

**EXPECTATIONS FROM STUTTERING THERAPY: QUALITATIVE
CONTENT ANALYSIS OF CLIENT'S PERSPECTIVE IN KANNADA
SPEAKING ADULTS WHO STUTTER**

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August 2022

CERTIFICATE

This is to certify that this dissertation entitled “**Expectations From Stuttering Therapy: Qualitative Content Analysis of Client’s Perspective in Kannada Speaking Adults Who Stutter**” is bonafide work submitted in part fulfilment for the degree of Master of Science (Speech-Language Pathology) of the student with Registration Number 20SLP007. This has been carried out under the guidance of the faculty of this institute and has not been submitted earlier to any other university for the award of any other Diploma or Degree.

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DECLARATION

This is to certify that this dissertation entitled “**Expectations From Stuttering Therapy: Qualitative Content Analysis of Client’s Perspective in Kannada Speaking Adults Who Stutter**” is the result of my own study under the guidance of Dr. Santosh M., Professor, Department of Speech-language Sciences, All India Institute of Speech and Hearing, Mysuru and has not been submitted earlier to any other university for the award of any other Diploma or Degree.

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CHAPTER I

INTRODUCTION

Stuttering is a fluency disorder that can negatively affect individuals' ability to express their needs and thoughts. It is marked by overt behaviour, including prolongations, repetitions and blocks, which interrupt the forward flow of speech (Guitar, 2013). These complex physical aspects of stuttering co-occur with affective and cognitive components, invisible to the observer but contributing to an individual's quality of life.

Several approaches have been employed in stuttering therapy based on various underlying theoretical principles. Generally, approaches to stuttering therapy are divided into two: stuttering modification therapy focusing on the free and easy stutter, and fluency shaping therapy to speak more fluently (Blomgren, 2010; Brignell et al., 2020). Treatment for fluency disorders can be highly personalised and based on a thorough evaluation of speech fluency, linguistic factors, psychosocial aspects, and impact on life (Byrd & Donaher, 2018). While understanding what treatment is effective, clients' viewpoints toward treatment and their expected outcomes could have a significant impact on the success of therapy (Cooper & Cooper, 1969). Considering what the client wants is likely to reduce treatment barriers and improve patient satisfaction, potentially leading to successful treatment outcomes (Zebrowski, 2007).

Qualitative research is the type of methodology that evaluates in depth of person's experiences. It helps us to understand what is important for an individual (Silverman, 2020). Qualitative methodology allows the researchers to integrate the participants' perspective on the phenomenon investigated. Tetnowski and Damico (2001) highlighted the key benefits of qualitative approaches in stuttering research,

including accurate representation of how stuttering impacts real-world experiences, strategies used to reduce or avoid stuttering moments, and perspectives of persons with stuttering. Content analysis aids in understanding various linguistic structure that emerges from descriptive texts. Thereby leading to interpretation of data necessary to answer the research question.

1.1 Need of the study

Available studies from the past literature to explore clients' views regarding the outcome and effectiveness of therapy have used both quantitative and qualitative approaches. However, very few studies have used qualitative methodologies and no study has been done in Indian context. Hence, the current study was carried out to explore clients' expectations from stuttering therapy using qualitative content method.

1.2 Aim of the study

To investigate the expectations of clients with stuttering regarding fluency therapy in Kannada speaking adults who stutter.

1.3 Objectives of the study

To explore clients' views about

1. The factors influencing stuttering that need to be reduced through therapy
2. How therapy will help in minimising factors affecting the quality of life?
3. How therapy will impact situational reactions and social participation?
4. Changes therapy will bring about the self-acceptance of stuttering
5. Additional list of things that need to be incorporated in therapy.

CHAPTER II

REVIEW OF LITERATURE

Stuttering is a complex communication disorder characterised by repetitions, prolongations and blocks with an interaction of environmental, genetic, and physiological factors (Guitar, 2013). It is considered to be a disorder of speech production, which is associated with adverse consequences such as bullying, negative reactions from the listeners, social, educational and occupation related obstacles, and stigma throughout an individual's life intern leading to reduced quality of life (Iverach et al., 2009). In addition, individuals who stutter report experiencing anxiety, avoidance, shame, struggle, anticipation, low self-esteem and low confidence (Corcoran & Stewart, 1998; Messenger et al., 2004; Tichenor & Yaruss, 2019).

Traditionally, stuttering therapy follows either of the two approaches: fluency shaping and stuttering modification. Fluency shaping therapy aims to apply techniques to modify speech production and facilitate fluency (Blomgren, 2010). They include strategies such as reduced rate of speech, gentle onset, prolongation of vowels, continuous airflow, and diaphragmatic breathing (Brignell et al., 2020). Stuttering modification primarily deals with reduction in psychological aspects such as fear by motivating the clients through desensitisation approaches and then using modification techniques to reduce struggle behaviours (Everard & Howell, 2018). Even though there is enough evidence to support the positive effects of fluency shaping therapy and stuttering modification therapy individually or as an integrated approach (Blomgren, 2013; Stewart & Richardson, 2004; Yaruss, Quesal, Reeves, et al., 2002), few studies in literature (Sønsterud et al., 2020; Venkatagiri, 2009) have shown varied preferences of individuals with stuttering based on their needs. Considering what the client wants

will likely reduce treatment barriers and improve patient satisfaction, potentially leading to successful treatment outcomes. The qualitative method of analysis provides greater detail of information that the client provides and wants to infer. Therefore, using qualitative research will help better understand what is important to clients with stuttering (Tetnowski & Damico, 2001).

The following review includes clients' views about the approach in therapy, clients' views about the outcome of therapy, expectations of adults with stuttering from therapy and content analysis in stuttering.

2.1 Clients' views about the approach in therapy

Clinically several issues can be noticed in the process of treatment of stuttering. It has enhanced the need for the client's being an equal part of decision making to ensure that the specific needs of the individual receiving treatment is taken into account (Yaruss, 2004). Few studies in literature have attempted to get an insight into the views of individuals with stuttering regarding the goals and techniques they think to be suitable.

Yaruss, Quesal and Murphy (2002) surveyed 200 national stuttering association members to know their opinions regarding therapy. Participants included 176 individuals with stuttering, 56 family members of persons with stuttering and 32 who had stuttering and had someone in their family with the same. Respondents completed a brief questionnaire that enquired about their opinions about the stuttering treatment, goals, schedules, and settings for children and adults with stuttering. Results indicated that more than 50% of the participants reported that goals to manage attitude and feelings or to manage both attitude and fluency were most efficient for both children and adults with stuttering. Less than 40% of the respondents chose fluency as the goal.

The findings hence suggest an integrative approach to stuttering. The study thus highlights to further look into the personalised needs and wants of individuals with stuttering to indicate the effectiveness of treatment.

Hayhow, Cray and Enderby (2002) analysed the effect of stuttering on the life of individuals with stuttering and their views about therapy. A questionnaire involving semi-structured questions regarding stuttering and what they consider important was mailed to the individuals with stuttering. 332 responses were obtained within the age range of 16-86 years. Findings suggested that stuttering had the most significant negative impact on school life and choice of profession, while many other areas were less impacted. Slowing down and prolongation were the more formally introduced approaches, which attempt to replace stuttered speech with a fluent, somewhat slower speaking pattern, and were the most commonly named therapy approaches. The next most common response was block modification, which typically involves work on stuttering acceptance and openness and modification of stammering moments, with the goal of smoother stuttering rather than fluency. Talking about stuttering or being among other individuals who stutter was identified by 35% as being beneficial. Only 33 individuals reported to have increased control, 30 stated to have increased confidence and about 25 gained a more positive attitude. Few individuals claimed to be able to stutter more effortlessly or learn about stutter. 33 respondents stated that the benefits were just temporary. Some pointed to specific therapy procedures, such as rate control was unhelpful for 36 people, block modification was unhelpful for 16, and relaxation failed to help 12 respondents. The survey, therefore, emphasises the need to incorporate goals and that clearly define client's needs.

Carter et al. (2019) conducted semi-structured interviews to explore the self-efficacy beliefs described by the individuals who stutter. The experiences and self-

efficacy beliefs of 29 adults who stutter in the age range of 18-77 years were collected through semi-structured interviews with questions regarding stuttering and its impact, and 97% of them had previously undergone treatment. The fact that confidence and fluency are closely related was a critical observation, and this idea was embedded in most of the interviews of the participants. The participants agreed that confidence and fluency had a reciprocal relationship. Some participants mentioned having more fluency when they felt more confident, while others considered having more confidence when they felt their speech was more fluent. Every subject acknowledged that their stutter had affected their confidence at some point in their lives. The notion that a speaker's experiences influence communicative confidence and, as a result, the aspect of self-efficacy beliefs was recognised as the most prominent theme and was favoured by all the participants. Since the beliefs of those who have not taken treatment might differ from those who underwent treatment, suggestions regarding the involvement of individuals who have not taken any treatment were recommended.

Variability in responses of clients was evident in each of the studies indicating that the need of every individual defers even though the disorder manifests similar characteristics. It uplifts the need to investigate more into the views of clients regarding what is expected as an outcome and how it is helping to improve their quality of life.

2.2 Clients' views about the outcome of therapy

Defining what a successful treatment means to each individual varies significantly. It depends on a variety of factors including overall satisfaction of the client, improved quality of life of the individual, and comfort felt by the client in using the learnt techniques in everyday life (Yaruss, 2004). Specific treatment approaches designed for individuals who stutter are proven successful in literature, but not all individuals agree it to be effective. It is difficult to select a specific approach that suits

the needs of all those who stutter. Therefore, to provide satisfactory results to the clients with stuttering, looking into which approach might be suitable for whom is necessary.

Stewart and Richardson (2004) interviewed eight adults aged 23-59 years who had already attended stuttering therapy for a period of time. In-depth semi-structured interviews were carried out, including questions about participants' speech fluency, ability to control and manage different situations and fulfilment of expected goals in therapy. 7 out of 8 considered that they were more fluent in general. The respondents discussed how therapy had given them more control over their speech in various settings. No conclusive decision on which technique is most effective was observed. Few respondents found difficulties applying skills learnt in group therapy to real-life situations. Even though speech fluency varied, respondents reported considering fluency less challenging and observed changes in general and specific situations previously considered problematic. Seven individuals reported considerable improvements in their abilities in certain situations. Five described how they felt less anxious in specific situations and how it changed more positively. Not all the respondents thought their therapy sessions had changed their lives. Half of the interviewees, however, talked of substantial changes in their training, employment opportunities, and social events.

