# The Experience of Stigma in Adults Who Lisp: A Thematic Analysis

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**Abstract**

*Objective: This study investigates and describes the experience of stigma in adults who self-identify as having a lisp. It aims to shed light on and legitimize adults who self-identify as having a lisp through what emerges from their described lived experiences and in terms of minor bodily stigma and models of disability.*

*Method: Data were gathered through qualitative semi-structured interviews with seven self-identified adults who lisp. These interviews were conducted and audio-recorded in person, via Skype, and via a conference call setup, depending upon the level of convenience and the preferences of the participants. Interviews were transcribed. Transcript data underwent systematic thematic analysis rooted in qualitative research theory.*

*Results: One overriding theme, three underlying themes, and eight subordinate thematic categories were yielded from the described lived experiences of the participants.*

*Discussion: Results are examined in light of previous stigma literature establishing lisping as a minor bodily stigma, as well as models of disability. The experiences of stigma in adults who self-identify as having a lisp are varied and reflect internalized as well as public stigma.*

*Conclusions: The thorough exploration of emergent themes, requiring layers of repeated analysis and consideration, allows for the investigation, acknowledgement, illumination, and legitimization of the experience of stigma in adults who self-identify as having a lisp.*

Keywords: Lisp; Stigma; Minor Bodily Stigma; Disability, Qualitative Analysis

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## 1. Introduction

Negative listener perceptions of individuals with speech disorders span across fluency, voice, and articulation (Allard & Williams, 2008; Altenberg & Ferrand, 2006; Boyle, 2013; Downs, 2011). Dentalization and lateralization of [s] and [z], two varieties of lisping, account for two of the top five most common clinical sound distortions (Shriberg, 1993), and are not exempt from these negative perceptions in spite of being errors that do not tend to affect intelligibility due to the listener's ability to correct for them (Overby, Carrell, & Bernthal, 2007). Studies involving listener ratings of adult lisping and non-lisping audio and/or video have found that lisping is associated with more negative evaluations in such qualities as intelligence, level of education, maturity, speaking ability, and weakness (Burroughs & Small, 1990; Mowrer, Wahl, & Doolan, 1978; Silverman, 1976). It is important to note that the lisping described in this study is considered to be independent of influences from dialects or sociological associations. Bos, Pryor, Reeder, & Stutterheim (2013) describe four different types of stigma: public stigma, involving the reactions of people without stigma to those who have a stigma; self-stigma, involving the social and psychological impact of having a stigma; stigma by association, involving the social and psychological reactions to a person associated with an individual with a stigma, and structural stigma, involving society's legitimization and perpetuation of stigma. The most relevant of these to this study are public stigma and self-stigma. Adults who lisp may experience public stigma whenever listeners voice negative assessments and associations with lisping. Two factors seem to contribute to a sense of self-stigma: an awareness that having a lisp is potentially stigmatizing, and an internalization of public stigma that becomes part of one's identity. The stigma endured by adults who lisp is complex and multifaceted (Ellis, 1998).

The stigma of lisping depends upon social context and is variable across people, groups, and situations, much like stigma in general (Bos et al., 2013; Major & O'Brien 2005). Lisping can only be stigmatized when it is observed. In a visual context, for example when the adult who lisps is viewed walking silently down a sidewalk, the lisp is considered "discreditable" (Goffman, 1963). It is not readily apparent, not perceptible to others, and therefore not stigmatizable. In a different context, such as when the adult who lisps is speaking on the telephone, the lisp is perceptible and even obvious, and has now become "discredited" (Goffman, 1963), or stigmatizable. Additionally, as asserted by Major & O'Brien (2005), stigma resides in this social context rather than an individual. Perhaps a homosexual man might experience fear and secondhand discrimination while at a vigil for a hate crime victim and experience joy and confidence at a parade celebrating gay pride (Pinel & Bosson, 2013).

