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Perceptions and Experiences of Indian and Indian-American Multilingual and Multicultural Adults who
Stutter

by

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Abstract

Purpose: The purpose of this study is to investigate the intersectional identities of Indian and Indian American people who stutter and explore how their multicultural and/or multilingual identities contribute to their self-perceptions and experiences of disability.

Method: Five Indian or Indian American adults (all male) who stuttered participated in a semi-structured interview via Zoom. Interview transcripts were analyzed using a phenomenological qualitative research methods process. The qualitative research process included in-vivo coding, identification of categories, and emergence of themes.

Results: Participants reported both unique and shared experiences related to their stuttering and their multicultural and multilingual backgrounds. Four major themes from the interviews emerged: 1) Descriptions of Stuttering, 2) Multicultural/Multilingual Variables related to Stuttering, 3) Community and Self-Perceptions of Stuttering, 4) and Stuttering Treatment.

Conclusion: Qualitative results indicate that there was a lack of awareness around stuttering and disability in India, and a lack of access to treatment and resources for stuttering. Participants all reported that they held negative self-perceptions of their stutter due to family, friends, cultural and societal factors at some point in their lives. Most participants reported their current view of their stuttering is neutral to positive.

Keywords: Stuttering, Indian, Indian American, Stigma, Self-Perceptions, Access to Speech Therapy

Introduction

Overt stuttering is “an interruption in the flow of speaking characterized by specific types of disfluencies” (ASHA, 2014) such as repetitions of sounds and syllables, prolongation of consonants and vowel sounds when an emphasis isn’t needed, and blocks which are the inability to initiate sound. In addition to these overt disfluencies associated with stuttering, many people who stutter report covert aspects of stuttering such as feelings of loss of control over their speech and self-stigma due to the social, emotional, and cognitive aspects of stuttering (Boyle, 2013; Tichenor & Yaruss, 2019). With over 3 million Americans diagnosed with stuttering, it is the most common type of fluency disorder (National Institute of Deafness and Other Communication Disorders, 2017). Historically, most research related to the experiences of people who stutter, have been conducted with White, monolingual English-speaking research participants (Werle et al., 2019). Thus, there is a need for documentation about stuttering experiences that includes more perspectives from people who come from multicultural and/or multilingual backgrounds.

One in seven, or over 31 million, people in the United States (U.S.) speak more than one language at home, according to a recent U.S. Census (Shenker, 2019). Though the exact number is unclear, one can safely estimate that approximately half a million people who are bilingual also stutter in the U.S. (Shenker, 2019). In addition to the growing language diversity, cultural beliefs and values from a multitude of ethnicities and races are also increasingly being woven into the fabric of the stuttering population in the U.S. For example, Bagchi et. al. (2022) stated the following about the influence of multiculturalism and multilingualism on stuttering.

“Each language brings with it a set of beliefs, traditions, and cultural values. Clients who speak a certain language also imbibe sociocultural values...Also, the culture-specific beliefs about

stuttering, health, abnormality, and accepted modality of treatment play crucial roles in understanding stuttering from the client's perspective..." (Bagchi et. al, 2022 p. 2)

Therefore, it is crucial for speech-language pathologists to learn and understand the differences in treating stuttering with multilingual and multicultural populations.

While general treatment practices of stuttering may remain the same between White, monolingual English speaking people who stutter and multilingual/multicultural people who stutter, cultural practices along with public and self-stigma can play a role in the way stuttering impacts the client. Thus, it is necessary for research to explore cultural practices, ideology, and stigma that can inform treatment for multilingual/multicultural people who stutter.

A common, but now disproven, misconception in the field of stuttering is that bilingualism can cause or exacerbate stuttering (Travis et al., 1937). This misconception is rooted in a study by Travis et al. (1937) who surveyed nine schools to investigate the prevalence and incidence of stuttering in monolingual and bilingual children. These children were sent home with a questionnaire for their parents to complete that inquired about languages spoken at home and overall exposure levels to English. The children were also interviewed and were asked to read passages in English or their native language in order for a disfluency count to be conducted on their speech samples (Travis et al., 1937). Travis et al. (1937) reported a 1.8% prevalence rate for stuttering in monolingual children and a 2.8% prevalence rate for stuttering in bilingual children. From these results, they concluded that bilingualism is a risk factor for stuttering.

Recently, Gahl (2020) provided commentary on the methodology used by Travis et al. (1937) and the subsequent conclusions of their study. According to Gahl, (2020):

"...We ask whether it was in fact the case that 1.8% of the monolingual group, versus 2.8% of the bilingual group, in Travis et al. (1937) stuttered....We find that the raw counts and prevalence

rates reported in Travis et al. are internally inconsistent.... It is therefore important to realize that the purported effect of bilingualism on stuttering in the Travis et al. study was not just small, but apparently unsupported by the data in the first place.” (Gahl, 2020 p. 1, 4).

Gahl reported that given these methodological concerns, researchers and clinicians should interpret the Travis et al. (1937) study with caution and note that bilingualism does not appear to be a risk factor for stuttering.