Croft and Watson (2019) investigated the perspectives of graduate student clinicians and adults who stutter regarding therapeutic alliance and outcome. In order to evaluate clinicians' and clients' perspectives on the therapeutic alliance, modified versions of the Combined Alliance Short Form – Therapist version (CASF-T) and Patient version (CASF-P) involving a 7-point Likert scale. CASF-T involved 40 questions regarding goals, tasks, client and clinician factors and the CASF-P had 20 items regarding the goals, tasks and clinician factors. A 1-5 scale was used to measure

the treatment outcome and satisfaction of clients and clinicians. The investigation involved 42 student clinicians aged 21-34 years and 22 adult clients aged 18-56 years. Results indicate that clients with stuttering and clinicians relate treatment outcomes differently. Clinicians relate effectiveness to clinician confidence, client working engagement and shared goals. In contrast, client perspectives on effectiveness related to outcome satisfaction that the therapeutic process felt helpful and promising. The investigation highlights the need for clinicians to be aware of clients' relatedness to outcome satisfaction regarding the tasks, and bond with the clinician, thereby leading to a shared understanding of the treatment process. This can be ensured by seeking clients' perspectives on the therapeutic alliance.

Douglass et al. (2019) aimed to investigate the therapeutic experiences of six individuals who covertly stutter in the age range of 20-40 years through open ended interviews using qualitative analysis. Thematic analysis of transcripts of the interview was conducted. Participants stated that stuttering therapy was most helpful when it included clearly defined goals and tasks, an individualised choice of strategies or methods beyond fluency approaches, enhanced self-education and for those in the environment. Also suggested educating all clients to understand why and what they are doing in therapy. As the participants described, direct speech therapy including fluency shaping techniques, was challenging and sometimes contradictory because it emphasises that stuttering is undesirable. Some individuals needed assistance with the negative consequences of stuttering, reducing discomfort in being recognised as a stutterer, and desensitising to the feeling of stuttering and the shame that arises with it, but not with stuttering itself. A small number of people also reported that stuttering modification techniques like self-disclosure and voluntary stuttering are sometimes difficult. Evidence suggests that personalised therapy goals are effective based on each

client's specific presentation of covert stuttering. However, the requirements of individuals who covertly stutter were frequently incompatible with fluency-focused stuttering therapy. Through patient monitoring and counselling, it is necessary to determine the appropriate type of therapy for each client involving clear and appropriate activities.

The studies show that involving clients in decision-making about therapy outcomes is necessary. What clients think is success differs from what clinicians consider it to be. Hence the best way to understand clients' needs and perspectives in therapy is by involving clients in selecting appropriate goals and techniques suitable for their improved quality of life.

2.3 Expectations of adults with stuttering from therapy

Knowing what is expected out of therapy and what is attained as a result of therapy has shown to have vast differences. Hence, understanding what goals the individuals with stuttering have fixed for managing stutter is essential for planning treatment (Sønsterud et al., 2020).

Venkatagiri (2009) conducted a web-based survey to determine whether adults who stutter opt for fluency or prefer to be free from a mindset to be fluent a to look into the variables influencing the choice of treatment. The survey included nine questions regarding the demographic details and 20 binary questions offering fluency or freedom choices based on different situations and circumstances. Each question had a text box to explain their responses further. Of 216 respondents, 54% chose fluency and 46% preferred freedom for item 1, where the respondents had to opt for what they wished the most. However, the responses of both groups appeared to be conflicting for the other items. 34% of the respondents who preferred fluency and 23% who chose freedom in item 1 appear to change their preference under some circumstances while opting for

freedom or fluency. The underlying reason for these undecided choices was predicted to specific items and wordings of the survey and that respondents may want to discover one's comfort zone by balancing the two. Even though there were differences based on demographic factors such as age, gender, and stuttering related variables such as family history and therapy, none of the factors appeared to have a statistically significant influence on the treatment choice. The study suggests that the desired therapeutic outcome of persons with stuttering must be considered an essential part of decision making of appropriate treatment goals.

In order to select appropriate individual specific goals, it is necessary to know what improvement means to an individual. Some may want reduced stuttering, while others may indicate less struggle towards stuttering moments. Sønsterud et al. (2020) investigated personal motivation and aspects related to goal setting for stuttering therapy using qualitative and quantitative methodologies. 21 participants between the age of 21-61 years rated 'Client Preferences for Stuttering Therapy' extended version (CPST-E) six weeks pre therapy, which included their considerations regarding motivation, fluency and expectations for therapy on a 5-point Likert scale. It also included descriptions of their goals and therapy wishes in the additional text units. This qualitative data was analysed using thematic analysis. Participants also completed Overall Assessment of Speakers' Experience of Stuttering-Adult version (OASES-A), which provided greater detail about the interference of stuttering. CPST-E indicated that three participants considered physical factors to be most important, two for emotional aspects, and 16 preferred both physical and psychological aspects in therapy. Nine participants considered gaining fluent speech to be the most important factor, whereas 15 chose to have control over stuttering. 12 participants wanted to participate easily in most speaking situations, whereas 11 opted to have more positive feelings

towards stuttering. The communication situations found to be challenging in CPST-E correlated with the rating in OASES-A. Four main themes were generated from the qualitative data, including improving the fluency of speech, emotional functioning, activity and participation, and participants' understanding of their stuttering. Data suggested that most individuals made therapy considerations based on the difficulty faced in specific situations and scenarios. Few participants wished to have control over communication, whereas some intended to control psychological and physical aspects. Almost half of the participants showed low expectations regarding the support they could expect from therapy. Thus, the study concluded that considerations about various factors, including clients' motivation, expectations, and goals for their real life experiences, are necessary when looking into realistic therapeutic goals.

These research findings have shown that individuals with stuttering relate therapy goals and outcomes to its impact on their life situations. Similar findings were observed (Salvo & Seery, 2021; Berquez et al., 2015), where children and parents mentioned increased fluency, use of techniques, confidence, affective behaviours, participation and socialisation as their hopes. This in-turn gives an overview of what parents and children want, not just fluency but beyond it, supporting an integrative approach. These findings highlight the significance of developing shared goals and establishing a therapeutic alliance.

In this view, quantitative methodologies have provided information regarding the goals, abilities and communication difficulties. In contrast, the qualitative data provides detailed individual specific scenarios where communication was found to be challenging and what is expected to facilitate those challenges.

2.4 Content analysis in stuttering

Qualitative content analysis provides insight into understanding perspectives

about a specific problem in a given context. People use narratives to describe their experiences and views, which are limited in the quantitative research method. These narratives are used to derive meaning attributed to different contexts and experiences and allow for interpretation even if meaning needs to be derived from the content (Preiser et al., 2021).

Tetnowski and Damico (2001) pointed out a few advantages of qualitative research in stuttering. They suggested that a true representative of the impact of stuttering can be obtained by including the perspectives of individuals with stuttering. A greater description of stuttering and its impact is available and enables focusing on behaviours and strategies necessary for the individual.

Hayhow and Stewart (2006) added that quantitative method of research can be used to gather the information that cannot be broken down further for an in-depth analysis of a problem or its effects by itself or by therapy. A qualitative method thus helps in investigating deeper into their views and experiences.

2.5 Summary

Several studies mentioned above emphasise the need to understand clients' perspectives regarding therapy process and outcome clearly. This will further help in greater satisfaction and better outcome of treatment of stuttering. In a meta-analysis, Swift and Callahan (2009) observed differences in therapy outcomes between clients who received their preferred treatment and those who did not. Clients who got their preferred treatment showed a chance of 58% greater improvement, and halfway dropout during treatment was also reduced. Venkatagiri (2009) reported that one of the factors contributing to relapse might be a mismatch between the therapeutic outcome desired by individuals with stuttering and the treatment they received. There is a lack of studies

regarding expectations of clients with stuttering among the Indian population. Hence, the current study focuses on using qualitative methodologies to identify the expectations of Kannada speaking individuals with stuttering and to see if the results vary from the western studies.

CHAPTER III

METHOD

The study aimed to investigate the expectations of clients with stuttering regarding speech therapy in Kannada speaking adults who stutter. A qualitative content analysis was done to understand the client's views about therapy.

3.1 Participants

Twenty two adults with stuttering in the age range of 18-33 years participated in the study. Purposive sampling was done to select the participants. Participants were explained about the study, and informed written consent was taken from all the participants before collecting data.

3.1.1 Inclusion criteria

Study included adults above the age of 18 years with Kannada as their native language. All participants had been diagnosed with developmental speech fluency disorder - stuttering, and none of them underwent therapy for their stuttering. Speech assessment was done by collecting the demographic details, medical history and other relevant history from the participants. Severity of stuttering was assessed using Stuttering Severity Instrument - fourth Edition (Riley, 2009) using Kannada reading passage and spontaneous speech or narration task for readers and narration task for non-readers. Participants were recruited for the study after the evaluation.

3.1.2 Exclusion criteria

Participants who had undergone therapy or reported any speech, language, hearing, neurological or other related issues were excluded from the study.

Based on the selection criteria, data obtained from 21 participants was selected

for analysis. These participants included 19 males and 2 females. Table 1 shows the details of each participant.

Table 1

Details of the participants

Participants	Age (years)	Gender	Education	Occupation	SSI-4 scores	Severity of stuttering
P1	18	M	Secondary education	Student	25	Moderate
P2	19	M	Secondary education	Student	35	Severe
P3	20	M	Diploma	Engineer	20	Mild
P4	20	M	Primary education	Labourer	26	Moderate
P5	20	M	Diploma	Engineer	15	Very mild
P6	20	M	Undergraduate	Student	25	Moderate
P7	21	F	Undergraduate	Student	24	Moderate
P8	21	M	Secondary education	Labourer	22	Moderate
P9	22	M	Secondary education	Labourer	27	Moderate
P10	22	M	Undergraduate	Student	19	Mild
P11	23	M	Undergraduate	Student	15	Very mild
P12	24	M	Undergraduate	Drama artist	18	Mild
P13	24	M	Undergraduate	Student	23	Mild
P14	25	M	Undergraduate	Student	32	Severe
P15	25	F	Undergraduate	Student	30	Severe
P16	26	M	Secondary education	Mechanic	24	Mild
P17	26	M	Undergraduate	Student	33	Severe
P18	26	M	Postgraduate	Farmer	30	Severe
P19	29	M	Postgraduate	Teacher	14	Very mild
P20	33	M	Secondary education	Labourer	20	Mild
P21	33	M	Postgraduate	Bank Manager	34	Severe

Note. M=male, F=female, SSI-4=Stuttering Severity Instrument-4th Edition

3.2 Procedure

The study was carried out in 3 phases, including formulating questions, data collection and analysis.

