

ASPECTS OF THE ANXIETY AND DEPRESSION AT THE STUTTERING CHILD

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Cuvinte cheie:
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Rezumat: Tulburările de comunicare reprezintă unele dintre cele mai mari dificultăți pe care le prezintă copiii de vârstă școlară. Comunicarea verbală cu ceilalți reprezintă o abilitate importantă, iar experimentarea involuntară a unui deficit în ce privește această abilitate va avea ca efect creșterea temerii de a vorbi. Diverse cercetări privind balbismul au urmărit legătura dintre balbism și anxietate. Balbismul se asociază adesea cu reacții emoționale puternice, ca anxietatea, amplificate de consecințele negative ale dificultății de a vorbi corect. Sentimentele negative resimțite de către copil duc la o concepție despre sine scăzută, putând provoca chiar depresie. Scopul studiului este evaluarea anxietății și depresiei la copiii balbici; diminuarea simptomatologiei anxioase/depresive prin intervenție psihologică de specialitate. Material și metodă: Lotul de studiu include 15 copii, cu vârsta cuprinsă între 8-16 ani, din Cluj-Napoca, cu Dg. Balbism. Aceștia li s-au aplicat scalele MASC (Multidimensional Anxiety Scale for Children) și CDI (Child Depression Inventory), atât la introducerea în studiu cât și la finalizarea acestuia. Intervenția psihologică a constat în 10 sesiuni de grup, în care s-au utilizat tehnici psihodramatice și cognitiv-comportamentale. Rezultate: la scala de anxietate s-a observat o scădere semnificativă la majoritatea subscalelor, la scala de depresie s-a observat o scădere semnificativă la anumite subscale la un prag de semnificație $p < 0.05$. Pentru analiză, datele au fost introduse în programul statistic SPSS 16.0. Concluzii: intervenția realizată a diminuat parțial atât anxietatea copilului cu balbism cât și simptomele depresive. La eșantionul studiat simptomatologia depresivă este prezentă în mai mică măsură decât simptomatologia anxioasă. Terapia de grup este benefică pentru diminuarea dificultăților emoționale cu care se confruntă copilul balbic.

Keywords:
anxiety,
depression,
child,
stuttering

Abstract: The communication disorders represent some of the biggest difficulties found at the school-aged children. The verbal communication with the others represents an important ability, and the involuntary experiment of a deficit regarding this ability would have as effect the growth of the fear to speak. The various researches concerning the stuttering were dealing the relationship between the stuttering and the anxiety. The stuttering is often associated with strong emotional reactions, such as anxiety, magnified by negative consequences of the difficulty to speak correctly. The negative feelings experienced by the child lead to a low self conception, and could go even to depression. The aim of the study is the evaluation of the anxiety and depression at the stuttered children; the reduction of the anxious/depressed symptoms by a psychology specialist intervention. Material and method: The study group includes 15 children, with age between 8 and 16 years, from Cluj-Napoca, diagnosed with stuttering. They were applied with the scales MASC (Multidimensional Anxiety Scale for Children) and CDI (Child Depression Inventory), both at the introduction in the study and at its end. The psychological intervention consisted of 10 group meetings, and the psychodrama and cognitive-behavioural techniques were used during those meetings. Results: at the scale of anxiety there was noticed a significant decrease on the most subscales, at the scale of depression there was noticed a significant decrease on certain subscales at a passage of significance $p < 0.05$. For analysis, the information was introduced in the statistic program SPSS 16.0. Conclusions: the intervention made reduced partly both the stuttering child's anxiety and the depressive symptoms. At the studied sample, the depressive symptoms are present in a less way then the anxious symptoms. The group therapy is favourable for reducing the emotional difficulties faced by the stuttering child.

INTRODUCTION

The stuttering is a communication disorder related to strong emotional reactions, such as anxiety or irascibility, magnified by the negative consequences of the failure to speak correctly: the frequent avoidance of speaking, trouble with the

social environment – difficulties at school, difficulties in relationship with others.

The relationship between the anxiety and stuttering has been debated over the years. Recent studies shown that the persons who stutter are not different from the persons who do

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not stutter, in terms of personality and mood. From the researches made till nowadays it results that the stuttering is not a consequence of a certain personality type. What is demonstrated is that the people who stutter have a high level of social anxiety, and the anxiety is more a consequence than a cause of stuttering. The spoken communication with the others represents an important ability, and the involuntary experience of a deficit concerning this ability would have as an effect the increase of the fear to speak. The social difficulties face by the stuttering persons lead to the increase of the anxiety level. The increased anxiety could be considered a reasonable reaction to the difficulties face by the stuttering person, when physical symptoms (blockings, repetitions of sound etc.) and their negative consequences (disapproval from others, avoiding the speech, negative social reactions, helplessness etc.) appear. It seems that the children with speaking disabilities present a high risk to develop anxious disorders as young person. The teenagers who stutter have a high level of communication fear compared to the ones who do not stutter. The studies show that most persons who stutter believe that their anxiety plays an important role in their stuttering and also most of the clinicians who treat the stuttering consider that the anxiety is an important component of the stuttering person's problem. (1)

