

The impact of stuttering in the university: Told by women

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Abstract

Objective: The aims of this investigation were to explore (a) the experiences of women who stutter in university settings; (b) the impact of stuttering related to the emotions attached to stuttering; (c) the impact of stuttering on relationships for women; and (d) coping and management of stuttering within the university setting.

Method: Interpretive phenomenological analysis was used to understand the lived experiences of women who stutter when attending university. In-depth semi-structured interviews were collected from seven women who stutter and subjected to inductive analysis.

Results: Qualitative data analysis indicated that participants reported four themes related to their university experiences: 'Role of support'; 'Client-centered therapy'; 'Role of authoritative figures'; and 'The stuttering stereotype exists.'

Discussion: Women are presented with unique challenges while attending university, as they must combat stereotypes related to stuttering and being a woman, and they must also overcome the related obstacles.

Conclusions: There is much work to be done in the university setting, in order to change how people who stutter are portrayed and how stuttering is perceived. These data point toward the need for advocacy training within the university setting, and for more holistic approaches to be utilized in stuttering intervention.

KEYWORDS: STUTTERING; UNIVERSITY SETTING; WOMEN; SUPPORT SYSTEMS

1. Introduction

It is widely known that a student's time at university is a period of transition and transformation, and that it is accompanied by many challenges. Accompanying this transition are periods of instability and exploration, during which these young people must adjust to an unfamiliar environment. There are changes in relationships, identity explorations, and even possible changes in self-concept (Arnett, 2004). Cognitive changes, psychosocial changes, changes in attitudes and values, and moral development also transpire during this time (Pascarella and Terenzini, 2005). Further, there are increased expectations of autonomy and time management due to the new academic setting, alongside pressures put on these students to adjust to their new environments. This recalibration may change the identities and self-esteem of college students in significant ways (Montgomery and Côté, 2003).

College students can no longer depend on the support of previous social networks of family and friends experienced during grade school. Exposure to culturally diverse peers can lead to considerable re-evaluation of personal choices and constructs at the core of their belief systems (Luyckx *et al.*, 2013). Successful attachment to the new environment and social adjustment to university are both highly reliant on the ability of students to make new college friends who are both trustworthy and loyal. Verbal communication is key for this to occur. In addition, closer relationships with peers are associated with better emotional/personal adjustment (Swenson, Nordstrom, and Hiester, 2008).

Other challenges include learning how to engage effectively in the classroom. In fact, classroom participation – whether through discussions or asking questions – has been linked to increased grade point average (Arthur, Shepherd, and Sumo, 2006; Handelsman, Briggs, Sullivan, and Towler, 2005), higher levels of critical thinking (Crone, 1997), student motivation (Junn, 1994), and promotion of effective learning (Weaver and Qi, 2005). The factors affecting student participation include quality of faculty–student interactions, class size, and students' self-esteem and confidence levels (Fritschner, 2000; Weaver and Qi, 2005). With regard to communication outside of the classroom, a large-scale meta-analysis by Robbins and co-workers (2004) found that social support and social involvement, among other psychosocial and study skill factors, correlate positively with university retention and improved quality of life. More specifically, the comfort levels of college students in meeting and socializing with others were predictive of higher retention and academic performance.

Due to the amount of verbal communication required for college students, and the fact that social participation is linked to success (Kuh and Hu, 2001;

Fredricks, Blumenfeld, and Paris, 2004), one student population that may be at a disadvantage are university students who stutter. Currently, there is limited research into persons who stutter (PWS) in the university setting. Meredith and Packman (2015) found mixed results when they explored the lived experiences of 102 university students who stutter through an online questionnaire. Positive experiences were reported, which included students choosing majors regardless of stuttering, low reports of stuttering influencing their post-graduate career choices, as well as low university dropout rates among participants. Negative reports included students purposefully underperforming to avoid social encounters, difficulty with engagement, and lost opportunities of social interactions, all due to stuttering.

What is largely known about the university setting for PWS, besides having to overcome many of the classroom challenges, is that PWS must combat negative perceptions associated with their disorder (Ruscello, Lass, Schmitt, and Pannbacker, 1994). In fact, Dorsey and Guenther (2000) asked both university professors and students to fill out a questionnaire that rated a 'hypothetical PWS' containing 20 personality items, and discovered that professors and students rated the college student who stutters more negatively than the average college student. These preconceived attitudes could potentially make college more challenging for PWS, as professors act as the standard bearers for the university setting. One may further conclude that if professors have negative stereotypes, their bias may result in academic consequences. Interestingly, a positive correlation was found between limited knowledge about stuttering and negative perceptions for college counselors, classmates, and professors (Daniels, Panico, and Sudholt, 2011; Hughes, Gabel, Irani, and Schlagheck, 2010; Walker, Mayo, and St. Louis, 2016).

