

An investigation into the personal financial costs associated with stuttering

Elaine Blumgart, Yvonne Tran, Ashley Craig*

*Rehabilitation Studies Unit, Northern Clinical School, Sydney Medical School,
The University of Sydney, P.O. Box 6, Ryde, NSW 1680, Australia*

Received 8 December 2009; received in revised form 1 March 2010; accepted 4 March 2010

Abstract

Stuttering has been found to deteriorate quality of life in psychological, emotional and social functioning domains. It is reasonable to assume then that stuttering would also be associated with economic consequences that may also challenge quality of life. Remarkably, the personal financial costs associated with stuttering in adults has rarely if ever been explored or investigated in the fluency disorders field. This study involved an assessment of the personal costs of stuttering and an investigation into determinants that may influence spending. Two hundred adults who stutter participated in this study. Findings indicated that the average total cost was around \$5,500 (median cost \$4,165) in 2007/08 Australian dollars over a 5-year period. Major financial items included costs of direct and indirect treatments for stuttering, self-help, stuttering related conferences, and technology. Financial costs were not significantly influenced by the sex of the person, annual income, or by how severe the person stuttered. However, those individuals younger than 60 years old spent significantly more on treatment related costs, while those with elevated levels of social anxiety spent significantly less than those with lower levels of social anxiety. Quality of life implications associated with stuttering are discussed.

Educational objectives: The reader will be able to: (a) describe the method for assessing the direct financial costs of stuttering over a 5-year period; (b) describe the financial personal cost of stuttering for adults who stutter; (c) describe the relationship between factors like sex, age, severity of stuttering and financial costs; and (d) describe the relationship between social anxiety and the financial cost of stuttering.

© 2010 Published by Elsevier Inc.

Keywords: Stuttering; Direct costs; Social anxiety; Quality of life; Fluency disorder

1. Introduction

Stuttering is a chronic neurological condition (Namasivayam & van Lieshout, 2008) that has been found to have a negative impact on quality of life (Craig, Blumgart, & Tran, 2009). Stuttering was found to increase risks of reduced vitality (that is, increased levels of fatigue), as well as reduced social, emotional and mental health functioning, and the negative impact of stuttering in these four domains was equivalent to the impact in these same domains from chronic disorders such as spinal cord injury, diabetes and heart disease (Craig et al., 2009). The ability to work is an important indicator of quality of life (QOL), and stuttering has also been found to reduce capacity to function satisfactorily in the

* Corresponding author. Tel.: +61 2 9808 9236; fax: +61 2 9809 9037.
E-mail address: a.craig@sydney.edu.au (A. Craig).

work context (Klein & Hood, 2004). Clearly, the negative impact in these areas has the potential to create an economic burden and impose personal financial costs, which arguably can further negatively impact a person's QOL (Allard & Williams, 2008; Schnittker, 2005). Surprisingly, the economic cost of stuttering has received very little attention in the field of fluency disorders, even though it is known that other chronic diseases such as cardiovascular disease, diabetes and asthma can exact a significant economic burden (Hogan, Dall, & Nikolov, 2003; Pelletier, Mansbach, & Camargo, 2006; Trogdon, Finkelstein, Nwaise, Tangka, & Orenstein, 2007).

It is not at all surprising that stuttering could result in significant financial costs. For instance, communication effectiveness is crucial for the maintenance of social engagement (Taylor, Peplau, & Sears, 1994), and more often than not stuttering will disrupt communication effectiveness (Craig, Hancock, Tran, Craig, & Peters, 2003). Furthermore, even after treatment, stuttering can be physically and emotionally exhausting because for many individuals it requires constant monitoring to control severity (Kalinowski & Dayalu, 2002; O'Brien, Packman, Onslow, & O'Brien, 2003). Even when speaking fluently, people who stutter may place more importance on monitoring for signs of negative reactions in the listener and how they themselves (the person who stutters) are speaking, rather than listening to what is being said (Petrunik & Shearing, 1988).

