Lived Experiences of Adolescents with Stuttering: Exploring Self-Esteem, Social Anxiety, and Coping Mechanisms

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ABSTRACT: Stuttering is a communication disorder that extends beyond speech fluency, often influencing adolescents' psychological well-being, interpersonal relationships, and overall quality of life. The present study aimed to explore the lived experiences of adolescents with stuttering, with particular emphasis on self-esteem, social anxiety, and coping strategies. A qualitative research design grounded in Interpretative Phenomenological Analysis (IPA) was employed to gain an in-depth understanding of participants' subjective experiences. Seven adolescents diagnosed with developmental stuttering were recruited through purposive sampling. Data were collected using semi-structured, in-depth interviews, allowing participants to describe their personal experiences in their own words. The interview transcripts were analyzed following the systematic stages of IPA, including repeated reading, initial noting, development of emergent themes, and identification of patterns across cases. Six themes emerged: Daily Hassle of Stuttering; Wounded Self: Impact on Self-Esteem and Identity; The Social Environment as an Intimidating Environment: Social Anxiety; Environmental Influences and Stigma; Emotional and Psychological Experiences; and Coping Strategies. Although participants experienced considerable psychological and social challenges, they also demonstrated resilience by adopting a range of adaptive coping strategies. The findings highlight the importance of integrating psychological counseling with speech-language therapy to address the psychosocial needs of adolescents who stutter and contribute to the limited qualitative literature in this area.

KEYWORDS: Stuttering, Adolescents, Self-Esteem, Social Anxiety, Coping Strategies, Lived Experiences, Interpretative Phenomenological Analysis (IPA), Qualitative Research

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Introduction

Stuttering is a neurological disability which involves disruption of the fluency of speech. It affects about 1% of adults and more children, some of whom will continue to stutter into adolescence. As an adolescent is in a stage of life where he or she is forming his or her identity and making connections socially, there are numerous problems associated with the condition of stuttering besides difficulties with speech (Daniels & Gabel, 2004; Erickson & Block, 2013). Because stuttering is a liminal condition in which the stutterer is neither obviously abled nor impaired, the lived experiences of those who stutter may be especially significant (Kerrigan & Brundage, 2024). Living with stuttering may be considerably different from what academics and therapists see or imagine. Adult stutterers experience detrimental psychosocial effects, a lower quality of life, self-stigma, and coping mechanisms to deal with the consequences of having a stutter (Kerrigan & Brundage, 2024). A developmental speech issue, stuttering, also known as stammering, typically manifests in children between the ages of three and eight. Although it can last into adulthood, it usually goes away before puberty (Gordon, 2002). Stuttering, often known as stammering, is a language fluency condition marked by pauses, hesitations, and repeats of words, sounds, or syllables that interrupt speech rhythm and flow (Hussain & Lui, 2024). Stuttering was thought to be caused by anomalies in the tongue or larynx for ages. A shift in the concept of stuttering was indicated by the discovery that aberrant brain activity may be the cause of stuttering (Maguire et al., 2012).

Abnormal increases in brain dopamine activity are probably linked to stuttering. According to studies, stuttering symptoms are exacerbated by stimulant drugs that raise dopamine levels (Maguire et al., 2012). According to Rosenberg (1965), self-esteem is a person's overall favorable assessment of themselves. He continued by saying that having a high sense of self-worth and self-respect is a sign of self-esteem. According to Suzuki & Shunsuke (2020), self-esteem is a person's subjective assessment of their own value, their sense of self-respect and confidence, and the degree to which they have positive or negative opinions about themselves (Leary & Baumeister, 2000). Social Anxiety Disorder is a condition characterized by symptoms of anxiety that arise in social situations, often due to embarrassment or fear of humiliation (Hatami Nejad et al. 2025; Shahid et al., 2025). Typically, social anxiety develops at a young age, and if left untreated, can persist and worsen over time. Social anxiety can be generalized, affecting all social situations, or specific, such as stage fright, which occurs only when speaking before a large audience (American Psychological Association, 2013**;** Huda et al., 2024; Shahid et al., 2025).

