

Quality of Life in Stuttering Adults - A Systematic Review

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ABSTRACT

Stuttering is an involuntary fluency disorder that affects approximately 0.72% of the adult population. The review aims to understand the existing literature on the quality of life of adults who stutter in the Indian and non-Indian population. Across cultures, various themes were explored by researchers like psychosocial, emotional, and functional challenges experienced by AWS and how these factors influence their overall well-being. By synthesizing findings from various peer-reviewed studies, the review examines the interplay between stuttering severity, social stigma, emotional distress, and adaptive coping mechanisms. This study highlights the need to be aware of the experiences of adults who stutter for clinicians to be more equipped, focused, and successful in their stuttering interventions for people and addresses the multifaceted impact of stuttering on adults, providing recommendations for further research to further understand and improve their QoL.

Keywords: *Stuttering, Quality of Life, Adults Who Stutter, Psychosocial Impact, Systematic Review*

Stuttering and Quality of Life

Stuttering is a well-recognized speech disorder that is characterised by disturbance in the coordination and timing among the respiratory system, larynx, and vocal tract (Beilby, 2014). Affecting about 0.72% of adults, this involuntary fluency disorder significantly impacts various aspects of life, given that speech is our primary means of communication (Messenger, Onslow, Packman, & Menzies, 2004). The disorder typically appears in three domains: notable speech disruptions (e.g., tense blocks), secondary behaviors such as facial tension, and cognitive–emotional responses including anxiety in social situations. More recently, stuttering has been redefined as a “neurodevelopmental disorder” characterized by an atypical speech-related system that may falter under linguistic, cognitive, or emotional stress (Connery et al., 2019).

Beyond the observable disfluencies, the lived experience of stuttering encompasses deep emotional challenges. Personal narratives and empirical studies reveal that many individuals who stutter struggle with adverse emotions—such as shame, embarrassment, and anxiety—which contribute to an overall sense of life dissatisfaction (Cooper, 1993; Ahlback & Benson, 1994; Yaruss et al., 2002).

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Quality of life (QoL) is defined by the World Health Organization as an individual's perception of their position in life within the context of their culture and value systems, relating to their goals, expectations, and concerns (WHOQOL, 1998a). QoL is considered within a broader social, cultural, and environmental framework rather than being simply equated with health status, lifestyle, or mental well-being (WHOQOL, 1998b, p. 11). It encompasses factors such as physical functioning, emotional and mental health, social integration, vocational experiences, and the alignment between personal expectations and reality, as described by Schipper et al. (1996) and Schumaker, Anderson, and Czajkowski (1990). Additionally, QoL includes an individual's independence, psychological state, physical health, and the quality of their social and family relationships, often categorized into global, external, interpersonal, and personal domains (Lindstrom & Ericsson, 1993).

Research suggests that stuttering is approximately 1% of the global population, with males being more frequently affected than females (Bloodstein & Bernstein Ratner, 2008). Moderate to severe stuttering has been linked with negative impact on various quality of life (QoL) domains, including speech, emotion, cognition, everyday activities, and increased anxiety or depression (Blumgart et al., 2010).

As research on stuttering continues to evolve, it becomes increasingly clear that interventions must consider not only the overt speech disruptions but also the broader psychosocial challenges that affect the individual's quality of life. To provide holistic support and enhance the well-being of individuals who stutter, it is essential to address the core aspects like the emotional, social, and cultural aspects of stuttering.

REVIEW OF LITERATURE

Non-Indian Research

Dating back to 1990, Craig (1990) focused on the connection between self-reported anxiety and stuttering. By assessing a large sample of individuals who stutter before and after intensive behavioral treatment and comparing them with a control group matched for gender, age, and occupation, the study found that persons who stutter exhibited significantly higher state anxiety in speech situations and elevated trait anxiety overall compared to non-stuttering peers (Craig, 1990).

In another study, Yaruss et al. (2006) introduced a new instrument—the Overall Assessment of the Speaker's Experience of Stuttering (OASES)—designed to quantitatively evaluate how stuttering affects individuals from their own perspectives. The OASES measures emotional, cognitive, and practical impacts of stuttering, and the study detailed its development, reliability, validity, and scoring procedures. This tool provides clinicians and researchers with a standardized means to assess stuttering's effects and enriches existing treatment evidence (Yaruss et al., 2006).

A well formulated overview of the prevalence, incidence, and risk factors of stuttering was provided by Yairi and Ambrose (2013) in their comprehensive review of the cause of the condition. Their study reported that stuttering affects approximately 1% of the global population, with males being four times more likely to stutter than females. The authors also examined the developmental trajectories of stuttering, finding that natural recovery rates are higher in younger children, with about 70% of children who stutter naturally recovering. The study concluded that early intervention during childhood is crucial for preventing chronic stuttering in adulthood (Yairi & Ambrose, 2013).

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To mark the intercultural assessment, Freud et al. (2017) examined the relationships between stuttering experiences and demographic factors such as age, gender, and marital status. In their study involving 91 adults, the Hebrew version of the OASES-A was administered, with a subgroup of 43 participants also completing additional measures like the Perceived Stuttering Severity scale, the Situation Avoidance Behavior Checklist, and the Student Life Satisfaction Scale. The findings revealed a negative correlation between OASES-A scores and age, with married individuals showing lower impact scores compared to unmarried ones. The study demonstrated high internal consistency for the Hebrew OASES-A and confirmed its validity through moderate to strong correlations with other related measures, although gender did not significantly correlate with stuttering experiences (Freud et al., 2017).