Stuttering and Multiculturalism

There is limited research exploring the experiences, perceptions, and attitudes of multilingual and/or multicultural people who stutter. A literature review revealed that these limited multicultural and multilingual perspectives on stuttering have included Hispanic, Asian, South African, and African American participants (Werle et al., 2019). Werle et al. (2019) reported, “Between 1900-2011...only 23 peer-reviewed studies published that examined the prevalence, treatment, and/or characteristics of stuttering in multilingual speakers...” (Byrd, Coalson & Werle, 2019, p. 50). Of these 23 studies, the majority have focused on understanding the Hispanic/Latinx cultures and Spanish-English bilingual speakers who stutter. Thus, there is a well documented and persistent lack of diverse studies within the field of stuttering that involve multilingual and multicultural people.

A common theme across articles featuring experiences of Hispanic/Latinx stutterers was shame and struggle with acceptance of stuttering (Dean & Medina, 2021; Medina, 2018). For example, Medina (2018) reported on the perspectives of an Ecuadorian mother of a child who stuttered. They wrote,

“...the mother deflected community assigned blame for causing her son's stuttering by configuring her 'strong' temperament as a separate, uncontrollable entity. She structured the pervasiveness of stigma, lack of resources and misinformation within the community as causes

for her inability to identify and seek help for her son's stuttering, which also served as a means for deflecting blame..." (Medina, 2018, p. 1012)

Additionally, Dean and Medina (2021), investigated the stigma of stuttering in the Hispanic/Latinx population and discovered that stigma in this community could be classified into different categories of home, school, and societal stigma. They also found a significant correlation between geographic location and the prevalence of stigma for stuttering. They reported that "...Findings provide new data suggesting that stuttering may be more stigmatizing in Latin American countries or Hispanic communities, and that difficulties communicating in Spanish impact Hispanic Adults who Stutter (AWS') linguistic selection..." (Dean & Medina, 2021, p. 10).

Interestingly, Tellis (2008) reported contrasting findings to the aforementioned studies and stated that most Hispanic-Americans (the general population) have a positive perception of stuttering. However, it should be noted that the Tellis (2008) study was published in 2008; whereas, the other studies (Dean & Medina, 2021; Medina, 2018) were published 10-13 years later. These differences in results could possibly be due to societal changes and/or methodological differences in deriving the data. For example, Tellis (2008) used a Likert-type Short Acculturation Scale for Hispanics which is a survey that asks questions about a person's language use and preferences to determine a person's acculturation level. For example, the questionnaire asked questions such as, "In what language do you usually read?" and people rate their responses from "only Spanish" (1) to "only English" (5). (Ellison et al., 2011). Conversely, Dean and Medina (2021) used an ethnographic interview technique and Medina (2018) utilized a systemic functional linguistic analysis. Although the research about bilingualism with Hispanic/Latinx communities has demonstrated mixed results, the most recent studies conducted (Dean & Medina, 2021; Medina, 2018) illustrate both societal stigma and self-stigma related to stuttering.

The second most widely studied experience of culturally and linguistically diverse people who stutter were noted to include Asian participants from South Korea, Hong Kong, India, China, and Japan (e.g. Lee, 2014; Kumar & Varghese, 2018; Haryani et al., 2018; Chu et al., 2014). A common theme observed across these studies was a general lack of awareness of stuttering societally. For example, Lee (2014) investigated the perceptions of stuttering among students majoring in speech-language pathology and professional speech-language pathologists (SLPs) in Korea. The participants were not bilingual, however, all of them were ethnically Korean. They found that, “Clinical and educational experience appears to have mixed influences on SLPs' and students' attitudes toward stuttering. While SLPs and students may demonstrate more appropriate understanding and knowledge in certain areas of stuttering, they may feel difficulty in their clinical experience, possibly resulting in low self-efficacy...” (Lee, 2014, p. 771). While students and SLPs had knowledge about stuttering, they didn't feel confident treating those who stuttered. A similar finding was noted by Chu et al. (2014) which stated that there are issues and challenges with treating stuttering in Japan because the field is small and stuttering is still stigmatized. However, they noted that as the field of speech therapy grows, there will be more stuttering specialists in schools and hospitals. More SLPs with a knowledge of stuttering across the globe may increase access to evidence-based treatment options for people who stutter and, in turn, increase education and reduce the stigma associated with stuttering.

Other studies from Asia gathered data pertaining to thoughts about stuttering from the general population, not professionals. For example, Kumar and Varghese (2018) investigated perceptions of stuttering from teachers in India. They found that teachers were mostly aware of stuttering in children and the role they played in the students' lives as a teacher to encourage their development. Most teachers were reportedly unaware of resources and management options for those who stutter (Kumar & Varghese, 2018, p. 13). Additionally, Haryani et al. (2020) explored the perceptions of people residing in Kuwait, Turkey, China, Hong Kong and Japan on stuttering. They found that stuttering generally was not regarded

positively in most countries. They also found that there was a stigma related to stuttering present in all the countries mentioned, except for Kuwait. Further review of responses from Kuwait revealed that “...The overall attitudes towards stuttering in Kuwait were positive, although knowledge about stuttering among Kuwaitis was limited (e.g., only 33% knew “a little” about stuttering)...teachers also reported positive attitudes towards stuttering.” (Haryani et al., 2020, p. 506). The common factor between these studies was the overall lack of awareness around stuttering with some countries like India and Japan having stigma around stuttering present in their society.