In addition, the peers of university students who stutter also have stigmatizing beliefs related to stuttering. University students have reported negative views of PWS related to their own comfort when talking to a stutterer, such as feeling frustrated, annoyed, and feeling awkward. Peers also viewed PWS as learning disabled and mentally challenged (Hughes *et al.*, 2010). Findings from Hughes and associates (2010) indicate an overall student population misconception with regard to stuttering. This is not to say that all student peers have a negative perception of stuttering. In fact, a more recent study revealed a positive change in how peers and professors view students who stutter (Chastain and Bettagere, 2016). This may indicate a recent possible shift in perspective from both professors and students related to stuttering. However, both Chastain and Bettagere (2016) and Daniels, Panico, and Sudholt (2011) agree on the need for more research in this context.

Because much of the literature that exists currently for PWS in the university setting is gender-biased, women are another subgroup who are largely

ignored. In fact, what we do know about women and stuttering can be cited in very few studies (Georges, 2017; Nang, Hersh, Milton, and Lau, 2018; Sheehan, 1979; Silverman, 1980). Women's overall experience of stuttering revealed negative perceptions of self and a negative feeling of social connection (Nang *et al.*, 2018). Women have also reported stuttering playing a negative role in dating, keeping romantic partners, negative school experiences, and further discrimination in the work setting (Georges, 2017).

The majority of research on the affective and cognitive dimensions for women who stutter occurred in the 1970s and 1980s (Sheehan, 1979; Silverman, 1980, 1982). Older studies that focus solely on females' perceptions and experiences of stuttering may be considered outdated due to the extensive change in roles and activities that modern women have. Further, the U.S. Bureau of Labor Statistics reports that, among women aged 25 to 64, there has been an increase in attainment of higher education. The proportion of women with a college degree has roughly tripled from 1970 to 2011 (BLS, 2011). Therefore, as a growing number of women who stutter attend university, it is imperative to understand the impact that stuttering may have on their university experience.

1.1 Research aims

The purpose of the current investigation was to explore the lived experiences of being a woman who stutters at university. Previous research has been conducted which examines the experiences of women who stutter (Georges, 2017; Nang *et al.*, 2018; Sheehan, 1979; Silverman, 1980, 1982), college students' and professors' perceptions of PWS at university (Chastain and Bettagere, 2016; Daniels, Panico, and Sudholt, 2011; Dorsey and Guenther, 2000; Hughes *et al.*, 2010; Mayo and Mayo 2013; Ruscello *et al.*, 1994; Walker, Mayo, and St. Louis, 2016), and university students who stutter (Meredith and Packman, 2015). Missing from the literature are reports of women who stutter at university. Several studies point to the differences between males and females at university, from lived experiences, levels of stress, and coping strategies (Brougham, Zail, Mendoza, and Miller, 2009; Enochs and Roland, 2006; Magolda, 1999). This leads to the assumption that women and men who stutter may have qualitatively different experiences while attending university. Since women who stutter in college comprise a population with limited evidence, generalization across studies is limited and educational experiences can vary across regions and countries. This study sought to further understand the essence of women who stutter in the university.

2. Methods

Qualitative methods were used to capture the emic experiences of the participants (Markee, 2013). Qualitative methods present distinct advantages, including a richness of data that cannot be obtained through other methodologies (Tetnowski and Damico, 2001). Specifically, interpretive phenomenological analysis (IPA) has been used within the discipline of speech-language pathology to understand the lived experiences of communication partners of persons with communication disorders (e.g., Husak, Marshall, and Rowles, 2016). According to Smith and Osborn (2007), the process for IPA is to explore in detail the way in which participants are making sense of their personal and social world. Interpretive phenomenological analysis is considered to be an active, dynamic process with phenomenological roots, due to the unbiased, empathetic interpretations that the researcher must make from the participants' own interpretations (Smith, 2004; Smith and Osborn, 2007). Therefore, the objective of IPA is to gain a deeper understanding of phenomena by analyzing the opinions and lived experiences of participants. An understanding of the experiences of women who stutter in the university setting has the potential to inform future intervention needs and strategies for this population.

2.1 Participants

A convenience sample of seven participants was enrolled in the study. Inclusion criteria included (1) being a female who had a history of stuttering into adulthood and (2) being a current or recent university student (within the past two years). Six out of the seven participants were enrolled at a university during the time of the interview. One participant had graduated from a university 18 months prior to giving the interview. Five of the participants were selected as a result of their participation at a university's speech and hearing clinic for stuttering. The other two volunteered after hearing of the project at a local stuttering group. All the participants had reported receiving therapy at some stage in life and ranged in age from 19 to 24 at the time of the interviews. The university's institutional review board (IRB) provided ethical oversight for this study. In accordance with IRB guidelines, each participant signed a consent form to participate in the study. All the participants were either considering, majoring, or graduates of speech and hearing sciences degrees. No standardized assessments were given before the interviews to measure stuttering severity, affective measures, or cognitive measures. Observations during interviews showed a range of severity levels among participants.