Lisping in adults is a relatively minor characteristic that does not inherently interfere with functioning or intelligibility, and yet it still demonstrates how intricate stigma can be. Such a characteristic may be considered a "minor bodily stigma," which is a feature, perceptible by sight, hearing, smell, or presence of an aid or sign of impairment, that is involuntary and difficult to conceal, and is perceived by the self and/or others as undesirable (Ellis, 1998). According to Ellis (1998), the possessor of a minor bodily stigma may face two Batesonian double binds, circumstances in which there is no good outcome regardless of what an individual chooses to do (Bateson, Jackson, Haley, & Weakland, 1956). First, the adult who lisps has a choice to make regarding detection by new communication partners. The adult who lisps can either point out the

lisp to an unfamiliar listener or say nothing about it, and each option has its own cost, hence the double-bind. Disclosing it could serve to dismiss it as a triviality, but it could also color the listener's subsequent appraisal of the speaker; more importantly though, it could highlight the distress experienced by having attention drawn to a minor bodily stigma, and some aspect of deviance made public (Jenkins, 2008). Saying nothing about this lisp could result in it going undetected. However, the cost of this decision is the mental agonizing about whether it was noticed. In the long term, this pattern of reflection feeds into the process of internalization of and identification with some aspect of deviance. In the second double-bind, the adult who lisps has a choice to make regarding shame. The adult who lisps can acknowledge shame about the lisp, and subsequently endure additional shame for being shallow and ungrateful when there are so many other worse plights. Alternatively, the adult who lisps can ignore feelings of shame about the lisp, and endure the consequences of suppressing an authentic, human response to an undesirable trait. There is an absence of social rules to dictate how interactants should react to minor bodily stigmas, and, likewise, there is no guidance for how, and how much, a minor bodily stigma should influence its holder (Ellis, 1998). The navigation through these Batesonian double-binds is a process. Because identity is described more as a process one undergoes than a "thing" that one has (Jenkins, 2008), the very act of making these choices may further deepen one's self-identification as deviant and as the possessor of a minor bodily stigma.

When investigating the complex phenomenon of the experience of stigma as an adult who lisps, there is value in taking a qualitative approach. Qualitative research provides systematic and rigorous methods that result in important insights in the arena of communication disorders (Guendouzi, 2014). Of the various qualitative approaches, narrative has been argued to be an effective means of exploring self-construction through speech (Kathard, Norman, & Pillay, 2010), and narrative has been demonstrated to be particularly successful in exploring minor bodily stigma (Ellis, 1998; George, 2003; Paxton, 2013). Ellis (1998) presents an autoethnography that recounts her experiences as a professor and researcher with a lisp, piecing together a narrative of minor bodily stigma and day-to-day life struggles with stigma and internal conflicts. Although the use of thematic categories in this study discounts it from fully adhering to the parameters of narrative inquiry, this exploration of narrative identity did follow other narrative inquiry guidelines. Interpretivist insights were obtained through a focus on the individual and a valuing of individuals' constructions of their experiences in their own right, with the acknowledgment that their accounts cannot be judged by an objective reality (Lyons & Roulstone, 2017). It is the aim of the present study to build on this literature and provide an opportunity for adults who self-identify as having a lisp to relate their experiences with lisping and stigma, similar to Ellis's autoethnography. This in turn may offer insight for professionals such as speech-language pathologists who might work with such individuals.

## 2. Methods

This study employed a qualitative design consisting of semi-structured interviews with self-identified adults who lisp. It was a component of a larger-scale mixed-methods project.

### 2.1 Participants

Eligibility criteria included self-identifying as having a lisp, being at least 18 years of age, being a native speaker of American English, and having no other self-reported speech, language, or hearing impairments. Participants who were willing to undergo the interview procedure were self-selected through voluntary inclusion of contact information during submission of a lisping and stigma survey. Initial recruitment for the survey was conducted via physical advertisements distributed with permission around the Lafayette, Louisiana community, as well as word of mouth involving the researchers' social networks (both on and off the Internet). The self-selection process at the conclusion of the survey resulted in 7 participants who volunteered to be interviewed. See Table 1 for demographic information for each participant.

