EXPLORING SOCIAL ASPECTS OF STUTTERING THROUGH SOCIAL MODELLING

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ABSTRACT

Stuttering has traditionally been thought of as a defect located within an individual. As such, stuttering is caused by pathology, leading to impaired communication and reduced quality of life. Research from this medical tradition has looked to understand the etiology of stuttering to develop curative therapeutic approaches. From this frame, professionals and academics are experts and holders of knowledge; people who stutter the recipients of this expertise. This article explores the concept of social identity as applied to research and clinical work in stuttering. The article defines social identity and ad- dresses its relevance to stuttering. Theoretical issues that link social identity to qualitative methodology are also reviewed. In addition, the functional individual system (FIS), based on sociocultural theory, is described as a framework that can be used to categorize information about and clarify social identity issues when working with people who stutter. Case study data are used to demonstrate this procedure for investigating social identity in a form that allows for research and clinical applications that contribute to evidence-based practice.

Keywords: - Stuttering, Social, Modelling, Identity, Child

I. INTRODUCTION

The social model came about through the formalization of ideas from the disabled people's movement of the 1970s and 1980s that campaigned and protested for adjustments to make society accessible to them - such as ramps on public buildings. The social model proved a powerful rallying cry to get these adaptations. The model itself would be discussed and dissected at length throughout the 1990s and 2000s in the disability studies literature: it would be lauded for its simplicity, criticized for its lack of nuance; praised for its pragmatic focus on societal barriers, admonished for denying the lived reality of impairment. If there is one thing everyone can perhaps

agree on, however, it is that the social model started conversations and began to change the narratives around what it means to be disabled.

Stuttering has traditionally been described as a multifaceted communication disorder that affects approximately 1% of the global population. The prevalence of stuttering is four times greater in males than in females. Recent South African research with South African men demonstrates the ways in which men who stutter experience stuttering in relation to their masculinities.

Stuttering is a complex disorder associated with multiple factors that make it difficult to clearly define. Wendell Johnson (1946) was among the first to define stuttering as a disorder by hypothesizing a clear etiology. Particularly, he posited that stuttering occurs when a normally fluent person reacts to negative feedback from adults (i.e., the mother) about their speech disfluency.

Consequently, young children attempt to try avoiding speech disfluency which, in turn, causes them to stutter. This is otherwise known as the Diasnosogenic Theory (Johnson & Associates, 1959), or stuttering originating in the "ear of the listener" (Johnson, 1946).

Charles Van Riper, another pioneer of scholarship in the area of speech fluency, described stuttering as an underlying disruption in a person's speech that could be effectively managed with treatment (Van Riper, 1982). These two viewpoints provide insight into the potential origin of stuttering events (i.e., environmental versus organic).

II.   SOCIAL IDENTITY AND STUTTERING

Identity refers to the representation of oneself that emergesfrom participation in/with multiple groups of others acrossa variety of social contexts. It is a concept that is increasingly being addressed in the social and health sciences. Forexample, Saari (1993, 2000) related identity to health andtherapeutic interactions. Kovarsky et al. (2003) examinedthe construction of identity in clinical discourse. Miehls(2001) focused on race as an aspect of identity development, and Daniels' (2002) investigation of lifestyles linkedidentity to race and stuttering.

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Sarbin (2000) characterized social identity as the particular ways that aspects of self-hood arise out of the meanings that people attribute to their experience through the use of self-narratives shaped by cultural determinants. Individuals participate in activities that are organized,

recognized, and categorized within cultures. Individuals establish a narrative connection between their actions and the cultural categories during social interactions (De Nora&Mehan, 1994). As such, identity is not something that emerges from the self, but is instead a result of actions that are taken during social interactions within cultural situations. This being the case, a person's social identity is externally structured as a function of validation within asocial group when faced with the necessity of locating oneself in relation to others (Sarbin&Scheibe, 1983). This is the case for all individuals, whether or not stuttering disrupts their communication. It may, however, be clinically salient for PWS.

There is a historical precedent for thinking about social identity and stuttering. First, identity is a concept that appears in the literature on stuttering. For instance, C. B. Gregory (2003) linked identity to the origins of personality, which is consistent with the way emotions, feelings, self-concept, and attributions have been researched and used therapeutically with PWS (Bloodstein, 1995; Manning, 1996; Van Riper, 1982). Second, the base theory for social identity has already been used in the area of stuttering. Sheehan (1970) used role theory as a theoretical construct in his social–psychological approach to stuttering, and social identity is a concept within that same psychological literature (Sarbin&Scheibe, 1983). Although Sheehan used role theory as it was practiced in the mid-1900s, Sarbin's work with social identity continued to evolve in increasingly diverse and interdisciplinary ways (Sarbin&Kitsuse, 1994). Recent studies within sociocultural psychology (Penuel&Wertsch, 1995; Smolka, De Goes, &Piño, 1995) have shifted the focus to interpersonal interactions rather than social roles when addressing identity. As such, an individual's acts and social interaction rather than his or her roles are associated with social identity.

