



Personality dysfunction in adults who stutter: Another look



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ABSTRACT

Purpose: Given reports of the frequent occurrence of personality disorders (PD) among individuals who stutter, this investigation was designed to determine the presence of personality disorders (PD) for individuals seeking treatment for stuttering, using a different self-report measure.

Method: The sample included 50 adults who were undergoing treatment for stuttering. The participants also completed a self-report measure (Assessment of the DSM-IV Personality Disorders, ADP-IV) that is known to have good differential validity in the assessment of personality disorders as well as good convergent validity with a structured interview administered by a skilled mental health professional.

Results: Four participants met threshold values for one personality disorder (PD) and one participant met criteria for two personality disorders. The remaining 45 participants (90%) did not meet criteria for a PD.

Conclusion: Rates of observed PDs in this sample approximated rates that have been observed in general community samples using structured clinical interviews and trained interviewers. Related reports which have claimed high levels of personality disorders among adults who stutter appear to be inflated by the use of self-report devices that overestimate the occurrence and co-morbidity of these conditions. Implications for the treatment of adults who stutter are discussed.

Educational objectives: The reader will be able to (a) summarize two basic perspectives of how individuals who stutter are influenced by the possibility of personality dysfunction (b) describe the factors that influence the detection of personality dysfunction using self-report procedures, discuss the important (c) theoretical and (d) clinical implications of accurately identifying personality dysfunction for adults who stutter.

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1. Personality traits of those who stutter

Through the first several decades of the 20th century, it was common to view stuttering as a form of psychopathology, a symptom of a repressed, neurotic, unconscious conflict (Bloodstein & Bernstein-Ratner, 2008; Silverman, 2004). More recent research suggests that the etiology of stuttering is influenced by a combination of genetic and neurophysiological factors that affect the production of language and speech (e.g., Cykowski, Fox, Ingham, Ingham, & Robin, 2010; Dworzynski, Remington, Rijdsdijk, Howell, & Plomin, 2007; Kang et al., 2010; Watkins, Smith, Davis, & Howell, 2008). These two perspectives have attracted considerable attention in the literature, with important implications for both speech therapists and mental health professionals who work with people who stutter. Although the issue of personality traits associated with stuttering has been

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long-debated (Bloodstein & Bernstein-Ratner, 2008; Goodstein, 1958; Sermas & Cox, 1982), this issue continues to spark lively debate in the literature. In this article, we will present data focusing on the presence of personality disorders among individuals who are seeking speech therapy for stuttering. Our aim with this work is to provide another look at the presence of personality dysfunction among persons who stutter and to highlight the role one's choice of assessment instrument has on understanding this important issue.

1.1. The possibility of personality dysfunction

Within the research on individuals who stutter, there are two perspectives concerning the relationship of stuttering and personality. One perspective argues that personality disturbance result from social exclusion and taunting during childhood, interpersonal processes that have been shown to be associated with stuttering in young children and adolescents (e.g., Blood & Blood, 2007; Blood et al., 2011; Langevin, Bortnick, Hammer, & Wiebe, 1998). This perspective suggests that individuals who stutter are plagued by a variety of personality problems, as exemplified in research by Iverach et al. (2009a). In a sample of 92 individuals who were seeking treatment for stuttering, Iverach et al. noted that 64.1% met criteria for at least one personality disorder (PD), representing an almost threefold increased odds, relative to an age- and gender-matched control sample. Remarkably, 43.44% of the 92 individuals met the criteria for two or more personality disorders. The most frequently identified personality disorders in the sample were Anxious PD (28.26%, $n = 26$), Paranoid PD (26.09%, $n = 24$), and Impulsive PD (27.17%, $n = 25$).

The findings of Iverach et al. (2009a) have serious implications, in light of current conceptualizations of personality dysfunction. By definition, a personality disorder is defined as, "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and *leads to distress or impairment*" (italics added) (American Psychiatric Association, 2000, p. 685). Specific examples of PDs noted within samples of people who stutter include Anxious PD (characterized by social avoidance, hypersensitivity to potential criticism), Paranoid PD (characterized by a pervasive distrust of others and suspicion that others are deceiving or using them), and impulsive PD (characterized by taking extreme chances and doing reckless things). Iverach et al. (2009a) used a first-stage self-report screening device, the *International Personality Disorder Examination Questionnaire* (IPDEQ, Loranger, Janca, & Sartorius, 1997), which could have affected the obtained results (as will be discussed below). The authors concluded that individuals who stutter have significantly greater odds of having many forms of personality disorders and argue for the assessment and treatment of personality disorders among this population.

In a related study, Iverach et al. (2010) noted that a sample of 93 adults selected from waiting lists at university-related clinics in Australia scored within the average range for all five factors of the five factor inventory (NEO-FFI, Costa & McCrae, 1992) which include neuroticism, extraversion, openness, agreeableness and conscientiousness. Despite being within the normal range, Iverach et al. (2010) noted that the mean scores for those seeking treatment for stuttering were significantly higher for neuroticism and significantly lower for agreeableness and conscientiousness than normative samples from Australia and the United States. The authors interpret these findings as reflective of the interpersonal difficulties that persons who stutter experience, owing to speech dysfluency.

1.2. Anxiety as natural reaction to stuttering

A second perspective asserts that anxiety, depression and fear of negative evaluation experienced by individuals who stutter is secondary to stuttering and the result of having to cope with a serious communication problem (e.g., Blumgart, Tran, & Craig, 2010; Craig & Tran, 2006; Guitar, 2006; Plexico, Manning, & Levitt, 2009; Van Riper, 1982). As Guitar (2006, p. 62) states ". . . the experience of stuttering generates emotions, such as frustration, fear and anger in everyone who stutters." This perspective is noted within the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, as stuttering is mentioned as a condition which may cause excessive social anxiety but is conceptualized as reactive to this medical condition (anxiety disorder not otherwise specified).

Research supporting the second perspective has shown that there is inconsistent evidence to indicate that individuals who stutter possess a particular set of personality traits and, in fact, there is great overlap between groups of people who stutter and those who do not in terms of adjustment and emotional health (Bloodstein & Bernstein-Ratner, 2008; Miller & Watson, 1992; Van Riper, 1982). For example, Iverach et al. (2009b) studied the impact of anxiety disorders, depression, and personality disorders on the outcome of speech therapy, using a sample of 64 adults who stuttered. Mental health conditions were determined by the computerized version of the Composite International Diagnostic Interview (CIDI-Auto-2.1, World Health Organization, 1997) and the IPDEQ described previously. Regression analyses indicated that having an anxiety disorder was associated with greater self-rated avoidance of speaking situations after treatment and at a 6-month follow-up. However, mood, anxiety, and personality disorders were not associated with other outcome dimensions of speech therapy (e.g., percentage of syllables stuttered, self-rated stuttering severity) immediately following therapy or at follow-up, suggesting that personality dysfunction does not influence the course of treatment for fluency disorders.

In essence, the field has struggled for some time with the issue of whether stuttering is associated with notable personality dysfunction. Two distinct literatures have emerged; one suggesting that personality disorders (long-standing interpersonal

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