



ANXIETY AND SOCIAL PHOBIA IN STUTTERING

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This study compared symptoms of anxiety among a sample of 22 stutterers to previously gathered data for social phobics and nonpatient controls. Stutterers had more social anxiety and avoidance than did nonpatient controls. The stuttering group had less social distress and avoidance, less fear of negative evaluation, fewer symptoms of social phobia, and fewer symptoms of agoraphobia as compared to the social phobia group. There was not, however, a significant difference between the stuttering and social phobia groups on a measure of general anxiety. The majority of stutterers reported speech-related fear as their primary phobia. The results of the study suggest that stutterers may not suffer from social phobia, but that some stutterers may avoid social situations because of fear of stuttering. ©1999 Elsevier Science Inc.

Key Words: Stuttering; Anxiety; Social phobia

INTRODUCTION

The relationship between stuttering and anxiety is complex. Anxiety is widely believed to a causal factor in stuttering and plays a central role in many theories about the origin of stuttering (Miller & Watson, 1992). Stuttering typically worsens when a stutterer speaks to strangers or addresses large audiences or those felt to be his or her superiors. As a result, stutterers commonly avoid social and public speaking situations and experience anxiety when in those situations (Van Riper, 1992). Yet stutterers may not differ from those who do not stutter in baseline levels of anxiety (Blood et al., 1994; Miller & Watson, 1992), although this finding as been questioned (Craig, 1992).

The symptom picture of social avoidance and anxiety limited to situations of public scrutiny is reminiscent of the psychiatric disorder of social phobia. The comorbidity of stuttering and social phobia is not well understood. The fear of social situations and social scrutiny that is the hallmark of social phobia is also common in socially stigmatizing disorders such as stuttering, Parkinson's disease, and benign essential tremor (George and Lydiard, 1994). The Diagnostic and Statistical Manual of Mental Disorders (4th edition;

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American Psychiatric Association, 1994) specifies that the diagnosis of social phobia can be made in the context of stuttering only when the fear of social situations and social scrutiny is *not* merely a fear of stuttering. Thus, the social anxiety present among stutterers is, by definition, not diagnostic of social phobia if the anxiety is specific to only the stuttering itself. To further complicate the situation, recent epidemiological studies have suggested that speaking fears in nonstutterers may represent a distinct and milder subtype of social phobia (Kessler et al., 1998).

Although pharmacological treatments have generally not been effective in stuttering (Brady, 1991), social phobia is responsive to pharmacological intervention (Gelenberg & Bassuk, 1997). If substantial comorbidity between stuttering and social phobia existed, then therapeutic interventions shown to be useful in social phobia might be considered in the treatment of stuttering. Therefore, clarifying the relationship between stuttering and social phobia is potentially important.

The purpose of this study was to examine the phenomenology of anxiety symptoms in stutterers as compared to social phobic and control groups. The psychological constructs measured include general anxiety; the experience of distress in social situations and the avoidance of social situations; fear and avoidance of being negatively evaluated by others; and specific fears including agoraphobia, social phobia, and the participants' own primary fear. We hypothesized that stutterers (1) will be more anxious, have greater avoidance of social situations, and have more fear of negative evaluation than will the control group; (2) will show less anxiety, less avoidance of social situations, and less fear of negative evaluation as compared to the social phobic group; (3) will have a specific fear of speaking, but will not have general social phobic symptoms.

METHOD

Participants

Participants were recruited from among patients under the care of a speech pathologist at a large urban hospital and from among members of a community-based support group for stutterers facilitated by the first author. All participants had a diagnosis of stuttering confirmed by a speech pathologist. A letter requesting their participation in the study, along with the psychological measures, was sent to 49 potential participants. Those who were willing to participate returned the completed consent form and the completed psychological measures; 22 (45%) individuals agreed to participate.

Procedure

Psychological measures. A battery of self-report measures of anxiety, including the Social Avoidance and Distress scale (SAD), Fear of Negative

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