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Relationship Between Self-Compassion, Self-Perception, and Stuttering Severity

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Abstract

The present study investigated the possibility of a relationship between self-compassion, self-perception, and stuttering severity in adults who stutter. Four adults who identify as people who stutter were administered the Self-Compassion Scale, the Self-Perception Profile for Adults, the Overall Assessment of the Speaker's Experience of Stuttering, and the Stuttering Severity Instrument. Results indicated a negative correlation between stuttering severity and self-compassion. A relationship was found between self-perception and stuttering severity and self-compassion in only one participant. It was concluded that practices of self-compassion may be beneficial in speech therapy for adults who stutter, and that both self-perception and self-compassion scales may be used in treatment in order to increase awareness of personality strengths and coping mechanisms in people who stutter. Results indicate that implementation of a healthy coping mechanism, such as self-compassion, may be further warranted for individuals with increased stuttering severity.

Introduction

According to the National Stuttering Association, stuttering is a communication disorder characterized by disfluencies in a person's speech (2017). The word "stuttering" is used to refer to disfluent speech overall and the individual events of disrupted speech. Stuttering is often accompanied by physical tension, emotional distress, or anxiety related to speaking. Simply stated, stuttering occurs when there is a disruption in a person's outward flow of speech. Stuttering may be marked by involuntary repetitions and prolongations of sounds, syllables and words or blocks, during which the speaker is unable to produce a sound (Bennet, 2006). Stuttering is a multidimensional behavior which involves affective, behavioral, and cognitive components. This includes the stuttering behavior (i.e. repetitions, prolongations, blocks), emotional reactions towards stuttering, and thoughts related to stuttering. According to Bennet, the stuttering behaviors alone are considered to be core stuttering behaviors, while the emotional, cognitive, and behavioral reactions to stuttering are considered to be secondary behaviors (2006).

Stuttering is a complex disorder that is recognized by the core stuttering behaviors. While people who stutter (PWS) have different personalities and varying levels of anxiety and other psychological issues, PWS often struggle with the emotional, or affective components of stuttering regardless if it is evident in their behavior (Bennet, 2006). Stuttering is often compared to an iceberg, in which only the "tip" or the stuttering behavior is seen, while other components of stuttering are hidden beneath the surface (Sheehan, 1970). PWS may experience feelings of embarrassment, shame, guilt, or anger related to their stutter. While everyone experiences these feelings at some point in their lives, PWS tend to experience these feelings specifically regarding communication, an essential component of a social human existence. PWS may begin to feel shameful about stuttering and attribute it to be a communication failure. These instances of communication failure may lead to avoidance of the situations in which the

perceived failure occurred, or avoidance of speaking altogether (Rogers, 1986). When stuttering becomes something to avoid, it becomes something secretive and shameful which the PWS must hide. More stuttering causes more shame, which causes more avoidance and hiding of the stuttering in a painful shame cycle. Carrying around this perceived "burden" can contribute to feelings of isolation, and thus begin to have an impact on the way a PWS begins to perceive his or her identity in society (Bennet, 2006).   Negative judgment of oneself impacts one's overall self-perspective.

Speech-language pathologists (SLPs) are involved in both the treatment and counseling of PWS. Treatment may involve the physiological aspects of stuttering, such as providing fluency generating techniques, modification of stuttering, and fluency shaping techniques (Bennet, 2006). Additionally, the SLP may play a significant role in counseling patients and providing therapy that addresses the affective components of stuttering, including the shame, anger, and avoidance that may accompany stuttering.

The current study aims to examine the relationship between stuttering severity and the level of self-compassion and self-perception a PWS possesses. It is hypothesized that gathering information about trends in self-perception and self-compassion may help increase the knowledge of SLPs and subsequently better inform treatment.

Review of Literature

Self-Compassion and Coping

Self-compassion is the tendency to be kind and sympathetic towards the self, especially during times of suffering, perceived inadequacy, or difficult life circumstances (Neff, 2003). Originating from Buddhist teachings, the practice of self-compassion is an exercise in

mindfulness implemented by many individuals regardless of religious affiliation. Psychology and holistic medicine are among several clinical professions that have begun to utilize self-compassion in treatment to increase patient quality of life (Neff, 2003). Self compassion is a both behavior and an attitude which contributes to a positive, healthy lifestyle and promotes mental well-being. According to Dr. Kristen Neff, researcher in self-compassion at the University of Texas at Austin, the practice of self compassion includes considering oneself with kindness, approaching imperfections mindfully and acknowledging failure as a shared human experience (2011). It is a mindset that may be developed naturally as one experiences hardships throughout life, or it may be practiced and developed intentionally. Self-compassion can be implemented whether suffering is self-inflicted or caused by external life circumstances. The practice of self-compassion is comprised of three components including self-kindness, feelings of common humanity, and mindfulness.

Self-kindness can be further explained as regarding one's own inadequacies, mistakes and failures with a warm understanding rather than posing judgement to the self (Neff, 2003). Whether suffering is caused by personal shortcomings or stressful life circumstances, self-kindness means offering unconditional positive regard for oneself to offer comfort in suffering. At its core, self-kindness is showing the same gentleness and care for oneself that one would show to others. For example, rather than criticizing the self using a negative attitude and harsh self-talk for coming in last place in a race, one could show kindness towards the self and use kind words to acknowledge the fact that the race was finished at all.

