rehabilitation. Further, it has demonstrated how the partner can embody a positive support system which in turn directly affects the level of therapeutic gain achieved following the sudden onset of the impairment (Kershaw et al., 2008; Kim et al., 2008; Vargo & Stewin, 1984).

### 1.4. Impact on partners of people who stutter

Previous research has explored others' perceptions of people who stutter from the point of view of teachers, students, professionals, parents, employers and peers (Crowe & Cooper, 1977; Crowe & Walton, 1981; Dorsey & Guenther, 2000; Fowle & Cooper, 1978; Lass et al., 1992; St Louis & Lass, 1981; St. Louis, Reichel, Yaruss, & Lubker, 2009; White & Collins, 1984; Woods & Williams, 1976; Yeakle & Cooper, 1986). The impact that the speech disorder potentially poses has also been investigated from the perspective of the speech-language pathologists, vocational rehabilitation counsellors, special educators, relatives and family members (Cooper & Cooper, 1996; Cooper & Rustin, 1985; Craig, Hancock, Tran, Craig, & Peters, 2002; Doody, Kalinowski, Armson, & Stuart, 1993; Guntupalli, Kalinowski, Nanjundeswaran, Saltuklaroglu, & Erik Everhart, 2006; Hurst & Cooper, 1978; Kalinowski, Armson, Stuart, & Lerman, 1993; Lass, Ruscello, Pannbacker, Schmitt, & Everly-Myers, 1989; Rami, Kalinowski, Stewart, & Rastatter, 2003; Turnbaugh, Guitar, & Hoffman, 1979; Woods & Williams,

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