



4-14-2020

Self-Disclosure of Stuttering to Various Social Referent Groups and its Relationships with Psychological Distress

Katrina Rourke

Western Michigan University, katierourke2435@gmail.com

Follow this and additional works at: https://scholarworks.wmich.edu/honors_theses



Part of the Speech and Hearing Science Commons, and the Speech Pathology and Audiology Commons

Recommended Citation

Rourke, Katrina, "Self-Disclosure of Stuttering to Various Social Referent Groups and its Relationships with Psychological Distress" (2020). *Honors Theses*. 3298.

https://scholarworks.wmich.edu/honors_theses/3298

This Honors Thesis-Open Access is brought to you for free and open access by the Lee Honors College at ScholarWorks at WMU. It has been accepted for inclusion in Honors Theses by an authorized administrator of ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.



Self-Disclosure of Stuttering to Various Social Referent Groups and its Relationships with
Psychological Distress

Katrina Rourke

Western Michigan University

Thesis Supervisor: Hope Gerlach

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

Self-Disclosure of Stuttering to Various Social Referent Groups and its Relationships with Psychological Distress

Stuttering is a complex, variable, and stigmatized communication disorder that each person who stutters copes with in their own way. Stuttering is often characterized by specific overt disfluencies, including repetitions, prolongations, and blocks. While these communicative breakdowns can sometimes be apparent to listeners, moments of stuttering can also go unnoticed. In addition, there are other unobservable features of stuttering, including negative thoughts and emotions related to communication that listeners cannot see. Stigma is a leading contributor to negative thoughts, emotions, and life impact associated with stuttering (Boyle 2013). The stigma associated with stuttering is thought to contribute to depression, lower self-esteem, and social isolation (Blood, Blood, Tellis, & Gabel, 2003). Because stuttering is often unobservable, people who stutter sometimes find themselves in situations that are difficult to know or manage “who knows what” about their stuttering. Many people who stutter have to decide if and when they will tell others about their status as a person who stutters. This offering of information is called verbal disclosure.

Disclosure has been well studied in the existing literature on stuttering, but most of these studies have adopted a listener-focused approach. In other words, these studies have emphasized how stuttering affects *those to whom a person who stutters is talking* and how *they* feel about the person who is disclosing, rather than how disclosure affects the person who stutters themselves. For example, Byrd, McGill, Gkalitsiou, and Cappellini (2017) found that listeners to whom stuttering was disclosed (or “disclosure confidants”) perceived the speaker to be more outgoing, confident, and friendly than those who heard a speaker who did not disclose stuttering.

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

Research on stuttering disclosure suggests that it is a complicated process and that disclosure confidant-focused outcomes depend on *how* and *when* the speaker discloses. Byrd, Croft, Gkalitsiou, and Hampton (2017) conducted a study focusing on *how* the way a person discloses stuttering influences disclosure confidant perceptions. Specifically, they investigated outcomes of different manipulations of verbal stuttering disclosure including informative disclosure, apologetic disclosure, and no disclosure conditions. Results indicated that informative disclosure was the most effective in promoting positive disclosure confidant perceptions. Additionally, they found apologetic disclosure of stuttering to be no more predictive of positive disclosure confidant perceptions than not disclosing stuttering at all. This means that those who used an apologetic disclosure statement, such as asking the disclosure confidant to “bear with them,” does not yield more positive listener perceptions than those who did not disclose stuttering. Thus, if a person who stutters wants to disclose their stuttering, they will likely receive more positive reactions from disclosure confidants if they informatively disclose rather than apologetically disclose or not disclosing at all.

Disclosure confidant perceptions can also be influenced by *when*, or the timing in which the disclosure of stuttering occurs. Healey, Gabel, Daniels, and Kawai (2007) found that disclosing stuttering at the beginning of the communicative interaction yielded significantly more positive comments from disclosure confidants when compared to those who disclosed stuttering at the end. This finding was corroborated by Lincoln and Bricker-Katz (2008), who also found that individuals who disclosed stuttering at the beginning of an interaction received more positive ratings from disclosure confidants. Thus, it can be concluded that listener-focused disclosure outcomes are likely more positive when people who stutter choose to disclose stuttering at the beginning of an interaction.