Some specialist studies show that the children and young persons with anxiety disorders could present a high risk for school failure, depression, poor net of social support and family conflicts. (2) The anxiety disorders have been reported at the children with communication disorders. (3)

According to Hedge, 1991, the communication disorders represent some of the greatest difficulties at the children of school age. Because the communication is important both for learning and for getting the success in the interpersonal relationships, to have a communication disorder could be devastating for a child of school age or for a teenager. Some studies concerning the self esteem at the children with communication disorders have showed that they tend to have a low self esteem (Drumond, 1976), which influences the type and the number of their social interactions. (4)

In a study that notices the social anxiety and the fear for social communication it was concluded that the speaking difficulties during childhood are a predecessor for the social phobia during the teenage. (5)

Van Ripper and Emerick, 1984 state that the persons with communication disorders suffer emotionally, and because they are penalized by the others, they become frustrated and experience anxiety and guilt and ultimately this could lead to anger and hostility. These feelings experienced by the child lead to a low self esteem and could lead even to depression. Glenn and Smith, 1998, present some strategies of building the self esteem at children with communication disorders, such as: identification of the strong points, self-humour, understanding their own feelings, self direction to positive feelings, improving the communication ways / styles etc. (6)

THE AIM OF THE STUDY

The aim of the study is the evaluation of the anxiety and depression at the stuttered children; the reduction of the anxious/depressed symptoms by a psychological specialist intervention.

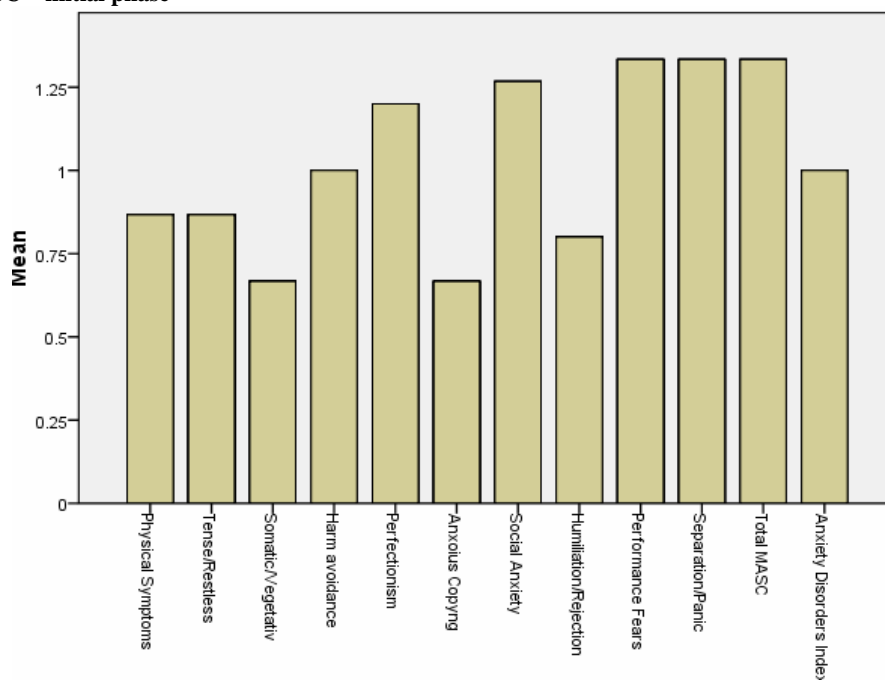
MATERIAL AND WORK METHOD

The present research aims as first goal the evaluation of the anxiety and depression at a sample of 15 children, having as diagnosis the stuttering, with ages between 8 and 16 years. At the inclusion in the study the MASC scale (John March, 1997 – figure 1) and CDI scale (Maria Kovacs, 1982 – figure 2) were applied.

At the initial evaluation, there were noticed the high scores at certain subscales: Social Anxiety, Fear of Performance, Total Score MASC, Separation/Panic; Interpersonal Problems, Ineffectiveness, Total Score CDI.

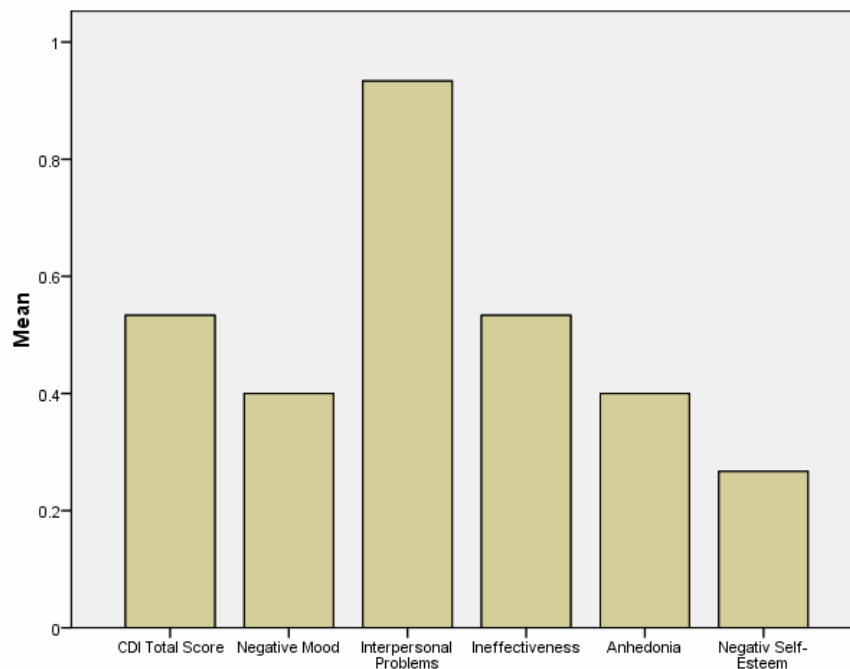
The following research goal is to reduce the anxious symptoms, respectively the depressed symptoms at the participants in the study by specialist intervention within 10 group meetings, structured on techniques of cognitive-behavioural therapy, rational-emotive therapy, and psychodrama therapy.

Figure no. 1. MASC – initial phase



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Figure no. 2. CDI – initial phase



RESULTS

After the intervention made, the scales MASC and CDI were applied again to the group participants. At the application of the test t for the paired samples, at a confidence interval of 95% ($p \leq 0.05$), at 14 degrees of liberty, at a bidirectional level of significance, the initial phase-final phase, on subscales MASC, we have obtained the results, as in the table 1. One can notice that the difference is significant at the subscales Physical Symptoms, Tense/Restless, Somatic/Vegetative, Social Anxiety, Performance Fears, Separation/

Panic, Masc Total, Anxiety Disorder Index, to the others, the difference being insignificant.

At the application of the test t for the paired samples, at a confidence interval of 95% ($p \leq 0.05$), at 14 degrees of liberty, at a bidirectional level of significance, the initial phase-final phase, on subscales CDI, we obtained the results, as in the table 2. One can notice that the difference is significant at a subscale Ineffectiveness, and also at the score CDI Total, at the other subscales the difference being insignificant.

Table no. 1. Paired Samples Test – Paired Differences MASC

	Mean	Standard Deviation	t	df	Sig. (2-tailed)
PHYSICAL SYMPTOMS 1 - PHYSICAL SYMPTOMS 2	.867	1.187	2.827	14	.013
Tense/Restless 1 – Tense/Restless 2	.600	1.056	2.201	14	.045
Somatic/Vegetative 1 - Somatic/Vegetative 2	.533	.743	2.779	14	.015
HARM AVOIDANCE 1 HARM AVOIDANCE 2	.600	1.183	1.964	14	.070
Perfectionism 1 - Perfectionism 2	.667	1.234	2.092	14	.055
Anxious Coping 1 - Anxious Coping 2	.400	.986	1.572	14	.138
SOCIAL ANXIETY 1 - SOCIAL ANXIETY 2	.800	1.424	2.175	14	.047
Humiliation/Rejection 1 Humiliation/Rejection 2	.467	.915	1.974	14	.068
Performance Fears 1 - Performance Fears 2	1.067	1.335	3.096	14	.008
SEPARATION/PANIC 1 SEPARATION/PANIC 2	.733	1.223	2.323	14	.036
MASC TOTAL 1 - MASC TOTAL 2	1.267	1.280	3.833	14	.002
ANXIETY DISORDER INDEX 1 - ANXIETY DISORDER INDEX 2	.533	.834	2.477	14	.027

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Table no. 2. Paired Samples Test – Paired Differences CDI

	Mean	Standard Deviation	t	df	Sig. (2-tailed)
Total CDI Score 1- Total CDI Score 2	.333	.488	2.646	14	.019
Negative Mood 1 - Negative Mood 2	.267	.704	1.468	14	.164
Interpersonal Problems 1 Interpersonal Problems 2	.400	1.121	1.382	14	.189
Ineffectiveness 1 Ineffectiveness 2	.533	.915	2.256	14	.041
Anhedonia 1 Anhedonia 2	.200	.414	1.871	14	.082
Negative Self-Esteem 1 Negative Self-Esteem 2	.133	.352	1.468	14	.164

CONCLUSIONS AND DISCUSSIONS

At this group, the intervention made reduced partly both the anxiety of the child with stuttering and the depressive symptoms. The depressed symptoms seem to be present in a small way then the anxious symptoms at the stuttering children; in this respect, the differences between the two evaluations, the initial one and the final one, were not significant.

The group therapy is favourable for reducing the symptoms of anxiety, the group format represents a frame that allows the practice of the social abilities (7), the development and practice of the creativity and spontaneity, of self affirmation, abilities that the child would use in his social life.

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