3.2.1 Phase 1: Formulation of Semi-structured interview questions

Open-ended questions for semi-structured interviews were formulated with probes necessary to elaborate on the responses. The semi-structured interview included the following questions in Kannada Language (Appendix B).

1. According to you, what factors need to be reduced through therapy? (Probes: Reducing stuttering, reducing fear, shame)
2. How do you think stammering has affected your life? (Probes: education, job, participation). How do you think with speech therapy, these factors will be minimized?
3. How do you think therapy will affect how you react to situations and how you participate in daily activities? (Probes: emotional reactions, avoidance, guilt, helplessness)
4. Do you feel that therapy will bring changes with respect to self-perception of stammering? If yes, how? (Probes: acceptance, control over stuttering)
5. What are the other things you think we should include in therapy?

3.2.2 Phase 2: Data collection

Participants were recruited from the All India Institute of Speech and Hearing, Mysuru. Participants were informed about the purpose and procedure of the study, and informed consent (Appendix B) was provided. Online platforms (Google meet, WhatsApp video call) were used for interviews and data collection. Audio and video recordings of the samples were done.

3.2.3 Phase 3: Data analysis

Inductive content analysis of the data as described by Graneheim and Lundman (2004) was carried out. In order to derive categories and themes arising from the participants' responses, inductive method was used. The investigator did a verbatim transcription of the recorded samples. Familiarisation of the data was done by reading the data several times. Meaningful units related to the questions were selected. These meaningful units were translated to English and assigned with specific codes. Each code was further classified into sub-categories or sub-themes followed by categories or themes. Intercoder agreement check of the data was done where the coding of five randomly selected samples were done by another speech-language pathologist with knowledge about content analysis. A frequency count of occurrences of each subcategories occurred during the analysis of all the samples were done and the data was interpreted.

CHAPTER IV

RESULTS

The overall analysis of the data obtained from 21 participants generated 3 categories under the theme of expectations from speech therapy. The generated meaningful units, codes, sub-categories and categories are summarised in Table 2. The categories generated included beliefs and understanding of stuttering (recovery, self-reliance, influence of media), stuttering and related behaviours (self-acceptance, self-strategies, affective behaviour, physiological aspect, communication in daily situation, quality of life) and goals and outcome of therapy (effect of therapy, emotional and cognitive behaviour, fluency, awareness about therapy, decision about therapy, individualised therapy). These categories provided greater insight into the difficulties faced by adults with stuttering and their expectations from therapy.

Table 2

Summary of meaningful units, codes, number of participants, sub-category and category

Category	Sub-category	n	Example of codes	Example of Condensed Meaningful unit	Example of meaningful unit
Beliefs and understanding of stuttering	Recovery	7	Complete cure	Completely cured	“They said it will be cured”
	Self-reliance	4	Depends on learning	Improvement depends on us	“There might be a chance, it all depends on our learning”
	Influence of media	2	Celebrity as a model	Singer’s speaking problem became alright	“I saw a singing show, a person called Manjunath had problem in speaking which became alright”

Stuttering and related behaviours	Self-acceptance	2	Accepted stuttering	Accepted it	“I have accepted it, 85 to 90% nearly 90 its okay”
	Self-strategies	7	Reduced rate of speech	No problem with slow speak	“I don’t have a problem if I speak slowly”
	Affective behaviour	17	Disclosure of problem	Sad to say that I have problem	“I feel sad to say that I have a problem”
	Physiological aspect	3	Articulatory resistance	To talk suddenly, gets stuck	“To talk suddenly, it gets stuck in the mouth and comes out. Except this there’s no other problem”
	Communication in daily situation	7	Situation specific difficulty	Difficulty speaking, answering in class	“I have problem when I speak everywhere, to answer questions in the college”
	Quality of life	11	Job opportunity	Didn’t accept the job offer due to stuttering	“They don’t understand what I say, so I didn’t accept it”
Goals and outcomes of therapy	Effect of therapy	1	Recovery	No problem after a week	“If I take therapy, I know I will not have a problem after a week”
	Emotional and cognitive behaviour	12	Build Confidence	Speak confidently to a new person	“I should be able to speak confidently when I see a new person”
	Fluency	21	Manage stuttering	Enough if it is manageable for me	“It’s enough if it reduced little and is manageable for me”
	Awareness about therapy	5	Don’t know about therapy	Don’t have any idea of what will be done	“I don’t have any idea of what will be done, but it will reduce”

Decision about therapy	1	Therapy useful or not	Decide if therapy is useful or not after attending therapy	“I’ll get to know after attending therapy. May be after a month I can decide if therapy is useful or not.”
Individualised therapy	1	Pinpoint problem	Therapy specific to problem	“Therapy shouldn’t be general, every individual is different so should pinpoint what is the problem, and do something for those aspects.”

Note. n=Number of participants

4.1 Beliefs and understanding of stuttering

Data obtained from 11 participants included some of their beliefs and understanding influencing their decision about therapy. Some of the sub categories generated included recovery, self-reliance and influence of media.

4.1.1 Recovery

Seven participants provided information that could be categorised under recovery. Out of the seven participants, two (P1, P16) stated that there will be complete cure of stuttering, whereas five (P2, P3, P7, P19, P21) believed to have no complete cure. One of the participants, P1 stated that “it will completely go away”, while P2 gave a contradicting statement, “I know it will not reduce 100% completely, but it will reduce how much ever possible”. This shows that some of the participants expect complete relief from stuttering while there are also participants who expect stuttering to be reduced to a certain extent but not completely.

4.1.2 Self-reliance

Some of the participants (P2, P7, P8) described that prognosis depends on their

learning to manage stuttering. P8 reported, “there might be a chance, it all depends on our learning”, while P7 stated “I think decrease in stuttering will depend on how I try hard with practice”. P21 expressed “If I become sad, I have to calm myself down, I have realised it way back in school”. These statements indicate that some of the participants do believe and rely on self to manage stuttering.

4.1.3 Influence of media

Participants P10 and P11 wished to attend therapy as they watched YouTube videos of famous personalities who recovered from stuttering. P10 said, “I saw Hrithik Roshan's stammering video in YouTube, he told to consult a doctor and that it will stop completely”, indicating a positive influence of media on individuals with stuttering to go for intervention.

4.2 Stuttering and related behaviours

Wide variety of responses were obtained from the participants when they were probed into expectations from therapy to improve quality of life. The data obtained were classified into six sub-categories such as: self-acceptance, self-strategies, affective behaviour, physiological aspects, communication in daily situation and quality of life.

4.2.1 Self-acceptance

Among the participants of the study, two reported to have accepted stuttering. One of the participants P21 explained “I have accepted it, nearly 90% it's okay”, while another participant P13 stated “I have begun to accept” when they explained about reducing stuttering behaviour in therapy.

4.2.2 Self strategies

Seven participants also reported to have tried strategies such as reducing rate, pause and talk, breathing, home remedies where some were found to be effective and

some were not. Few examples of the statements reported included “I don’t have a problem if I speak slowly” (P16), “I was trying to speak slowly. But when I speak continuously, I could control but not more” (P10), “I need to take a heavy breath, but during interview it won’t be good if I do that” (P15), “I searched in YouTube and practiced for 1-2 days but was not useful. Voice practice (trills) and meditation om kara for 1 week” (P9). One of the participants (P11) stated, “If I don’t eat onion it increases”.

4.2.3 Affective behaviour

Seventeen participants stated to have various affective behaviours coded under anxiety, confidence, sadness, low self-esteem, negative self-evaluation, ashamed. Some of the descriptions are “I feel sad to say that I have a problem” (P21), “sometimes I leave thinking I can’t speak” (P11), “I feel scared to talk just because I don’t know to talk” (P11), “I don’t have more stuttering its mild, but I fear more” (P5), “feel insulted” (P10), “somethings also came to my mind. Maybe I am doing this wantedly” (P15), “self-confidence is reducing, I am not able to deliver what I want to. According to me becoming anxious induces stammering” (P13), “when I talk to others, I feel embarrassed and feel scared” (P18).

4.2.4 Physiological aspect

Three participants explained “To talk suddenly, it gets stuck in the mouth and comes out. Except this there’s no other problem” (P16), “when I talk fast, I feel that my tongue touches the full upper part. My tongue is fat” (P15).

4.2.5 Communication in daily situation

Data obtained from 7 participants were coded under this sub category. One of the participants P15 stated “when there are many people in a group, I find it difficult to mingle with them” and P9 reported “I speak correctly to friends and family, but to

strangers I feel scared”, P11 “I have problem when I speak everywhere, to answer questions in the college”. Thus, predicting an impact of stuttering on communication in different situations.

4.2.6 Quality of life

Eleven participants reported to have faced difficulties with pursuing higher education, choice of career, job opportunities. Few examples of statements include, “I have lost better opportunities because of this” (P7), “I was about to stop taking MBA for my further studies because I have this problem” (P10), “I am finding difficulty in finding job” (P19), “no satisfaction, performance productivity is getting effected” (P13), “its effecting everything in my life” (P9). One among the participants stated “I didn’t have any problem because of it” (P14). Thus, targeting goals based on varied difficulties faced by individuals with stuttering holds high importance.

The data obtained within each category direct clinicians towards ensuring target appropriate goals necessary for overall well being of individual with stuttering.

4.3 Goals and outcome of therapy

Based on the descriptions provided by the participants, six sub-categories were generated. They include effect of therapy, emotional and cognitive behaviour, fluency, awareness about therapy, decision about therapy, individualised therapy.