Researchers and medical professionals are unsure about the underlying cause of SAD. However, the start of this chronic illness can be influenced by a number of factors, including temperament, stress, unpleasant experiences, family history, societal pressure, environment, and increased work demands (Chadaga et al., 2024). This illness manifests physically as blushing, trembling, rapid heartbeat, tense muscles, lightheadedness, nausea, upset stomach, perspiration, and rapid breathing. A number of behavioral and mental symptoms, including persistent fear and worry, shame, anxiety, avoiding social engagements and gatherings, anticipating the worst, and many more, can also be brought on by SAD (Prabhu et al., 2024).

The ideas and actions used to deal with stressful events, both internal and external, are referred to as coping (Algorani & Gupta, 2023). In contrast to "defense mechanisms," which are subconscious or unconscious adaptive responses that both seek to lessen or accept stress, this term is specifically used for the conscious and intentional mobilization of acts. (Algorani & Gupta, 2023). The purpose of this scoping review was to find and characterize studies examining the firsthand experiences of teenagers who stutter, to compare and contrast approaches, and to pinpoint gaps in the body of current research.

To find research that has examined the experiences of teenagers who stammer, seven electronic databases were searched. Teens who stutter are typically recognized to have low self-esteem since their speech difficulties can lead to feelings of shame, inadequacy, and "unlike others" (Gordon & Ingrid, 2002). These psychological problems typically manifest as a higher degree of social anxiety, which is typified by a general fear of being negatively judged by others in a social context and can significantly impair one's capacity to engage in a variety of social, academic, and personal activities (Bauerly, 2024).

Avoidance behavior brought on by a fear of stuttering in public can only exacerbate anxiety and low self-esteem (Johnson et al., 2024). The requirements and interests of Saudi Arabian teenagers who stutter were investigated in a study. A qualitative deductive content analysis method was used to analyze the data that were taken from the relevant research. Twenty-seven studies looked into how stuttering affected teenagers, while seventeen studies looked at what happened after assistance. The findings showed that stuttering has a detrimental effect on teenagers in five areas: school experiences, social interactions, communication attitude, feelings, thoughts, and behavioral responses to speech, and quality of life (Alharbi et al., 2025).

Another study attempts to compile risk variables that have been linked to the development and persistence of social anxiety in stutterers, including temperament and environmental factors. This study also aims to synthesize the characteristics of social anxiety described in adult stutterers, some of which are unique to stuttering (e.g., muscle tension) and others of which are similar to high socially anxious fluent speakers (e.g., avoidant techniques) (Bauerly, 2024). According to this study, participating in negatively valenced and habitual thought patterns is known as repetitive negative thinking (RNT). RNT frequently has an impact on quality of life and is closely linked to mental health issues. In order to measure the association between RNT and self-reported anxiety traits, this study investigated RNT in older school-age children and adolescents who stammer. Another purpose was to explain how individual variations in an adolescent's speaking objective affect how frequently they participate in RNT. Ninety-nine stuttering children and adolescents between the ages of 9 and 18 completed a measure of the negative effects associated with stuttering, a screener of anxiety features, and a measurement of the frequency and severity of RNT. Higher OASES Total ratings and more frequent RNT were substantially linked with higher generalized or social anxiety ratings. RNT was found to be predicted by individual differences in speaking goals (i.e., whether or not to stutter publicly) (Tichenor et al., 2023). Additionally, another study looks at the connection between the symptoms of depression and social anxiety disorders in adolescents and the severity of stuttering, which makes it difficult to talk and communicate. Regardless of gender, 65 kids with stuttering diagnoses between the ages of 14 and 18 were included in the study.