Neff states that feelings of common humanity involve recognizing that all humans have made and will continue to make mistakes throughout their lives (2011). This means considering one's perceived inadequacies or failures as part of the human experience. A person with a high level of self- compassion will learn from mistakes and move forward rather than dwelling on

mistakes and chastising the self. The concept of common humanity also applies to suffering as well as making mistakes. Especially difficult or painful circumstances may evoke a feeling of isolation, or a "why me" attitude. Recognizing common humanity entails acknowledging that everyone has feelings of hardship or inadequacy in some way, and when framed as a shared human experience, suffering becomes less isolating (Neff, 2011). Thus, a person who acknowledges suffering as a shared human experience may be more accepting of suffering when it occurs. Suffering may include physical disabilities, experiencing the loss of a loved one, or dealing with a chronic illness, among other circumstances. Additionally, feelings of common humanity are important not only in enhancing connection to others, but also in decreasing comparison of the self to others positively or negatively (Neff, 2011).

Mindfulness, the third component of self-compassion, requires one to become aware of and immersed in the present moment, so as to be able to experience each situation with a clear and balanced perspective (Neff, 2003). Mindfulness is thought to encourage thinking neutrally about one's imperfections; recognizing that a particularly negative thought occurs, but neither ignoring it nor allowing it to rest in one's thoughts. According to Neff, mindfulness promotes resilience by making one less likely to become consumed by pain or suffering and unable to see a situation from multiple perspectives (2011). Non-judgmental acceptance is another essential component of mindfulness. This acceptance could be in regard to personal performance, reaction to circumstances, or perceived imperfections (Neff, 2011). The key to this element of mindfulness is acknowledging such thoughts without judgement, and letting the thought pass. According to Noguchi (2017), mindfulness is emotional regulation strategy. Individuals just beginning the practice of mindfulness attempt to inhibit emotional responses to stimuli, whereas those more skilled in the practice will allow a positive or negative thought to come and go

without reaction. This creates an emotionally stable temperament in those who may otherwise be unbalanced for reasons such as anxiety, depression, or stress.

Research increasingly shows that when met with personal suffering, treating oneself compassionately promotes mental health and overall wellbeing (Smeets, Neff, Alberts, & Peters 2014). Increasing mental health includes decreasing levels of anxiety and depression, both which are linked to stress. One's mental health is put at risk when one is faced with difficult life situations without a solid method of managing or directing stress. Additionally, self-compassion is thought to increase healthy behaviors (Neff & Knox, 2017). Healthy behaviors may include regular exercise, seeking medical attention when needed, and reduction of addictive behaviors such as smoking and alcohol consumption. In a similar way, the level of self-compassion a person possesses is associated with the level of life satisfaction. According to Yang, Zhang, & Kou, high levels of self-compassion are positively related to life satisfaction (2016). Additionally, more self-compassion is related to more happiness and optimism, greater emotional resilience and stability as well as less self-criticism, depression, self-criticism and perfectionistic attitudes (Neff, 2011). Furthermore, self-compassion involves striving for health and well-being for the self and taking personal initiative to make positive changes in one's life. Neff explains that self-compassionate individuals tend to set high standards for themselves, but do not criticize themselves if those standards are not met (2011). Rather, self-compassion motivates individuals to achieve a consistent state of well-being as well as to persist in difficult situations.

Treating oneself with compassion is a healthy way to cope with suffering or difficult life circumstances. Researchers Plexico, Manning, and Levitt (2009) investigated the coping mechanisms used by adults who stutter. The coping mechanisms and reasons why they were chosen were studied in 9 PWS. A qualitative research method, which involved participants

responding to statements about stuttering, was used. Researchers found that participants that viewed stuttering as a single characteristic of themselves rather than the most defining element of them as people were able to better approach stuttering and use functional coping mechanisms. Those who used functional coping mechanisms for their stuttering were better able to manage their stuttering and secondary behaviors. Stuttering also became less shameful for these individuals. In contrast, those who felt that stuttering defined them as people were more likely to engage in avoidance behaviors and feel guilt or shame about their stutters.

According Plexico, et., al, there are two main functions of coping. The first, emotion-focused coping, occurs as an emotional reaction to stuttering. Emotion-focused coping occurs when an individual feels that the stressor, or perhaps the cause of the stuttering event, is out of his or her control. Examples of emotion-focused coping include avoidance behaviors, feelings of anger or shame, and possible distancing oneself from social situations where a stuttering event could occur. Additionally, there is a function that Plexico and colleagues refer to as problem-focused coping. In the problem-focused coping mechanism, people who stutter (PWS) take a self-directed approach to the stuttering event or stressor.

Plexico and colleagues (2009) suggest that a self-directed approach may be used when the PWS believes there is something that can be done to reduce or eliminate the stressor. Examples of problem-focused coping include cognitive strategies such as using fluency generating techniques, attempting to reduce tension, or possibly changing the environment/situation. The coping mechanism that a person chooses is related to the control that that he or she believes is possessed over a situation. Depending on which mechanism is chosen and the reasoning behind the choice, a mechanism may be functional or dysfunctional.