Table 1. Participant demographics.

| Identifier | Gender | Age | Occupation |
|---|---|---|---|
| Andrew | Male | 37 | Electrician |
| Ethan | Male | 21 | College student majoring in Business |
| Cora | Female | 40 | High school Spanish teacher |
| Cathy | Female | 59 | Remote work from home as IT for a major book publishing company |
| Emily | Female | 21 | College student majoring in Communication Disorders |
| Laura | Female | 41 | Speech-language pathologist |
| Julia | Female | 26 | College student, certified nurse's assistant |

### 2.2 Data Collection

Approval by the Institutional Review Boards at the University of Louisiana at Lafayette and subsequently Missouri State University was obtained prior to recruitment, as well as informed consent from each participant, which did include information regarding the researchers' interest in the phenomenon in question. One-on-one semi-structured interviews with the participants were conducted by the first author, a speech-language pathologist and Ph.D. candidate with no significantly established relationship with the participants, in accordance with guidelines provided by Spradley (1979), Westby (1990), and Smith and Osborn (2003). Thus, each interview progressed through the use of appropriate and relevant grand tour questions (e.g., "Tell me about your communication partners in a typical day"), mini tour questions (e.g., "Tell me about how your interactions with your boss go on a given day"), and example questions (e.g., "Describe a particular interaction with a communication partner in which your lisp played a role in how the interaction went"), allowing for follow-up probe questions and the introduction of new topics by the participants. This provided the opportunity for participants to describe their unique, most meaningful thoughts and experiences regarding stigma and lisping. Semi-structured interviews are frequently used in the exploration of personal and sensitive themes in qualitative health research (Tong, Sainsbury, & Craig, 2007), and so this was determined to be an

appropriate means of data collection. There is some question as to whether interview reports of "small stories" and "big life-stories" are equally suitably reflective of an individual's identity construction (Lyons & Roulstone, 2017). However, "small stories" of these participants' experiences with stigma and lisping were considered to be reasonable units of analysis for this study due to the focused nature of the phenomenon in question. Interviews were conducted in locations and via means deemed comfortable and appropriate by the participants and the investigator. Avenues for interviewing included in-person interviews, Skype interviews, and one telephone interview. All interviews were audio recorded and lasted between 20 and 50 minutes ($M = 34$ minutes). Each participant was invited to follow up after his or her interview with any additional information or clarification, serving as a means of lamination of participant responses and ensuring the highest amount of accuracy possible in the investigator's interpretation of each participant's story.

### 2.3 Data Analysis

Each interview was transcribed verbatim by the first author, following transcription conventions recommended by McLellan, MacQueen, & Neidig (2003). Transcripts were examined for recurring themes in a methodical and meticulous process, adhering to the assertions of Damico and Simmons-Mackie (2003) that the complex phenomena of participants in authentic contexts must be systematically analyzed. Because this study was originally the qualitative component of a mixed-methods project, applied thematic analysis (ATA) (Guest, MacQueen, & Namey, 2012) was selected to guide the investigation of transcript data due to its incorporation of both qualitative and quantitative techniques. Thus, all interpretations were, by necessity, grounded in the actual data, and combined with the quantitative techniques permitted in ATA. These quantitative techniques include the consideration of participant repetition of specific wordings and examples, used to gauge the degree of salience and significance, according to the participant, of various narrative pieces. Meaningfulness was therefore gleaned, and themes were consequently yielded, from a variety of indicators within the transcripts, such as (qualitative) emphasis and description of experience and (quantitative) repetition. Cyclical coding followed the procedures of Saldaña (2013). First cycle coding initiated the process using descriptive coding (i.e., coding of the topics discussed); in vivo coding (i.e., coding of direct quotations); and emotion coding (i.e., coding of emotions recalled and/or experienced by the participants). Next came second cycle coding, which in turn consisted of pattern coding to reorganize and synthesize the results from the first cycle coding into themes. After the initial emergent themes were documented, codes from the first cycle coding were again extensively reviewed and second cycle coding was repeated. This cyclical process, characteristic of qualitative analysis, strengthened investigator interpretation and ensured that the themes yielded were as representative as possible of participant experience. The first author made efforts to bracket her own prior experiences during the interviews and initial analysis to allow the participants' stories to be reported as authentically as possible. Additionally, investigator triangulation assisted in the reduction of the first author's biases during data analysis, regarded as unavoidable given the nature of qualitative research. A qualitative design reporting framework was consulted after the conclusion of the study to ensure that the rigor, procedures, and results of this study would be reported as transparently as possible (Tong, Sainsbury, & Craig, 2007).