Purpose of the Current Study

Given this limited information on the experiences and perceptions of multilingual and multicultural people who stutter, the present research fills a critical gap in understanding and honoring the intersectional experiences of people who stutter who speak multiple languages and identify with multiple cultural backgrounds. Thus, the aim of the current study is to gather perspectives from people who stutter who also identify as being Indian or Indian American and come from multicultural and/or multilingual backgrounds in order to better understand the influence of identities and backgrounds on the self-stigma of people who stutter.

Method

Participants

Participants for this study were recruited through the National Stuttering Association, online flyers via the Portland State University Stuttering Lab, and online postings to social media groups catered to people who stutter. The participants self-identified as Indian or Indian American. Participants also self-identified as stutterers/people who stutter. Five male participants (ages ranging from 20-40 years old) were interviewed for this study. All participants identified as being of Indian descent and currently residing in India, the U.S., or Canada. All participants provided consent to participate in the interviews

prior to their enrollment in the study. This research was approved by the Portland State University Institutional Review Board.

Experimental Design

The study was conducted using a semi-structured interview format over Zoom. Guiding questions were utilized and the researcher asked follow-up questions in a manner that was responsive to participants' comments and anecdotes. Four interviews were conducted in English and one interview was conducted in Tamil. The following guiding questions were asked of all participants: How would you describe your stutter?, How does your cultural and/or linguistic background affect your stuttering and perceptions?, How does your family view your stuttering? How does your family view the causes and treatment of stuttering, and How might your cultural/linguistic background influence these views?

To create transcripts of the interviews, the Zoom auto-transcript feature was enabled and once the interview concluded, the researcher and trained lab assistants reviewed the auto-generated transcript while listening/watching the video recording of the interview. Updates to the transcript were made by trained research assistants as needed. After the transcript was finalized, it was shared with the participant for validation and approval. One participant provided the researchers with minor changes to their transcript and the other four provided their approval to the transcripts with no changes. Privacy was maintained by anonymizing participant names and replacing them with participant identification numbers. Additionally, all data was stored in the Portland State University Stuttering Lab Google Drive under password protection.

Data Coding and Analysis

The data collected from the study were then imported to Google Sheets for analysis. Qualitative *in-vivo* coding was completed first to highlight the most important nouns, verbs, and adjectives used by participants during the interview. A total of six members from the lab, including the researcher coded

transcripts. Two research assistants coded for each transcript to determine inter-rater reliability. Coding discrepancies between the research assistants were agreed on during a meeting with both coders to determine a final code for each section of the transcript. These initial codes were then further funneled into categories based on certain common nouns, verbs, and adjectives mentioned by participants. These categories were then reviewed for potential themes.

Results

Qualitative Coding Results

Initial *in vivo* (i.e. line-by-line) coding of the five interview transcripts was conducted. Following this *in vivo* coding, the initial codes were funneled into categories. Across participants, the following categories were noted: 1) Type of Stutter/Descriptions of Stuttering, 2) Difference in Stuttering across Languages, 3) Cultural Specific Variables related to Stuttering/Acceptance, 4) Words/Sounds Stuttered on, 5) Rapport Building and Clarification, 6) Access and Limitations to Therapy, 7) Family/Friends/Society Perception of Stutter, 8) Career/Educational/Social Effects of Stuttering, 9) Perceptions and Types of Treatment, Community around Stuttering, 10) Self-Perception around Stuttering, 11) Stuttering Anecdotes, 12) Lack of support in India, 13) Self-disclosing Stutter/Talking about Stutter, 14) Stuttering Techniques, 15) Multilingual Techniques and Stuttering, 16) Stuttering Onset, 17) Comments on Bullying/Teasing, 18) Stuttering Secondary Behaviors, 19) Commentary on Friends/Acquaintances/Others who Stutter.

From these categories, four major themes were derived from the interviews: 1) Descriptions of Stuttering, 2) Multicultural/Multilingual Variables related to Stuttering, 3) Community and Self-Perceptions of Stuttering, 4) Stuttering Treatment. Table 1 displays the themes, categories, and example participant quotes.

Descriptions of Stuttering

Types of Stuttering

Participants described their stutter, times when they were most prone to stuttering, and secondary behaviors they exhibited. Some participants (n=2) described their stutter as “blocking.” The majority of participants (n=4) stated that they stuttered during times of stress such as during interviews, meeting someone for the first time, ordering food, and buying groceries. For example, Participant 4 stated: "It's like... suddenly I'll block... Whenever I have anxiety or have a lot of tension, I tend to stutter... It's maximum during times like this, like when going to an interview, or when introducing someone, when you get introduced to strangers, that's when it happens suddenly..."

When Stutter Began and Secondary Behaviors

All participants (n=5) discussed when their stutter began and most participants (n=4) stated they were first aware of their stutter around age 5, while one participant (Participant 5) said their stutter began when they were around age 10. There were also a couple of participants (n=2) who reported they used to exhibit secondary behaviors while stuttering. For example, Participant 3 stated: “I used to have maybe a hand going shaking, or whatever like I think for a few months I had my tongue coming out...” Additionally, Participant 5 stated: “...I used to be a terrible tapper, I would like be like banging the side of my leg trying to get the word out. I probably still tap occasionally...Rhythm helps, so I'll like try and you know, try and create a little rhythm or tapping rhythm with my fingers...Blinking, a lot of my secondaries were around blinking and eye contact...”

Taken together, participants provided unique and shared descriptions of their overt stuttering behaviors and associated physical concomitants. Participants also provided insights into the onset of their stuttering and communication situations in which stuttering may be exacerbated.

Multicultural/Multilingual Variables Related to Stuttering

Lack of Support in India and Access to Treatment

All participants (n=5) discussed aspects of this theme for a substantial amount of time during their interviews. Over half of the participants (n=3) said that there was a lack of support for stuttering treatment and community in India. For example, Participant 1 reported: "...because there wasn't any speech-language pathology department or speech-language pathologist anywhere I knew of when I was growing up, and because the only time I remember going there to so-called SLP or I don't know what was that or who she was, my mom took me there and all she asked me to do was to speak slowly...so that didn't really help me..." This participant also stated that his family's low socioeconomic status could have affected his access to speech therapy, and there were no freely available resources for him to learn more about his condition.

Participant 2 provided a comparison of his experiences with speech therapy in India and Canada. "...I don't think there's too much therapy [in India]...In India, my parents they set me up with someone who did some speech therapy...But it was very, very periodic. It wasn't really a serious [thing]. In Canada There's more speech therapy but it's still not significant enough to the level that someone can use it and benefit from it..."

Difference in Stuttering Across Languages and Multilingual Techniques

All participants (n=5) stated they stuttered across all languages they spoke. All participants were bilingual with some participants (n=3) identifying as tri and quadrilingual. The languages spoken by the participants included Hindi, Sourashtra, Punjabi, Tamil, Japanese, Spanish, and English. Some participants (n=2) said they stuttered more in languages that they were still learning. Other participants (n=2) said being multilingual was an advantage to stuttering, especially if their audience or

communication partner was also multilingual. Participants reported that this advantage was due to using code switching and word substitution as an avoidance mechanism for overt stuttering.

Participant 1 stated an example of this scenario: "...I mean one of the benefits of being multilingual especially when you speak with others who are multilingual is you can do the, you can do the word substitution without anybody realizing it right... so that, there are certain words like for example, coconut, we call it like you know, *thengai*, is what it's called in Tamil, and then *nalar*, is what we call in Sourashtra, which is similar to Hindi, *naariyal*. So, I have trouble with 'n' so I just switch it. So do you want like *thengai* chutney? Or do you want coconut chutney? You know, I can just switch those words. I can use those words or the nouns in a different language...and especially if the audience is multilingual they don't see those things. They don't see the word substitutions. I try to avoid doing the word substitutions but there are times in which I just want to get it over with. So, yes, I do use those techniques or those cheat codes I guess, to get over that, and yeah it does help being multilingual..."

Cultural Specific Variables related to Stuttering

All participants (n=5) stated that their cultural identity (as a multicultural/multilingual and Indian/Indian American adult male who stutters) affected them negatively at some point in their lives. Participant 1 stated the following about Indian culture and society's view around stuttering: "That was also one of my motivations to leave India and come to the US, that, because it just always felt that you're being judged by your fluency of speech, not by your intelligence or by anything else. That if you are not fluent, you're not smart..." Additionally, Participant 5 stated the following about how America viewed him as a brown man who stuttered: "9/11 was the day that as a brown male with a stammer, you lost the benefit of the doubt...I have felt more free in public walking around, ordering, living my life, I felt more free in Europe, even in Japan, then I do here (in the US)..."

Taken together, participants reported lack of support and resources related to stuttering in India and compared their experiences to those in the U.S. and in Canada. Additionally, participants reported culturally-specific variables related to stuttering and the perceptions of others on their stuttering and communication.

Community and Self-Perceptions of Stuttering

Self-Perception around Stutter

Participants detailed their self-perceptions around stuttering and how their family, friends and society viewed them as a person who stutters. All participants (n=5) stated that they had a negative self-perception around their stutter at some point in their life. Participant 2 stated that at present their self-perception on stuttering was negative. Some participants (n=2) stated their self-perceptions were currently neutral. Other participants (n=2) discussed how they have reframed their view of stuttering from negative to neutral and even semi-positive.

For example, Participant 1 stated that he changed his perception of stuttering after moving from India to the U.S since people in the U.S. were more accepting of his stutter: "...It was always negative as least as long as I was in India because it was always the thing I was trying to hide, and I was never, I mean never of course proud of it...I think that changed like even in my first few months or years in the master's program [in the US]...so slowly it started like my perception of stuttering changed. Then being part of the National Stuttering Association, it just also helped to learn that there are also people like me who were doing different things and were successful in them despite their stutter. So it gave me the confidence so slowly it became from negative to neutral, and in the past few years, I take it as a challenge to do things which I wouldn't normally do, so it's neutral and positive now..." In contrast, Participant 2 stated the following: "It's a negative view...I would say it definitely makes things difficult; my job and socializing and stuff like that..."

Community around Stuttering

When discussing community around stuttering, several participants (n=3) mentioned that the U.S. and the United Kingdom (U.K.) have better access to stuttering associations and resources which helps build community and awareness around stuttering. For example, Participant 4 reported, “I’m trying in a country like U.K. and they have a lot of associations like the stammering associations there. And they also practice [skills to improve stuttering]...And compared to India, its a little better there. And that’s the main reason I’m trying to go there....”

Family/Friends/Acquaintances who Stuttered

Three participants described other people they knew who stuttered, including family members, classmates, or individuals met through community organizations like the National Stuttering Association. Participant 1 said the following about a family member who stutters, “My mom’s cousin’s son... he’s like five or six now, and he stutters. I did try to talk to my mom's cousin about it, but I don't know how much she was listening to me. It's like, it's still a taboo subject...”