2.2 Description of individual participants

Participant 01 was a 21-year-old Caucasian female, who at the time of the interview was a practicing speech-language pathologist. She attended university as an undergraduate in the northwest region of the United States and earned a degree in anthropology. She obtained her master's degree in speech-language pathology in the southeastern region of the United States. Participant 01 was the only participant who was no longer enrolled at a university at the time of the interview.

Participant 02 was a 21-year-old Caucasian female who was enrolled at a university in the northeastern region of the United States. She was a senior majoring in speech-language pathology, but switched her degree to audiology during her junior year. Participant 02 was a member of a sorority during her time at university.

Participant 03 was a 22-year-old African American female who was enrolled at a university in the south-central region of the United States. She was an undergraduate student in speech-language pathology and had recently been accepted into a master's program for speech-language pathology in the same region. She also worked as a resident advisor for the university.

Participant 04 was a 19-year-old Latino university freshman, who at the time of the interview had a declared major in communications and broadcasting. During the course of this project, it was confirmed that she switched her major to speech-language pathology. She also attended a university in the south-central region of the United States. Participant 04 was an active member in the local stuttering support group.

Participant 05 was a 22-year-old Caucasian female with a declared major in speech-language pathology and who attended university in the south-central region of the United States. Participant 05 was a recent beauty contest winner and chapter leader of the local stuttering support group. She also worked at the university bookstore.

Participant 06 was a 20-year-old African American female, who was enrolled at a university in the south-central region of the United States. She was an undergraduate student with a declared major in kinesiology and worked as a physical education assistant for a local school district.

Participant 07 was a 21-year-old Latino university junior, who at the time of the interview had a declared major in nursing. She attended university in the south-central region of the United States, where she was also a cheerleader. Participant 07 was not employed at the time of the interview.

It is important to note that the participants all attended different universities from different regions in the United States and came from different ethnic backgrounds.

2.3 Procedure

An in-depth, semi-structured interview was conducted for each of the participants by the first author, who had training in qualitative procedures. The interviews occurred either face-to-face or through a web-conferencing video platform. There was no pre-established time frame for the interviews; however, the average time for each interview was one hour long. Following the approach described by Smith and Osborn (2007), the interview was guided by initial, open-ended questions. The probes or questions that followed were dependent on the participants' responses. In this way, the participants were able to share with the interviewer the direction of the interview and introduce ideas the authors were not aware of at that time. The pre-determined questions constructed are noted below.

1. Can you describe your general university experience from your first memories onward?
2. What emotions have you felt in relation to stuttering during your time at university?
3. Can you describe the experiences you have had within the classroom?
4. What role has speech therapy played during your time at university?
5. Can you tell me about how stuttering impacts your social scene?
6. Has stuttering impacted you in any other way as a university student, either positively or negatively?

Due to the interview being semi-structured, there was no particular ordering of the questions, the wording of the questions changed at times to keep the interview natural, and the time devoted to each question varied depending on the responses elicited from the participants. The questions were designed to address all aspects of university culture and experiences that may have been affected by the participants' stuttering. Impromptu probes were utilized to complement the initial questions, delve deeper into a point of interest, or clarify statements. These probes included statements or questions such as, 'can you elaborate?' or 'tell me what you mean by that.' When further probing or clarification was deemed necessary, lamination questions were sent out to the participants for them to answer via email. These responses were treated as an extension of the interview and were analyzed in the same manner as described below.

2.4 Analysis

Following the IPA approach, this investigation was less concerned with the frequency of specific constructs, but focused more on understanding the content

and complexity of the participants' experiences and meanings they attached to their university experiences. The step-by-step approach described by Smith and Osborn (2007) was used to guide the data analysis.

1. The investigators (first and second author) separately read the transcript multiple times to become familiar with the data.
2. The first investigator wrote down comments, or interpretations, on the transcript about points of interest that summarized meanings, noted associations or contradictions, and/or made preliminary interpretations. These statements became the initial inductive codes of the transcript.
3. The first investigator then returned to the beginning of the transcript where codes were documented based on the investigator's interpretations and the original text. The second investigator met with the first investigator at this stage to discuss decisions about interpretations. The investigators compared and contrasted the set of codes and began grouping similar codes into patterns. Each transcript was then coded and analyzed in the same fashion.
4. The next step consisted of taking the list of patterns, grouping similar patterns together, and assigning a new label that illustrated an emerging theme. The investigators then went back and forth from the raw data to the emerging themes, in order to finalize a set of superordinate and subordinate themes. The investigators dropped themes that were less relevant to the study, did not fit well within the structure, or lacked the necessary evidence. At this point, themes were reduced to the most relevant, rich, and prevalent themes. In order to identify the evidence to support the theme, page numbers where the quote could be found and the quote itself were recorded under each theme.