Dysfunctional coping mechanisms result in feelings of shame, guilt, or escapism, while functional coping mechanisms encourage problem solving and self-encouragement (Plexico et.

al, 2009). Plexico and colleagues describe that for adults who stutter the avoidance of stuttering, both emotionally and physically, is a dysfunctional coping mechanism (2009). Over long periods of time, this dysfunctional coping to mechanism has been shown to have adverse effects on the ability of the PWS to cope functionally. In summary, the methods of coping with difficult life circumstances can have a deep impact on one's outlook on the self and life in general.

Self-Perception and Stuttering

Messer and Harter, developers of The Self-Perception Profile for Adults, describe self-perception as the multi-dimensional concept that one has of oneself (2012). The concept includes a variety of factors including sociability, physical appearance, job competence, morality, and intelligence among other characteristics. Self-perception includes not only whether one feels competent and/or adequate in certain domains, but also the degree to which one likes oneself as a person in general (Messer & Harter, 2012). The idea of self-perception includes the concept of self-esteem in that the more important a certain trait is to a person, the more that person may value success in that domain. Thus, if a person fails to be successful in a domain that he or she values highly, the more likely he or she will feel like a failure or inadequate, resulting in increasingly low self-esteem (Messer & Harter, 2012). Relative to stuttering, if a PWS values sociability highly, but feels that stuttering has an impact on the ability for him or her to be successful in that domain, the more likely he or she will feel insufficient regarding that domain.

Adriaensens, Beyers, and Struyf (2015) used the Self-Perception Profile for Adolescents, Erickson S-24, Multidimensional, Perfectionism Scale, and the Stigmatization and Disclosure in Adolescents Who Stutter Scale to investigate the relationship between stuttering and self-esteem in 55 adolescents who stutter (AWS), and 76 adolescents who do not stutter. The authors explained self -esteem as a response to the question "how much do I like and accept myself as a person?" Self-concept asks a person to attempt to see the self from the eyes of others to create a

self-judgement based on the individual's own beliefs and experiences. The authors explain that stuttering tends to have a negative impact on a person's view of spoken communication in general, which may have a negative impact on a person's overall self-esteem. The study included questions on cognitive, behavioral, and affective aspects of stuttering. Adriaensens et al. (2015) investigated stuttering severity, the independent variable, and self-esteem, the dependent variable. Adriaensens and colleagues also investigated communication attitudes, perfectionism, and experienced stigma or non-disclosure of stuttering, all of which were considered by the investigators to have an impact on overall self-esteem. Results of the study indicated that increased stuttering severity resulted in more negative global self-esteem in adolescents. Higher levels of stuttering severity, based on results using the *Subjective Screening of Stuttering Instrument* (Riley & Riley, 2004) was correlated with negative scores on the domains of school competence, having close friendships, and social acceptance. The authors noted that these were the domains most associated with communication in adolescents. Additional findings indicated that a behavioral coping mechanism in the AWS was to hide their stuttering because they perceived it to be a negative characteristic.

Self- perception has also been researched in adults who stutter. Boyle (2015) investigated the impact of empowerment, social support and self-help support group participation on self-identified quality of life in 249 adults who stutter using a web-based survey. Boyle explained that PWS face high levels of psychosocial stresses as well as behavioral consequences as a result of their stuttering. Feelings of shame, stigma, and isolation have significant negative impacts on the way that PWS perceive themselves in addition to their overall quality of life (Boyle, 2015). According to Boyle, quality of life consists of a person's own judgement of his or her enjoyment of life and fulfillment by life activities. This includes one's perception of how one is able to function across life activities including work, leisure, relationships and emotional states. The

factors that have a significant impact on quality of life include social support, participation in support groups, group identification, and empowerment (Boyle, 2015). Social support involves the interaction of two individuals in which one of the individuals benefits from the interaction. Social support typically involves friends, family members, teachers, classmates, or co-workers and has been found to protect individuals from harmful effects of stress or difficult life situations. Self-help support groups for PWS have been shown to increase the well-being and mental health of participants. Support group gatherings are intended to be a safe space where members can share thoughts and experiences, give and receive advice, and seek support for difficulties involving stuttering. According to Boyle, studies indicate that participation in self-help groups not only improves self-esteem and life satisfaction, but also has a positive impact on the way that PWS view themselves, and contributes to more acceptance of stuttering. Participation in self-help groups may also increase one's group identification, as one may begin to connect with other group members and see oneself as a member of the group, and therefore feel less isolated. The other aspect included in this study, empowerment, may be described as gaining control over one's life and having adequate impact on what happens in one's life. Empowerment is related to self-esteem in that the more self-esteem one has, the more empowered one will feel (Boyle 2015).

In the study, Boyle surveyed participants in order to gain information on quality of life of PWS to inform speech-language pathologists (SLPs) of the role that quality of life can play in management and treatment of stuttering (2015). Measures used in the study included a survey that asked participants about their history of self-help group involvement and a self-rated stuttering severity scale. The self-rated stuttering severity was assessed using a 9-point Likert scale, which included eight different speaking situations such as conversational speech, reading aloud, or talking on the phone. Scores across each speaking situation were averaged, and higher

scores indicated higher severity of stuttering. Quality of life was also rated with a self-measure

using the *Quality of Life Enjoyment and Satisfaction Questionnaire–Short Form* (Endicott, Nee,

Harrison, & Blumenthal 1993). Social support was measured using the *Multidimensional Scale*

of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988), which includes questions

about support from family, significant others, and friends amongst others. Lastly, empowerment

was measured using the *Empowerment Scale* (Rogers et al., 1997).