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

Another factor that may influence perceptions of stuttering among disclosure confidants is the perceived gender of the person disclosing. In Byrd et al.'s (2017) study, disclosure confidants were more likely to label females who stutter with negative personal attributes such as unfriendly, shy, unintelligent, and insecure compared to males, regardless of whether or not a verbal stuttering disclosure event occurred. Overall, the study found those who did not use a self-disclosure statement were less likely to be labeled with positive attributes (i.e. friendly, outgoing, and confident). Combining these two findings, the authors suggest that using self-disclosure statements might be particularly important among females who stutter, given that they may be more stigmatized for stuttering than males. In contrast, Bajaj, Anil, Verghese, Bhat, Sheth, and Hoode (2017) found that females were perceived more positively than males in both disclosure and no disclosure circumstances, which makes the potential role of perceived gender in listener-focused disclosure outcomes unclear.

Although there is existing research on the effects of stuttering disclosure on perceptions of speakers who stutter among disclosure confidants, there is limited research on the effects of disclosure on speakers who stutter. There are, however, a few recent studies that have adopted a "speaker-focused approach" to studying stuttering disclosure outcomes. For example, McGill, Siegel, Nguyen, and Rodriguez (2018) conducted a survey study that not only verified that informational self-disclosure statements are preferred by people who stutter, but also provided insight into the situational contexts in which people who stutter are more likely to disclose. Results showed a majority of individuals stated they self-disclosed stuttering during job interviews, with a close second being to potential new friends as well as when talking on the phone. Additionally, the majority of the speakers indicated that they prefer to disclose at the beginning of interactions, which has shown to be most effective in promoting positive listener

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

perceptions in other studies (Healey, Gabel, Daniels & Kawai, 2007; Lincoln & Bricker-Katz, 2008). In sum, McGill et al.'s (2018) study represented an important first step in shifting research from listener-focused to speaker-focused in regard to stuttering disclosure outcomes.

In the most intricate speaker-focused study of stuttering disclosure outcomes to date, Boyle and Gabel (2020) investigated the process of stuttering disclosure and how it unfolds from a speaker-focused perspective. Twelve people who stutter participated in an interview about their experience with stuttering disclosure, which helped to elucidate major themes of the stuttering disclosure process. In the results, the authors provided information from the perspective of people who stutter related to *when* and *why* a person discloses stuttering (the antecedent), as well as *how* a person discloses stuttering, and which disclosure conditions lead to positive disclosure confident and speaker reactions (the disclosure event). Overall, the authors concluded most speakers experienced not just one, but multiple benefits from disclosing stuttering (e.g., feelings of having more “control”, reducing worry and fear, increased self-respect, and more). It is, however, important to note that the authors defined “disclosure” broadly, including both verbal and nonverbal acts of disclosure along with general openness about stuttering. Thus, it’s unclear if these same benefits apply specifically to the act of verbal disclosure alone, which was the topic of interest in the current study.

Although the qualitative results from Boyle and Gabel (2020) suggest that speakers who stutter may benefit from disclosure, evidence from an experimental speaker-focused study which manipulated disclosure conditions provides contrasting evidence. Mancinelli (2019) conducted a study investigating how self-disclosure affects speaker perceptions of their own stuttering severity, as well as comfort levels, cognitive effort, and anxiety. Another aim of the study was to provide information about the benefits of self-disclosure of stuttering from the perspective of the

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

speaker. Mancinelli studied conversational tasks between twenty-five adults who stutter and fluent speaker counterparts. For the tasks, each participant engaged in a map description with a fluent speaker counterpart. There were two conditions for the map task, one including a stuttering disclosure event and the other with no stuttering disclosure event. In the condition where stuttering was disclosed, the participants were instructed to use an informative statement, such as “Hello I’m X, and I am a person who stutters.” Following each map task completion, participants completed a self-report questionnaire to assess outcomes of interest. All participants completed both the disclosure and no disclosure condition. Although results showed a slight preference towards self-disclosure over non-disclosure, speakers did not experience benefits associated with the disclosure condition based on the self-report measures. Specifically, there were no differences in stuttering severity, comfort levels, cognitive effort, and anxiety of the speaker between disclosure and no disclosure conditions.