2.5 Credibility and trustworthiness

It is important to use procedures that help to ensure credibility, dependability, confirmability, transferability, and authenticity in qualitative research (Cope, 2014; Guba and Lincoln, 1994; Lincoln, Guba, and Pilotta, 1985). In the current study, trustworthiness of findings was increased by audio- or video-recording all interviews, transcribing verbatim what participants said, and sending transcripts and themes to participants for member checking. Also, the first and second authors met to discuss all initial codes, patterns, and emerging themes. Disagreements about codes and patterns were resolved through discussion and going back to the raw data. We also kept an audit trail (Smith, Flowers,

and Larkin, 2009), and consulted the audit trail when disagreements occurred. As suggested by Sallee and Harris (2011), and used in gender research in the field of speech-language pathology (Azios and Bellon-Harn, 2021), we used a mixed-gender research team, so that we did not impose gendered norms during the data analysis process. The first and second authors had varying life experiences related to university and stuttering. The first author is a person who stutters, and who holds a PhD with an emphasis on qualitative methodologies, including analysis and interviewing. At the time of the study, the second investigator held a bachelor's degree in speech and hearing science and was enrolled in her second year of a master's degree program in speech-language pathology. She had no history of stuttering. Furthermore, the investigators acknowledged any pre-determined biases or assumptions about stuttering and university experiences before data analysis, a process known as bracketing in phenomenology (Patton, 2015). The current research is transferable, in that the data can be applied to women who stutter and attend university who are not involved in the study. University settings have similar expectations, rituals, and relationships across the map, and thus the information obtained is relevant to similar populations.

3. Results

Four overarching themes were uncovered that described the experiences and perspectives of women who stutter in the university: 'Role of support'; 'Client-centered therapy'; 'Role of authoritative figures'; and 'The Stuttering stereotype exists.' Each theme is defined and described below with quotes provided from the participants to help contextualize the findings.

3.1 *Role of support*

The role of support was discussed as being both positive when given and negative when absent. Positive support was discussed by all of the participants and included the ways in which friends, family, roommates, classmates, and university disability services provided some form of support. Some examples of this support were listening to participants' stories about stuttering, being present while talking, encouragement through words, and just being okay with stuttering as a listener. Participants discussed how these support systems increased confidence within themselves, thus motivating them to engage in the classroom. With the help and encouragement from these support systems, participants demonstrated resilience in their ability to overcome specific classroom and life challenges.

Participant 01 described how anxious she was to enter the classroom when she first attended university. She revealed an initial transition from feelings of anxiety to those of comfort and sometimes excitement. She attributed this emotional change to her classmates' support of her. She stated:

I didn't know all of my classmates in the beginning, and I didn't know how they would react or if they would be cool with stuttering, you know. As I got further on in my major, I knew everyone in the department and you know, I even led our student anthropology club, so I knew all the classmates and by the end of it, I would just be excited to go to classes and I would know everyone and everyone knew that I stuttered and it was just like, okay.

She later explained that through the very act of knowing her to be a stutterer and accepting her as a stutterer, classmates were able to create a comfortable and supportive environment for her:

I definitely had people who did support me and that was really cool. I think it's really positive to just have people who are actually okay with me stuttering, to be honest. Like, that very basic level of understanding and then listening and being willing to learn, to understand me. When I was in my major classes and I knew everyone, and they knew I stuttered, then I would ask more [questions].

Some participants were not as descriptive of classmates' support, but did comment that they were comfortable in the classroom environment when they spoke. Participant 06 described that when she had to speak in class, none of her peers laughed at her or responded negatively to her stuttering. She also viewed professors' supplying words for her as a positive support.

Other benefits from supportive classmates are described by participant 04. She reported that classmates offered words of encouragement before group and individual presentations due to her anxiety. They would also practice with her to manage her anxiety, listen to her talk about her anxiety, and how she felt about her stuttering at that moment. She stated: 'Most of the people in my group were very cool, you know? Like, I don't know, they're very open, I guess ... and they all wanted me to do good and they were like, "you got this," like, you know, "you can do it, it'll be fine." And so, I went up there and I did it.'

All the participants discussed at least one family member whom they described as 'supportive.' Four participants specifically described their mothers as support systems. Participant 07 confided in her mother about her stutter and the therapy she received for it while attending university. Her mother then encouraged her to tell others about her journey with stuttering, in order to 'get the word out to all these people' and 'advocate for myself.' Participant 05 also identified her mother as a support during the emotional journey of stuttering that comes with being at university. She explained: 'She [mother] helps

me through everything when I am afraid to go on with school and just want to drop out. She talks me out of it, thankfully. I mean, she has always been there.'