According to the National Stuttering Association (1999) and recent research (Allard & Williams, 2008; Craig, Tran, & Craig, 2003), negative stereotypes about stuttering exist. Common stereotypical beliefs assume that people who stutter are nervous, incompetent, and shy (Craig, Tran, et al., 2003; Leahy, 1994; Linn & Caruso, 1998; Iverach, O'Brien, et al., 2009). Furthermore, people who stutter are often evaluated negatively by people known to them such as teachers and employers (Cooper & Cooper, 1996; Craig & Calver, 1991; Crichton-Smith, 2002), by the general public (Doody, Kalinowski, Armson, & Stuart, 1993), by those who do not stutter (Craig, Tran, et al., 2003; MacKinnon, Hall, & MacIntyre, 2007), and negative attitudes toward the work competence of people who stutter have been reported (Klassen, 2001). Research has now also confirmed that stuttering elevates state, trait and social anxiety (Blumgart et al., 2010; Craig & Tran, 2006; Craig, Hancock, et al., 2003; Ezrati-Vinacour & Levin, 2004; Iverach, O'Brien, et al., 2009; Menzies et al., 2008; Messenger, Onslow, Packman, & Menzies, 2004; Mulcahy, Hennessey, Beilby, & Byrnes, 2008). For example, in a group of 34 adults who stutter, Messenger et al. (2004) showed that the people who stuttered had significantly elevated fears of negative evaluation in social situations.

For these reasons, the work environment can be threatening both emotionally and financially to people who stutter (Hurst & Cooper, 1983; Rice & Kroll, 1994). Klein and Hood (2004) reported that 70% of people who stutter agreed that their stuttering had decreased their chances of obtaining employment or being promoted and more than 33% felt that stuttering interfered with job performance. Of this cohort, 20% reported that they had been turned down for a job, or a promotion, because of their stuttering. In addition, negative attitudes towards stuttering are common in terms of career opportunities and in the workplace in general (Craig & Calver, 1991; Gabel, Blood, Tellis, & Althouse, 2004; Leahy, 1994; Silverman & Paynter, 1990). Findings also show that people who stutter often work in positions below their potential (Craig & Calver, 1991), or that they often do not choose the career they actually want (Peters & Starkweather, 1989). From an economic perspective, the insecurity related to employment status can be significant burden for people who stutter.

The direct personal cost of treatment is a possible economic burden for people with disease and disability (Drummond, O'Brien, Stoddart, & Torrance, 1998). Stuttering is no exception. For instance, intensive forms of treatment are known to be efficacious (Bloodstein & Bernstein-Ratner, 2008), however, intensive treatment is likely to be expensive. Furthermore, owing to the chronic nature of stuttering and the potential for relapse, people who stutter may need to return frequently to be re-treated (Craig, 1998). This imposes an additional economic burden. Furthermore, because direct stuttering therapies may not always be effective, many will inevitably seek other forms of treatment, for example, to manage their social fears associated with their stuttering (Menzies et al., 2008). Examples of indirect treatments for stuttering include cognitive behavior therapy (say for anxiety), acupuncture, hypnotherapy, pharmacotherapy, as well as individual counseling or self-help support groups (Ramig, 1993; Yaruss et al., 2002). Additional direct costs may also include "out-of-pocket" expenses such as transportation costs to clinics, self-help costs (e.g. maintenance of fluency costs), technology costs (e.g. audio-tape recorders; delayed feedback devices), and in the ongoing quest for new knowledge regarding the causes and latest treatment of stuttering, many may attend national and international seminars, conventions and conferences. Clearly, the direct costs associated with stuttering may impose a substantial financial burden.

Although methodologies for estimating costs in chronic conditions have been successfully employed in QOL and disability research (Bean, Vora, & Frontera, 2004; Gold, Siegel, Russell, & Weinstein, 1996), to date, only a few QOL

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات