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Social anxiety in stuttering: measuring negative social expectancies

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Abstract

Much research has suggested that those who stutter are likely to be anxious. However, to date, little research on this topic has addressed the role of expectancies of harm in anxiety, which is a central construct of anxiety in modern clinical psychology. There are good reasons to believe that the anxiety of those who stutter is related to expectancies of social harm. Therefore, in the present study, 34 stuttering and 34 control participants completed the Fear of Negative Evaluation (FNE) Scale and the Endler Multidimensional Anxiety Scales-Trait (EMAS-T). The FNE data showed a significant difference between the stuttering and control participants, with a large effect size. Results suggested that, as a group, a clinical population of people who stutter has anxiety that is restricted to the social domain. For the EMAS-T, significant differences between groups were obtained for the two subtests that refer specifically to people and social interactions in which social evaluation might occur (Social Evaluation and New/Strange Situations) but not for the subtests that contained no specific reference to people and social interactions (Physical Danger and Daily Routines). These results were taken to suggest that those who stutter differ from control subjects in their expectation of negative social evaluation, and that the effect sizes are clinically significant. The findings also suggest that the FNE and the EMAS-T are appropriate psychological tests of anxiety to use with stuttering clients in clinical settings. The clinical and research implications of these findings are discussed, in terms of whether social anxiety mediates stuttering or is a simple by-product of stuttering. Possible laboratory

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explorations of this issue are suggested, and potential Cognitive Behavior Therapy packages for stuttering clients who might need them are discussed.

Educational objectives: The reader will be able to: (1) explain why expectancy of social threat or harm may be associated with stuttering; (2) name and describe two psychological tests that are suitable for assessment of the social threat or harm that may be associated with stuttering; and (3) explain how findings for the EMAS-T test in the present results suggest that expectancy of social threat or harm, but not other kinds of negative expectancy, are associated with stuttering.

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1. Introduction

Early writings about the disorder of stuttering contain references to anxiety (e.g., [Despert, 1946](#); [Goodstein, 1958](#); [Honig, 1947](#); [Schultz, 1947](#)), and a belief that anxiety is common among those who stutter is reflected in writings of modern authorities ([Andrews et al., 1983](#); [Bloodstein, 1995](#); [Brutten & Shoemaker, 1971](#); [Ingham, 1984](#); [Johnson, 1955](#); [Van Riper, 1982](#)). For example, in one of the more widely used and cited textbooks on stuttering, [Guitar \(1998\)](#) refers many times to anxiety and anxiety management. The link between anxiety and stuttering has been described from the viewpoint of those who stutter and their clinicians by [Lincoln, Onslow, and Menzies \(1996\)](#), who showed that the majority of both groups reported that those who stutter commonly report and/or experience speech anxiety. Lincoln et al. also found that a third of clinicians surveyed reported using anxiety management procedures with their stuttering clients.

Although the research literature on this topic is methodologically problematic and has produced inconsistent results, some of its findings have been nonetheless consistent (for a complete review, see [Menzies, Onslow, & Packman, 1999](#)). In the case of state anxiety, [Craig \(1990\)](#) and [Ezrati-Vinacour and Levin \(2004\)](#), for example, showed that a clinical sample of stuttering subjects scored higher than controls. Further, stuttering has been shown to vary under conditions intuitively associated with state anxiety, such as the size of an audience and the perceived status of a conversational partner ([Porter, 1939](#); [Siegel & Haugen, 1964](#)). The Speech Situations Checklist (SSC) ([Brutten, 1975](#)) elicits responses about speaking situations that directly and indirectly relate to state anxiety. [Bakker \(1995\)](#) reported that a 31-item subset of SSC was able to provide statistically powerful distinctions between stuttering and control subjects, independent of speech data about stuttering rate or severity. In the case of trait anxiety, [Craig \(1990\)](#) and [Ezrati-Vinacour and Levin \(2004\)](#) also found higher scores for stuttering subjects than controls, and Craig and colleagues subsequently replicated this finding with a large population sample ([Craig, Hancock, Tran, & Craig, 2003](#)). There have also been some consistent physiological findings about stuttering and anxiety. [Leanderson and Levi \(1967\)](#) found that those who stutter may have higher levels of catecholamine excretion than control subjects, and physiological arousal has been shown to correlate with stuttering severity ([Weber & Smith, 1990](#)). In a review of the area, [Alm \(2004\)](#) formed the interesting conclusion, based on available data, that those who stutter appear to

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