

THE IMPLICATIONS OF THE STUTTERING IN THE SOCIAL LIFE

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Abstract: The knowledge of the role which the social factors play within the stuttering has been studied by the researchers. The various studies were dealing with the social acceptance of the children who stutter; the temperamental or personality feature; the role of the emotional and environment factors that keep up the disorder; the perception of the children who do not stutter on the ones who stutter. To watch the relationship between the stuttering and the issues that generate in the child's social life, we chose 20 children diagnosed with stuttering, with different severity levels of the disorder (severe, moderate and mild, depending on the number of the stuttered syllables per minute). We searched into the behaviour of the children with stuttering through their evaluation by their parents using the CBCL scale (Child Behaviour Checklist) and through their evaluation by the teachers using the TRF scale (Teacher Report Form). The results showed that the parents' evaluation emphasizes the existence of problems at the level of social competences, and the teachers' evaluation did not emphasize the studied children's social problems.

Cuvinte cheie: copii,
balbism, probleme
sociale, părinți,
profesori

Rezumat: Cunoașterea rolului pe care îl joacă factorii sociali în cadrul balbismului a fost studiat de către cercetători. Diverse studii au urmărit acceptarea socială a copiilor care se bâlbâie; caracteristicile temperamentale sau de personalitate; rolul factorilor emoționali și de mediu care mențin tulburarea; percepția copiilor care nu se bâlbâie asupra celor care se bâlbâie. Pentru a urmări relația dintre balbism și problemele pe care le generează acesta în viața socială a copilului am recrutat 20 de copii cu diagnostic de balbism, cu diferite grade de severitate a tulburării (severă, medie și ușoară, în funcție de numărul silabelor bâlbâite/minut). Am investigat comportamentul copiilor cu balbism prin evaluarea lor de către părinți utilizând scala CBCL (Child Behavior Checklist) și prin evaluarea lor de către cadrele didactice utilizând scala TRF (Teacher Report Form). Rezultatele au arătat că evaluarea părinților evidențiază existența unor probleme la nivelul competențelor sociale, iar evaluarea cadrelor didactice nu evidențiază probleme sociale la copiii observați.

INTRODUCTION

The verbal language is a basic component of the interpersonal communication, taking into account that the people talk one with others in various life situations.

The stuttering affects about 5% of the United States of America's population. (1) This disorder affects the children disproportionately. The age when the stuttering usually appears is between 3 and 5 years old. (2) Eight percents of the children who are diagnosed with stuttering come back to the normal fluency during the school years. (3) It is important to know what role the social factors play and how this role is changed within the disorder.

One of the oldest multifactor models of the stuttering underlines the importance of the interaction between the motor behaviour of speech and the range of the emotional and environmental conditions with a role in the disorder development and keeping up. (4)

From other point of view, the appearance and development of the stuttering is studied and related to the unsuitability of the child's motor, linguistic, cognitive and emotional skills and the self-imposed or external exigencies. (5) Another study suggests that the psycho-linguistic, psycho-social and physiological factors interact for producing and keeping of the stuttering.

In order to emphasize the factors that have a role in the

appearance and keeping of the stuttering at a child and at an adult, Furnham and Davis do a review of the researches that dealt with the role of the social and emotional factors in stuttering, making in the same time a research that investigates the differences between the persons who stutter and the persons who do not stutter and how are seen the persons who stutter by the persons who do not stutter. (7) Their research focuses on the factors intelligence, personality, attitude, behaviour. The studies made on the intelligence factor show that the scores of the children who stutter are bellow average at the ones who have never received a specialist treatment and are average or over the average at the children who benefit from a specialist treatment. (8) At the personality factor, it seems that the persons who stutter are seen as having characteristics as perfection, low tolerance to frustration, anxiety. (9) At the attitude factor some studies showed that the appearance of the stuttering is due to the idea of the ones who stutter that the verbal communication is difficult. (10) Other studies showed that the negative opinion about the verbal communication is rather a result then a cause of the own dis-fluencies. (11) In terms of the behaviour factor, into a study that used the parents' answers of the children who stutter for the evaluation of the behavioural dimensions, the results showed that these children present a deficit of attention and are less flexible to the environment. (12)

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Concerning the social acceptance of the stuttered children, one could say that this is an influence of the fact that these children are not always able to participate verbally in the school activities or at generally at the social groups. Seen as solitary or shy, they could have difficulties in relations with the equal ones, this thing making them become victims of the intimidation. (13) Following this direction of study, in 1995, Shape showed that the children who are constant intimidated in school are more predisposed to organic diseases, sleeplessness and difficulties of concentration within the school activities. (14) On the same direction of research, Hodges and Perry, 1996, identified three factors that increase the risk of being intimidated: the low number of friends, the low social status of the friends and the rejection from the equal ones. (15)

The retrospective reports concerning the stuttered children's integration into the groups they belong to have showed that intimidation they have to face to has effect in their fluency. (16) In a study, Haynie showed that 30% of the school children who participated at the study said that they were intimidated during the previous school year. (17) Another study concerning the intimidation showed that 74% of the adults who participated at the study were intimidated during the school time, and 6% said that this fact has had long-time effects on their fluency. (18)