## 3. Results

One overriding theme, "*I'm more than a lisp*," emerged with three underlying themes: *control*, *internal response*, and *dealing with public stigma*, which in turn superseded eight categories. See Table 2 for hierarchy of themes and categories. Findings will be illustrated by participant quotations from the semi-structured interviews.

Table 2. Hierarchy of themes and categories.

| Overriding Theme | Underlying Themes | Categories |
|---|---|---|
| "I'm more than a lisp" | Control | Strategies |
| | | Avoidance |
| | Internal response | Self-awareness |
| | | Anxiety |
| | | Reaction to others |
| | Dealing with public stigma | Others' reactions |
| | | Associations |
| | | Iatrogenic aspect |

### 3.1 "I'm more than a lisp"

Through their comments and responses, the participants repeatedly expressed the notion that their identities were much more than their speech characteristics. The overriding theme "*I'm more than a lisp*" emerged through quotations that expressed the participants' desire to be valued and considered as more than just adults with lisps. Each underlying theme supported this by demonstrating the participants' experiences with their own efforts to minimize their lisping, their relevant internal feelings about themselves and their lisps, and their responses to public perception and stigma.

### 3.2 Control

Participants described two different ways of controlling the expression of their lisp in their speech. The first was through production strategies. Some were learned through speech therapy.

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     Uh, it, they would tell me to put my tongue in a certain
     place, is what I remember, I remember someone saying put
     your tongue at the bottom, like, uh, in front of your
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bottom teeth, and I remember people saying like curl-curl
up the sides of your tongue or something like that...
(Julia)
```

And others were independently developed.

```
I actually just recently got Rosetta Stone English, uh […]
because that gives you, you know, feedback right away and
how well you pronounce the word, uh […] so I got that to
try and kind of help me practice with it a little bit more,
but I haven't had much time to play with it. (Ethan)
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The second means of controlling the expression of participant lisps was through avoidance. Some participants described avoiding words containing problem sounds.

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When my teachers call roll, I'll say "here" versus
"present" because I do not want to possibly lisp while
saying "present." (Emily)
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Um, actually, in high school, you know how they have those
SAT vocab words? Uh, I went through, took out all the ones
with "s"s in it, and [laughs] memorized all of the ones
that don't, to expand my vocabulary with words that I don't
lisp on, uh… and that's helped a lot, so I-I was—I
generally avoid the "s"s as best as I-I can. (Ethan)
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And other provided examples described avoiding environments in which lisps could easily be perceived.

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Like I've-I've gone out with some people and they don't
realize I have a lisp until like day three when they're
actually talking to me one-on-one in a quiet space because
I will avoid it that much… (Ethan)
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### 3.3 Internal response

The experience of having a lisp, as described by these participants, is accompanied by internal feelings and responses. The first is anxiety, as felt when meeting someone new.