4.3.1 Effect of therapy

One of the participants (P2) expected not to stutter in a short period of time. The participant stated “if I take therapy, I know I will not have a problem after a week”.

4.3.2 Emotional and cognitive behaviour

Twelve participants expressed their opinions about targeting affective behaviours in therapy. The data shows that few participants expected to build

confidence, reduce fear, reduce sadness due to stuttering and to avoid panic in few situations. P2 stated “I should be able to speak confidently when I see a new person”, P7 reported “mindset may change a bit. Let others think what they have to, you do what you can, this kind of mindset may occur”. Similarly, few other statements were “anxiousness must reduce” (P5), “avoidance will stop completely” (P2), “mainly I just get tensed a lot and due to tension stuttering increases. I just want main focus on dealing with this also” (P15).

4.3.3 Fluency

All the 21 participants expected to have some change with respect to their fluency and wanted it to be targeted in therapy. Few illustrations of statement include, “I know I have to stop while stuttering, but right now I am unable to control.” (P21), “when I talk sometimes, during programs problem occurs, all this should be alright” (P11), “I don’t want to speak smoothly like others do. But atleast I should be able to talk easily without interruption sometime.” (P7), “I should be able to speak like normal” (P9), “stuttering should stop that is main” (P15).

4.3.4 Awareness about therapy

Five of the participants reported of being less aware of therapy procedure and outcome. P21 stated “practically I don’t know trying for the first time, I have no idea about how it will effect, don’t know what will happen” also, P7 explained “I don’t have any idea of what will be done, but it will reduce”.

4.3.5 Decision about therapy

This category was generated based on the statement of one of the participants (P8) stating “I’ll get to know after attending therapy. May be after a month I can decide if therapy is useful or not.”

4.3.6 Individualised therapy

One of the participants P19 suggested to have personalised focus of therapy. “Therapy shouldn’t be general, every individual is different so should pinpoint what is the problem, and do something for those aspects.”

The results indicate that majority of the participants want their fluency to be improved, with most of them expecting changes in their affective behaviour which interferes with their performance and quality of life.

CHAPTER V

DISCUSSION

The current study aimed to investigate the expectations of Kannada speaking adults with stuttering from speech therapy. The study's objectives were to explore clients' views about the factors influencing stuttering, affecting the quality of life that need to be reduced to therapy, and their views of how therapy will impact situational reactions, social participation and self-acceptance. Additionally, to know if the adults with stuttering want other things to be incorporated into therapy. Beliefs and understanding of stuttering, stuttering and related behaviours, goals and outcomes of therapy are the three categories identified from the analysis. Among the generated sub-categories, frequency of response was highest for fluency (21), followed by affective behaviour (17), emotional and cognitive behaviour (12) and quality of life (11).

All participants in the current study highly expected changes in fluency. They wished to stop stuttering completely or manage and control stuttering. Similar expectations were found by Sønsterud et al. (2020), where a majority of participants desired to have less stuttering or improved fluency. Venkatagiri (2009) also observed that a higher percentage of participants chose fluency over freedom. Responses were not consistently towards fluency or freedom supported for all the items included in the study. Existing literature suggests that adults with stuttering who have attended therapy and used fluency based approaches were not satisfied with the outcome and found the benefits of therapy to be temporary (Hayhow, Cray & Enderby, 2002), and fewer number of participants chose only fluency as the goal (Yaruss, Quesal & Murphy, 2002). These findings show that not all individuals with stuttering benefit from fluency-based approaches, enhancing the need to look into what is expected by the clients. Educating the client about achievable and realistic goals is a crucial step in success of

therapy and that making the clients aware of what can be expected about fluency becomes necessary.

Majority of the participants in the present study stated to have a sense of fear or anxiety and avoidance, few others reported negative evaluation by self or others, sadness, embarrassment, low self-esteem and confidence. Several participants reported to encounter affective behaviours either as a reaction to stuttering or as a result of failure to be satisfied by their performance. Few participants expressed their desire to focus more on confidence or overcome fear to talk than fluency. Carter et al. (2019) also found similar descriptions from adults with stuttering where they spoke about the emotions and thoughts, stress, anxiety, listener's negative evaluation interfering with their confidence and also fluency. Not all participants in the current investigation expressed their expectation of reducing affective behaviours through therapy. This may be because of a lack of knowledge of the clients about therapy approaches dealing with factors other than just fluency. One of the participants had an optimistic hope of changing the thought towards stuttering over a time of therapy despite having to face adverse reactions from others. Previously, Yaruss, Quesal and Murphy (2002) reported that goals to manage attitude and feelings or to manage both attitude and fluency were found most efficient by adults with stuttering. Some clients reported having better fluency when they were more confident, while others considered having higher confidence when they felt their speech was more fluent (Carter et al., 2019). Similarly, individuals who covertly stutter found direct speech therapy techniques focusing on fluency to be challenging and some clients expected assistance with the negative feelings associated with stuttering, reducing embarrassment in being recognised as a stutterer but not with stuttering itself (Douglass et al., 2019). Therefore, the current study uplifts the importance of identifying what are the clients' needs and involve the

individual with stuttering in making decisions about therapy to ensure client satisfaction and also to witness better outcome.

Though two participants stated that they had accepted stuttering, they still wished to reduce stuttering. Similar results were found by Sønsterud et al. (2020), where the participants wished to have improved fluency or less stuttering after reporting to have accepting or neutral feelings about stuttering. Hayhow et al. (2002) also mentioned that very few respondents had a positive attitude towards stuttering. The authors explained that in order to understand if the expectations are met clearly, it is recommended to consider clearly describing about the nature of therapy provided and also the progress that is expected in terms of behaviour and attitude about stuttering to the clients.

In agreement with the existing literature (Carter et al., 2019; Hayhow et al., 2002), participants of the present study reported having lost several opportunities, having difficulty continuing higher education, choosing a career of interest, not being able to prove themselves with the desired performance. Participants were more concerned about stuttering affecting their communication in different situations which supports the existing literature (Sønsterud et al., 2020). Knowing the client's opinion regarding stuttering and its impact on their life, and how therapy can positively impact their quality of life and carrying out the intervention accordingly will likely lead to a better prognosis in multiple aspects that the individual with stuttering perceives to be problematic.

It was also noted that few participants wished to have complete cure from stuttering and few expected to have no stuttering within a short period of time. These high expectations of the client may interfere with the motivation to continue therapy for an extended duration until the generalisation of the learnt techniques is achieved.

Most participants were unaware of what speech therapy is, what will be done during therapy and how it will support them. Some among them just wanted to try it to see if anything could be done to their stuttering.

Some of the participants tried and tested home remedies that they assumed to help in having some relief from stuttering. Some had a misconception that some ingredient was missing in the diet or had a fat tongue, and that would cause stuttering. One of the participants stated to have had a notion that stuttering was something they did purposefully, and there was no need for therapy. Participants also thought stuttering occurs because they get anxious in various situations they need to face, and this was thought as another cause for stuttering. These views and beliefs about stuttering indicate an inappropriate predetermined notion that individuals with stuttering have, and some of them can be attributed to cultural influences. Creating awareness about stuttering and its treatment that is scientifically supported is essential.

The findings of the present study provide insight into making considerations for therapy individualised to each individual with stuttering. Some of the clients described having poor knowledge of what will be carried out in therapy, especially about activities not just focusing on fluency. Most participants tried self-strategies and home remedies and found it less successful during their communication needs. Wait and see approach was used by most of the participants, and they came forward to seek help only when they found stuttering to be more challenging. Considering this, it is important to educate clients about realistic goals that can be achieved through therapy and from a clinician's view deciding on therapy approaches based on clients' needs and realistic expectations holds utmost importance.

CHAPTER VI

SUMMARY AND CONCLUSION

Studies in the past have looked into the expectations of adults with stuttering from speech therapy using quantitative and qualitative methodologies. The current study aimed to explore views and expectations of Kannada speaking adults who stutter from speech therapy using qualitative content analysis. The objectives were to investigate clients' views about the factors need to be reduced to therapy, and their views of how therapy will impact situational reactions, social participation and self-acceptance.

Twenty two adults diagnosed with developmental speech fluency disorder between the age of 18-33 years with Kannada as the native language participated in the study. Participants who had undergone therapy or reported any speech, language, hearing, neurological or other related issues were excluded from the study. Based on the inclusion criteria, data from 21 participants were selected for analysis. The procedure involved three phases including formulation of semi-structured interview questions, data collection and analysis. Inductive content analysis of the data as proposed by Graneheim and Lundman (2004) was followed. This helped in determining the categories and sub categories arising from the participants verbatim. Frequency count of emerging sub categories was done.

Analysis resulted in generation three broader categories i.e., beliefs and understanding of stuttering (recovery, self-reliance, influence of media), stuttering and related behaviours (self-acceptance, self-strategies, affective behaviour, physiological aspect, communication in daily situation, quality of life) and goals and outcome of therapy (effect of therapy, emotional and cognitive behaviour, fluency, awareness about therapy, decision about therapy, individualised therapy). Among the generated sub-

categories, frequency of response was highest for fluency (21) followed by affective behaviour (17), emotional and cognitive behaviour (11) and quality of life. Thus, the study may help understand anticipatory beliefs, which may be a barrier to a better outcome and also aid in better understanding clients' expectations to select appropriate goals, activities, and interpretation of prognosis.

6.1 Limitations of the study

- Purposive sampling of the participants was done and were recruited only from All India Institute of Speech and hearing.
- A comparison of variables such as severity, age, occupation affecting the choice of treatment was not done.

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Appendix A

Consent Form

The topic of the Dissertation: Expectations from stuttering therapy, qualitative content analysis of client's perspective in Kannada speaking adults who stutter

Information to the participants:

I Ms. Audrey Joyner D Souza, studying MSc in Speech Language Pathology at All India Institute of Speech and Hearing, Mysuru, is conducting a study titled "Expectations from Stuttering Therapy: Qualitative Content Analysis of Client's Perspective in Kannada Speaking Adults Who Stutter" under the guidance of Dr. Santosh M, Professor, Department of Speech-Language Sciences, AIISH, Mysuru. You are invited to participate in the study which aims to understand the expectations of individuals from stuttering therapy. This would give a better understanding of what individuals with stuttering wish to acquire from stuttering therapy and what are the expected consequences following stuttering therapy.