Boyle (2015) found that though all measures were found to have correlations with overall

quality of life in PWS, some factors were more significantly correlated than others. Both

increased self-esteem and support from external sources were related to greater reported quality

of life in PWS. Additionally, the social support given by family was a significant finding, as it

was positively correlated with quality of life. Empowerment was also found to have a positive

impact on the overall self-efficacy and quality of life of PWS. Overall, this study suggested that

PWS may benefit from treatments that focus on improving self-esteem as well as including

family members or significant others in the treatment process.

Additionally, Bleek, Reutera, Yaruss, Cook, Fabere, and Montag (2012) examined the

association between the personality traits of 112 PWS and the effects of stuttering on their lives.

The results suggested that PWS experienced more social and emotional consequences than

people who do not stutter. Social consequences may include negative impacts on relationships

with peers, school performance, or interactions with superiors as well as employment

opportunities, while emotional consequences include anxiety, shame, stigma or avoidance of

stuttering. Participants completed the *Overall Assessment of the Speaker's Experience of*

Stuttering (OASES) (Yaruss & Quesal, 2006) and the NEO *Five-Factor Inventory,* which

measures a five-factor model of personality (Costa & McCrae, 1992). The NEO Five-Factor

Inventory is a questionnaire that is made up of 60 items that also uses a 5-point Likert scale to

measure the characteristics of neuroticism, extraversion, openness, agreeableness and conscientiousness.

Bleek and colleagues (2012) administered the measures to participants and calculated correlations between the two scales. Male participants were found to be more likely to report that stuttering had a more significant impact on their lives than female participants. The study also concluded that certain personality characteristics, such as neuroticism and extraversion, were correlated to a more negative impact of stuttering on overall quality of life as reported on the OASES. To conclude, the results of the study are indicative that some PWS may be more prone to adverse effects of their stutter due to personality traits, and thus, treatment of stuttering should be adapted based on the personality characteristics of the client.

Conclusion

In summary, this review of literature pertaining to self-compassion and self-perception points to a possible relationship with stuttering. Self-compassion is a healthy coping mechanism that has been shown to improve mental health and overall well-being in people faced with difficult life circumstances. Self-compassion also has shown to improve one's opinion of oneself, as it decreases tendencies to criticize and judge oneself in difficult times. PWS often experience feelings of shame, social stigma, and decreased quality of life due to their stutter. Thus, PWS may consider themselves to be in a difficult life situation, but tend to cope with stuttering in a dysfunctional way. Additionally, PWS tend to view their stutter as a negative quality, or a quality that dominates their personality. This critical self-concept may contribute to dysfunctional coping mechanisms such as avoidance. The studies discussed so far have emphasized the importance of treating oneself compassionately in times of isolation, shame, or distress. Self-compassion is a functional coping mechanism that may be beneficial for PWS, especially those who have a negative self-perception.

Statement of Purpose

Few studies have looked at the impact of stuttering on overall self-concept in adults who stutter. Additionally, no studies have examined the relationship between stuttering severity, self-compassion and self-perception. By examining the relations among these variables, the purpose of the present study is to add to the literature as to how PWS view their stuttering, for example, as a problematic impairment, or a personality characteristic. The intention is also to find whether there is a relationship between stuttering severity and self-perception and self-compassion.

This study will investigate the way in which PWS perceive themselves. According to the American Speech-Language Hearing Association (ASHA), the duty of a speech-language pathologist (SLP) is, amongst other tasks, to counsel, discuss, evaluate, and address negative emotions related to the client's communication disorder. The Scope of Practice (ASHA, 2016) states that the role of an SLP is to counsel through education, guidance, and support of clients and their families. This includes communicating with clients about thoughts, feelings, emotional and behavioral reactions to speech and language disorders in addition to addressing negative consequences that may arise due to a communication disorder. To address these effects with clients, the SLP must be prepared with knowledge about cognitive, emotional, or behavioral effects that a client may be experiencing. The present study is intended to investigate these effects with PWS. There is a possibility for stuttering to correlate with cognitive, emotional or behavioral effects. Therefore, the SLP should be informed about the presence and tendencies of possible negative self-perceptions in PWS to better treat and counsel clients who stutter.

Method

Participants

The data reported in this study were gathered from 4 adults. The age of the participants ranged from 19 to 35 years. All participants were Caucasian. Two males and two females participated in the study. Each participant was a native English speaker and self-identified as a PWS. Participants reported their age, gender, education level, personal and family history of stuttering and the history of treatment for stuttering on a general history form. All participants reported having previous treatment for stuttering at some point in their lives.