In sum, there is reason to believe that disclosing stuttering could be associated with cognitive and affective benefits among people who stutter, but more research is needed. Little is known about *who* people who stutter are more and less likely to disclose to and *if* outcomes of disclosure differ depending on the disclosure confidant’s social referent group (e.g., if the confidant is family versus a health care provider). In the present study, we aimed to fill this gap by conducting a secondary analysis of an existing dataset with information about extent of verbal stuttering disclosure to various social referent groups and psychological health outcomes among adults who stutter. The following research questions guided this study:

- 1) Are there differences in the extent that adults who stutter disclose their stuttering to various social referent groups?

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

2) Is the extent of disclosure of stuttering to certain social referent groups predictive of psychological distress among adults who stutter after controlling for relevant demographics?

Method

Participants

The participants in this study were a subset of participants from a larger sample of 629 adults who stutter reported in Gerlach (2019). To be included, participants were required to report that they were at least 18 years of age, lived in the United States or Canada, and identified as a person who stutters. In the initial study, participants were incentivized to complete the survey with gift card lotteries. The bulk of the adults who stutter were recruited by emailing speech-language pathologists, stuttering organizations, and online groups.

Among those who opened the link, 506 people completed all subsections of the survey that were relevant to the current study and were included in analyses. The age range of the sample was 18 to 83 ($M = 37.4$ years), but 38 people did not report their age. Within the sample, 292 identified as male, 209 as female, and 5 individuals identified as non-binary. The sample was 76% white, 6.5% Black, 6.3% Hispanic, 5.9% Asian, 3.5% multiracial, and 0.4% American Indian. The sample was highly educated, with 75% reporting that they have an undergraduate and/or graduate degree.

Procedures

The secondary analysis was approved by the Institutional Review Boards at Western Michigan University. For the full study, participants completed a 25-minute survey, covering an array of topics related to demographics, stigma, and identity. Following a short description of characteristics of stuttering, participants were asked whether they identified as a person who

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

stutters. If they responded ‘no,’ or they did not meet the prior inclusion criteria, the survey ended. If ‘yes’ was selected, the survey continued for data collection. The current project analyzed the data from those who identified as an individual who stutters and their responses to the questions regarding demographics, stuttering-related information, disclosure, and psychological distress (which refers to combined symptoms of anxiety and depression).

Survey Components

Demographics and Stuttering-Related Information. In order to control for potentially relevant demographic characteristics, data were collected on age, gender, ethnicity, educational degree earned, employment status, income, and sexual orientation. In addition to demographic information, data regarding participant’s experiences with stuttering were collected. Stuttering-related information, including duration of stuttering and stuttering severity, was also collected in the initial study, but was beyond the scope of the current project.

Extent of Verbal Stuttering Disclosure. Verbal stuttering disclosure occurs when a person who stutters verbally provides information about their status as a person who stutters to someone else. To measure extent of verbal stuttering disclosure to various social referent groups, participants were asked to rate the extent that they had verbally disclosed stuttering to seven social referent groups (friends, family, romantic partners, health care providers, people in the workplace, neighbors, and other community members) on a scale of 1 to 5 (1 = “none of them” to 5 = “all of them”).

Psychological Distress. In the current study, psychological distress was measured using a composite measure of anxiety and depression. Anxiety was assessed using the Spielberger Trait Anxiety Scale (STAI-T). Using the 20-statement questionnaire, participants were asked to rate

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

how they feel in general by rating each of the statements on a 4-point scale (*from 1 = Almost never to 4 = All the time*). A sample item from this assessment was “I feel satisfied with myself.”

Depression was measured using the Center for Epidemiological Studies – Depression Scale (CES-D). For this measure, participants were given a list of 20 symptoms which they had rated using a scale from 0 to 3 (*0 = Rarely or None of the time, 3 = Most or all of the time [5-7 Days from the last week]*). A sample item from this test was “I thought my life had been a failure.”

To be consistent with the anxiety measure, the depression scale was recoded from a 0 to 3 numeric scale to a 1 to 4 scale. The participants’ overall scores for psychological distress were calculated by averaging the items on both the anxiety and depression scales.

Statistical Analyses. Data for the current study were analyzed using descriptive statistics and regression analyses.

Results

Research Question One

Are there differences in the extent that adults who stutter disclose their stuttering to various social referent groups?

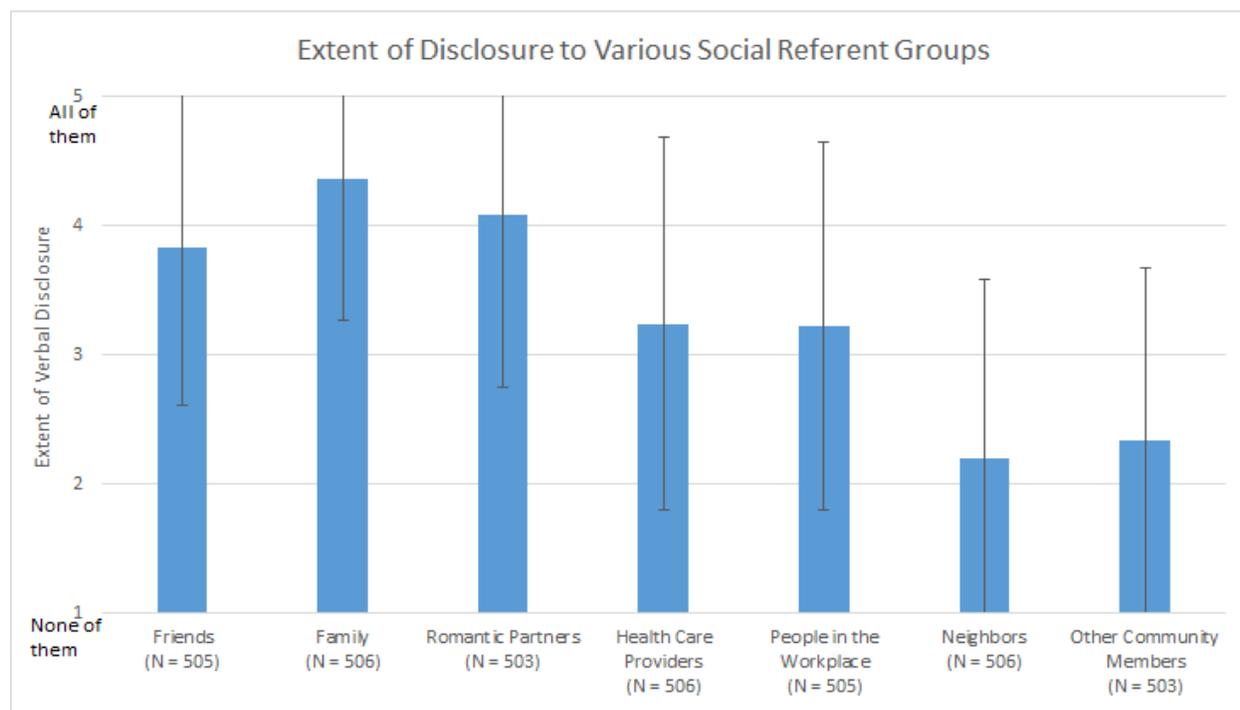
Descriptive statistics were calculated to assess if the extent of verbal stuttering disclosure varies across social referent groups, and results are displayed in Figure 1. For each of the seven social referent groups (e.g. family), the corresponding item on the disclosure scale (e.g. “To what extent have you told your family about stuttering?”) was averaged across participants. To determine if extent of disclosure differed across groups, standard deviations were calculated and are depicted in Figure 1. Results indicated that there were not significant differences in extent of verbal stuttering disclosure across social reference groups; however, there were some descriptive

SELF-DISCLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

differences that are worth mentioning. Descriptively, the level of disclosure across social referent groups varied, with people who stutter verbally disclosing stuttering most frequently to family and least frequently to neighbors. In addition, participants descriptively disclosed more often to intimate social groups (friends, family, and romantic partners) and less often to more distant social referent groups (neighbors and other community members).

Figure 1

Extent of Verbal Disclosure to Various Social Referent Groups



Research Question Two

Is the extent of disclosure of stuttering to certain social referent groups predictive of psychological distress among adults who stutter after controlling for relevant demographics?