Participants will be interviewed to obtain personal details, including the educational background and other necessary information, before confirming eligibility for the study. Once eligible, the participant will be asked a set of questions related to their expectations from therapy. Responses will be audio and video recorded via tele-mode (google meet/ Zoom app/ Whatsapp video calling). The participant's identity will not be revealed at any time, and the videos will be kept confidential. The data obtained from the participants will not be disclosed, and access will be limited to individuals working on the study. Participation in this study is voluntary. You can refuse to participate or withdraw at any point in the study without penalty or loss of benefits to which you are otherwise entitled. The procedures of the study are non-invasive, and no risks are associated.

Informed Consent

I have been informed about the aims, objectives and the procedure of the study. I have read the foregoing information, or it has been read to me in the language I understand. I have had the opportunity to ask questions about it, and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study.

I, _____, the undersigned, give my consent to be participant of this investigation/study/program.

Signature of the participant

Signature of the investigator

Name:

Name of the investigator:

Email ID:

Age:

Appendix B

Open Ended Interview Questions

1. ನಿಮ್ಮ ಪ್ರಕಾರ, ಥೆರಪಿಯ ಮೂಲಕ ಯಾವ ಅಂಶಗಳನ್ನು ಕಡಿಮೆಗೊಳಿಸಬೇಕು (ಶೋಧಕಗಳು: ತೊದಲುವಿಕೆಯನ್ನು ಕಡಿಮೆ ಮಾಡುವುದು, ಭಯವನ್ನು ಕಡಿಮೆ ಮಾಡುವುದು, ಅವಮಾನ).
2. ತೊದಲುವಿಕೆ ನಿಮ್ಮ ಜೀವನದ ಮೇಲೆ ಹೇಗೆ ಪರಿಣಾಮ ಬೀರಿದೆ ಎಂದು ನೀವು ಭಾವಿಸುತ್ತೀರಿ (ಶೋಧಕಗಳು: ಶಿಕ್ಷಣ, ಉದ್ಯೋಗ, ಭಾಗವಹಿಸುವಿಕೆ). ಸ್ಟೀಜ್ ಥೆರಪಿಯಿಂದ ಈ ಅಂಶಗಳು ಹೇಗೆ ಕಡಿಮೆಯಾಗುತ್ತವೆ ಎಂದು ನೀವು ಯೋಚಿಸುತ್ತೀರಿ?
3. ನೀವು ಸನ್ನಿವೇಶಗಳಿಗೆ ಪ್ರತಿಕ್ರಿಯಿಸುವ ರೀತಿ ಮತ್ತು ದೈನಂದಿನ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ ನೀವು ಭಾಗವಹಿಸುವ ರೀತಿಯಲ್ಲಿ ಥೆರಪಿಯು ಯಾವುದೇ ಪರಿಣಾಮವನ್ನು ಬೀರುತ್ತದೆ ಎಂದು ನೀವು ಹೇಗೆ ಭಾವಿಸುತ್ತೀರಿ (ಶೋಧಕಗಳು: ಭಾವನಾತ್ಮಕ ಪ್ರತಿಕ್ರಿಯೆಗಳು, ತಪ್ಪಿಸಿಕೊಳ್ಳುವಿಕೆ, ತಪ್ಪಿತಸ್ಥತೆ, ಅಸಹಾಯಕತೆ)
4. ತೊದಲುವಿಕೆಯ ಸ್ವಯಂ ಸ್ವೀಕೃತಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಥೆರಪಿಯು ಯಾವ ಬದಲಾವಣೆಗಳನ್ನು ತರುತ್ತದೆ ಎಂದು ನೀವು ಭಾವಿಸುವ ವಸ್ತುಗಳ ಪಟ್ಟಿಯನ್ನು ಮಾಡಿ (ಶೋಧಕಗಳು: ಸ್ವೀಕೃತಿ, ತೊದಲುವಿಕೆಯ ಮೇಲೆ ನಿಯಂತ್ರಣ)
5. ನಾವು ಥೆರಪಿಯಲ್ಲಿ ಸೇರಿಸಬೇಕೆಂದು ಭಾವಿಸುವ ಹೆಚ್ಚುವರಿ ವಿಷಯಗಳ ಪಟ್ಟಿಯನ್ನು ಮಾಡಿ.

APPENDIX C

Data analysis of all the participants

Meaningful units	Meaningful units (English)	Codes (English)	Subcategories	Categories
P1				
Kammi yagbeku antha	Should reduce	Reduced stutter	Fluency	Goal and outcome of therapy
Answer helik iruvaga baya aagtidhe	I feel scared when I have to answer	Fear	Affective behaviour	Stuttering and related behaviours
Completely hogtte	Completely go away	Complete cure	Recovery	Beliefs and understanding of stuttering
Matadlikke sulabha aagbahudu	Might be easy to talk	Speaking easily	Fluency	Goal and outcome of therapy
Exercise idhe antha	That there is exercise	Exercise for stuttering	Fluency	Goal and outcome of therapy
P2				
Nange munde jobigella hogbekidre kasta aagtte iitarane idre adakkoskara	it will be difficult when I have to go for a job if I have this problem	Occupation difficulty	Quality of life	Stuttering and related behaviours
Nang gottide 100% complete kammiyaagalla, aadre ago ashutu kammi aagtte antha gottu	I know it will not reduce 100% completely, but it will reduce how much ever possible	No complete cure	Recovery	Beliefs and understanding of stuttering
Yestu practice madtino ashtu bega kamiyaagtte	more I practice faster it will reduce	Depends on practice	Self-reliance	Beliefs and understanding of stuttering

Observe madtare yaav tara id aagtidhe, air sakagtilla antha agtidya athva aache bartliva words athara observe maadi adakke vondh techniques helkottare antha ankotidini.	They'll observe what's happening, if air is not sufficient or words are not coming out and teach techniques for those.	specific techniques	Fluency	Goals and outcome of therapy
Avoid madodo full stop aagutte antha ansutte	Avoidance will stop completely	avoidance	Emotional and cognitive behaviour	Goals and outcome of therapy
Mental health baggenu swalpa talking adre volledhu ansute	If some talk about mental health happens that would be good	Mental health	Emotional and cognitive behaviour	Goals and outcome of therapy
swalpa swalpa confidence barohag aadre, 1stige swalpa cheer up maadi aamele start madidre volledu antha ansutte	To build confidence little by little, 1 st little cheering up and then starting would be good	Build confidence	Emotional and cognitive behaviour	Goals and outcome of therapy
P3				
Stammering improve aagbahudu	Stammering may improve	Reduced stutter	Fluency	Goal and outcome of therapy
tension kammi yaag bahudu	Tension may reduce	Reduced tension	Emotional and cognitive behaviour	Goal and outcome of therapy
Complete aagi hogtta antha helak agalla, Kammi aagbahudu	I can't say that stuttering will completely go away, but it may reduce	No complete cure	Recovery	Beliefs and understanding of stuttering
yenu illa ansutte Maamuli stammering antha ne maadodu alva (Situations)	Nothing related to situations, only for stuttering therapy is given right.	Dealing only with stuttering	Fluency	Goal and outcome of therapy
tagond mele nodbeku (Acceptance)	After attending I should see (acceptance)	Not sure	Awareness about therapy	Goal and outcome of therapy
Bejaaragutte ashtenu tale kedekolak hogalla	I feel sad but I don't break my head	Sadness	Affective behaviour	Stuttering and related behaviours

P4				
Sumarag maatadog kalibahudagittu	I could learn how to talk properly	Techniques to talk	Fluency	Goal and outcome of therapy
Matadod vondhu control aagbodhu	Control over my speech	Control speech	Fluency	Goal and outcome of therapy
mobilalli matadbekidre swalpa totalis bidtini. Swalpa kadime aagthe	I stutter a little when I talk over phone, it will reduced slightly	Telephonic conversation	Fluency	Goal and outcome of therapy
Gabri aagalla bejar aagbidtthe	I don't feel scared but I feel sad	Sadness	Affective behaviour	Stuttering and related behaviours
P5				
Confidence barbeku.	Should build confidence	Build confidence	Emotional and cognitive behaviour	Goal and outcome of therapy
Maatadakke kalibeku	Must learn to talk	Techniques to talk	Fluency	Goal and outcome of therapy
Communication problem aagtte	Problem to communicate	Communication difficulty	Quality of life	Stuttering and related behaviours
Baya aagtte	Become anxious	Anxious	Affective behaviour	Stuttering and related behaviours
Jaasti todlu illa, mild irodhu, Jaasti gabriyaagtte.	I don't have more stuttering its mild, but I fear more	Fear	Affective behaviour	Stuttering and related behaviours
Gaabri kammiyaagbeku.	Anxiousness must reduce	Anxious	Emotional and cognitive behaviour	Goal and outcome of therapy
Explain maadak sariyaag aagtilla. Gabriyaagtte.	I cannot explain properly, I get scared	Fear	Affective behaviour	Stuttering and related behaviours
P6				

Stuttering swalpa kammiyaagbeku	Stuttering should reduce	Reduce stuttering	Improve fluency	Goals and outcome of therapy
Rate swalpa slow maadbeku	Rate should be slow	Reduce rate	fluency	Goals and outcome of therapy
Yen helbekaantha ankondirtini adrindha concentration divert aagthe	My concentration gets diverted from what I intend to say	Divert attention	Affective behaviour	Stuttering and related behaviours
stammering bandre bhaya ansutte	When stammering occurs I feel scared	Fear	Affective behaviour	Stuttering and related behaviours
Hangenaadru anistidre maatadodanne nillisbitini	If I feel like that I will stop talking	Avoidance	Affective behaviour	Stuttering and related behaviours
Stop agodhu yenu ankondilla aadre better aagbohudhu	I didn't think of it stopping completely but it might be better	Better fluency	Improve fluency	Goals and outcome of therapy
P7				
Nang ast yellaraage aaramage maatadbekantha illa, swalpa aadru stop aagde swalpa adru aaramaagi maatado haag irbeku.	I don't want to speak smoothly like others do. But atleast I should be able to talk easily without interruption sometime.	Talk smoothly	Fluency	Goal and outcome of therapy
100 alli 100% kammi aagte antha alla. Agalla anthe antha tumba jana heltaare.	Not to reduce by 100% Many say that won't be possible	No complete cure	Recovery	Beliefs and understanding of stuttering
Ond swalpa kammi aagi manageable aagidru saaku, naanu manage maadkobahudu.	Its enough if it reduced little and is manageable for me	Manage stuttering	Fluency	Goal and outcome of therapy