Nang et al. (2018) investigated the stuttering experiences of a group of women, focusing on gender-related influences. In their qualitative study, nine women (aged 35–80) from Western Australia participated in individual and semi-structured interviews. Analysis of the transcripts revealed a dominant theme of a “gendered sense of self in society,” along with three subthemes: negative self-perception, the influence of stuttering on relationships with family, colleagues, and intimate partners, and the adoption of various coping strategies and support mechanisms. The study underscored that these women often harbored negative self-views and experienced diminished quality of life due to stuttering (Nang et al., 2018).

In the same year, Chang et al. (2018) also did a study where he explored the neurological and functional bases of developmental stuttering. Untargeted connectivity patterns in the brain were found in their neuroimaging study, particularly in speech production-related regions of the left hemisphere. The authors found that individuals who stutter exhibited reduced connectivity between motor and auditory regions, contributing to speech motor control difficulties. The study also noted hyperactivity in the right hemisphere, which may reflect compensatory mechanisms. These findings provided critical insights into the neurobiological underpinnings of stuttering, highlighting the potential for neurological interventions targeting specific brain regions (Chang et al., 2018).

Collectively, these international studies contribute to an all-round understanding of stuttering’s impact on quality of life by highlighting various assessment tools and cultural considerations, also focusing across ages. (Nang et al., 2018; Yaruss et al., 2006; Freud et al., 2017; Craig, 1990).

Indian Research

Some Indian researchers also contributed in understanding the patterns of those who stutter and impact on different sections of their quality of life.

Bajaj et al. (2014) developed a questionnaire aimed at evaluating the quality of life of persons who stutter. The study involved 30 participants aged between 18 and 30, half of whom were employed while the other half were students or non-employed. Conducted in two phases—first, the formulation of the questionnaire based on existing literature and tests, and second, its application—the research found that stuttering affects multiple life areas, though the differences were comparable to quality of life data from other cultural contexts (Bajaj et al., 2014).

Similarly, Gupta et al. (2016) assessed the impact of Cognitive Behavioral Therapy (CBT) on reducing anxiety and disfluency, as well as on improving self-esteem, communication attitudes, and overall quality of life in adults who stutter. Using a pretest–posttest design

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with two groups (each consisting of five participants), the study revealed that both CBT alone and CBT combined with Mindfulness Training (CBT+MT) yielded positive results, with the combination treatment showing greater effectiveness (Gupta et al., 2016).

This study was further continued by Gupta and Kumar (2020) by conducting a study in India examining the effectiveness of Cognitive Behavioral Therapy (CBT) and Mindfulness Training (MT) as treatment approaches for adults who stutter. The study focused on evaluating changes in psychological distress, stuttering severity, and coping mechanisms. Their findings revealed that participants who underwent CBT and MT experienced a significant reduction in anxiety and avoidance behaviors, alongside improved emotional regulation and social participation. The study also noted that individuals often faced social exclusion and workplace discrimination. This research emphasizes the importance of holistic interventions that address both the emotional and communicative challenges of stuttering, particularly in cultural contexts where speech fluency is highly valued (Gupta & Kumar, 2020).

In a recent research conducted by Mahesh et al. (2024), the psychosocial impact of stuttering on quality of life was explored among Kannada-speaking adults using a Kannada-adapted version of the English OASES-A. The study involved 51 participants with stuttering severity ranging from mild to very severe, and its findings indicate that the OASES-A-K is both an effective and reliable measure for assessing stuttering's effects, while also revealing important cross-cultural differences (Mahesh et al., 2024).

A more qualitative approach was taken by Dsouza et al. (2024) who used content analysis to examine therapy expectations among 21 Kannada-speaking adults who stutter (aged 18–33). Their analysis uncovered three main categories of therapy expectations, providing insights that can help clinicians tailor realistic and effective intervention strategies to enhance daily communication and overall quality of life (Dsouza et al., 2024).

Overall, these Indian studies depict the importance of culturally adapted assessment tools and targeted interventions to address the multifaceted impact of stuttering on quality of life (Mahesh et al., 2024; Bajaj et al., 2014; Dsouza et al., 2024; Gupta et al., 2016).

CONCLUSION

Both Global and Indian researches highlight the need to focus on people who stutter and the general impact on their QoL. Researchers from across the globe have undertaken various approaches like understanding the degree of anxiety among AWS and developed tools like OASES and Hebrew version of OASES-A to understand the qualitative nature of stuttering. The focus was also directed towards understanding or accessing individual components that constitute the overall quality of life of individuals like social, emotional, gender-based influences, neurological and developmental factors. Both qualitative and quantitative studies were done by various researchers that gave in depth understanding of the challenges faced by adults who stutter and the areas that can be worked upon. Some Indian studies also contributed in understanding the various fronts of life of people who stutter. Studies by Gupta et al (2016) and Gupta and Kumar (2020) focused on using CBT and Mindfulness Training (MT) on those who stutter while others took a more holistic and cultural approach by forming questionnaires from existing literature and applying it to their study. Culture based influence has been seen especially among Kannadigas. Unlike Western research, wide spread and intensive studies are yet to be tapped in across states and cultures. Limited studies show that adults who stutter face challenges in their daily functioning due to high

anxiety levels and lack of support systems. There is a major need to develop a working system for this population so that their quality of life can be improved. More intensive research and focus on coping strategies can help in bridging the gap between AWS and their improved quality of life.

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Conflict of Interest

The author(s) declared no conflict of interest.

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