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

Seven separate hierarchical linear regressions were conducted to examine if the extent of disclosure to each social referent group (e.g., friends) significantly predicted psychological distress in this sample of adults who stutter. Each of the regressions included two steps, with Step 1 controlling for age, gender, and income (which are demographic factors that have shown to co-vary with distress). In Step 2, extent of disclosure for one of the seven social referent groups was added (e.g., friends). Thus, seven total regressions were conducted, or one for each social referent group. (Gender was coded dichotomously with males (who represent the majority) as 1 and females and nonbinary individuals (who represent minorities) as 0. Participants who did not answer relevant question of interest (e.g. demographics or extent of disclosure variables) were excluded from the respective analyses.

In each of the regression models, outliers with standardized residuals that exceeded +/- 3 standard deviations were identified and excluded, with no more than 7 outliers excluded in a single model. This is consistent with the methods used in Gerlach (2019) and was implemented as a way to account for participants who responded carelessly to the survey. Extent of disclosure to romantic partners was the only social referent group that significantly predicted distress after controlling for demographics, $F(4, 404) = 13.21, \beta = -.026, p < 0.05$. However, extent of disclosure to some of the other more intimate social referent groups approached significant in predicting distress including family, $F(4, 406) = 11.98, \beta = -.02, p = 0.055$, and friends, $F(4, 406) = 11.75, \beta = -.016, p = 0.091$. Extent of disclosure to less intimate social referent groups, including health care providers, people in the workplace, neighbors, and others in the community did not significantly predict distress.

Discussion

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

In the current study, we conducted a secondary analysis of an existing dataset to investigate if the extent of verbal stuttering disclosure varied depending on the social referent group of the disclosure confidant. Additionally, we investigated if the effects of the extent of verbal stuttering disclosure on psychological distress varied depending on the confidants' social referent group. This study extended the existing literature by providing insight into patterns of disclosure behavior among adults who stutter and how these behavior patterns relate to psychological distress (or combined symptoms of anxiety and depression) among adults who stutter. In addition, this study adds to the small but growing literature prioritizing speaker-focused, rather than listener-focused, outcomes of disclosure. There were two main findings from this study, which are discussed in the sections below.

The extent of verbal stuttering disclosure does not significantly vary depending on the social referent group of the confidant, but there are descriptive trends

Although there were not significant differences in extent of verbal stuttering disclosure across social referent groups, the intimacy of the social referent group appeared to be a driving factor in descriptive differences in extent of verbal stuttering disclosure across groups. Descriptively, participants reported they had disclosed the least to the less intimate social referent groups (e.g. neighbors, people in the workplace, other community members). On the other end of the spectrum, adults who stutter reported that they had disclosed the most to more intimate social referent groups (e.g. friends, family, and romantic partners). Next, I will discuss how intimacy may affect the extent that adults who stutter choose to disclose their stuttering to various social referent groups. First, I will discuss why relationships and contexts with lower levels of intimacy (using co-workers and the workplace as an example) may stifle the extent that adults who stutter verbally disclose their stuttering. Then, on the flip side of the coin, I will

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

provide potential explanations as to why people who stutter may disclose their stuttering more frequently in more intimate relationships and contexts (e.g., friends, family, romantic partners).

From the descriptive data, “co-workers” was one of the social referent groups to which less people who stutter disclosed their stuttering. Research by Van Borsel, Brepoels, and De Coene (2011) demonstrated that stuttering-related discrimination can jeopardize workplace success among adults who stutter. Many adults who stutter perceive the workplace as a high risk and threatening environment (Butler, 2014) and report that the stigma associated with stuttering can make it difficult to carry out their day to day work tasks (Bricker-Katz et al., 2013). Because the workplace is an environment that can be hostile toward people who stutter, it is not surprising that some adults who stutter may choose not to disclose their stuttering to their co-workers or do so less often compared to their other relationships. People who stutter may choose not to disclose their stuttering to co-workers for a variety of reasons, including high levels of self-stigma and fear of negative reactions or evaluations from co-workers.

