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Social support and its association with negative affect in adults who stutter

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ABSTRACT

Purpose: The purpose of the research reported in this manuscript is to clarify the relationship between social support and negative affect for people who stutter. Social support results in many benefits that help individuals to achieve self-esteem, motivation to adjust adaptively, and to experience a sense of belonging. Lack of such support is likely to result in heightened anxiety and negative affect manifesting in many forms.

Method: This study used the Symptom Checklist – Revised (SCL-90-R) and the Significant Others Scale (SOS) to investigate social support and its relationship to negative affect in 200 adults who stutter, with comparisons made to 200 adults who do not stutter. Negative affect was assessed by interpersonal sensitivity, depressive mood and anxiety. The Significant Others Scale was used to provide an indication of the participants' actual and ideal levels of social support.

Results: It was found that (i) those participants who stuttered had significantly elevated levels of negative affect across the SCL-90-R domains of interpersonal sensitivity, depressive mood and anxiety; (ii) the group who stuttered was found to have lower levels of actual and ideal social support; and (iii) those who stuttered and who also had low social support had significantly elevated levels of negative affect.

Conclusion: Results highlight the potentially harmful influence that poor social support has on mood states for adults who stutter. These findings have implications for treatment such as the necessity to address and integrate social support and social integration issues in the treatment process for adults who stutter.

Educational objectives: The reader will be able to: (a) describe the methodology of assessing social support using the Social Support Scale (SOS); (b) apply the concept of assessing social support in stuttering to treatment; (c) describe the protective contribution of helpful social support for adults who stutter; (d) describe the relationship between social support and negative mood states.

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1. Introduction

No doubt due to the stresses and strains of constantly coping with a fluency disorder, adult people who stutter have been found to be vulnerable to developing psychosocial and social anxiety problems (Bloodstein & Bernstein Ratner, 2008; Craig,

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Blumgart, & Tran, 2009; Tran, Blumgart, & Craig, 2011). For instance, stuttering has been found to be associated with lowered quality of life across a range of domains such as vitality, social performance and emotional functioning (Craig et al., 2009); significant risks of social anxiety disorder (Blumgart, Tran, & Craig, 2010); negative affectivity (Tran et al., 2011); a potential negative impact on educational attainment (O'Brian, Jones, Packman, Menzies, & Onslow, 2011); avoidance of occupations perceived to require a high level of communication skill (McAllister, Collier, & Shepstone, 2012), and a perception that people who stutter are less attractive than those who do not stutter for an intended romantic relationship (Van Borsel, Brepoels, & De Coene, 2011).

In a recent study investigating resilience in adults with chronic stuttering, three major factors were isolated that were believed to provide protection against the development of psychological distress or negative affectivity (Craig, Blumgart, & Tran, 2011). These included (i) a strong sense of control over one's life and daily functioning (called self-efficacy); (ii) helpful social support networks, and (iii) successful integration into society. Resilience has been defined as a dynamic process in which individuals adjust and cope in an adaptive manner when confronted with significant and threatening adversity (Coifman & Bonanno, 2010; Luthar, Cicchetti, & Becker, 2000). Clearly, if treatment for stuttering is to be improved, then further research is required that improves the knowledge base concerning the relationship between protective factors like the above, and successful treatment outcomes for stuttering.

The significance of social support networks for people who stutter has been an important topic of discussion over the past decades, especially related to social support in the form of self-help groups and support from family members (Boberg & Kully, 1997; Ramig, 1993). Gottlieb (2000) defined social support as the "process of interaction in relationships which improves coping, esteem, belonging, and competence through actual or perceived exchanges of physical or psychological resources." Unfortunately, there has been little research conducted that has clarified the relationship between social support and stuttering. Therefore, this paper presents research that explored the relationship between the presence of social support in adults who stutter, and whether those participants with low levels of social support actually have increased levels of anxiety or negative affect. Negative affect includes a broad range of negative mood states, including anxiety, interpersonal sensitivity and depressive mood (Craig et al., 2011; Watson, Clark, & Carey, 1988).

Despite the lack of social support research in the field of stuttering, research has shown that social support acts as a buffer, protecting against the development of depressive disorder when dealing with distressing life events (Kendler, Myers, & Prescott, 2005; Kessler, Price, & Wortman, 1985). The stress buffering effects of social support were evident in a study that found social support to be a major factor reducing the likelihood of post-traumatic stress disorders among Vietnam veterans (King, King, Fairbank, Keane, & Adams, 1998) and to be instrumental in recovery from depression (Krull, 2012). Social support is thought to be beneficial because it has the capacity to enhance and boost attributes such as a person's perception of belonging, their motivation to adjust adaptively, and self-esteem (Bloom, 1990). Rutter (1985) contended that social support will only be protective when the social support is helpful, and of course, when the person makes use of the support. It is possible that social support can be unhelpful, such as when friends encourage drinking alcohol to excess (Witmer, 1997), or when a person adheres to an abusive relationship (Williams & Mickelson, 2008). In contrast, helpful social support provides assistance to deal with troubles through difficult times (Bloom, 1990; Rutter, 1985), including the provision of comfort, consolation or pleasant distraction, practical help such as buying food and providing shelter, assistance with transport to medical appointments, accompaniment to a fluency self-help meeting or an offer of fluency support by a friend or family member.

There is most likely a reciprocal interaction occurring between negative affect and social support, so that a lack of social support in adults who stutter may be linked with elevated anxiety and lowered mood and elevated negative mood may well increase avoidance of social interaction (Craig et al., 2011). Unfortunately, the relationship between social support and negative affect has not been thoroughly investigated in adults who stutter, despite anecdotal evidence of the positive contribution of significant others to adults who stutter (Boberg & Boberg, 1990). Therefore, the main objective of this study is to investigate social support and its relationship to negative affect in adults who stutter, with comparisons made to adults who do not stutter. Hypotheses included: (i) lower levels of actual and ideal social support would occur in adults who stutter compared to adults who do not stutter, and (ii) those participants who stutter with elevated negative affect would have lowered levels of actual and ideal social support, and be less satisfied with their social support compared to participants with low levels of negative affect and to the non-stuttering controls.

2. Method

2.1. Participants

This study involved a group of 200 male and female adults who stutter and a control group of 200 adults who do not stutter. Full details of the sample demographics can be found elsewhere (Craig et al., 2009; Tran et al., 2011). Table 1 shows demographic information for the two groups. The stuttering participants were invited into the study by approaching stuttering self-help groups in New South Wales (NSW) as well as private speech pathology practices, general medical practitioners, speech pathology departments of public hospitals and community health centers. Recruitment from these sources continued till 200 adults who stuttered had agreed to participate. Based on prior research (Craig, Hancock, Tran, Craig, & Peters, 2003), 200 participants provided sufficient statistical power (power > 0.9) to detect clinically significant differences due to stuttering (Cohen, 1988). Most of the 200 participants who stuttered had previously sought speech treatment for stuttering

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