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I... definitely feel scared of-of talking with new people
[voice wavers], and you-you-you know like I was saying
before, it would always be new people who would make fun of
me, and so I-I do feel [voice wavers] more apprehensive
about meeting someone 'cause I don't know if they're going
to say something about my lisp. (Julia)
```

Anxiety was also described as felt when being put in an uncomfortable situation.

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> There's lots of opportunities where I didn't speak in
> public because I was afraid of what the lisping speech
> therapist would look like when she talked. (Lisa)

Another internal response to being an adult with a lisp is the reactions such adults have towards others with similar speech problems. Some described a disinclination to judge others.

> I think that makes me even more patient when it comes to
> people that's first language is English, and that have a
> lisp... because it's not something that is... [sigh]
> defining them. You know, I think that that doesn't define a
> person. There's certain things-things—intelligent is more—
> defines you, 'cause you try hard, and you—you're
> learning... (Cora)

And others described negative perceptions that persist in spite of the experience of having a speech problem, themselves.

> I think—we-we kind of have somebody who kind of stutters--
> and-and that can be... um, it's hard to stay pa-not
> impatient, but it's like you wanna finish sentences, or-or-
> or help that person, you know, it's like, you know, what
> you're trying to say is this, but, yeah. It's kinda
> unnerving at times. (Cathy)

Two of the participants even described how hearing others with speech problems serves as a reminder of themselves, and how this made them feel.

> I remember, uh... I remember watching, uh, Jeopardy, and it
> was-it was like Kids' Jeopardy or something like that, and
> his little girl, she talked a lot like me and it just... it
> kind-it made me cringe, I guess, because I-I just hate
> hearing it 'cause it reminds me of me. I can't hear it when
> I talk, but... you know, I've heard my voice recorded, and
> that's how it sounded was like how I heard her talk and it
> just made me feel bad [voice wavers] 'cause it reminded me
> of how I talk. (Julia)

> You know, I have-one-one of my fraternity brothers had a
> lisp as well, uh, he was actually the first person, first
> other adult that I've met who has a lisp. Um, his isn't
> quite as bad as mine, uh, and he's never gone through
> speech therapy or anything like that for it. It doesn't
> really bother me much. It-it makes me realize how bad my
> lisp is because obviously I don't hear it, um, but like, it

makes me realize, like, "Oh, I-I sound like an idiot when I
talk sometimes, Christ!" [laughs] (Ethan)

### 3.4 Dealing with public stigma

The last underlying theme involves the fact that adults who lisp must deal with public stigma. This is described in a number of ways by the participants. The first way is the reaction of others to the lisping. Sometimes the reactions are perceived and wondered about.

Once in a while we're in a dinner situation or something
where we'll go out to dinner with a can-you know, a
candidate or something, I have to kind of think "ooh, I
wonder if they hear, you know, how-how do I sound to them"
or that type of thing. (Cathy)

Other times, the reactions from others are direct and blatant.

And then, the most hurtful thing that ever happened was, it
was during my CFY, and my CFY instructor—I don't know why
she said this to me, um, but she said something to the
effect of, "Yeah, somebody asked me how I could stand to
watch you talk all day, lisping the whole time." (Laura)

Another aspect to the public stigma experienced by the adults who lisp is the qualities that are associated with lisping. Youth and endearing qualities are two of the most significant, as described in the following quotations.

I won't talk nearly as much with people I'm just meeting…
because of my lisp. I just don't wanna end up repeating
myself over and over again and sounding like a fifth
grader. (Ethan)

I think—I think a lisp is seen as something sort of, is it
cutesy, or, you know, I think it's more, like I said
before, intelligence, it's just more like, "Oh, isn't that
cute," or, "Isn't that," you know, "sweet," or something...
(Cathy)

Some people noticed, some people really noticed and it
bothered them, and some people noticed and thought it was
cute. (Laura)

The final way these participants described their experience of public stigma was by their recounting of its iatrogenic aspects; that is, through professionals creating an issue, whereas perhaps the participants would not have felt that their lisps were something that in need of treatment. One participant had her lisp pointed out by an instructor of communication sciences and disorders.

> I've talked to strangers, like my teacher, she's, you know,