The finding that “co-workers” was a social referent group that people who stutter were relatively less likely to disclose to is at odds with McGill et al.’s (2018) finding that job interviews were a context in which adults who stutter were most likely to disclose in. It could be that adults who stutter are more likely to feel that it is necessary to disclose stuttering to their bosses (or other people in power within the workplace), but less likely to disclose stuttering to their coworkers or their “equals.” There are several reasons why adults who stutter may perceive that is important to disclose to a boss, including the need to feel transparent and a desire to resist the stereotype that they are less capable because of the way they talk. Choosing not to disclose to co-workers, however, could negatively impact workplace experiences by limiting networking opportunities, reducing verbal contributions in meetings, or decreasing the extent that adults who

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

stutter feel comfortable verbally participating in team activities. In sum, more research is needed about the extent adults who stutter disclose stuttering to co-workers in the workplace, along with effects of disclosing and not disclosing on workplace experiences.

On the other side of the intimacy coin, people who stutter descriptively disclosed their stuttering at higher rates among social referent groups with higher levels of intimacy, including family, friends, and romantic partners. There are a few reasons why people who stutter may be more likely to disclose their stuttering in more intimate relationships. First, people who stutter may feel safer to disclose to certain social referent groups that they feel closer with because they may be more likely to receive a positive response from them after disclosing. Second, these closer and more intimate groups may provide more support following a disclosure event, compared to less intimate disclosure confidants. Finally, people who stutter may disclose stuttering to more intimate social referent groups more often because *not disclosing* could have severe consequences in their daily lives. By not disclosing their stuttering, some adults who stutter may feel as though they are being inauthentic, which could interfere with social connection among people they care deeply about. Our data suggest that intimacy within relationships may be an important factor that affects the extent that adults who stutter verbally disclose their stuttering and warrants further research.

More Evidence for an Intimacy Effect?: Extent of disclosure to romantic partners was the only significant predictor of psychological distress among adults who stutter.

In addition to investigating to *whom* adults who stutter are more likely to disclose, another goal of the current project was to determine if extent of disclosure to various certain social referent groups (e.g., friends, neighbors) predicted psychological distress among adults who stutter. The previous literature on speaker-focused outcomes of disclosure is mixed, with

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

some studies demonstrating benefits to speakers (Boyle & Gabel, 2020; McGill, Siegel, Nguyen, & Rodriguez, 2018) and some concluding there are no benefits (Mancinelli, 2019). For 7 of the 8 social referent groups in the current study (friends, family, healthcare providers, people in the workplace, neighbors, and other community members), extent of disclosure did not significantly predict distress. This means that telling more or fewer people in these groups had no relationships with levels of anxiety and depression among adults who stutter. However, the extent of disclosure to one social referent group (romantic partners) did significantly predict distress. These findings parallel the mixed literature that disclosure can be helpful, but further research is needed to understand the complex relationships between speaker-focused outcomes of verbal stuttering disclosure.

The extent that adults who stutter disclosed their stuttering to romantic partners significantly predicted distress after controlling for demographic variables in our sample of adults who stutter. This means that; 1) adults who stutter who reported that they had told *more* of their previous romantic partners about their stuttering reported lower levels of psychological distress, and conversely, 2) adults who stutter who reported that they had told *fewer* of their previous romantic partners about their stuttering reported higher levels of psychological distress. Next, we will discuss potential explanations for these relationships.

Adults who stutter who were more open about their stuttering to their romantic partners reported lower levels of psychological distress. This finding is not entirely surprising because openness and vulnerability are important within intimate relationships. It can be assumed that one of the closest and most intimate relationships one can have is with a romantic partner. A romantic partner is someone we may choose to spend the rest of our lives with or share our deepest secrets with. Among adults who stutter, stuttering can be an important aspect of their

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

identity. Allowing one's romantic partner to be part of the learning and growing process that accompanies a person's journey with stuttering could help to create a support system, which is critical in promoting positive coping mechanisms. By disclosing their stuttering to their romantic partners, people who stutter may be building social support, which in turn, could help to offset psychological distress that can accompany living with stuttering.