Procedures

Approval from the Institutional Review Board at Illinois State University was obtained prior to recruitment of participants. Interest flyers were distributed, and possible participants were invited to the study by the investigators. Two of the participants were personally known by the author. Prior to completion of the measures, participants were informed of the purpose of the study in addition to the potential risks involved in participation. Additionally, participants were informed of their rights, including that participation in the study was completely voluntary, and withdrawal without consequence could occur at any time. Participants were also insured confidentiality of their participation in the study and any subsequent reports regarding the study. Two of the participants completed the measures and the interview portion in the laboratory where the data were collected and stored. Two other participants agreed to complete the survey outside of the laboratory either via Skype ™, or in a location of their choosing. Data collection outside of the laboratory occurred due to locational inconveniences for participants.

All participants partook in a discussion with the investigators first. Topics of conversation included careers, family, and hobbies. A history form was given to each participant

in which onset of stuttering, history of treatment of stuttering, family history, and education level were indicated. The surveys following the discussion included the OASES, the Self-Compassion Scale, and the Self-Perception Profile for Adults and were administered randomly. The investigators allowed the participants to complete the surveys independently and in a different room to allow for privacy. Forms were sent over email to the participant who completed the interview process via Skype™.

Measures

Stuttering was verified by analysis of collected speech samples using the *Stuttering Severity Instrument- Fourth Edition (SSI-4)*, a norm-referenced stuttering assessment (Riley, 2009). The SSI-4 measures frequency, duration, physical concomitants, and naturalness of the individual's speech based on two speaking tasks during which the participant was engaged in a short conversation with the researcher and then asked to read a passage from the SSI-4. Conversations and oral readings were audio and video recorded.

The SSI-4 was scored as directed by the instrument's examiner manual. All participants were readers and thus given the reading task in addition to the speaking task. The reading task was the same for all participants and consisted of a 367-syllable passage that was read aloud by each participant. Speech naturalness was subjectively rated on a 9-point Likert scale on the SSI-4, where 1 correlated with highly natural sounding speech and 9 correlated with highly unnatural sounding speech.

All other measures were self-report questionnaires filled out by the participants independently. One measure used was the Self-Compassion Sale, developed by Kristen Neff (2003). The scale appears in Appendix A. The scale is a 26-item questionnaire in which each item pertains to the question "how I typically act towards myself in difficult times." Responses to

each item are given on a 5-point Likert scale where a response of 1 correlates with "almost never" and a response of 5 correlates with "almost always."

The Self Compassion Scale was scored according to the instructions given by Neff (2003). A higher total score is associated with greater self-compassion. Items were categorized into Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. Items on the Self-Judgement, the Isolation, and the Over-Identification subscales were reverse-scored based on Neff's instructions.

Another scale in the study was the Overall Assessment of the Speaker's Experience of Stuttering (OASES). The OASES is a self-report inventory that measures the experiences of a PWS from the point of view of a PWS. The inventory uses a 5-point Likert scale in five different subsections to assess the speaker's experience and self-perception of stuttering. A response of 1 correlates with "always," while a response of 5 correlates with "never." The subsections include general information, reactions to stuttering, communication in daily situations, and quality of life. The inventory explores the everyday communication difficulties that PWS face in addition to overall quality of life by calculating an impact rating, which represents the impact that stuttering has on an individual's life. Impact scores range between 1.0 and 5.0, and correlate with an impact rating from mild to severe impact.

The OASES was scored using the examiner's manual. The four subsections were each scored individually, and total points were given for each subsection based on the circled responses. Examinees were also provided with the option to respond, "Not Applicable" for all items throughout the subsections.

Participants completed the Self-Perception Profile for Adults, (Messer & Harter, 2012), a measure which examines the multidimensional aspects of a person's personality across several

domains. The Self-Perception Profile appears in Appendix B. The survey asks participants to

answer the question "what am I like?" and presents questions based on different aspects of

personality. The eleven specific domains in the measure include sociability, job competence,

nurturance, athletic abilities, physical appearance adequate provider, morality, household

management, intimate relationships, intelligence, sense of humor, and finally, overall self-

perspective. Participants answered questions in a forced 4-point scale, in which two statements

are provided and the participant will respond to one of four options including "really true for me"

or "sort of true for me" to only one of the statements.

Items on the Self-Perception Profile for Adults were scored as directed by the scoring

manual (Messer &Harter, 2012). Items are scored 1, 2, 3, 4, where a score of 4 represents the

highest self-perception and a score of 1 represents the lowest self-perception. Items were scored

based on the eleven domains. Mean scores were then calculated for each domain, and depict an

individual's self-perception across the eleven areas of personality, plus the person's overall self-

perception.

Reliability

The self-compassion scale, the self-perception profile, and the OASES were all

subjectively scored by the author based on the scoring instructions for these instruments. The

author and a certified speech-language pathologist rated the stuttering severity of the participants

separately by listening to a video and audio recording of the conversation between investigator

and participant using the SSI-4 criteria for scoring. Any disagreements were resolved by

listening together and coming to consensus. severity ratings.

Results

Regarding stuttering severity, two participants scored in the mild range of severity (12-40 percentile rank), and two participants scored in the very mild range of severity (1-11 percentile rank). Participant 1 was rated the highest (total score =24) while Participant 2 displayed the lowest stuttering severity (total score =15). Specific scale scores are shown in Table 1.