III.   THE EXPERIENCE OF STUTTERING

Although the social model of disability does not explain why people stutter, it does help us understand why stuttering is experienced the way that it is. Regardless of cultural context, the experience of stuttering documented in the medical literature is almost entirely negative. For decades, researchers and therapists have taken for granted that these negative experiences are consequences of stuttering itself. The social model is a useful framework for understanding these experiences in a more nuanced way. By making a distinction between our biology, or our impairment, and those social factors which negatively impact our life, and which disable us, the social model allows us to think critically about whether our impairments necessarily create disability or whether there might be other causes (Oliver, 1996).

Stuttering lends itself well to a social model analysis. One of the founders of speech language pathology and a person who stutters, Wendell Johnson, said that, "stuttering is what you do trying not to stutter" (Johnson, 1961, p. 177). Johnson believed that speech disfluencies were a normal part of speech, which only become struggled when the speaker tried to suppress them in response

to social feedback (Johnson, 1955). Johnson's diagnosogenic theory is almost a Stuttering and the Social Model

IV.   THE IMPACT OF STUTTERING ON DIFFERENT INDIVIDUALS THROUGH SOCIAL MODELLING

SCHOOL-AGED CHILDRENAND ADOLESCENTS

To begin, we wanted to gain deeper insight regarding the effects living with a stutter has on our school-aged children and adolescents alike. Parental reports have indicated that children who stutter are aware of their stuttering shortly after its onset, and thus social interaction can be impaired from an early age.

Children who stutter have been found to experience more negative attitudes toward speech than those who are normally fluent, even as young as 3 and 4 years of age, and these negative attitudes appear to worsen with age and stuttering severity.

To date, research has not delineated the nature or extent of the negative impact that stuttered speech has on the vulnerable schoolaged and adolescent age groups. This age bracket has been described in health research as "invisible" as these children and teens are significantly at risk for mental health problems. Themes that have emerged in qualitative mental health research with such young people include those of secrecy, not wanting to talk to adults, very strong emotional feelings, and the conflicting need and desire for time to themselves or with other young people, but not with parents, teachers, or counsellors.

SIBLINGS

It was evident in the families who attend the Curtin Stuttering Treatment Clinic that within the family constellation, the closest person to the individual who stutters is often their sibling. It has been suggested that the emotional ties between siblings are second only to those between children and their parents and that these sibling relationships are unique in terms of their power and vitality in the child's wellbeing and development.

Despite these findings, the impact of stuttering and stuttering therapy on the siblings of a child who stutters and the subsequent quality of the sibling relationship had previously not been thoroughly explored.

It has been suggested by Bank and Kahn that siblings follow a particular relationship life cycle. In early childhood, they provide a constant source of companionship; during the school years, they extend themselves to others external to the family; and during adolescence, siblings demonstrate ambivalence regarding their relationship but still confide in and advise each other to a considerable extent.

Siblings, in general, share the majority of time with each other, especially during childhood, and often greater time with each other than with their parents.

PARENTS

The most complex partnership of all is that of the child who stutters and their parents. In our team discussions regarding this area of research, an impression that emerged consistently was that there are parents who can definitely be identified early in the therapeutic process as having great positive potential to work with the child's stutter. On the other hand, there are those who undoubtedly bring challenges to this process as well. We wanted to understand more clearly the methods underpinning different parenting styles, so that we could better equip ourselves to work with different styles of parenting and to potentially modify our practices and procedures to accommodate these differences across families.

Previous research in stuttering disorders has emphasized facets of parent-child attachment such as communicative styles of the parent, their speech characteristics, their attitudes, and their knowledge of stuttering. But, knowledge of the impact of stuttering on parents has been limited by a lack of empirical investigation. As Yairi and Ambrose stated in 2005, the "continuous influence of stuttering on the child's family has largely been overlooked by investigators. "Therapy traditionally has focused on what the parent can do to help their child rather than on the crisis created for the family by the child who stutters

V.   CONCLUSION

The goal of this article was to provide researchers andclinicians in communication disorders with a way to addressmeaning and include personal perspective in work withPWS. Social identity was introduced as a concept that has ahistory in the area of stuttering, and that is increasinglybeing used to characterize therapeutic communication

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Qualitative methods were addressed as the procedure of choice for obtaining data about social identity. One approach to this, the FIS framework and three questions that position social identity, was outlined and used with case study data to demonstrate how researchers and clinicians can obtain and analyze information from interviews.

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