The findings show that the severity of stuttering was positively correlated with the depression levels of those who were diagnosed with it (Sizer & Sizer, 2023). This study sought to determine whether stuttering children and adolescents (ages 2 to 18) had enhanced symptoms of anxiety or depression and to find potential moderators of increased symptom severity. According to the overall effect size, children and teenagers who stammer exhibit more anxiety symptoms than their peers who do not stutter. According to preliminary data, certain children and teenagers who stutter have higher anxiety symptoms than their peers. Although observed differences between groups were not statistically significant, there was a tendency toward higher depression scores in this sample. However, our results show that young individuals who stammer need to have their mental health and wellbeing closely monitored (Bernard et al., 2022).

The study focuses on how stuttering severity affects both general and domain-specific self-esteem. The study then looks into whether the relationship between stuttering severity and self-esteem is mediated by covert processes related to negative communication attitudes, experienced stigma, non-disclosure of stuttering, and maladaptive

perfectionism. The findings show that teenagers' assessments of social acceptance, academic proficiency, the ability to form close friendships, and overall self-esteem are adversely affected by the severity of their stuttering. The detrimental effects of severe stuttering on self-esteem are fully mediated by maladaptive perfectionism, particularly negative communication attitudes.

Furthermore, we show that when assisting teenagers who are generally concerned about their fluency, these covert processes also need to be addressed (Adriaensens et al., 2015). It has been demonstrated that Virtual Reality Exposure Therapy (VRET) is a useful method for lowering social anxiety. Stutterers are more likely to have increased social anxiety. Protocols for cognitive behavior therapy have demonstrated potential in lowering social anxiety in stutterers.

The study's objective was to give a general review of VRET methods for treating social anxiety and to shed light on how these methods might be applied when stuttering and social anxiety coexist. VRET may be customized through the use of virtual therapists, inhibitory learning strategies, and incorporation with speech therapy. Regardless of these various approaches, VRET should take into account the circumstances and cognitive-behavioral mechanisms that underpin stutterers' experiences of social anxiety (Chard & Van Zalk, 2022).

The purpose of this study was to ascertain how well acceptance and commitment program training affected the academic resilience and social anxiety of stuttering students. The main goal of this study was to examine the connections between coping styles, depression, anxiety, and stress, as well as the predictive power of coping styles and mindfulness for depression, anxiety, and stress in stuttering adults. Comparing adult stutterers' levels of stress, anxiety, depression, coping mechanisms, and mindfulness based on the severity of their stuttering was a secondary goal. High levels of stress, anxiety, and depression were found to be correlated in this study. In people who stammer, sadness, anxiety, and stress were found to be predicted by frequent use of passive coping techniques and poorer mindfulness scores (Uçal & Mutlu, 2026).

Although previous research has examined stuttering, much of the evidence is based on quantitative studies or adult populations. Limited qualitative research has explored the lived experiences of adolescents who stutter, particularly in the Pakistani context. Furthermore, little is known about how self-esteem, social anxiety, and coping mechanisms are experienced simultaneously. Therefore, the present study uses Interpretative Phenomenological Analysis (IPA) to address this gap through an in-depth exploration of adolescents' lived experiences.

Examining the experience of stuttering in teenagers is crucial given these psychological and social ramifications. The purpose of this research paper is to examine how stuttering affects young people's daily lives, how it affects adolescents' self-esteem and personal growth, how much social anxiety they experience in various settings, such as school, family, and with friends, what psychological and emotional issues they face, and how they deal with their speech impediment.

According to Social Cognitive Theory, adolescents who stutter gain self-esteem and social anxiety from their observations of how their speech affects other people (Bandura, 1986; Adriaensens et al., 2015). Negative attitudes towards communication and stigma perception become cognitive mediating factors, which decrease self-efficacy in social contexts, leading to increased social anxiety and reduced self-esteem (Adriaensens et al., 2015; Naz & Kausar, 2022). Coping becomes the behavioral outcome affected by perceived self-efficacy and reinforcement who perceive themselves as able to cope with speech problems (Lowe et al., 2021).