Individual subsection impact ratings as well as overall impact ratings were use in assessment of the OASES. Participant 2 displayed the lowest overall impact score (2.0), while Participant 4 displayed the highest overall impact score (2.21). All participants rated a similar, low overall impact score. This may be related to the low overall stuttering severity that each participant displayed. Specific data for each participant and each subsection is listed in Table 3.

Next, average total Self-Compassion scores were calculated for all respondents in addition to subcategory scores. Specific results for each subcategory are displayed in Table 2. Participant 1 had the lowest total self compassion (1.86), indicating a very low level of total self-compassion. Participant 4 scored the highest on total self compassion (3.6), which is relatively high compared to other participants.

Self-perception was measured based on global self-perception as well as eleven subsections. The mean scores ranged from 1 to 4 across subsections and global overall self-perception. A high score (4) means that a person perceives oneself to be highly competent in a certain domain, while a low score (1) means that a person perceives oneself to be least competent in a certain domain. Data on each of the eleven domains are listed in Table 4. Scores for subsections were variable. Participants 3 and 4 scored the lowest in terms of global self-perception (3.0). Whereas Participant 2 scored the highest (3.83).

Discussion

Self-compassion is a healthy coping mechanism for individuals in difficult life circumstances (Neff, 2011). This study investigated the level of self-compassion that PWS possess in addition to the way in which PWS perceive themselves. PWS have been found to have increasingly negative self-perception with increasing stuttering severity (Bleek et. al., 2012). However, each PWS is different, and some may be more or less resilient than others. Some PWS may be more prone to adverse effects of their stutter due to personality traits, and thus, treatment of stuttering should be adapted based on the personality characteristics of the client (Adriaensens, 2015).

In the present study, each participant displayed a unique profile of stuttering severity, self-compassion, and self-perception. Several commonalities were noticed among participants. All participants were considered very mild or mild on the SSI. Additionally, all participants rated a mild-moderate overall impact of stuttering on the OASES (1.50-2.24). Lastly, each participant rated a moderately high global self-perception (2.5-3.4). There were however, some individual findings among participants.

Stuttering Severity and Self-Compassion

Participant 1 displayed a negative relationship between stuttering severity and overall self-compassion. This participant scored the highest on stuttering severity (total score =24) and the lowest overall self-compassion (1.86) Participant 2 was rated the lowest on stuttering severity (14), with a relatively high overall self-compassion (3.33). Participant 3 was rated as the second most severe stuttering severity (18) and displayed the second lowest total self-compassion score

(2.86). Lastly, participant 4 was rated the second lowest on stuttering severity (16) while displaying the highest level of self-compassion (3.6). This reflects a relatively negative relationship between severity of stuttering and the self-compassion that a PWS possesses.

Stuttering Severity and Self-Perception

In terms of self-perception and the relationship to stuttering severity, participant 1, who received the most severe stutter rating, received a moderately high self-perception score (3.3). Participant 2 displayed a negative relationship between the two factors, with the lowest stuttering severity and the highest self-perception score (3.83). It was noted that this participant also happened to have the most experience with speech therapy as documented on the history form. Participant 4 indicated receiving treatment from elementary school through high school, while all other participants indicated receiving only up to a few years of treatment. While the details of Participant's 4 therapy are unknown, it is possible that attending several years of speech therapy had a positive impact in assisting Participant 2 to develop a positive self-perception. Participant 3 and 4 both received a 3 on self-perception. In the present study, no relationship was found between stuttering severity and self-perception. This differs from the results of the study by Adriaensens and colleagues (2015) who found that increased stuttering severity resulted in more negative global self-esteem in adolescents. Clearly, the participants in this study were at milder levels those in Adriaensens et al.'s study, but there was no relation found between levels of severity and self-perception in the present study's milder group of participants.

Stuttering Impact

Participants provided consistent responses on self-perception profile and the OASES. The average overall impact rating on the OASES was 2.21, indicating a mild-moderate impact of stuttering on participants' overall lives. The impact of stuttering as indicated on the OASES was

negatively related to global self-perception. The negative relationship is indicated by participant's average global self-perception (3.28), which implies a high self-perception on the self-perception profile.

Additionally, stuttering severity and overall impact of stuttering were found to be positively related. All participants were very mild or mild on the SSI-4 and indicated a mild-moderate impact on the OASES. Average stuttering severity was 18 (mild). This relationship suggests that mild stuttering severity is likely to have a mild impact on a person's life.

Study Limitations and Directions for Further Research

This study was limited in that the sample size was small and lacked diversity. Participants were all very mild or mild in their stuttering in addition to being white, educated young adults. A larger sample with greater diversity is necessary to draw solid conclusions about the relationship between the three factors. Future research should be duplicated with a larger, more diverse sample size to determine if findings of self-compassion, self-perception, and stuttering severity align with the results from the present study. Additionally, future research should focus on acquiring participants with a more diverse stuttering profile to determine the effect of moderate or severe stuttering on self-compassion and self-perception. Last, further research may include an experimental design of implementing self-compassion in speech therapy to determine the effects on self-perception and overall self-compassion.

Conclusions

The present study used four measures to determine a relationship between self-compassion, self-perception, and stuttering severity. The data collected in this study show a negative relationship between stuttering severity and self-compassion. Each participant displayed a different profile and history of stuttering and treatment. While levels of self-perception did not

necessarily reflect the severity of stuttering, in several cases a negative relationship was seen between the two factors.