On the other hand, it is reasonable to believe that choosing *not* to disclose stuttering to romantic partners could lead to elevated feelings of distress among adults who stutter. If adults who stutter are not open with their romantic partners about their stuttering, they may live lifestyles in which they hide their stuttering from their romantic partners. This could be problematic and distressing within romantic, intimate relationships for a few different reasons. One possible drawback to not disclosing stuttering to romantic partners is that hiding stuttering requires cognitive effort. This hypervigilance related to if and when unpredictable moment of stuttering may occur (and how to hide it) may reduce intimacy and connection within their romantic relationship. Another reason why not disclosing stuttering within romantic relationships may contribute to elevated feelings of distress is because hiding an aspect of the self can lead to feelings of shameful and inauthenticity. It is reasonable to surmise that feelings of fraudulence within a close relationship can provoke feelings of anxiety and depression.

It is worth mentioning that extent of disclosure to friends and family (two other intimate relationship groups) both approached significance in predicting distress among adults who stutter. Extent of disclosure to less intimate social referent groups (e.g. neighbors and other community members), however, did not have any effect on psychological distress. Although more research is needed, the data in the current study indicate that stuttering disclosure may be

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

most associated with positive psychological health outcomes when people who stutter disclose to more intimate social referent groups.

Clinical Implications

Part of the role of speech-language pathologists in providing services to people who stutter is to help them make informed decisions about how they want to manage their stuttering and the stigma that can accompany it in their day-to-day life. It is not uncommon for speech-language pathologists to encourage their clients who stutter to disclose their stuttering, with the underlying (but not necessarily evidence-based) assumption that it will benefit their mental health. McGill, Siegel, Nguyen, and Rodriguez (2018) revealed speech-language pathologists prefer to teach clients to use informative self-disclosure statements, as they believe it can help the client feel empowered. However, the current data suggest that the extent of verbal stuttering disclosure may only have relationships with distress among intimate relationships, specifically romantic partners. A common practice among speech-pathologists is to create and use “fear hierarchies” to desensitize and encourage adults who stutter to disclose their stuttering in situations with increasing levels of difficulty. The goal for clients is to move up the hierarchy by disclosing first to those or in situations that are not as daunting, then moving to those that elicit more fear (with the ultimate goal of desensitizing these feelings of fear). Some of the situations that may be included in fear hierarchies include disclosure to strangers or acquaintances in the community. However, data from the current study suggest that disclosure (or at least the extent of verbal disclosure) to non-intimate groups does not have reliable relationships with distress and therefore may not be effective in reducing it. If speech-pathologists do recommend disclosure to their clients who stutter, our data suggest that increasing verbal disclosure among more intimate social referent groups may be most strongly linked to lower levels of psychological distress. In

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

other words, encouraging clients to disclose to people they have closer relationships with and feel more comfortable with may be more helpful in promoting positive health outcomes. Tying findings from McGill et al.'s (2018) study with our data, in order to best serve their clients, speech-language pathologists should consider working collaboratively with their clients to generate unapologetic and informative self-disclosure statements that can be used within intimate relationships. With this said, more research exploring causal relationships between this disclosure of stuttering and psychological distress is needed.

Limitations and Future Directions

Due to the correlational nature of the current study, more research is needed to investigate if there are causal relationships between levels of intimacy with disclosure confidants, extent of disclosure, and psychological distress. The directionality of the relationship between extent of verbal disclosure and psychological distress should be further explored; it could be that distress is the driving factor in the likelihood of verbal disclosure. In other words, it is a possibility that lower levels of distress predict higher levels of stuttering disclosure (rather than vice versa). It's also possible that other unobservable variables might underlie the relationship between extent of disclosure to romantic partners and distress; thus, further experimental research is warranted.

Another limitation of the current study is that the scale used to measure extent of verbal stuttering disclosure may not have been sensitive enough to capture nuanced differences in disclosure behaviors among adults who stutter. In the current study, a ~~5-point~~5-point Likert scale was used to measure extent of disclosure. In order to detect subtle differences in disclosure measures, it is recommended to use a ~~7-point~~7-point scale in future studies. Another limitation is that the pool of participants for this study was highly educated and mostly white. To understand

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

the experiences of people who stutter with multiple marginalized identities, a more diverse sample is needed.

