

Perspective: A minority within a minority.

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Abstract:

What do Annie Glenn, Julia Roberts, Carly Simon, and Marilyn Monroe have in common? They are women who stutter. Research involving women who stutter has been limited, was conducted almost exclusively by one researcher, and took place during the 1970s and 1980s. As a result, women who stutter feel that their voices are unheard and their needs are unaddressed.

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Article:

What do Annie Glenn, Julia Roberts, Carly Simon, and Marilyn Monroe have in common? They are women who stutter. Research involving women who stutter has been limited, was conducted almost exclusively by one researcher, and took place during the 1970s and 1980s. As a result, women who stutter feel that their voices are unheard and their needs are unaddressed.

Speech-language pathologists should be aware of key issues facing women who stutter. Of course they encounter similar situations as men who stutter, such as communicatively demanding careers (Klein & Hood, 2004). But they appear to have different affective and cognitive responses to stuttering from men, as shown by the results of studies investigating the differences in stuttering between genders (Sheehan, 1979; Silverman, 1980, 1982, 1986; Silverman & Zimmer, 1979, 1982). Understanding these responses is important to the success of stuttering treatment in women. Here we take a look at current research on women who stutter to shed more light on the relation between stuttering and gender, and on what these women need and want.

Stuttering involves more than just repetitions, prolongations, and hesitations. Stuttering is multidimensional, composed of affective and cognitive dimensions. Affective behaviors are those associated with emotions and attitudes. Cognitive dimensions involve thoughts,

perceptions, and awareness. It is important to understand how each of these factors affects stuttering.

These factors were examined 30 years ago in women who stutter. Women's roles have changed, however, since the 1970s and 1980s. For example, more women are active members of the workforce and find themselves in more competitive roles, many involving highly demanding communicative situations (e.g., leadership positions in the workforce, assuming work roles in traditionally male-dominated fields such as medicine and engineering). Women who stutter also have been a part of this evolution, and must be prepared to deal with stuttering in their new roles. What, then, do we really know about women who stutter?

What We Think We Know

There is a paucity of empirical research examining the relation between gender and stuttering (Silverman, 1986). We see at least two reasons for this lack of research. First, the gender ratio for stuttering is four males for every one female; therefore, stuttering is viewed as a "male" problem, and explains why much of the existing research involves males. Second, in studies in which both men and women were participants, responses generally were undifferentiated by gender (Silverman, 1980). However, research has shown that gender differences in the affective and cognitive dimensions of stuttering do exist (Sheehan, 1979; Silverman, 1980, 1982, 1986; Silverman & Zimmer, 1979).

Silverman examined stuttering in women during the late 1970s and the early 1980s, as did Sheehan. These studies primarily examined personality traits, demographic characteristics, communication attitudes, and perceptions of women who stutter. Similarities between the genders and stuttering were noted in these studies. Both genders were reported to present as well adjusted and indicated that stuttering negatively impacted academic achievement and vocational success (Silverman & Zimmer, 1982).

The researchers also found differences between the genders and stuttering:

- Women who stutter presented with higher levels of self-esteem than men who stutter (Silverman & Zimmer, 1979). Men viewed themselves as "handicapped," but women generally did not (Silverman & Zimmer, 1979). However, women who stutter have been shown to present with depressed self-esteem in other studies (Sheehan, 1979).
- Greater lags between the onset of stuttering and the beginning of professional treatment were noted for women who stutter (averaging 7.4 years) than for men (averaging 3.6 years) (Silverman & Zimmer, 1979).
- Men who stutter were twice as likely as women who stutter to have received counseling and more likely to have sought treatment for their stuttering than women (Silverman & Zimmer, 1979).

- Women who stutter appeared to be more confident and enjoyed communicating more than their male counterparts (Silverman, 1980).
- Stronger negative stereotypes were associated with women who stutter than with men who stutter (Silverman, 1982).

Are the Differences Real?

The research suggests that differences do exist between women who stutter and men who stutter in terms of levels of aspiration, employment opportunities/job performance, personality, demographics, communication attitudes, and self-esteem (Klein & Hood, 2004; Sheehan, 1979; Silverman, 1980, 1982, 1986; Silverman & Zimmer, 1979). In addition, research has examined and found differences between genders in perceptions and stereotypes of people who stutter, time between diagnosis and treatment, speech-language treatment referrals, and counseling referrals.

More recent studies have examined the brain correlates of stuttering in both genders. These studies have shown differences between the brains of women and men who stutter (Chang, Horwitz, & Ludlow, 2010; Ingham et al., 2004). In both genders, positive regional correlates for stuttering were found in the right anterior insula; negative correlates were found in the right Brodmann area in the temporal lobe and in an area within the left inferior frontal gyrus. Additional positive correlates in the prefrontal area and the limbic and parietal lobes were displayed in females.

The males who stuttered were distinguished by positive correlates in the left medial occipital lobe and right medial cerebellum (Ingham et al., 2004). According to Ingham and colleagues, the results of the study point to the need for further gender-oriented studies. Chang, Horwitz, and Ludlow (2010) examined gender-specific differences in structural and functional connectivity within the left perisylvian regions of the brain. Brain regions that support speech production were found to interconnect differently in people who stutter relative to typical controls, especially in females. Results showed that women who stutter had more exaggerated patterns of atypical brain connectivity than men who stutter.

Women who stutter know that differences exist but feel that they are unrepresented and under-represented in stuttering research. Women who stutter feel that their needs as a group have gone unaddressed and they are now using sources other than therapy to voice their concerns about the daily challenges they face as women who stutter (Bethea & Mayo, 2011).

What Women Who Stutter Want

Women who stutter want and need to be heard. They want others to acknowledge their specific difficulties. They want their specific needs to be addressed as they challenge researchers to conduct studies that specifically address them as a group.

Women who stutter want to share their stories and seek a platform to do so. Electronic blogs and podcasts provide a venue to voice concerns and to discuss and share information regarding stuttering with others who stutter in a nonthreatening and secure atmosphere. These blogs and podcasts appear to be widely accepted and used by women who stutter.

Recurring themes in these posts include how stuttering affects core life decisions in addition to issues related to home, work, family, and personal relationships (Kluetz, Kelso, Nicks, & O'Connor, 2002). Other topics include concerns about the lack of empowerment, leadership, acceptance of self and others, listener reactions to stuttering, vulnerability, shame, embarrassment, and confronting fears. Specific concerns relative to women who stutter involve being a minority within the minority of people who stutter, feeling isolated as a group, being unrepresented and/or under-represented within existing support groups, having feelings that involve more emotionally charged experiences than men who stutter, and being unable to share their stories. These issues should be addressed when assessing and treating women who stutter.

What we appear to understand is that research regarding women who stutter has historically been limited and conducted decades ago, when the roles of women in society were drastically different. Women who stutter find themselves in challenging situations different from those of the 1970s and 1980s and need help dealing with them. Previous research and women who stutter report that differences do exist between the genders in terms of stuttering, and should continue to be examined. Future studies should address the affective and cognitive factors that influence stuttering in women.

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