SLPs need to be aware of the possibility of a client to have low levels of self-compassion, low levels of self-perception, or perhaps, both. SLPs may wish to use the scales in treatment to identify areas of client strength and areas needing improvement in order to tailor a treatment plan to the client or open up a conversation between clinician and client about self-perception and coping mechanisms. SLPs have a responsibility to counsel patients as it relates to their communication disorders. This includes cognitive and emotional reactions, coping mechanisms, and involvement of support systems in treatment. Thus, SLPs should take care to emphasize practices of self-kindness and feelings of common humanity in practice while helping clients to identify instances of self-judgment and isolation.

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Table 1: Stuttering Severity Instrument Results

Participant	Frequency	Duration	Physical Concomitants	Percentile	Naturalness	Severity
P01	14	6	4	24-40	3	24 (Mild)
P02	9	1	4	5-11	2	14 (Very Mild)
P03	11	4	3	12-23	4	18 (Mild)
P04	10	2	4	5-11	3	16 (Very Mild)

Table 2: Self-Compassion Scale Results

Participant	Kindness	Judgement	Common Humanity	Isolation	Mindfulness	Over-Identified	Total SC
P01	1	4.8	1.75	4	3	3.75	1.86
P02	3	3	3.75	2.25	3.75	3.25	3.33
P03	2.4	3.8	4	2.75	3	3.5	2.83
P04	3.2	3.4	4	2	3.5	2.5	3.6

Table 3: OASES Response Results

Participant	General Information	Reactions to Stuttering	Communication Daily Situations	Quality of Life	Overall Impact Rating
P01	2.55	2.76	1.55	1.78	2.2
P02	2.3	2.16	2.12	1.44	2
P03	2.8	2.16	1.79	1.48	2.03
P04	2.69	2.73	2.08	1.4	2.21

Table 4: Self-Perception Profile Results

Participant	P01	P02	P03	P04
Global	3.3	3.83	3	3
Sociability	2.25	3	3.75	2.75
Job Competence	2.75	3.75	2.75	3
Nurturance	1.75	4	4	2.75
Athletic	2	1.5	3.25	3.75
Adequate Provider	2.25	4	4	2.5
Morality	3.75	3.5	3.5	3.5
Household Mgmt	3.25	2.75	3.25	4
Intelligence	3.75	3.75	3.75	2
Humor	3.25	3	3.75	3.5
Intimate Relationship	1.5	3.5	3.75	3.5
Appearance	2	3	3	3

Appendix A: Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				**Almost always**
1	2	3	4	5

_____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.

_____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____ 5. I try to be loving towards myself when I'm feeling emotional pain.

_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

_____ 8. When times are really difficult, I tend to be tough on myself.

_____ 9. When something upsets me I try to keep my emotions in balance.

_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.

_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.

_____ 15. I try to see my failings as part of the human condition.

_____ 16. When I see aspects of myself that I don't like, I get down on myself.

_____ 17. When I fail at something important to me I try to keep things in perspective.

_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

_____ 19. I'm kind to myself when I'm experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.

_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____ 23. I'm tolerant of my own flaws and inadequacies.

_____ 24. When something painful happens I tend to blow the incident out of proportion.

_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix B: Self-Perception Profile   **What I Am Like**

Name or ID_____ Age_____ ☐ Male ☐ Female

The following are statements that allow people to describe themselves. There are no right or wrong answers since people differ markedly. Please read the entire sentence across. *First* decide which one of the two parts of each statement *best describes you*; then go to that side of the statement and check whether that is just *sort of true* for you or *really true* for you. You will just check **ONE** of the four boxes for each statement.

Really True for me	Sort of True for me					Sort of True for me	Really True for me
1. ☐	☐	Some adults like the way they are leading their lives	BUT	Other adults don't like the way they are leading their lives		☐	☐
2. ☐	☐	Some adults feel that they are enjoyable to be with	BUT	Other adults often question whether they are enjoyable to be with		☐	☐
3. ☐	☐	Some adults are not satisfied with the way they do their work	BUT	Other adults are satisfied with the way they do their work		☐	☐
4. ☐	☐	Some adults see caring or nurturing others as a contribution to the future	BUT	Other adults do not gain a sense of contribution to the future through nurturing others		☐	☐
5. ☐	☐	In games and sports some adults usually watch instead of play	BUT	Other adults usually play rather than just watch		☐	☐
6. ☐	☐	Some adults are happy with the way they look	BUT	Other adults are not happy with the way they look		☐	☐
7. ☐	☐	Some adults feel they are not adequately supporting themselves and those who are important to them	BUT	Other adults feel they are providing adequate support for themselves and others		☐	☐
8. ☐	☐	Some adults live up to their own moral standards	BUT	Other adults have trouble living up to their moral standards		☐	☐
9. ☐	☐	Some adults are very happy being the way they are	BUT	Other adults would like to be different		☐	☐
10. ☐	☐	Some adults are not very organized in completing household tasks	BUT	Other adults are organized in completing household tasks		☐	☐