Naan heng practice maadi prayatna padtino, adra mele kammi aagtte antha ansutte.	I think decrease in stuttering will depend on how I try hard with practice	Depends on practice	Self-reliance	Beliefs and understanding of stuttering
Slowaag matadbeku antha helbahudu.	May be they'll ask to talk slowly	Reduced rate of speech	Fluency	Goal and outcome of therapy
Prativondu wordge usiru tagondu helik heltare yeno antha ansthe.	They might ask me to take breath for every word	Breathing	Fluency	Goal and outcome of therapy
Yen maadtare antha idea illa. Aadre kadimeyaagtte aagbohudu antha (avoidance)	I don't have any idea of what will be done, but it will reduce (avoidance)	Don't know about therapy	Awareness about therapy	Goal and outcome of therapy
Nang hedrikeyaagalla. Andre nang hing aagtte anth heli hindhe uliitini.	I don't fear, but thinking this will happen to me I holdback	Avoidance	Affective behaviour	Stuttering and related behaviours
Ollolle opportunities idrindhaagi kalkondidini.	I have lost better opportunities because of this	Lost opportunities	Quality of life	Stuttering and related behaviours
Andre avarige nang hing aagtittu antha ne gottagde hodaag maatadbahudu. Hangandre, ivalig nodu ivaag chennagi maatadtiddaale. Hang aagbahudu.	They will not be able to recognise that I have this problem, now she's talking correctly, that should happen	Disclosure of problem	Emotional and cognitive behaviour	Goal and outcome of therapy
Nanindha yella aagtte antha confidence bandhe barutte.	I will surely gain confidence that I can do everything	Gain confidence	Emotional and cognitive behaviour	Goal and outcome of therapy
compitionge hogi maatadbahudo yeno.	May be I can go for competitions (speech) and talk over there	Participation	Fluency	Goal and outcome of therapy
Mindset swalpa change aagbahudu. Nange ulidavru yen bekaadru ankolli, niin maadu antha aatara mindset barbahudu.	Mindset may change a bit. Let others think what they have to, you do what you can, this kind of mindset may occur	Change in mindset	Emotional and cognitive behaviour	Goal and outcome of therapy
P8				

Mundhe problem aagbardhu antha	To see that further there shouldn't be a problem	Face problem	Emotional and cognitive behaviour	Goal and outcome of therapy
Therapy bagge cleanagi gottilla	I don't Know clearly about Therapy	Don't know about therapy	Awareness about therapy	Goal and outcome of therapy
Kammi yaago chance irbegkalla antha alsutte Yella hange heltare tagoli antha. Kami yagtte antha ansutte	There is a chance to reduce. Everyone is saying and asking me to attend. I think it will reduced.	Reduced stutter	Fluency	Goal and outcome of therapy
Chance irbahudu, nammele irodhu alva kaliyodu	There might be a chance, it all depends on our learning	Depends on learning	Self-reliance	Beliefs and understanding of stuttering
Janaratra matadbekidre startingalli problem aagtte	Problem happens in the beginning when I talk to people	Initiating problem	Communication in daily situation	Stuttering and related behaviours
Spastavaagi maatadivi	We'll speak clearly,	Speak clearly	Fluency	Goal and outcome of therapy
Mellage mataduvaga clearage matadivi	When we talk slowly we'll speak clearly	Reduced rate of speech	Self strategies	Stuttering and related behaviours
Fastag matadtivalla gabriyangagutte.	feel anxious while speaking fast	Anxious	Affective behaviour	Stuttering and related behaviours
Matadbekidre control madbahudu antha ansutte	I think I will be able to control while speaking	Control speech	Fluency	Goal and outcome of therapy
Technique kodtaralva hingig matadbeku antha adra mele depend aagutte.	They'll give techniques right saying to talk in this way, depends on that	Depend on techniques	Fluency	Goal and outcome of therapy
Suddenag mataduvaga heng matadbeku helikodtaralva.	They'll teach how to talk suddenly	Techniques to talk suddenly	Fluency	Goal and outcome of therapy
Gabriinda mataditini swalpa idh aagutte	When I talk with fear I feel little stuck	Fear	Affective behaviour	Stuttering and related behaviours

Naan maatadtinalla, bejaar aadangaadre, sumkaag bidtini. Ondh arda gante vondh 15 nimisha bitt maatadtini.	When I talk, If I feel bad, I will become quiet and start talking after half an hour 15 mins	Sadness	Affective behaviour	Stuttering and related behaviours
Therapy tagond mele gottagtte. 1 tinglu aad nantra use aagtha illa antha decide madbahudu	I'll get to know after attending therapy. May be after a month I can decide if therapy is useful or not.	Therapy useful or not	Decision about therapy	Goal and outcome of therapy
Modlu nan maatadtinalla adra bagge swalpa kammi madbeku ansutte.	1 st of all the way I speak, little should less	Reduced stutter	Fluency	Goal and outcome of therapy
Maatu mattu gaabri kadibeyaagbeku	Speaking and fear must be reduced	Fear	Emotional and cognitive behaviour	Goal and outcome of therapy
P9				
Suddenag voice baralla. Gabriyadangaagutte.	Voice doesn't occur suddenly, I get anxious	Anxious	Affective behaviour	Stuttering and related behaviours
Bereyavarjote matadak aagtila. Maate correctag baralla.	I can't speak to others, speech doesn't come out correctly	Speech stuck	Physiological aspects	Stuttering and related behaviours
Friends jote maneyavarjothe correctag matadtini, hosdage hinge matadbekidre swalpa gabriyaadangaagutte.	I speech correctly to friends and family, but to strangers I feel scared	Individual variation	Communication in daily living	Stuttering and related behaviours
Normalag matadohage aagbeku.	I should be able to speak like normal	Speech like normal	Improve fluency	Goals and outcome of therapy
Youtubealli search madiddhe 1 dina yerad dina practice madiddhe. Use agilla. Voice practice (trills) matte meditation matiddhe, oom karayella madiddhe. 1 vara madiddhe aagilla.	I searched in YouTube and practiced for 1-2 days but was not useful. Voice practice (trills) and meditation om kara for 1 week.	YouTube strategies	Self strategies	Stuttering and related behaviours
Nan life yelladralli tondre kaante.	Its effecting everything in my life	Effecting life	Quality of life	Stuttering and related behaviours

Ii karanadindhaa yavudakku nannu mundhe hogtailla. Kelsak hogtilla. Vodak aagtila. Horage janra jote bereskolak aagtila.	Because of this I don't go forward, for job, studies, mingle with other people	Reduce opportunities and performance	Quality of life	Stuttering and related behaviours
Matadidre avmanatara aagtte. Heltare antha sumne matadak hogalla. Avrindha duura bandbitini.	If I speak I feel insulted. Thinking that they'll say something I go away from them	insult	Affective behaviour	Stuttering and related behaviours
Avru nan bagge yen yochistare antha ankotini.	I think what will they say about me	Ashamed	Affective behaviour	Stuttering and related behaviours
Changes barbodhu antha ankondiddhiini. Gottilla.	I think some changes will happen, I don't know	Not sure of changes	Awareness about therapy	Goals and outcome of therapy
50% aadru change agbohudhu antha heli.	Atleast 50% change might occur	Reduce stuttering	Improve fluency	Goals and outcome of therapy
Normal matadohage madbeku antha heli.	I should be able to talk normally	Talk normally	Improve fluency	Goals and outcome of therapy
P10				
Aache bere yellu hogi maatadak aagalla seminars yenu madak agalla	Cannot go out and speak, can't take seminars.	Situation specific difficulty	Communication in daily situation	Stuttering and related behaviours
Baya agtthe	Feel scared	Fear	Affective behaviour	Stuttering and related behaviours
Insult feel aagtthe	Feel insulted	Insult	Affective behaviour	Stuttering and related behaviours
Jaasti matad hogalla sumne irtini	I don't go to speak more, I just keep quiet	Avoidance	Affective behaviour	Stuttering and related behaviours

Slowagi maatadlikke try madtiddhe. Continuous maatadbekalva aavaga control aagtittu aadrunu jaasti aagtirlilla	I was trying to speak slowly. But when I speak continuously I could control but not more.	Reduce rate	Self strategies	Stuttering and related behaviours
Youtuballi Hrithik roshan stammering video nodiddhe. Doctorge consult maadi antha helidru. Complete stop aagtte anth heli	I saw Hrithik Roshans stammering video in youtube, he told to consult a doctor and that it will stop completely.	Celebrity as a model	Influence of media	Beliefs and understanding of stuttering
Tumba baya aagtalva adakke yeadru. Mind swalpa fluctuated aagtte. Mood swings aagthe. Bejaragtte. Maatadalla.	Something for getting scared. Mind gets fluctuated. Get mood swings. Feel sad. I don't talk.	Fear Mood swings Sadness Avoid talking	Emotional and cognitive behaviour	Goals and outcome of therapy
Techniques helkottare matadakke	They'll teach techniques to talk	Learn techniques	Fluency	Goals and outcome of therapy
MBA kalibekidrene idhu idhe antheli stop madlikiddhe	I was about to stop taking MBA for my further studies because I have this problem	Educational	Quality of life	Stuttering and related behaviours
Sariyaag matadire thoughts yella sariyatte alva	If I speak correctly all thoughts will also be correct isn't it	Speak correctly	Fluency	Goals and outcome of therapy
P11				
iirulli tindilladidre jaasti aagtte	If I don't eat onion, it increases	Home remedy	Self-strategies	Stuttering and related behaviours
matadak aagalla antha heli bitbidtivi.	Sometimes I leave thinking I can't speak	Low self esteem	Affective behaviour	Stuttering and related behaviours
Vondond kade naavu ivaga matadak aagalla beda bidhu antha heli bitbidtivi. Therapyge hodre matadod easy aadre volledhu.	Sometimes I leave thinking I can't speak, after therapy if speaking becomes easier its better	Speaking easily	Fluency	Goal and outcome of therapy

