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Anxiety levels in adolescents who stutter

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Abstract

High levels of anxiety can negatively affect the lives of children and adolescents. Thirty-six adolescents who stutter and 36 adolescents who do not stutter were administered standardized scales for anxiety and self-esteem. Significant differences were found for the total *T*-scores for *Revised Children's Manifest Anxiety Scale* for the two groups, although both groups mean *T*-scores were within normal range. Eighty-three percent of adolescents who stutter and 95% of adolescents who do not stutter earned scores in the normal range. No significant differences were found on the self-esteem scale, with 86% of adolescents who stutter and 97% of adolescents who do not stutter earning scores in the normal/positive range. Adolescents who stutter with co-occurring disorders displayed significantly higher levels of anxiety than adolescents who stutter with no co-occurring disorders. No significant differences were found between groups on ethnicity, socioeconomic class, gender and anxiety levels. A positive, significant correlation between anxiety scores and self-esteem scores was found for both groups.

Learning outcomes: Readers will learn about and understand (a) the role of anxiety and self-esteem in stuttering; (b) the methods used to evaluate anxiety and self-esteem in adolescents; and (c) the similarities between adolescents who stutter and adolescents who do not stutter on anxiety and self-esteem scales.

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1. Introduction

Living with a chronic disability can negatively influence an individual's emotional and psychosocial adjustment. Stuttering is an unpredictable disorder (Bloodstein, 1995; Guitar, 2005; Manning, 2001; Shapiro, 1999) with conflicting and variable responses from fluent communication partners and reported negative communication experiences (Bebout & Bradford, 1992; Ham, 1990; Ruscello, Lass, Schmitt, & Pannbacker, 1994; Turnbaugh, Guitar, & Hoffman, 1979; Woods & Williams, 1971). Data from qualitative studies suggest suffering, helplessness, shame, and stigma may be core experiences for some adults who stutter (Corcoran & Stewart, 1998; Crichton-Smith, 2002; Klompas & Ross, 2004). These experiences may make persons who stutter more susceptible to negative emotional responses, poorer self-esteem, and higher anxiety levels (Guitar, 2005; Manning, 2001; Shapiro, 1999; Silverman, 2004; Van Riper, 1982).

1.1. Anxiety and adults who stutter

Physiological and emotional anxiety has been reported in persons who stutter (Blomgren, Roy, Callister, & Merrill, 2005; Blood, Blood, Bennett, Simpson, & Susman, 1994; Blood, Wertz, Blood, Bennett, & Simpson, 1997; Caruso, Chodzko-Zajko, Bidinger, & Sommers, 1994; Craig, 1990; Craig, Hancock, Tran, & Craig, 2003; DeCarle & Pato, 1996; Dietrich & Roaan, 2001; Ezrati-Vinacour & Levin, 2004; Fitzgerald, Djurdjic, & Maguin, 1992; Gabel, Colcord, & Petrosino, 2002; Kraaimaat, Janssen, & Brutten, 1988; Kraaimaat, Vanryckeghem, & Van Dam-Baggen, 2002; Mahr & Torosian, 1999; Menzies, Onslow, & Packman, 1999; Messenger, Onslow, Packman, & Menzies, 2004; Miller & Watson, 1992; Schneier, Wexler, & Liebewitz, 1997; Weber & Smith, 1990). Numerous standardized scales, equipment measuring emotional arousal, heart rate, blood pressure, and skin conductance, personality inventories, subjective ratings, sensitivity, avoidance, stress, and distress scales are used to evaluate both state and trait anxiety in persons who stutter. It has been reported that as high as 44% of clients seeking treatment for stuttering could be assigned a co-occurring social phobia or social anxiety diagnosis (Stein, Baird, & Walker, 1996). In both state and trait anxiety, Craig (1990) and Ezrati-Vinacour and Levin (2004) showed that clinical samples of people who stutter (PWS) scored higher than control participants.

Researchers question the results of anxiety studies with PWS due to methodical issues (Craig, 1994; Menzies et al., 1999). A report by Menzies et al. (1999) suggests that the (a) construct of anxiety, (b) number of participants, (c) speaking tasks, (d) trait anxiety measures, and (e) treatment status of the participants could bias finding a relationship between anxiety and stuttering. As early as 1994, Craig suggested that treatment for stuttering could have moderating effects on anxiety levels, measurements, and results. In an attempt to control for this bias Craig et al. (2003) examined trait anxiety in a randomized population sample using a standardized anxiety measure. From a random selection and telephone interview of 4689 households, 87 individuals were identified as PWS. Of this group, 63 completed a trait anxiety measure over the telephone. Results revealed that PWS were shown to have higher chronic anxiety levels than the individuals who did not stutter. Craig et al. also reported that "most of the difference is due to those participants whose

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