University disability services played a major role in supporting a few of the participants. Participant 05 described that without disability services, she couldn't focus on learning because her anxiety was too high. She needed the support to manage her anxiety, in order to absorb the material. She explained:

What has also helped me was the letter that the disability services advisor typed up. So, I went to the advisor and I told her things that I wasn't ready to do in class. Like, the teacher needed to wait until I raised my hand and not just call me out. Like, if an oral presentation was timed, then they would let me take a few extra minutes. This helped me so much with my anxiety and learning the material.

Not only was this support effective in improving participation and comfortability within the classroom, but the support also led to independence with classroom tasks. The anxiety and fear of communicating was managed through accommodations. Participant 05 explained: 'At this point, I'm not afraid to raise my hand and participate in discussions, I feel comfortable with every professor.'

Thus far, positive support has been discussed. However, lack of support or perceived negative support was also reported by some participants. This lack of support was experienced by professors, family members, and friends. A few examples are noted below.

Participant 01 described negative support at home. She noted that her parents are not okay with her stuttering and do not encourage her to be herself at home. She is more anxious at home and experienced fearful episodes of communication. The lack of support at home creates an internal conflict for her, as she wants to be herself but knows she must pass as fluent around her parents. The need to pass as fluent at home results in a stressful state for her.

I am constantly explaining it to my parents. Honestly, I kind of just go back to being covert when I go home at this point. Just because they don't want to hear it and they don't want to believe it and they don't want me to stutter and they're very not okay with it and they never have been. So, I have tried many times to get them to understand. I'm kind of at the point where it's probably not going to happen. Maybe one day I'll feel better about that and try it again but right now, I don't. It affects me for sure.

Participant 04 had similar experiences with a family member who did not accept her stutter. She described a situation in which she disclosed she was a stutterer to a group of people at her house, in order to increase her comfortability with speaking. Her father rebuked her afterwards. Participant 04 noted:

He said, 'you shouldn't have said that. You don't stutter.' I feel like he just doesn't care about my feelings. I'm telling him that this is something I've been insecure about my

whole life but he tries to tell me I don't have the right to feel that way. That's how I take it. It makes me feel shitty.

3.2 *Client-centered therapy*

Client-centered therapy was a theme that emerged with all participants. Client-centered therapy largely consisted of a 'helpful approach,' either self-taught, discovered, or a learned approach through someone known to the participant (e.g., speech-language pathologist, mentors, friends, other PWS, etc.). These techniques or approaches assisted participants in daily communicative events, and were found to be useful when engaging people affiliated with the university setting. For example, several participants utilized the strategy of 'disclosure' within the university classroom setting as a way to minimize self-perceived anxiety and decrease negative listener reactions. Further, disclosing stuttering to listeners was helpful within the social scene of the university (sorority parties, dating). Once listeners knew why people were stuttering, they became curious and open to learning about stuttering. Another common client-centered approach consisted of risk-taking, which was defined by participants as openly stuttering or not hiding their stuttering in communication situations. Risk-taking improved confidence and decreased anxiety for many participants. Examples of client-centered therapy techniques are noted below.

Taking risks was a self-therapy tool identified by P02. In her attempt to take risks, P02 joined a sorority in the hope that being forced to talk more would relieve her anxiety about speaking. She noted the initial challenges of risk-taking, but did describe its benefits: 'But the sorority experience really changed my comfortability with groups of people. I also lived in the house and was the house manager. During meetings I would like talk to 40 girls. That gave me confidence outside of a classroom.'

Several participants discussed the usefulness of disclosure as a self-therapy tool. Disclosure or telling others that you are a stutterer reduced fears during classroom encounters and helped listeners to understand more about stuttering. Participant 02 used disclosure in classroom introductions, saying, 'I have a card with fun facts, that I stutter on obviously. This helps the class feel more comfortable and me as well. I feel like it makes everything clearer for me and them without the pressure.'

Participant 01 also acknowledged the usefulness of disclosure. She described an experience with a professor who did not know she stuttered. The professor took points off a presentation she made because he thought she was unprepared and nervous. Once she disclosed that she stuttered, he admitted that if he had known, he would not have taken points off her grade.

So, if I had just like told him and sat down with him and explained it, then I know I wouldn't have been marked down for that. And later, I did, you know, right after that class, I was like, 'Hey look, I just want you to know I stutter so that's why I did that or whatever.' We talked about it and I explained, and he believed me and like ever since then, it was, no one in the major did that to me again.