Yella kade maatadog aagli, collegalli aagli questions kelidre answer madakke swalpa problem aagtthe	I have problem when i speak everywhere, to answer questions in the college	Situation specific difficulty	Communication in daily situation	Stuttering and related behaviours
naavu mataduvaga keli nagtare antha heli answer madodhe bit bidtini. Yelladakku use aagthe.	I will be quiet thinking others will laugh listening to the way I talk.	ashamed	Affective behaviour	Stuttering and related behaviours
Baya illva modlu adhe kadime aagthe.	First, fear will reduce	Fear	Emotional and cognitive behaviour	Goal and outcome of therapy
Vodondh wordsgalu hege easy aagthe adhe riiti mikkid yella wordsgalu easy aag bandre puurti easyne.	If rest of the words comeout easily like the way some words are easy, everything will be easy	Speaking easily	Fluency	Goal and outcome of therapy
Maatadak barohangilla anthaheli adhe vondh karanakke hedrike aagtthe matnadakke	I feel scared to talk just because I don't know to talk	Fear	Affective behaviour	Stuttering and related behaviours
Bayanu hogtte maatadodhu sariyag aagtte	Fear also will go and I'll be able to talk correctly	Fear	Emotional and cognitive behaviour	Goal and outcome of therapy
Nan heliddhu artha agalla adikke beda antha helde.	They don't understand what I say, so I didn't accept it	Job opportunity	Quality of life	Stuttering and related behaviours
Salpa alli illi mataduvaga functionally mataduvaga problem agutte. Adella sariyagbeku	When I talk sometimes, during programs problem occurs, all this should be alright	Situation specific difficulty	Fluency	Goal and outcome of therapy
Singing show ittu adralli Manjunath antha heli vobrige matadalu tondre aagtittu, avrige correct agidhe antha heli nodiddiini	I saw a singing show, a person called Manjunath had problem in speaking which became alright	Celebrity as a model	Influence of media	Beliefs and understanding of stuttering
Heg matadbekantha helikodtre saaku	Its enough if they teach how to talk	Techniques to talk	Fluency	Goal and outcome of therapy

Therapyindha heg matadbeku antha hel kodtare, matadak kalistar antha. adhu use aagtte antha nam lifealli	In therapy they'll teach how to talk, that will be useful in my life	Teach to talk	Fluency	Goal and outcome of therapy
P12				
Nange abyasa aagi hogidhe adrabagge tale kediskolak hogalla.	I don't go spoil my head about it	Don't think about it	Self acceptance	Stuttering and related behaviours
Yaakandre jaasti practice aagiruttalla. Separateaagi maatadbekadre barta irutte aavag avvaga barta irutte.	Because I practice more (drama dialogue), it occurs repeatedly when I speak separately.	More in speech	Communication in daily living	Stuttering and related behaviours
Complete stop aadre kushine. But kamiyaagbeku	I am happy if it goes away completely but should reduce	Complete recovery or reduce stuttering	Improve fluency	Goals and outcome of therapy
P13				
Stammering tumba significantagi illa but fluency ashtu proper illa	Stammering is not that significant but fluency is not proper	Improper fluency	Fluency	Stuttering and related behaviours
seminars matte presentation kodbekidre swalpa impact aagodhu, Superiors jothe matadbekidre adikke	Has little impact when I have presentation and seminars, talking to superiors	Impact on performance	Quality of life	Stuttering and related behaviours
Self-confidence kammiyaagtidhe naanu yen deliver maadbeku adhu deliver maadak aagtilla	Self confidence is reducing, I am not able to deliver what I want to	Self confidence	Affective behaviour	Stuttering and related behaviours
Satisfaction illa. Performance productivity effect aagtidhe	No satisfaction, performance productivity is getting effected	No satisfaction	Quality of life	Stuttering and related behaviours
I felt more anxious tumba stuttering start aithu	I felt more anxious and stuttering began	Anxious	Affective behaviour	Stuttering and related behaviours
1 st to work on anxiety its part of affecting my speech	1 st to work on anxiety its part of affecting my speech	Work on anxiety	Emotional and cognitive behaviour	Goals and outcome of therapy

Anxiety jothe swalpa fluency bandre volledu	With anxiety if I get little fluency is good	Improve fluency	Improve fluency	Goals and outcome of therapy
Fluency bandre self confidence improve aagtte, productivity jaasti aagutte	If fluency improves self confidence will increase, productivity also will increase	Self confidence rely on fluency	Emotional and cognitive behaviour	Goals and outcome of therapy
Conversation alle stop maadi bidtini. Initiate maaddak bandrunu continue maadak aagalla.	Even if I can initiate I cannot continue, I'll stop the conversation	Avoidance	Affective behaviour	Stuttering and related behaviours
Psychological counselling irbahudu, nan history, avar identify maadtalva some words nange problem idyalva. Yenadru idhiaya. Adra mele will work more.	There might be psychological counselling, my history, they'll identify some words that I have problem and work more on it	psychological counselling Word specific intervention	Emotional and cognitive behaviour fluency	Goals and outcome of therapy
Stammering kammi yaadre 99% problem is gone	If stammering is reduced 99% of the problem is gone	Less stuttttering	Improve fluency	Goals and outcome of therapy
Nan lekkadalli jaasti anxious agodrindha it will induce stammering antha.	According to me becoming anxious induce stammering	Anxiety	Affective behaviour	Stuttering and related behaviours
Accept maadak start maadidhiini	I have begun to accept	Accept stuttering	Self acceptance	Stuttering and related behaviours
Techniques that we can work on stammering yakandre I have to face lot of croud. We have to accept situation. Sometime work correctag aagalla. almost yellanu effect aagutte.	Techniques that we can work on stammering yakandre I have to face lot of croud. We have to accept situation. Sometimes work won't be correct almost everything gets affected	Techniques to improve fluency Acceptance	Improve fluency Emotional and cognitive behaviour	Goals and outcome of therapy
P14				
Higher studies hodagella problem aagtte antha heli	It will be a problem when I go to higher studies. That's why	education	Quality of life	Stuttering and related behaviours

Adra bagge chinte maadilla. Adrindha problem aagilla nange	I never thought about it. I didn't have any problem because of it	No impact of stuttering	Quality of life	Stuttering and related behaviours
Todalu kadimeyaadre saaku ashte	Stuttering should reduce that's it	Reduce stuttering	Improve fluency	Goals and outcome of therapy
Vondhondh situationally aagatte stop maadi matte helidre sariyaagtte	It occurs in some situations, if I stop and say again it becomes correct	Pause and talk	Self strategies	Stuttering and related behaviours
Jen tuppa naaligeg hakodhu. Om kaara kuugbexantha itu adanna try maadiddhe	Putting honey on tongue, saying om kara was also there	Home remedy Om kara	Self strategies	Stuttering and related behaviours
P15				
Stutteringindhaagi interview attend madakke kasta aagtidhe	Because of stuttering its difficult to attend interviews	Interfere with performance	Quality of life	Stuttering and related behaviours
Matte groupalli jjasti jana idhre mingle agakke swalpa kasta agutte	When there are many people in a group I find it difficult to mingle with them.	Situation specific	Communication in daily living	Stuttering and related behaviours
Avaru swalpa awar awar opinion heluvaga, nange gottirutte yen helbexantha but helak aagalla antha.	When they say their opinions, I know what to say but I can't say	Cannot express opinion	Communication in daily living	Stuttering and related behaviours
Baya yella illa face madtinxantha hogtinxalla	No fear because I will be going thinking I will face	No fear	Affective behaviour	Stuttering and related behaviours
Naan fastak speedag maatadtinxalla avaga nang ansutte tongue idiyalla adhu upper part full touch aadang aagutte	When I talk fast I feel that my tongue touches the full upper part	Tongue stuck	Physiological Aspects	Stuttering and related behaviours
Tongue fat ansutte. Tumba fat idhe nandu	My tongue is fat	Fat tongue	Physiological Aspects	Stuttering and related behaviours

First think maadi bidni, alde helakke agalla adhu. Matte yochne maadbeku hinge hinge antha.	1 st I need to think, otherwise I can't say that, I will have to think again like this	Think and speak	Self strategies	Stuttering and related behaviours
Ondhondh sala phone pick maadalla, yaaru antha keltini suddenag, so wrong number andre I'll just cut it off	Sometimes I don't pick the call, I'll ask who is it suddenly, so if they say wrong number I'll just cut it off	avoidance	Affective behaviour	Stuttering and related behaviours
Vondh heavy breathing tagobeku, But alli interview mundhe aathara helidre sari hogalla alva.	I need to take a heavy breath, but during interview it won't be good if I do that right	Breathing- not efficient	Self strategies	Stuttering and related behaviours
Interview hodaaga yenu baya aagutte	When I go to the interview I feel scared	Fear	Affective behaviour	Stuttering and related behaviours
Stuttering stop maadbeku adhe main	Stuttering should stop that is main	No dysfluencies	Fluency	Goals and outcome of therapy
1 st one is I should face a thing and in office also when I am working also I should face	1 st one is I should face a thing and in office also when I am working also I should face	Face Obstacles because of stuttering	Emotional and cognitive behaviour	Goals and outcome of therapy
Yenaadru swalpa tension yenadru aagbitre adhu saha jaasti effect aagthe	In case of little tension also that will effect a lot	Tension	Affective behaviour	Stuttering and related behaviours
Somethings also came to my mind. May be I am doing this wantedly	Somethings also came to my mind. May be I am doing this wantedly	Negative self evaluation	Affective behaviour	Stuttering and related behaviours
They just ignore or say move on	They just ignore or say move on	Ignorance from others	Affective behaviour	Stuttering and related behaviours
Mainly I just get tensed a lot. Nange tension indhaagi stuttering jaasti agtte. I just want main focus on dealing with this also.	Mainly I just get tensed a lot and due to tension stuttering increases. I just want main focus on dealing with this also.	Tension	Emotional and cognitive behaviour	Goals and outcome of therapy
P16				