The results of this study indicate that intimacy may be a factor that influences speaker-focused disclosure outcomes. Further research on the role of intimacy in stuttering disclosure and outcomes is warranted. Furthermore, it could prove beneficial to study the broader concept of “openness” among people who stutter due to the fact that verbal disclosure is not the only way that people who stutter can share their status as a person who stutters with others.

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

References

- Bajaj, G., Anil, M. A., Varghese, A., Bhat, J. S., Sheth, P., & Hoode, A. (2017). Me, My Stuttering, and Them! Effect of Self-Disclosure of Stuttering on Listener Perception. *Rehabilitation Process and Outcome*, 6, 1179572717732996.
- Blood, G. W., Blood, I. M., Tellis, G. M., & Gabel, R. M. (2003). A preliminary study of self-esteem, stigma, and disclosure in adolescents who stutter. *Journal of Fluency Disorders*, 28(2), 143-159.
- Boyle, M. P. (2013). Assessment of stigma associated with stuttering: Development and evaluation of the self-stigma of stuttering scale (4S). *Journal of Speech, Language, and Hearing Research*.
- Boyle, M. P. (2011). Mindfulness training in stuttering therapy: A tutorial for speech-language pathologists. *Journal of fluency disorders*, 36(2), 122-129.
- Boyle, M. P., Milewski, K. M., & Beita-Ell, C. (2018). Disclosure of stuttering and quality of life in people who stutter. *Journal of fluency disorders*, 58, 1-10.
- Boyle, M. P., & Gabel, R. (2020). Toward a better understanding of the process of disclosure events among people who stutter. *Journal of Fluency Disorders*, 105746.
- Bricker-Katz, G., Lincoln, M., & Cumming, S. (2013). Stuttering and work life: An interpretative phenomenological analysis. *Journal of fluency disorders*, 38(4), 342-355.

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

- Byrd, C. T., Croft, R., Gkalitsiou, Z., & Hampton, E. (2017). Clinical utility of self-disclosure for adults who stutter: Apologetic versus informative statements. *Journal of fluency disorders, 54*, 1-13.
- Byrd, C. T., McGill, M., Gkalitsiou, Z., & Cappellini, C. (2017). The effects of self-disclosure on male and female perceptions of individuals who stutter. *American Journal of Speech Language Pathology, 26*(1), 69-80.
- Daniels, D. E., & Gabel, R. M. (2004). The impact of stuttering on identity construction. *Topics in Language Disorders, 24*(3), 200-215.
- Feldman, R. L. (1976). Self-disclosure in parents of stuttering children. *Journal of communication disorders, 9*(3), 227-234.
- Gerlach, H. (2019). *The Role of Stigma-Identity Constructs in Psychological Health Outcomes Among Adults Who Stutter* (Publication No. 22583662) [Doctoral dissertation, University of Iowa]. ProQuest Dissertations Publishing.
- Healey, E. C., Gabel, R. M., Daniels, D. E., & Kawai, N. (2007). The effects of self-disclosure and non self-disclosure of stuttering on listeners' perceptions of a person who stutters. *Journal of Fluency Disorders, 32*(1), 51-69.
- Lincoln, M., & Bricker-Katz, G. (2008). Self-disclosure of stuttering at the beginning of interactions may improve listeners' perceptions of people who stutter. *Evidence-Based Communication Assessment and Intervention, 2*(2), 87-89.
- Mancinelli, J. (2019). The effects of self-disclosure on the communicative interaction between a person who stutters and a normally fluent speaker. *Journal of Fluency Disorders, 59*, 1-20.

SELF-DISLOSURE OF STUTTERING AND PSYCHOLOGICAL DISTRESS

Mcgill, M., Siegel, J., Nguyen, D., & Rodriguez, S. (2018). Self-report of self-disclosure statements for stuttering. *Journal of Fluency Disorders*, 58, 22-34.

Murphy, B., Quesal, R. W., & Gulker, H. (2007). Covert stuttering. *Perspectives on Fluency and Fluency Disorders*, 17(2), 4-9.

Van Borsel, J., Brepoels, M., & De Coene, J. (2011). Stuttering, attractiveness and romantic relationships: The perception of adolescents and young adults. *Journal of fluency disorders*, 36(1), 41-50.