Participant 01 described client-centered therapy as researching and learning about stuttering through various educational platforms. By reading books, articles, listening to podcasts, and attending support groups, her understanding of stuttering changed. She felt more empowered, capable, less anxious, and non-isolated, explaining,

Yeah, you know, I would, just in college, I did a lot of exploration, like self-exploration, and so I found other people who stutter. Like, I didn't actually meet them but I found podcasts, like StutterTalk and that was like huge for me. I listened to all of them and I started reading books about stuttering and about people who stutter. Just being able to like read people's stories and hear from other people who are speech therapists and stutter changed me. And how there are people who stutter doing jobs that I didn't think I could do, that was huge for me.

3.3 Role of authoritative figures

The role of authoritative figures was noted by all participants, and included the impact – either positive or negative – they can have on their education. Ultimately, these experiences with authoritative figures can significantly impact quality of life. Authoritative figures were professors, department chairs, advisors, and other employees of the university who influenced students' experiences. Common across all participants was a correlation of constructive interactions with positive outcomes and disabling interactions with negative outcomes. Authoritative figures who displayed knowledge about stuttering, patience, and empathy were perceived to better support the participants. Alternatively, authoritative figures who displayed a lack of knowledge, impatience, and negative reactions to stuttering wielded their power and altered the experience in a more disabling way. For example, some professors docked points from presentations because they did not want the students to stutter. This magnified their fear of speaking in the classroom. Other professors finished their sentences in the class, which made them feel inadequate as a communicator and fearful to raise their hand even if an answer was known.

Participant 02 described a positive encounter with her professor. Her professor reprimanded a group of students who laughed at her during a class presentation. She later described how the support from the professor changed the culture of the classroom in a more positive way, and elicited positive feelings internally about stuttering. She stated:

Once that presentation wrapped up, our professor went on a rant about ethics and respect and really drilled the whole fact that as students they should re-evaluate career aspirations. That was very intense but needed I think. The whole class changed after that. While it was happening, I was mortified and then when I walked out once classes were done, I felt refreshed, which was a very positive feeling at that time.

Participant 05 reiterated the positive impact authoritative figures can have at university, saying,

My professors have worked with me and I have been thankful to have such nice professors to work with me being a stutterer and to be more patient with me. They give me more time and that has made all the difference. That's the big thing, is being patient with a stutterer. I don't talk as fast as a fluent speaker, so for them to be patient while I speak has been a good help.

Authoritative figures also negatively impacted the university experience for women who stutter. Participant 01 discussed an encounter where she was told by the communication disorder department chair, after speaking openly about stuttering on the first day of class, to change her major:

I was actually in a class where I stuttered, and I said that I stutter and everything and it felt super awesome but at the end of class, the professor actually pulled me aside and told me that I needed to drop the major. And like, she called to counsel me out of the profession. She was the department chair, so I couldn't do anything about it. But she told me that parents would never trust me and that they would never want to work with me, and I would never be able to be an effective speech therapist because I stuttered.

Participant 01 continued by describing how this specific encounter with the department chair led her to adopt a different major for several years:

So, I had to quit, like I really didn't have a choice. I changed my major to anthropology. She told me she was the department chair and she told me I had to, so I did. Which, I mean, that sucked, it literally sucked. That was my worst fear, to be told by someone who you respect to quit because you stuttered.

Participant 05 had a similar experience with a professor, where the professor mocked her during a stuttering moment in the classroom. After raising her hand, she stuttered and was mimicked by the professor in front of all her classmates. Participant 05 described how this behavior seemed unexpected and hurtful.

I feel like, teacher, friend, mom, or dad, they shouldn't act like that. I think that he should have been more professional, but I guess not. When I am surrounded by a bunch of my classmates and the professor wants to not be nice and mock me when I am trying to give an answer to his question and then after my answer, he doesn't apologize or anything. It makes me very angry. It makes me think, 'What is he thinking, doing that? Why does he think that is funny, we're not 4?' I mean, we are all adults, even if I didn't

stutter, why would he still do that. It just shocked me because I expected my classmates to do that but not my professor.

Participant 05 continued by describing how the experience made her feel, as well as how the behavior affected the atmosphere in the room with the other students:

[The class] just stared at me the whole time. It was just very awkward. I mean, the atmosphere felt different right after he did that. It just felt weird and awkward, for me, anyways. I feel out of place. I felt like I don't belong. So, if I don't belong there in a communication disorder class, then where do I belong? That's the toughest thing for me to be a stutterer. Where do I fit in?

Other participants also noted mocking or imitating behaviors by their professors. Participant 03 explained that one of her professors imitated her stuttering during a read-aloud exercise in class, and then proceeded to ask her if she was stupid in a playful or joking tone.

3.4 *The stuttering stereotype exists*

The stuttering stereotypes are the misconceptions society holds about stuttering, largely constructed through popular media. Participant 03 defined the general stuttering stereotype as people in university classes 'giving a look that they are, like, taken aback, like something is wrong with me.' Some of the common misconceptions about stutterers are that they are nervous, anxious, stupid, and may not be able to perform at certain jobs (MacKinnon, Hall, and MacIntyre, 2007). Participants from this study discussed how these common misconceptions about stuttering arose about them because they stuttered. Stereotyping the participants resulted in individual consequences, including self-stigmatizing beliefs, invalidating them as PWS, negative feelings about themselves, and discrimination.

