



Children and adolescents who stutter: Further investigation of anxiety



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ABSTRACT

Purpose: Despite the greatly increased risk of social anxiety disorder in adults who stutter, there is no clear indication of the time of onset of this disorder in childhood and adolescence. The purpose of this study was to explore this issue further using the Revised Children's Manifest Anxiety Scale (RCMAS), so that appropriate interventions can be developed prior to adulthood. This is the first time the RCMAS has been completed by children younger than 11 years. Using the same test for both school-age children and adolescents can potentially identify when anxiety starts to develop from age 6 years through to adulthood.

Methods: The RCMAS was administered to 18 school-age boys, five school-age girls, 41 adolescent boys and nine adolescent girls who were seeking treatment for their stuttering. Participants also rated the severity of their own stuttering.

Results: All mean scaled scores on the four RCMAS subscales and Total Anxiety scores were within normal limits. However, for both groups of boys, scores on the Lie Scale were significantly higher than scores on the other three subscales.

Conclusions: Experts suggest high scores on the RCMAS Lie Scale are indicative of participants attempting to present themselves in a positive light and so cast doubt on the veracity of their other responses on the test. One interpretation, then, is that the boys were concealing true levels of anxiety about their stuttering. The results suggest why findings of anxiety studies in children and adolescents to date are equivocal. Clinical implications are discussed.

Educational objectives: The reader will be able to: (a) discuss why understanding when anxiety starts in people who stutter is important, (b) describe the function of the RCMAS Lie sub scale and (c) summarize the possible implications of the RCMAS findings in this study.

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1. Introduction

1.1. Anxiety in adults who stutter

A recent issue of the Journal of Fluency Disorders was devoted to the topic of anxiety and stuttering. Three literature reviews in that issue (Craig & Tran, 2014; Iverach & Rapee, 2014; Smith, Iverach, O'Brian, Kefalianos, & Reilly, 2014) made

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clear that adults who stutter are more prone to anxiety and that this anxiety typically involves fear of negative evaluation in social situations (Iverach & Rapee, 2014; Iverach, Menzies, O'Brian, Packman, & Onslow, 2011; Kraaimaat, Vanryckeghem, & Van Dam-Baggen, 2002; Messenger, Onslow, Packman, & Menzies, 2004). This is known as social anxiety and, when extreme, social phobia or social anxiety disorder. In the Iverach and Rapee (2014) review, reports of the prevalence of social anxiety disorder in adults who stutter range up to 66%. As well as impacting on quality of life (Craig, Blumgart, & Tran, 2009), mental health disorders such as social anxiety disorder can significantly reduce the chances of adults who stutter maintaining the benefits of behavioral speech treatment (Iverach et al., 2009). A well-established treatment for social anxiety disorder is cognitive behavior therapy (CBT) and trials of a CBT program designed specifically for anxiety in adults who stutter have shown promising results (Helgadottir, Menzies, Onslow, Packman, & O'Brian, 2009; Menzies et al., 2008).

However, to date, there is no clear indication of when that anxiety starts to develop. It is known that in the general population social anxiety typically starts to develop during early adolescence (see Smith et al., 2014). Hence it is very unlikely that the social anxiety disorder that is associated with stuttering develops suddenly in adulthood; rather, the origins are likely to be found during the school-age years and adolescence. According to Iverach and Rapee (2014), “determining the prevalence of social anxiety disorder among children and adolescents who stutter is a critical line of future research” (p. 69). If the origins of social anxiety in adults who stutter can be identified earlier in life, the disorder can be addressed comprehensively before becoming chronic.

1.2. Factors relevant to the development of social anxiety in people who stutter

Smith et al. (2014) identified four factors associated with the development of anxiety in general, of which two—environmental and cognitive—are particularly relevant to stuttering. Environmental issues encompass the negative responses of others to stuttering and cognitive issues relate to awareness and evaluation of those negative responses. These are now discussed in relation to age.

1.2.1. Preschoolers

Preschool children who do not stutter are aware of stuttering in their peers (Ambrose & Yairi, 1994; Ezrati-Vinacour, Platzky, & Yairi, 2001) and it is known that preschoolers who stutter can suffer social penalty from peers because of their stuttering (Langevin, Packman, & Onslow, 2009, 2010). Many very young children are aware of their stuttering and start to develop negative attitudes about their own speech (Boey et al., 2009; Langevin et al., 2010; Vanryckeghem, Brutten, & Hernandez, 2005). In their large study of 1122 children who stutter, Boey et al. (2009) found that awareness of their own stuttering increased steadily from 56.7% of children at age 2 years to 89% of children at age 7 years.

1.2.2. School-age children (age 7–12 years)

It is known that in the general population bullying and victimization in the school-age years are associated with subsequent development of anxiety, including social anxiety (Craig, 1998; Gladstone, Parker, & Malhi, 2006; McCabe, Miller, Laugesen, Antony, & Young, 2010). School-age children are aware of stuttering in their peers (Culatta & Sloane, 1977; Davis, Howell, & Cooke, 2002; Vanryckeghem & Brutten, 1997) and teasing and bullying by peers is common in children who stutter (Davis et al., 2002; DeNil & Brutten, 1991; Hayhow, Cray, & Enderby, 2002; Langevin, Bortnick, Hammer, & Wiebe, 1998). Langevin et al. (1998) reported that 81% of children who stutter reported bullying during the school years, with 56% of those children reporting bullying happening at least once per week. In a survey of adults (Hayhow et al., 2002), 81% of the 332 respondents reported negative experiences at school due to their stuttering. In their survey of 403 children ages 8–14 years, Davis et al. (2002) found that as well as being bullied, children who stutter were rejected significantly more often and were less likely to be popular. DeNil and Brutten (1991) reported that from age 7 years onwards, school-age children who stutter had more negative communication attitudes than their peers and that attitudes progressively worsened for the stuttering children while progressively improving for the control children.

1.2.3. Adolescents

The negative environmental and cognitive factors thought to precipitate anxiety in the general population continue into adolescence for those who stutter (Blood & Blood, 2004; Blood, Blood, Maloney, Meyer, & Dean Qualls, 2007; Erickson & Block, 2013; Hearne, Packman, Onslow, & Quine, 2008; Hugh-Jones & Smith, 1999; Mulcahy, Hennessey, Beilby, & Byrnes, 2008; Van Borsel, Brepoels, & De Coene, 2011). Van Borsel et al. (2011) reported that in a study of 736 adolescents and young adults, a third of them in the age range 16–17 years stated that images of young people who were described as a person who stutters were less physically attractive than images without that label. Blood and Blood (2004) reported a 43% risk of bullying for 53 adolescents who stutter. In their survey of 36 adolescents, Erickson and Block (2013) found that 53% had experienced teasing and bullying because of their stuttering. In the Mulcahy et al. (2008) survey of 36 adolescents who stutter, respondents reported apprehension about communicating and feelings of low communicative competence. Erickson and Block also found low self-identified communication competence in their survey, although this may not be universal (see Blood, Blood, Tellis, & Gabel, 2003).

Interestingly, 60% of the 48 adolescents in the Blood et al. (2003) study reported that they almost never talked about their stuttering and 42% of the 36 respondents in the Erickson and Block (2013) survey also reported that they often tried to keep their stuttering secret. This reticence emerged as a theme in the Hearne et al. (2008) qualitative study of 13 adolescents who

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