Bullying/Teasing

Some participants (n=3) reported on bullying and teasing related to their stuttering and communication. They stated that the bullying and teasing about their stuttering in India and in the U.S. were mostly done “lightly” and not intentionally. For example, Participant 4 said the following, “They have teased me, 2 or 3 people in my friends group, but it’s really rare. But yeah, nobody has said anything negative. Yeah, it’s just light teasing...”

Career/Educational/Social Effects of Stuttering

When discussing the effects of stuttering on each participant's life, several participants (n=3) mentioned that stuttering affected their career options in India. One participant mentioned that stuttering affected his life due to his intersectional identity as a brown man in the U.S. post 9/11. Another participant mentioned that stuttering was tough on his social life. Participant 5 said, "The reality is there is a very complicated, colorist system in this country [U.S.] and a brown- a young, brown, male who's tapping or blinking post-911 is perceived as violent..." While Participant 4 said, "Yeah, in college because I had stammering, and because it would take time [for me to answer], they wouldn't ask me anything...However, nobody takes stammering as a big deficit [in India]. But for job, and starting a life, it is a bit of a problem. Things like marriage etc..."

Family/Friends/Society's Perception on Stutter

All of the participants (n=5) also discussed their family, friends and society's perceptions on their stutter. Some participants (n=3) mentioned that people in the Indian society provided unsolicited advice for their stuttering. Others (n=3) said that Indian society views stuttering as something that can be "cured" or "fixed." For example, Participant 3 reported on the differences in society's perception on stuttering in the U.S. compared to India: "Hm, I think the stigma...like if I stutter...in the U.S....no one is going to give me like an advice or something...but in India like even now, if you like stutter like in public, right like that, with someone like a mom or a dad figure who will come to you later, and they'll be like have you tried the doctor, or have you tried some exercise? Have you tried keeping a stone in your tongue and talking like it's part of the Indian culture..." Additionally, Participant 2 said the following about their Indian parents, "...Like, for my parents, it was very negative because to them stuttering is something you can just fix or solve by speech therapy. Or like they tend to think of struggling like someone needs to

study more and then they will become smarter. That's how they perceive stuttering. How they process it. It's like something has to be fixed and they can solve that sort of stuff...”

Stuttering Treatment

Types of Treatment and Limitations to Therapy

All participants (n=5) talked about their past speech therapy experiences for stuttering. All participants reportedly received some form of speech therapy in the past, with the shortest period of time being a week and the longest period of time spanning over years. Two participants mentioned that the quality of speech therapy in India was worse than the quality of speech therapy in the U.S. or Canada. One participant mentioned that he accessed speech therapy for the first time in the U.S. and learned different stuttering techniques.

Participant 5 said the following about speech therapy in India, “I spent elementary school from age 6 to 12 in the American school in Delhi and they had much worse speech therapy and speech pathology in the mid 90s....So I, you know, that was one of the downsides of moving 'cause I didn't get the speech therapy care that I needed..”

Participant 1 said the following about speech therapy in the U.S., “I did contact the speech language pathology department to see if there was any way I could come there...the grad students who were looking for stuttering subjects, that I just volunteer...because I've never had anything [any therapy]...so that really helped me...My fluency grew drastically. I still had days where I stuttered a lot but it was not as severe as when I was in India...I really felt that doing the accent reduction course helped me to like smooth over my speech patterns and also helped to speak with the North American accent for lack of a better word, because it feels like when I hear people speak in India the English, like the words

are very choppy...so when you do those [speak in a North American accent] it just really helps to smooth over my stuttering and my dysfluency..."

Perceptions of Treatment

While talking about perceptions around treatment for stuttering, the majority of participants (n=4) said that they had heard from people in their lives that stuttering could be cured. Two participants talked about how people in their lives had advised them to speak with a stone in their mouth to increase fluency. One participant stated their family members thought repeated speech therapy practice could cure stuttering and another participant stated they were advised to blow a pencil across a table to strengthen their lungs, which in turn could "cure" stuttering. One participant even said that they took pills prescribed by a Ayurvedic (Indian Traditional Medicine) doctor, since the doctor claimed that the participant had a problem in their throat and they would get cured of stuttering if they took the medication.

Participant 4 said: "...They also tried with pebbles to get me to speak...so I had to place the pebble in my mouth and talk. Like conversations and stuff. So actually, someone gave advice to do it, so my family tried to get me to do it but it didn't work... ayurvedic doctors and general medicine who asked me to take the tablets. I don't remember exactly but they did claim that it would cure my stuttering. Yeah, they were saying that I have a problem in my throat..."

Participant 2 said the following: "'Um they just think that it's like, if you spend time with a speech therapist, you practice and practice and practice, and you would be cured. That's like their perspective on things..."

Self-Disclosing Stutter/Talking about Stutter

A number of participants (n=3) stated that they dislike disclosing their stutter to other people. Two of these participants reported that they disliked disclosing because of the stigma around disability in

India and concerns about what society would think of them. For example, Participant 4 stated, “But to the workers who work below me, I do have some hesitation in revealing [my stutter] to them. I just don’t know how they would interpret it...Yeah, I definitely have an inferiority complex, like would those people think badly or wrongly of me? I judge myself...”