Participant 03 discussed the stereotype of stutterers being nervous arising because many people without a stutter also stumble over their words when they are anxious:

And I feel like that's like, kind of a normal thing for like, everyone. I feel like my classmates think that if they're nervous they will stutter. And that's why a lot of people think I stutter. Like, when I tell them I do, they're like, 'No you don't.' They tell me I don't, they're like, 'You're probably just nervous or you're talking too fast.' And stuff like that. I'm like, I promise I do. Like, I don't know how to respond to that.

Participant 07 noted that one of the reasons she doesn't participate in class is because her classmates think she's nervous and anxious if she does stutter: 'I think people in general think people that stutter are nervous and anxious

because they have asked me that so many times when I stutter, especially in the classroom because normal people don't stutter just talking in class.'

Participants also discussed the idea that others made them feel that they could not hold certain jobs because of their stuttering. As discussed previously, P01's department chair counseled her out of her chosen profession early on in her undergraduate studies. Participant 02 had a similar experience within a speech-language pathology program. Although she did have some professors advocating for her, there were others who counseled her to consider other career paths due to her severe stuttering. Advisors also played a role in limiting career choices. Participant 06's advisor strongly encouraged her to only take online classes due to her stuttering, which limited the degree programs that she could participate in and ultimately forced her to enroll at another university.

Another stereotype included the misconception that women who stutter are stupid. When describing why she does not speak in the college classroom, P07 stated, 'The classroom, I didn't talk, I still don't talk. I don't raise my hand, I don't even meet friends because people think I'm stupid if I stutter or at least that's how it's been in the past.'

The 'stutterers are stupid' stereotype was often discussed within a narrative that included the added challenge of women stereotypes and stuttering stereotypes. That is, participants felt that as women and as PWS (among other characteristics), they had multiple identities that they had to manage at all times. This awareness of intersectionality caused participants to have greater anxieties and fears about how others in the university environment would view them. Participant 03 explained:

Being a woman who stutters in college is a very interesting road, I would say, because not only do you have to live up to the woman standards, but now you have to live up to the woman in college who stutters standards. So, it's a different thing. But not to bring race into it, but I'm also a black woman who stutters in college. So now I have to live up to the black woman college standard. Now I have to be the strong independent woman with a small waist and a big behind and I have to go to the gym every day. And now I have to have this beautiful hair, either this big nice afro or nice long weave ... and when I realize that I don't have that, well I am also reminded that I stutter. So it's a conundrum of mess, a conundrum of bullshit.

Participant 01 discussed a similar feeling:

For just being a woman, I feel as though I have to prove to others that I'm intelligent and can be successful knowing that there is an implicit bias that I am less intelligent/successful than my male counterparts. Stuttering makes this even harder because many people associate stuttering with being less intelligent. This again creates an internal struggle and definitely made it much harder for me in college and especially grad school having to work harder than any of my classmates just to prove that I was as good as them.

Clearly, participants felt that being a woman who stuttered in college created additional burdens that fluent persons or males did not have to experience. These stereotypes were the result of misconceptions held by various members of the university community, including students, professors, and other members of the university community.

4. Discussion

Findings from the current study revealed several factors contributing to the participants' experiences in the university setting, including (a) the role of support; (b) the use of client-centered therapy; (c) the role of authoritative figures; and (d) the existence of the stuttering stereotype. These interrelated factors played a role in either aiding the participants' success or creating challenges for the participants in the university context.

Participants consistently described tasks within the classroom that were a struggle for them due to their stuttering. These included first-day classroom introductions, verbal presentations, and answering questions from the professor. Participants reported overcoming this mismatch in classroom expectations by utilizing techniques from the client-centered approach. Similar to findings about successful stuttering management for adults who stutter reported by Plexico, Manning, and DiLollo (2005), a client-centered approach was found to be beneficial for improved well-being and quality of life. This included support systems, risk-taking and self-disclosure, high levels of motivation, cognitive restructuring, and therapy that addressed more than the behavioral aspects of stuttering (e.g., affective and cognitive aspects). Utilization of the techniques found in this approach resulted in promising outcomes for the participants. The use of self-disclosure has been empirically validated to improve listener perceptions (Byrd, Croft, Gkalitsiou, and Hampton, 2017a; Byrd, Hampton, McGill, and Gkalitsiou, 2016; Byrd, McGill, Gkalitsiou, and Cappellini, 2017b). The participants in this study also found it important to increase their own level of comfort with stuttering, which at times led to constructive conversations related to stuttering. However, some of the reactions and/or behaviors from authoritative figures (e.g., mocking, discrimination) created a situation that was unmanageable by the participant. This led to some form of negative emotion.