> a stranger and I – I actually raised my hand, and I asked
> her a question, and so after class was over, she's like
> "Emily, can you stay after class," and I'm like "Okay, I'll
> stay after class," she's like "Do you notice you have a
> lisp?" And the fact that she noticed it after that one
> sentence that I – you know – I asked, like that, like… I
> don't want people to notice it. (Emily)

Another participant, following a question about his experiences with speech therapy in school, described how it had been pointed out to him.

> They told me I had a lisp. I say my "s"s, uh – my "s"s are
> wrong, or something. (Andrew)

Another participant, a speech-language pathologist, discussed how her role as a professional influenced her perception of individuals' speech.

> I'm more sensitive to that, I think all speech therapists
> are more sensitive to that, um… You know, I have a little
> girl, had a little girl, she's in college now, um, who had
> apraxia, and I can still hear a little bit in her speech,
> but nobody else in my – my family all knows her, 'cause
> she's in dance with my daughter, or was, but um, when I say
> like, "oh, I can still hear it, it-I just wish that I had
> done better by her," everybody's like, "I don't hear
> anything, she sounds fine." Okay! (Laura)

### 3.5 Covert theme of lisping as inherently problematic

One additional covert theme, not necessarily directly expressed by the participants but rather reflected in their language and word choice, was that lisping is a thing that inherently needs to be "fixed." This theme suggests mental framework in which lisping is a problem, something that is wrong with a person, or something that sounds incorrect or bad:

> Uh, I really try not to be conscious of it. And I find
> that, uh, if I am—do start finding—be conscious of it, it
> gets worse, so... [laughs] (Andrew)

> It-it makes me realize how bad my lisp is... (Ethan)

> And then I start to speak, and then I'll—that didn't—that
> didn't sound good. (Cora)

> Yeah, I don't think it's-it's too terrible, even with-with
> that... (Cathy)

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I wanna talk properly, I want to speak the correct way, and
it bothers me when I do not speak the correct way, when I
sound, like, just don't sound like I'm supposed to...
(Emily)

Something I'm always thinking, close your teeth, do it
right, look right... (Laura)

I-I did have a lot of [speech therapists], and... I-I did
not think that I could ever be helped. (Julia)
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## 4. Discussion

The purpose of this study was to acknowledge and illuminate the experiences of stigma in adults who self-identify as having a lisp. What emerged were underlying themes, accompanying the overriding theme of "*I'm more than a lisp*," which suggest that adults with lisps must respond to the demand of attention to their lisps by internal and/or external forces. They may control the expression of their lisps, reflect upon internal experiences regarding their lisps, and deal with the public stigma that is directed towards adults with lisps. In doing so, the adults who lisp work to prove that they are defined by much more than a speech difference. They may control their lisps through production strategies and avoidance to speak with the aim of being heard for message content rather than manner of transmission. They may feel self-consciousness, anxiety, and self-awareness when hearing the speech problems of others in natural human responses to a negative stressor that they work to not be defined by. They encounter reactions from other people that may be directly mentioned, expressed through agreement with and perpetuation of stereotypes associated with lisps, or forced upon them by well-intentioned professionals who may be targeting a potentially otherwise negligible speech difference. These reactions in turn may contribute to the identity process as described by Jenkins (2008). The adults who lisp are simultaneously undergoing their own internal challenges (i.e., trying to control their lisp). In addition, the effect on them of others' recognition of and attention to their lisping may be an outcome of having internalized identifying with the deviance (Jenkins, 2008). Thus, public and self-stigma are revealed to have a direct and perhaps reciprocal relationship in the experience of the adult who lisps, consistent with the identity literature.

The emergent themes provide support for existing qualitative research regarding adult lisping and minor bodily stigma (Ellis, 1998), as well as contemporary and classical stigma theory (Bos et al., 2013; Goffman, 1963). Participants reported how lisping caused negative internal reactions and required the navigation of a world where speaking with a lisp may be unwelcomed and stigmatized both by the public and the self. The final covert theme of considering lisping as an undesirable trait to be "fixed" suggests a mental framework comprising several constructs: (a) lisping is a problem, (b) it is something that is wrong with a person, and (c) it is something that sounds incorrect, undesirable, or even objectionable. The participants themselves may not agree that lisping is problematic, or be conscious of their own evaluation of lisping, whatever that evaluation might be. However, their words may reflect a lifetime of either being told or thinking