Objectives

1. To explore the lived experiences of adolescents with stammering and its effect on their day-to-day life.
2. To explore the way in which stammering affects self-esteem and personal development of adolescents.
3. To explore the level of social anxiety experienced by the adolescents with stammering in various social environments (school, home, friends).
4. To explore the psychological/emotional problems faced by teenagers due to stammering.
5. To explore coping mechanisms used by the adolescents with stammering.

Research Questions

1. How is stuttering experienced by adolescents in their daily lives?
2. What is the impact of stuttering on the self-esteem and self-concept of adolescents in the immediate and long-term sense?
3. In what ways does stuttering create social anxiety, and in which situations does this anxiety present itself (school, social media, family events)?
4. Which internal and external factors influence the experience of adolescents who stutter (such as attitude of the family, attitudes in schools, stigma, etc.)?
5. What are the coping strategies that adolescents who stutter employ for dealing with their condition?

Study Design

Phenomenological research methodology was used in investigating the phenomenon of stuttering experienced by adolescents. Interpretative Phenomenological Analysis (IPA) was used for collecting and analyzing data related to the way participants understand their own experience of stuttering.

Sampling

The sample comprised seven adolescents aged 12–18 years diagnosed with developmental stuttering. Participants were recruited using purposive sampling from schools, speech and language therapy centers, local support groups, and online stuttering support groups. A sample of seven participants was considered appropriate for Interpretative Phenomenological Analysis (IPA), as IPA recommends small, homogeneous samples to facilitate an in-depth exploration of participants' lived experiences rather than statistical generalization (Smith et al., 2009).

Inclusion Criteria

Adolescents aged 12 to 18 years who had been diagnosed with developmental stuttering or had a documented history of developmental stuttering were eligible to participate. Participants were required to have sufficient fluency in Urdu or English to participate in the semi-structured interviews and the ability to provide meaningful responses. Written informed consent was obtained from parents or guardians, and written assent was obtained from the adolescents.

Ethical Considerations

Appropriate ethical approval was gained through the appropriate institutional ethics committee/university review board. Parent/guardian informed consent and adolescent assent were sought through written means. The participant was fully informed about the purposes of the research, that participation was voluntary, confidentiality/anonymity issues, and the fact that they can withdraw from the study without consequences. Emotions may arise during interviews. The researcher was careful during the interview, gave time-outs, and offered referrals if necessary. Audio

recordings and transcriptions were kept safe. Identifying information was stripped from transcriptions. Ethical data handling was based on APA ethical guidelines and local data protection regulations.

Measures

Data were gathered through semi-structured interviews. Semi-structured in-depth interviews were used as a critical qualitative research technique, ensuring a careful balance between consistency in the interviewing framework and flexibility in eliciting individual experiences among participants. Gaining a comprehensive knowledge of participants' thoughts, feelings, and opinions is made possible by the flexibility of semi-structured interviewing, which may not be achievable in a fully structured interview. It is one of the finest ways to get specific information, according to Kallio et al. (2016).

Procedure

Permission was obtained from the relevant authorities before recruiting participants and conducting the interviews. The protocol question was translated into Urdu to enhance participant comprehension. The purpose of the study was explained to the participants, and their informed consent was requested. Data were gathered through interviews. Throughout the interview, the researcher guided participants through a series of questions to look at various aspects of the study. Transcription (verbatim writing, which preserves the subtleties in participants' responses) occurred after data collection. Themes were developed through the coding procedure of the gathered data in interpretative phenomenological analysis. The IPA method was used to analyze the data once it had been transcribed from the voice recording format.