	Really True for me	Sort of True for me					Sort of True for me	Really True for me
11.	☐	☐	Some adults have the ability to develop intimate relationships	BUT	Other adults do not find it easy to develop intimate relationships		☐	☐
12.	☐	☐	When some adults don't understand something, it makes them feel stupid	BUT	Other adults don't necessarily feel stupid when they don't understand		☐	☐
13.	☐	☐	Some adults can really laugh at themselves	BUT	Other adults have a hard time laughing at themselves		☐	☐
14.	☐	☐	Some adults feel uncomfortable when they have to meet new people	BUT	Other adults like to meet new people		☐	☐
15.	☐	☐	Some adults feel they are very good at their work	BUT	Other adults worry about whether they can do their work		☐	☐
16.	☐	☐	Some adults do not enjoy fostering the growth of others	BUT	Other adults enjoy fostering the growth of others		☐	☐
17.	☐	☐	Some adults sometimes question whether they are a worthwhile person	BUT	Other adults feel that they are a worthwhile person		☐	☐
18.	☐	☐	Some adults think they could do well at just about any new physical activity they haven't tried before	BUT	Other adults are afraid they might not do well at physical activities they haven't ever tried		☐	☐
19.	☐	☐	Some adults think that they are not very attractive or good looking	BUT	Other adults think that they are attractive or good looking		☐	☐
20.	☐	☐	Some adults are satisfied with how they provide for the important people in their lives	BUT	Other adults are dissatisfied with how they provide for these people		☐	☐
21.	☐	☐	Some adults would like to be a better person morally	BUT	Other adults think that they are quite moral		☐	☐
22.	☐	☐	Some adults can keep their household running smoothly	BUT	Other adults have trouble keeping their household running smoothly		☐	☐

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
23.	☐	☐	Some adults find it hard to establish intimate relationships	BUT	Other adults do not have difficulty establishing intimate relationships	☐	☐
24.	☐	☐	Some adults feel that they are intelligent	BUT	Other adults question whether they are very intelligent	☐	☐
25.	☐	☐	Some adults are disappointed with themselves	BUT	Other adults are quite pleased with themselves	☐	☐
26.	☐	☐	Some adults find it hard to act in a joking or kidding manner with friends or colleagues	BUT	Other adults find it very easy to joke or kid around with friends and colleagues	☐	☐
27.	☐	☐	Some adults feel at ease with other people	BUT	Other adults are quite shy	☐	☐
28.	☐	☐	Some adults are not very productive in their work	BUT	Other adults are very productive in their work	☐	☐
29.	☐	☐	Some adults feel they are good at nurturing others	BUT	Other adults are not very nurturant	☐	☐
30.	☐	☐	Some adults do not feel that they are very good when it comes to sports	BUT	Other adults feel they do very well at all kinds of sports	☐	☐
31.	☐	☐	Some adults like their physical appearance the way it is	BUT	Other adults do not like their physical appearance	☐	☐
32.	☐	☐	Some adults feel they cannot provide for the material necessities of life	BUT	Other adults feel they do adequately provide for the material necessities of life	☐	☐
33.	☐	☐	Some adults are dissatisfied with themselves	BUT	Other adults are satisfied with themselves	☐	☐
34.	☐	☐	Some adults usually do what they know is morally right	BUT	Other adults often don't do what they know is morally right	☐	☐
35.	☐	☐	Some adults are not very efficient in managing activities at home	BUT	Other adults are efficient in managing activities at home	☐	☐
36.	☐	☐	Some people seek out close friendships	BUT	Other persons shy away from close relationships	☐	☐

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
37.	☐	☐	Some adults do not feel that they are very intellectually capable	BUT	Other adults feel that they are intellectually capable	☐	☐
38.	☐	☐	Some adults feel they have a good sense of humor	BUT	Other adults wish their sense of humor was better	☐	☐
39.	☐	☐	Some adults are not very sociable	BUT	Other adults are sociable	☐	☐
40.	☐	☐	Some adults are proud of their work	BUT	Other adults are not very proud of what they do	☐	☐
41.	☐	☐	Some adults like the kind of person they are	BUT	Other adults would like to be someone else	☐	☐
42.	☐	☐	Some adults do not enjoy nurturing others	BUT	Other adults enjoy being nurturant	☐	☐
43.	☐	☐	Some adults feel they are better than others their age at sports	BUT	Other adults don't feel they can play as well	☐	☐
44.	☐	☐	Some adults are unsatisfied with something about their face or hair	BUT	Other adults like their face and hair the way they are	☐	☐
45.	☐	☐	Some adults feel that they provide adequately for the needs of those who are important to them	BUT	Other adults feel they do not provide adequately for these needs	☐	☐
46.	☐	☐	Some adults often question the morality of their behavior	BUT	Other adults feel that their behavior is usually moral	☐	☐
47.	☐	☐	Some adults use their time efficiently at household activities	BUT	Other adults do not use their time efficiently	☐	☐
48.	☐	☐	Some adults in close relationships have a hard time communicating openly	BUT	Other adults in close relationships feel that it is easy to communicate openly	☐	☐
49.	☐	☐	Some adults feel like they are just as smart as other adults	BUT	Other adults wonder if they are as smart	☐	☐
50.	☐	☐	Some adults feel that they are often too serious about their life	BUT	Other adults are able to find humor in their life	☐	☐