Taken together, these results of this qualitative study on multilingual and multicultural speakers’ experiences of stuttering revealed both shared and unique perceptions.

Discussion

To review, the purpose of this study was to investigate the perceptions and multicultural and multilinguistic experiences of Indian and Indian American adults who stutter. This section will discuss the results of this study and their implications.

Descriptions of Stuttering

When asked to describe their stutter, most participants used terminology such as blocks, prolongations, and repetitions to describe their stutter, which are terms used in the U.S. to describe different types of stuttering. Two of the participants from India reportedly received speech therapy in the U.S. at some point, which could account for their knowledge of these terms. Some participants also included descriptions of secondary behaviors or physical concomitants like blinking and tapping were also a part of their stuttering experience. These descriptions of overt stuttering behaviors are similar to those described by Tichenor and Yaruss (2019) and Boyle (2013). Participants from the Tichenor and Yaruss (2019) study also described their overt stuttering using terms like repetitions, prolongations and blocks; however, the secondary behaviors mentioned were tension, anxiety and fear.

Participants also categorized their stuttering using the terms mild, moderate, and severe based on how they perceived their own stuttering severity. Most participants described their stuttering as mild to

moderate depending on the communication situation. One participant described their stuttering as severe. All participants stated that they stuttered mainly during times of stress, when meeting new people, at an interview, or when giving a speech. The American Speech and Hearing Association states that “Stuttering is often more severe when there is increased pressure to communicate...” (ASHA, 2014) which supports and corroborates the findings of the current study.

Participants also mentioned both overt and covert aspects of stuttering when describing their unique experiences. Sheehan’s (1970) iceberg analogy of stuttering is key to understanding both of these aspects of stuttering. Overt aspects of stuttering discussed included behaviors like blocking, but participants also described covert stuttering behaviors such as avoidance of stuttering and not utilizing self-disclosure as a tool due to fear of societal views of stuttering. Overall, participants described their stutter using fairly similar terminology, regardless of whether they identified as Indian or Indian American or had recent speech therapy experiences.

Multicultural/Multilingual Variables related to Stuttering

Participants discussed several multicultural and multilingual variables to stuttering. A key point mentioned was that the cultural perception of stuttering in India was negative. Participants also reported that unsolicited advice was common in India, whether it came from relatives or acquaintances. Participants stated that there was not a lot of support for stuttering in India, in terms of both accessing therapy and finding available resources about stuttering. Several participants also mentioned that there was a common belief in India that stuttering could be “cured.” These findings are congruent with Rout et. al. (2014), which reported that 23% of Indian participants had no idea what stuttering was and 25% of participants thought medication could cure stuttering.

Participants also mentioned that U.S., U.K., and Canadian cultures had a more positive perception of stuttering and disability when compared to India. This difference could be due to more

awareness around disability and an individualistic culture present in those societies. Additionally, stuttering non-profit organizations have assisted in the visibility of stuttering as a disability in the U.S., U.K., and Canada. It should be noted, however, that one participant reportedly felt more protected and comfortable with his identity as a person who stuttered in India, Japan, London and Germany compared to the U.S.. He reported that this distinction was due to his intersectional identity as a brown man who stutters post-9/11. He stated that he felt more protected in India due to his higher position in the educational, caste and socioeconomic hierarchies along with his American identity. Thus, it appears to be an individualized experience in considering the cultural and societal views towards stuttering.

Speaking more than one language is common in India due to the Three Language Formula policy implemented in the school system (Hornberger and Vaish, 2009) and all of the participants in the current study reported that they speak more than one language. Multiple participants mentioned that they used their multilingualism as an avoidance tool to code switch during times of stuttering, if their audience or communication partner was also multilingual. The concept of the use of multilingualism as an avoidance mechanism for stuttering was also recently noted by Bagchi et al. (2022, p.3): “Clinicians can also observe how the clients use language as dysfunctional escape and avoidance behaviors and explore language as a coping mechanism in treating stuttering...” Thus, when SLPs are working with multilingual people who stutter, it is important to discuss the use of various languages and code switching in terms of avoidance.

Community and Self-Perceptions of Stuttering

Multiple participants reported that stuttering had an adverse effect on their career and education. One participant mentioned that he was never asked questions in class due to his stutter. This could be due to again, an overall lack of awareness around stuttering and disability. Similar findings can also be seen in a study conducted by Kumar et. al. where when teachers were asked about their awareness and attitude

towards stuttering, and the consensus was that while the teachers were aware of stuttering, they were unsure of how to manage it in the classroom setting. Several participants mentioned that stuttering had a negative effect on their career in India. They were unable to grow in India and as a result one participant switched jobs while the other moved to the U.S. instead. These views are similar to those reported by Klein and Hood (2004), in which 71% of participants who stuttered believed that stuttering decreased an individual's chances of getting hired and 65% of participants believed that their stutter interfered with their job performance.

When asked to categorize their self-perceptions of their stutter as either negative, neutral or positive, most participants stated that they feel neutral about their stutter. All participants had the same sentiment that their self-perception towards their stutter was negative growing up. This finding can be similarly seen in a study conducted by Dean and Medina (2021) that had a focus on stuttering in the Hispanic population, where participants had negative perceptions of their stutter along with feelings of shame and embarrassment (Dean & Medina, 2021). Some participants in this study shared that their self-perception on their stutter changed from negative to neutral and positive after immigrating to the U.S. and meeting other people who stuttered through organizations like the National Stuttering Organization. This is probably because of an elevated shared sense of community and seeing other people in an array of different careers and places in their life still succeeding even with their stutter.