themselves, however unconsciously, that the way they speak is not normal or right. This in turn reflects structural stigma, a social judgment that says deviation from the norm is something that needs to be changed. It needs to be modified to fit into what is accepted as normal. Oliver's (1990) description of the medical and social models of disability come into play here. The medical model follows the notion that disability is a problem that needs to be fixed and assimilated into the norm. Alternatively, the individual or social model of disability argues that there is nothing wrong or bad with such differences, and that it is society that needs to change to accommodate disability. McCormack, McLeod, McAllister, and Harrison (2010) discuss the social model of disability in terms of speech sound disorders. Perhaps, they argue, the speaker and listener both have respective roles to play to ensure a reciprocal and successful communicative interaction.

It is implausible to expect that there will ever be a change in the social attitudes that result in the elimination of judgment and ridicule of differences such as speech characteristics, including lisps. However, it is incumbent of speech-language pathologists to be aware of the consequences of these judgments on their clients. The contemporary social model of disability is driven by an understanding that the presence of difference can lead to secondary problems. It is these secondary reactions, which appear to be largely socially driven, that might need to be addressed through strategies other than traditional speech therapy. Group therapy for adults and older teens who stutter has resulted in positive gains such as a feeling of empowerment, as well as reduced stuttering characteristics and avoidance behaviors (Beilby, Byrnes, & Yaruss, 2012; Fry, Millard, & Botterill, 2014). Similarly, although no organized and easily discoverable internet communities for adults who lisp exist at this time, online support may be found in temporary groups and threads on social networking websites. The act of disclosing one's stigmatized feature with a new communicative partner, which has been found to productive for individuals who stutter (Healey, Gabel, Daniels, & Kawai, 2007), may be helpful. Through disclosure, the adult who lisps may gain a sense of control over the interaction, with the responsibility of a successful communicative outcome now resting with the listener and how he or she chooses to respond (McCormick et al., 2010).

The qualitative data gathered and analyzed in this study yielded emergent themes that supported previous literature. Underlying themes with their supporting examples contributed to building the overarching, overriding theme of "I'm more than a lisp," which was expressed by examples from each of the participants. The self- and public stigma experienced by these adults who lisp may be variable between individuals, but the idea that their identities go much further beyond their speech difference is shared among all of them.

This study was not without limitations. The first limitation was that criteria for participation only required self-identification as an adult who lisps, which could have resulted in inclusion of participants with [s] and [z] productions that could potentially have been judged by others as typical. Additional limitations involved the self-selection process of the participants, which yielded a small sample size. During the recruitment process, 20 participants completed a lisping and stigma survey, and of these 20, seven voluntarily provided their contact information with the understanding that they would be interviewed. This successive, self-filtering of participants allows for a number of reasons for ceasing participation, from differing opinions about the

significance or severity of their lisps or experience with stigma to simply not wanting to dedicate time and effort to an interview.

Future directions could include replication with a larger number of participants, as well as acoustic verification of participant lisping through spectral analysis of [s] and [z] productions. Another area that shows promise is the examination of systematic contrasts and similarities between lisping and stuttering, such as in the use of strategies such as avoidance. Furthermore, investigation of other speech sound difficulties in some adults' speech, such as difficulty with /r/, could also be an interesting follow-up, as could a comparison between stigma of lisping in adults versus children.

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