Cure agutte anta helidru	They said it will be cured	complete cure	Recovery	Beliefs and understanding of stuttering
Therapy tagondre kadimeyaagtte antha ansutte	I think if I take therapy, it will be reduced	Reduced stutter	Fluency	Goal and outcome of therapy
Nange nidhanavagi maatadidre yen tondre illa	I don't have a problem if I speak slowly	Reduced rate of speech	Self strategies	Stuttering and related behaviours
Hosobru kandre vondu deyryadinda maatadbeku	I should be able to speak confidently when I see a new person	Build Confidence	Emotional and cognitive behaviour	Goal and outcome of therapy
suddenagi helakke bayi vondh tara hididh hididh barutte. Adondh bittu bere yenu problem illa.	To talk suddenly, it gets stuck in the mouth and comes out. Except this there's no other problem	Articulatory resistance	Physiological aspect	Stuttering and related behaviours
Baya huttutte (strangers)	Feel anxious (strangers)	Anxious	Affective behaviour	Stuttering and related behaviours
Tarabeti tagondre 1 vara bittu problem aagalla antha aniskotiddini	If I take therapy, I know I will not have a problem after a week	Recovery	Effect of therapy	Goal and outcome of therapy
Avru yenu hege matadbeku antha helkottaga deyrya huttute	When they teach me how to talk, I will get confidence	Build Confidence	Emotional and cognitive behaviour	Goal and outcome of therapy
Suddenag matadbekidre vondhchur gali hidiyutte adondh kadimeyagbeku.	When I talk suddenly, I feel like air is caught, that should reduce	Airway resistance	Physiological aspect	Stuttering and related behaviours
Baya annodhu hogbekaste	Fear should go away	No fear	Emotional and cognitive behaviour	Goal and outcome of therapy
P17				
70% kami yaagtte antha nambke idhe	I believe that 70% stuttering will reduce	Reduced stutter	Fluency	Goal and outcome of therapy

Heng maatadodu antha heltare	They'll teach me how to talk	Techniques to talk	Fluency	Goal and outcome of therapy
Gabri kammiyaagtte	Fear will reduced	Reduced fear	Emotional and cognitive behaviour	Goal and outcome of therapy
Matadodhu swalpa kammi yaagtte	Speaking will reduce	Reduced stutter	Fluency	Goal and outcome of therapy
P18				
Todlu baruvaaga baya barutte	When stuttering occurs I feel scared	Fear	Affective behaviour	Stuttering and related behaviours
Interviews attend madidini aadre tagotilla	I attend interviews but they don't take me	Lost opportunities	Quality of life	Stuttering and related behaviours
Swalpa bereyavaratra matadvaga mujugara aagtte beega matte baya aagttthe	When I talk to others I feel embarrassed and feel scared	Embarrassment Fear	Affective behaviour	Stuttering and related behaviours
Control madak aagbeku. Iiga bartirodalli atleast 60-70% kami yaagbeku	I should be able to control Atleast 60-70% of what is occurring now should reduce	Control Reduce stuttering	Improve fluency	Goals and outcome of therapy
P19				
Nange jobige tumba tondre aagtidhe	I am finding difficulty in finding job	Job opportunity	Quality of life	Stuttering and related behaviours
nange teaching fieldge barbeku andre chennagi maatu alli maadbeku andre stammering annodhu irle bardhu, but nange yen aagtidhe andre, demo kododik hodagella stammering barta idhe.	If I have to go to the teaching field, if I have to talk correctly, I shouldn't have stammering at all. But when I go to give demo I am having stammering.	Interference in performance	Quality of life	Stuttering and related behaviours
Nange yella timalli stammering barodhu beda	I don't want stammering to occur at all the time	No stuttering	fluency	Goals and outcome of therapy

nan bere proffesionege hogidre yenu aagtirlilla	If I was in another profession, nothing would have happened	Choice of career	Quality of life	Stuttering and related behaviours
Therapyyalli generalag maadbardu. Generallagi pratyobrigu maadotara maadbardhu. Pratiobru individually different. Hangagi pinpoint maadbeku. Pratiyobrigu yen samasye idhe, Adanna pinpoint maadi yenadru maadbeku.	Therapy shouldn't be general, every individual is different so should pinpoint what is the problem, and do something for those aspects.	Pinpoint problem	Individualised therapy	Goals and outcome of therapy
Nanige kelavondhu sanniveshagalalli maatra heavy bartte. Example helodadre, collegegalalli demo kododikke antha hogirtini, aaga vondondh sala demo kodbekidre stuttering bandbidutte.	I get stuttering in some situations example when I go for demo in any college, sometimes I get stuttering when I give demo.	Situation specific	Communication in daily living	Stuttering and related behaviours
Adhu vondhu medicine tara irodrindha, swalpa vondhu 5% aadru kammi aagbahudu antha.	As it works like medicine, atleast 5% might be reduced	Reduced stuttering	Fluency	Goals and outcome of therapy
Completagi hogtte antha heli nambike illa. Yaakandre idhu genetic aagi bandirodrindha.	I don't have belief that it will completely go away, because it is genetic	No complete recovery	Recovery	Beliefs and understanding of stuttering
Obru doctor hange andru nimge genetic aagi bandirodrindha, adhu irtthe aadre niivu control maadbahudashte.	A doctor said because this is genetic it won't go away completely but you can control it.	Doctors suggestion	Recovery	Beliefs and understanding of stuttering
sanniveshagalalli nange irutthalva adhu, adhna pinpoint maadi yenadru therapy kotre volledhu	In different situations I get stuttering, that needs to be pinpointed and its good if some therapy is given.	Situation specific strategies	Fluency	Goals and outcome of therapy
Swalpa anxiety idhe	I have little anxiety	Anxiety	Affective behaviour	Stuttering and related behaviours
Kelavomme baya aaagte	I feel scared sometimes	Fear	Affective behaviour	Stuttering and related behaviours

P20				
Just naavu innobrajathe maataduvaaga sariyaagi helak hogtivi manassinalli. Aadre opposite iddavaru namge nagode tumba hurt aagtthe.	When we try to say something to others, I'll think in my mind to say it properly but it hurts when the opposite person starts laughing	Hurt	Affective behaviour	Stuttering and related behaviours
Yelli hurt maadtaro yeno antha kinnate aagutte.	Low self esteem thinking will they hurt	Low self esteem	Affective behaviour	Stuttering and related behaviours
Vondh vastu tegedhu kodu antha helakke, aa vastu hesru helik bardeiddhaaga tumba sala repeat maadtini. Aaga ivrella yeno antare	When I want to ask for a thing I keep repeating the word when I am not able to say it, at the moment others say something about it.	ashamed	Affective behaviour	Stuttering and related behaviours
Naan adna try maadtini punaha, aadru bartaila aavaga tumba bejar aagte.	I try again, but when it still doesn't happen I feel sad	Sadness	Affective behaviour	Stuttering and related behaviours
Vondh padha, iga chappali antha heli helik aagalla. Avaaga 'adhu' aatara use madtini	Say a word chappal, when I am not able to say it I refer as 'that'	Alternative word usage	Fluency	Stuttering and related behaviours
Cha indha baro padagalu adhu problem aagtthe.	I have problem with words starting with 'ch'	Word specific	Fluency	Stuttering and related behaviours
Heg control madodu	How to control	Control	Fluency	Goals and outcome of therapy
Naan jaarjotenu maatadalla. Baya yakandre avaru nam jothe heg matadtara antha depend aagtthe.	I Don't talk to anyone because I'm scared of how they'll talk to me.	Fear	Affective behaviour	Stuttering and related behaviours
vobru bandu kelidre helik baralla	When someone asks I can't say	Difficulty talking	Fluency	Stuttering and related behaviours
50% aadru matadodhu sari maadbahudu antha ankodidiini.	I think atleast 50% of my speech can be corrected	Reduce dysfluency	fluency	Goals and outcome of therapy

Todlu bittu yella chennagidhe. Adhe main problem.	Nothing other than stuttering, that's the main	Dealing only with stuttering	fluency	Goals and outcome of therapy
Naan hindhe ulilik kaarana idhu	The reason for me to remain back is this	Lack of opportunity	Quality of life	Stuttering and related behaviours
P21				
putri sariyaagalla anta gottidhe	I know it will not be cured completely	No complete cure	Recovery	Beliefs and understanding of stuttering
Naan opko bittidini, 85 to 90% nearly 90 its okay	I have accepted it, 85 to 90% nearly 90 its okay	Accepted stuttering	Self acceptance	Stuttering and related behaviours
Panic situationally heng avoid maadbeku	How to avoid in panic situations	Panic situations	Emotional and cognitive behaviour	Goal and outcome of therapy
Nang bekaagirodhe nang jaasti bartirode situation, Aa timally heng avoid maadbeku	What I need, what I get more is situations, how to avoid during those times	Face situations	Emotional and cognitive behaviour	Goal and outcome of therapy
yaaryarjotheng heng communicate maadbekadre naan category madkobeku	How to talk to whom, I should be able to categorise	Individual specific strategy	Fluency	Goal and outcome of therapy
Problem irodhe starting maatra. Start madodhu vondhu helidre, adikke vondh grip sikkidre nange practice madidre volledhu.	Problem itself is in the beginning. If I am told how to start, if I get a grip over it, if I practice its better.	Strategies to begin	Fluency	Goal and outcome of therapy
Bejar aadre naane samaadaana maadbekodu, Adu yaavatto school lifalli gottagbittide.	If I become sad, I have to calm myself down, I have realised it way back in school	Calm oneself	Self-reliance	Beliefs and understanding of stuttering
90% hogtte anta helidde, aa percentagealli idhuu vondu	90% reduction includes this (sad)	Reduce sadness	Emotional and cognitive behaviour	Goal and outcome of therapy

practically gottilla. 1 st time try maadtirodhu. Heng affect agttte antha heli idea illa. Yenagutte anta gottilla.	Practically I don't know trying for the 1 st time, I have no idea about how it will effect, don't know what will happen	Don't know	Awareness about therapy	Goal and outcome of therapy
Todlu baruvaga nillisebkantha gottu, aadre ivvaga adhu control madak agtilla.	I know I have to stop while stuttering, but right now I am unable to control.	Control stuttering	Fluency	Goal and outcome of therapy
Nange manageable aadre saaku.	Enough if its manageable for me	Manage stuttering	Fluency	Goal and outcome of therapy
Problem idhe antha helike nange bejaaraagtthe	I feel sad to say that I have a problem	Disclosure of problem	Affective behaviour	Stuttering and related behaviours