When discussing participants' family and friends' perceptions of their stutter, all participants said their friends had neutral and positive responses to their stutter. Bullying and Teasing was also not a common occurrence among friends and peers, however, one participant mentioned getting lightly teased by one or two friends growing up.

When it came to family, some participants mentioned that their family didn't discuss stuttering with them, or had a negative perception towards their stutter. Participant Two stated that his family

thought stuttering could be fixed if they worked hard enough on speech therapy. Participant One mentioned that his cousin's son stuttered but he couldn't discuss stuttering with his cousin due to the taboo around stuttering. These perceptions around stuttering are similarly supported by Dean and Medina (2021) who focused on stuttering in the Hispanic population, where participants stated that their family members thought stuttering was fixable or curable. However, there were some participants who also mentioned that their family members were extremely supportive of their stutter and helped them find treatment and resources for their stutter.

Stuttering Treatment

Participants detailed their speech therapy experiences in India, the U.S., and Canada. A common theme mentioned across participants was that access to speech therapy in India was limited and participants didn't know how to access resources for their stutter. A similar finding was noted by Rout et al. (2014) which reported that 55% of the participants stated that they had no idea what a speech-language pathologist was or did. All participants in the current study had a common view that stuttering treatment was more easily accessible in countries like the U.S., U.K., and Canada. This may be due to the prevalence of the field of speech-language pathology in the U.S., U.K., and Canada. Speech-language pathology training programs at universities existed in the early 1900s, whereas the first speech-language pathology program in India was established in 1966. Currently, there are more than 300 programs that offer a masters-level degree in speech-language pathology in the U.S. (ASHA EdFind, 2022); however, in India there are currently only 47 programs that offer a degree in audiology and speech-language pathology (StudyGuideIndia, 2022). This difference in the number of training programs may have an impact on societal perceptions of communication differences and disorders as well as limiting access to services due to lack of clinicians.

All participants mentioned that their parents were involved in enrolling them in treatment of some sort for their stuttering. An interesting commonality between two participants was that they were advised to keep a stone or pebble in their mouth and practice speech as a treatment method. This ‘treatment’ method was offered as advice by acquaintances and not anyone who was a medical professional. A similar ‘treatment’ method was described by Dean and Medina (2021) where a treatment method suggested by family was to place cheerios under the tongue to prevent stuttering.

Furthermore, a participant mentioned taking medication that was given to him by an Ayurvedic doctor to “cure” his stuttering. Ayurveda is a form of Indian Traditional Medicine that focuses on natural lifestyle interventions, therapies and herbal remedies to realign the body, mind, spirit and environment (Johns Hopkins Medicine, n.d.). Another participant mentioned that his parents believed that if he practiced again and again with a speech therapist, that he would be cured of his stuttering. This view reflects Indian society’s belief that stuttering is curable and the emphasis on fluent speech as the preferred communication style. Given that stuttering can be a life-long disorder, it is imperative that SLPs design treatment that discusses the chronicity of stuttering and provide a variety of therapy techniques to clients who stutter. Participants reflected on self-disclosing their stutter and over half of them reported that they disliked self-disclosing. This result may be explained by the Indian societal view that stuttering can be cured and self-disclosure is the act of sharing that you still stutter. Participants’ responses may also be due to feelings of anxiety about being judged differently by their communication partner based on their stutter.

Limitations and Future Directions

The current study has several limitations which could be addressed in future research. All participants in this study identified as men. The sample size was also small, with only five participants recruited. This was due to the narrow requirements of the study and the short recruitment time. A future expansion of this research could include more Indian and Indian American individuals who stutter with

more diversity in gender and languages spoken. Interviews could also be conducted in other languages which could allow for comfort in sharing personal experiences.

Conclusion

Prior stuttering research has been conducted with White, monolingual English speaking participants, and the multicultural and multilingual experiences of BIPOC people who stutter has not been investigated in depth (Werle et al., 2019). This study implemented a phenomenological qualitative analysis to investigate the intersectional identities of Indian and Indian American people who stutter and how their multicultural and/or multilingual identities contribute to their self-perceptions and stigma of disability. Five male participants who stutter were interviewed in semi-structured online conversation. Four major themes from the interviews emerged: Descriptions of Stuttering, Multicultural/Multilingual Variables related to Stuttering, Community and Self-Perceptions of Stuttering and Stuttering Treatment. Results indicated that participants had both unique and shared experiences related to their stuttering. Participants reported a lack of awareness around stuttering and disability in India and a lack of access to treatment and resources for stuttering. Participants all reported negative self-perceptions of their stutter due to family, friends, cultural and societal factors at some point in their lives. However, most participants stated their current view of their stuttering is neutral to positive. Further research should include a larger sample size with gender diversity with interviews conducted in multiple languages to see if the current themes identify remain the same or differ.

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Table 1. Themes, categories, and example quotes from participant interviews.