Data Analysis

IPA is a qualitative approach that aims to investigate how people perceive their experiences in social and personal spheres of life. When it comes to understanding people's experiences and how they make sense of them in their particular situations, IPA is particularly helpful. IPA was inspired by phenomenology, which is the process of interpreting events from a personal perspective, and hermeneutics, which is the comprehension of the experience's underlying meaning (Irfan et al., 2025). Additionally, carrying out an IPA required a few crucial measures. First, in-depth, semi-structured interviews were used to create detailed accounts of the experiences of the participants. The researcher examined these transcripts extensively. First, one needs to read the transcript in order to become acquainted with the data. Then, one should undertake an analysis, which would generate themes emerging from the participant narratives. The next step involves organizing these themes into broader superordinate themes, reflecting the general trends within participant narratives. Each stage of the process of analysis requires a double hermeneutic approach that is iterative, often requiring multiple attempts to extract deep insights from the data (Smith & Larkin, 2009). IPA provides insights into people's perceptions of complicated, sensitive, and understudied issues. IPA can assist researchers in comprehending participants' perspectives, how these insights influence behavior and attitudes, and other mental processes (Smith et al., 2021).

The researchers acknowledged that their educational and professional backgrounds in psychology and speech-language pathology could influence the interpretation of participants' experiences. To minimize potential bias, reflexive notes were maintained throughout data collection and analysis, and emerging themes were discussed among the research team to enhance the credibility and transparency of the findings.

Results

Table 1

Table Shows the Following Superordinate Themes, Master Themes and Emergent Themes

Superordinate themes	Master themes	Emergent Themes
1. Daily Hassle of Stuttering	Verbal communication disruption. Situational avoidance. Exhaustion physically and emotionally.	Stuttering disrupts the natural flow of speech. Leading towards Frustration and feelings of helplessness during ordinary conversations. Intentional withdrawal from social communication activities, including responding in class, ordering food, and even calling on the telephone. Speaking "correctly" causes physical strain and mental exhaustion during the entire day.
2. Wounded Self – Effects on Self-Esteem and Identity	Negative self-perception. Self-concept damaged and identity confusion. Low confidence in academic and personal areas.	Self-concept of oneself as "damaged," "inappropriate," "not able" compared to other people without stuttering. Stuttering becomes an integral part of the adolescent's self-image, opposing the ideal self. Shyness with regard to verbal participation results in shying away from academics and personal goal achievement
3. The Social Environment as an Intimidating Environment – Social Anxiety	Fear of negative peer evaluation. School setting as anxiety-producing. Social media and digital communication anxiety. Anxiety in family gatherings and home environment.	Being constantly worried about being evaluated, ridiculed, and misunderstood in social contexts. Classroom participation, speeches, and communication with teachers are recognized as moments of maximum anxiety. There is also anxiety in terms of online communication, where one may avoid voice notes and video calls. Mixed responses at home – some people feel safe while others experience pressure, comparison, or ridicule by the family.
4. Weight of Other People – Environmental Factors and Stigmatization	Bullying by Peers and Stigmatization. Teachers' Mindset and School Policy. Mindset of Family Members - Protective or Demanding. Myths in Society Regarding Stuttering.	The experiences of being teased, mimicked, and excluded by peers, thus creating more shame and withdrawal. Negative teacher reactions, such as being forced into speaking up, versus empathic reactions. The family's reaction, from being overly protective to dismissing the problem, to supportive. Overall societal attitudes of stigmatization; viewed as being nervous, less intelligent, or emotional.

Superordinate themes	Master themes	Emergent Themes
5. Emotional and Psychological Settings	Shame and Embarrassment. Feelings of Isolation and Loneliness. Anger, Frustration, and Helplessness. Anxiety and Depression.	Feelings of deep shame in association with bouts of stuttering, especially when in the public sphere. Emotional isolation from one's peers because of the fear of being ridiculed, making one feel lonely. Emotional explosions or feeling angry at oneself for the inability to control speech. Worrying thoughts, low moods, and even signs of mild depression in some cases due to stuttering.
6. Coping Mechanisms	Avoidance Coping Style (Maladaptive). Speech Therapist and Other Professionals. Social Support as a Protector. Reframing and Self-Acceptance. Creative Expression.	Changing of the words, remaining silent, pretending to forget the words: temporary coping skills that continue to perpetuate anxiety. Interaction with speech-language therapy as a formalized coping method, both good and bad experiences. Relying on one's close friends, family members, or teachers who provide a secure environment for communication. A transition from shame to acceptance, re-defining stuttering from being "all of me" to "a part of me". Employing creative arts such as writing, painting, playing music, or even stuttering forums on the Internet.