Similar patterns emerged from the interviews involving the role of authoritative figures. Although participants had differing experiences with authoritative figures, there was a trend of positive versus negative outcomes dependent upon authoritative figures' reactions to the participants' stuttering. Similar to Daniels, Gabel, and Hughes (2012), desirable educator traits were described

by PWS. Authoritative figures who elicited non-discriminatory behaviors (e.g., patient, empathetic, willingness to learn) nurtured emotional well-being and fostered an environment for academic success.

Authoritative figures who did not display nurturing behaviors resulted in unfavorable circumstances such as discrimination, presented academic challenges, and caused negative feelings (e.g., anxiety, sadness, hopelessness). Surveys or questionnaires in past research have revealed that university professors view students who stutter negatively; however, due to this study's qualitative nature, participants were able to elaborate on the degree to which stigmas or perspectives drive these negative beliefs. Participant 01 discussed how a university professor/department chair in the speech-language pathology department encouraged her to leave the program. This adds to previous research which found that many groups in society believe that careers involving frequent speaking are inappropriate for PWS, including university students, K-12 teachers, and speech-language pathologists (Gabel, Blood, Tellis, and Althouse, 2004; Irani, Gabel, Hughes, Swartz, and Palasik, 2009; Swartz, Gabel, and Irani, 2009). This finding sheds new light on the current disability culture that exists within higher education institutions. Not only do stigmas exist among people of authority, but their actions as a result of these stigmas create a culture of discrimination. This finding supports PWS's reported experience of being negatively perceived by college professors (Werle and Byrd, 2021), and coincides with past research which indicates that professors typically have limited knowledge about stuttering and negative perceptions of students who stutter (Daniels, Panico, and Sudholt, 2011; Dorsey and Guenther, 2000; Hughes *et al.*, 2010; Walker, Mayo, and St. Louis, 2016). It is also important to note that some authoritative figures used their power to create positive feelings and feelings of empowerment for these students. These findings coincide with past research which discovered that the more education professors had about stuttering, the more positive encounters were (Chastain and Bettagere, 2016; Mayo and Mayo, 2013). Participant 02 discussed a supportive professor who publicly condemned a group of students who mocked her during a presentation, which helped her by changing the culture of the classroom into a more positive light.

Further, the participants' descriptions of experiences at the university suggest that there are social and academic consequences for their stuttering. These can include bullying and isolation from peers, rejection, negative emotions, poor first impressions, discrimination, and stereotyping. Academic consequences included point deduction on assignments and whole letter grade deduction on presentations. Professors who took points off were unaware of the student's stuttering, but what is of interest is that stuttering warrants a point deduction at all. It is not unreasonable to assume that these negative

experiences continue after graduation, and may help to explain the lower status jobs (McAllister, Collier, and Shepstone, 2012) and lower annual income of PWS (Gerlach, Totty, Subramanian, and Zebrowski, 2018).

4.1 Clinical implications

The data from this study emphasize the experiences of women who stutter in the university. The data suggest a need for advocacy and education for people of authority, including professors, advisors, and other faculty members who communicate with university students. Clinicians who work with this population should also provide their clients with advocacy training, in order to support their ever-evolving stuttering experience and overall stuttering management. Cinematherapy and bibliotherapy interventions may prove beneficial for people who are interacting with people who stutter, as there are reports of improvements in attitudes toward PWS, increased understanding of what PWS experience (Flynn and Louis, 2011; Gerlach and Subramanian, 2016), and an improvement in overall quality of life for people who stutter (Azios, Irani, Bellon-Harn, Swartz, and Benson, 2020).

Further, traditional models of fluency intervention focus solely on the behavioral aspects of stuttering. However, we now know that stuttering is a communication condition that encompasses cognitive, affective, and social components, requiring coping strategies that deal with stuttering in a holistic manner (Boyle and Blood, 2015). Based on the results from this study, it would appear that interventions targeting these components would prove beneficial for these participants and other university students who stutter. A client-centered approach naturally adapts to individual needs, is context specific, and results in better outcomes (Plexico, Manning, and DiLollo, 2005). Examining stuttering interventions through a holistic lens may improve the quality of life for those who stutter, but may also lead to improved long-term stuttering management.

Clearly, the convenience sample and the methodology have some limitations. The fact that five out of the seven participants were speech-language pathology students may have limited their experiences, in that many of their professors were also speech-language pathologists and may have biases toward PWS. Additionally, qualitative methods are not meant to be generalized, but rather explain a phenomenon in context. This being said, this investigation may lead to important clinical findings, as well as setting the stage for further inquiries into the experiences of individuals who stutter.

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