Theme	Categories	Example Quotes
Description of Stuttering	Types of Stutter/Descriptions of Stuttering	"It's like blocks, suddenly I'll block It'll be like blocking but I'll take the time to continue further... Whenever I have anxiety or have a lot of tension, I tend to stutter...And then, whenever I am going to say something intensive, the stuttering issue will come...As far as I know, that's it. It's maximum during times like this, like when going to an interview, or when introducing someone, when you get introduced to strangers, that's when it happens suddenly..." (Participant 4)
	Onset of Stuttering	"I started stuttering around age 3 or 4, around the time of language acquisition..." (Participant 5)
	Secondary Behaviors	"I used to have maybe a hand going shaking, or whatever like I think for a few months I had my tongue coming out..." (Participant 3)
Multilingual/Multicultural Variables Related to Stuttering	Cultural specific variables related to stuttering/acceptance	"That was also one of my motivations to leave India and come to the US, that, because it just always felt that you're being judged by your fluency of speech, not by your intelligence or by anything else. That if you are not fluent, you're not smart..." (Participant 1)
	Multilingual Techniques and Stuttering	"...I mean one of the benefits of being multilingual especially when you speak with others who are multilingual is you can do the, you can do the word substitution without anybody realizing it right... so that, there are certain words like for example coconut, we call it like you know, thengai, it what it's called in Tamil, and then nalar, is what we call in Sourashtra, which is similar to Hindi, naariyal. So, I have trouble with 'n' so I just switch it, so do you want like thengai chutney, or do you want coconut chutney, you know, I can just switch those words I can use those words or the nouns in a different language...and especially if the audience is multilingual they don't see those things, they don't see the word substitutions, but I try to avoid doing the word substitutions but there are times in which I just want to get it over with, so yes, I do use those techniques or those cheat codes I guess, to get over that, and yeah it does help being multilingual..." (Participant 1)

	Difference in stuttering across languages	"I mean I do of course I do speak multiple languages, so but I feel like I tell others that I'm equal opportunity stutterer, so I stutter in all the languages..." (Participant 1)
	Lack of support in India	"...because there wasn't any speech language pathology department or speech language pathologist anywhere I knew of when I was growing up, and because the only time I remember going there to so-called SLP or I don't know what was that or who she was, my mom took me there and all she asked me to do was to speak slowly...so that didn't really help me..." (Participant 1)
Community and Self-Perceptions of Stuttering	Self-Perception around stuttering	"It's a negative view...I would say it definitely makes things difficult; my job and socializing and stuff like that..." (Participant 2)
	Career/Educational/Social Effects of Stuttering	"The reality is there is a very complicated, colorist system in this country (America), and a brown- a young, brown, male who's tapping or blinking post-911 is perceived as violent..." (Participant 5)
	Commentary on Friends/Acquaintances/Other s who stutter	"And then one of my mom's cousin's son looks... he's like five or six now, and he stutters. I did try to talk to my mom's cousin about it, but I don't know how much she was listening to me. It's like, it's still a taboo subject..." (Participant 1)
	Comments on bullying/teasing	"They have teased me, 2 or 3 people in my friends group but it's really rare. But yeah, nobody has said anything negative. Yeah, it's just light teasing..." (Participant 4)
	Community around stuttering	"I'm trying in a country like UK and they have a lot of associations like the stammering associations there. And they also practice (skills to improve stuttering)...And compared to India, its a little better there. And that's the main reason I'm trying to go there...." (Participant 4)
	Family/Friends/Society Perception of Stutter	"Hm, I think the stigma...like if I stutter...in the US...no one is going to give me like an advice or something...but in India like even now, if you like stutter like in public, right like that, with someone like a mom or a dad figure who will come to you later, and they'll be like have you tried the doctor, or have you tried some exercise? Have you tried keeping a stone in your tongue and talking like it's part of the Indian culture..." (Participant 3)

Stuttering Treatment	Self-disclosing stutter/talking about stutter	"But to the workers who work below me, I do have some hesitation in revealing (my stutter) to them. I just don't know how they would interpret it...Yeah, I definitely have an inferiority complex, like would those people think badly or wrongly of me? I judge myself..." (Participant 4)
	Stuttering Techniques	"I did contact the speech language pathology department to see if there was any way I could come there...the grad students who were looking for stuttering subjects, that I just volunteer...because I've never had anything (any therapy)...so that really helped me...My fluency grew drastically. I still had days where I stuttered a lot but it was not as severe as when I was in India...I really felt that doing the accent reduction course helped me to like smooth over my speech patterns and also helped to speak with the North American accent for lack of a better word, because it feels like when I hear people speak in India the English, like the words are very choppy...so when you do those (speak in a North American accent) it just really helps to smooth over my stuttering and my dysfluency..." (Participant 1)
	Perceptions and Types of Treatment	" ...They also tried with pebbles to get me to speak...so I had to place the pebble in my mouth and talk. Like conversations and stuff. So actually, someone gave advice to do it, so my family tried to get me to do it but it didn't work... ayurvedic doctors and general medicine who asked me to take the tablets. I don't remember exactly but they did claim that it would cure my stuttering. Yeah, they were saying that I have a problem in my throat..." (Participant 4)
	Access / limitation to therapy	"...I don't think there's too much therapy (in India)...In India, my parents they set me up with someone who did some speech therapy...But it was very, very periodic. It wasn't really a serious [thing]. In Canada There's more speech therapy but it's still not significant enough to the level that someone can use it and benefit from it..." (Participant 2)

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