Discussion

The aim of the current study was to examine the psychosocial experiences of adolescents who stutter. This involved examining how the disorder affects their communication, self-concept, emotions, social relations, and coping mechanisms. The data were analyzed, and six superordinate themes, along with master themes, emerged that show that the problem under discussion has both communicative and psychosocial dimensions.

The first theme, Daily Hassle of Stuttering, suggests that the disorder disrupts the natural process of speaking and brings frustration and feelings of helplessness in routine conversations (Craig et al., 2009; Yairi et al., 2025). The participants avoided talking in class, making orders in restaurants, and taking phone calls, which is typical for people who have the problem (Plexico et al., 2009). Speaking "the right way" also led to physical and psychological exhaustion (Craig et al., 2011). The Wounded Self theme demonstrates that stuttering is connected to negative self-esteem and identity. The participants perceived themselves as "damaged" and "not capable" people, which corresponds to the findings of previous researchers who emphasize the impact of this disorder on self-worth and internal stigma (Boyle, 2015). Stuttering was also a component of self-image, making it difficult to have self-confidence in educational and personal ambitions (Iverach & Rapee, 2014).

The second theme, The Social Environment as an Intimidating Environment, demonstrates significant social anxiety on the part of participants. They were afraid of being mocked, judged, and misunderstood in schools, at home, and even on social media (Plexico et al., 2009; Johnson et al., 2024). Speaking in class, communicating with

teachers, and using digital communication caused significant anxiety. The responses of families had a direct impact on the safety or fear that participants experienced (Boyle, 2015). The theme called The Weight of Other People illustrates the impact of bullying, stigma, teachers' attitudes, and families' responses. Peer bullying made the situation worse for participants, but positive responses eased their emotional state (Craig et al., 2009; Iverach & Rapee, 2014). The third theme – Emotional and Psychological Settings- proves that the phenomenon of stuttering correlates with emotions such as shame, loneliness, anger, frustration, anxiety, and depression. This connection has already been studied in previous research and is often exacerbated due to continuous social rejection and avoidance (Craig et al., 2011). Lastly, the Coping Mechanisms theme indicates the use of coping strategies that can be adaptive and maladaptive. Social avoidance reduces stress at the moment but continues causing anxiety, while social support, therapy, acceptance, and creative activity allow some people to cope better with the condition (Boyle, 2015; Plexico et al., 2009). The results prove that stuttering affects people not only in the field of speech but in terms of their identity, emotions, and social activities as well. Family and teachers' support can greatly reduce the burden of the disorder.

Conclusion

The research demonstrates that stuttering does not only impact speech, but also plays an important role in the formation of one's identity, emotions, participation in social activities, and coping mechanisms. It was discovered that communication becomes stressful on a daily basis, self-esteem is affected negatively, and the social setting is perceived as threatening. There were other issues such as stigmatization, feelings of shame, loneliness, and anxiety. However, the presence of support within the family, among teachers, specialists, and peers was beneficial to some people.

Limitations and Recommendations

The study had some limitations, as it had a small sample size, which may not represent the entire population of adolescents who stutter. There is reliance on self-reports, where the responses may be influenced by how an individual interprets things or feelings at that time. The study was also narrowed down to a certain group of people only, and it may not apply to others. Future research should employ a greater and more varied sample size to increase the applicability of results. It is also recommended that the experiences of parents, teachers, and speech therapists be studied to gain further insight into the social aspect of stuttering. Schools need to create an encouraging environment for children who have the problem of stuttering. The speech therapy program must not focus only on improving fluency; self-confidence and anxiety management can also be a part of it.

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