One research uses a socio-metric scale for the stuttering children's evaluation in classes with children having a normal fluency and notices the social behaviour and social status of the children with learning deficiencies. Proposing some adjectives such as: shy, assertive, participant in, disruptive, leader, doubtful, helpless, intimidated and intimidating, the study showed that the stuttering children are seen by the others from the view of negative aspects and they are not considered popular in class. Moreover, the study showed that the stuttering children are liable to be victims of the intimidation, being considered helpless. This thing indicates the fact that they have a weaker social position than the ones who do not stutter. (19)

A research that was dealing with the symptoms of anxiety and the ones of social phobia showed that the persons who stutter reported fears related to the verbal communication; not suffering from social phobia, these persons avoid the social situations due to their fear to be evaluated negative by the others because of their stuttering. (20)

MATERIAL AND METHOD

To aim the relationship between the stuttering and the problems generated by it in the stuttering child's social life, we chose 20 children diagnosed with stuttering, with different levels of disorder severity (severe, moderate and mild, depending on the number of the stuttered syllables per minute). We investigated the children's behaviour through the parents' and teachers' evaluation by using the scales CBCL – Child Behaviour Checklist and TRF and TRF – Teacher Report Form (authors: Thomas M. Achenback and Leslie Rescorla; adapted in Romania: coordinator Anca Dobrea), with their subscales, as follows:

- CBCL/6-18 (review of CBCL/4-18 – Achenbach, 1991; Achenback and Edelbrock, 1983).
- Scales that measure the syndromes – subscales Anxiety/Depression; Aloneness/Depression; Social Issues;
- Derivate scales DSM (The Diagnostic and Statistical Manual of Mental Disorders) – subscales Emotional Issues; Anxiety Problems
- Competences scale – Activities; Social; School
- TRF/6-18 (review TRF 5-18 – Achenback, 1991):
- Scales that measure the syndromes – subscales Anxiety/Depression; Aloneness/Depression; Social Issues;
- Derivate scales DSM (The Diagnostic and Statistical Manual of Mental Disorders) – subscales Emotional Issues; Anxiety

Problems

- Scale of adaptive functioning – School Performance; Work; Adequate Behaviour; Learning; Happiness

RESULTS

The evaluation frequency / percentage of the cases when using the scale CBCL shows that the highest frequency of the cases that present clinical significance is in the social field, of social competences (25% with clinical significance, 25% with subclinical significance), followed by the social issues (20% with clinical significance, 20% with subclinical significance). (Table 1)

Table no. 1. Frequency/percentage of the cases depending on the clinical significance –CBCL

	Normal cycle frequency/percentage	Subclinical cycle frequency/percentage	Clinical cycle frequency/percentage
Anxiety/Depression	19/95	1/5	0
Aloneness/Depression	17/85	1/5	2/10
Social problems	12/60	4/20	4/20
Emotional problems	19/95	0	1/5
Anxiety problems	15/75	4/20	1/5
Activities	20/100	0	0
Social	10/50	5/25	5/25
School	16/80	2/10	2/10

The evaluation frequency / percentage of the cases when using the scale TRF shows that the highest frequency of the cases that present clinical significance is at emotional problems (10% with clinical significance, 15% with subclinical significance). (Table 2)

Table no. 2. Frequency/percentage of the cases depending on the clinical significance – TRF

	Normal cycle frequency/percentage	Subclinical cycle frequency/percentage	Clinical cycle frequency/percentage
Anxiety/Depression	18/90	2/10	0
Aloneness/Depression	16/80	3/15	1/5
Social problems	19/95	1/5	0
Emotional problems	15/75	3/15	2/10
Anxiety problems	19/95	1/5	0
School performance	18/90	2/10	0
Work	19/95	0	1/5
Adequate behaviour	17/85	0	3/15
Learning	19/95	0	1/5
Happiness	20/100	0	0

To aim the relationship between the variable Severity and the variable Social Issues in the scale CBCL, there is noticed that at the children with a low level of stuttering, 50% do not experience social problems, 25% presents social problems with clinical significance, and 25% present social problems with subclinical significance (according to the scale CBCL) – figure 1.

To aim the relationship between the variable Severity and the variable Social problems in the scale TRF, there is noticed that at the children with a low and medium level of stuttering, there are not social problems, and only 5% of the children with severe stuttering present social problems with subclinical significance (according to the scale TRF) – figure 2.

Aiming if there are correlations between the social problems and emotional problems at the children of the studied

group, there were identified correlations between the subscales CBCL Emotional problems and TRF Emotional problems ($r=.579$ la $p=.007$), significant correlation at a bidirectional level of $p \leq 0.01$, CBCL Social problems and TRF Emotional problems ($r=.459$, $p=0.042$), significant correlation at a bidirectional level of $p \leq 0.05$.

Figure no. 1. The relationship severity of the stuttering – Social problems according to CBCL

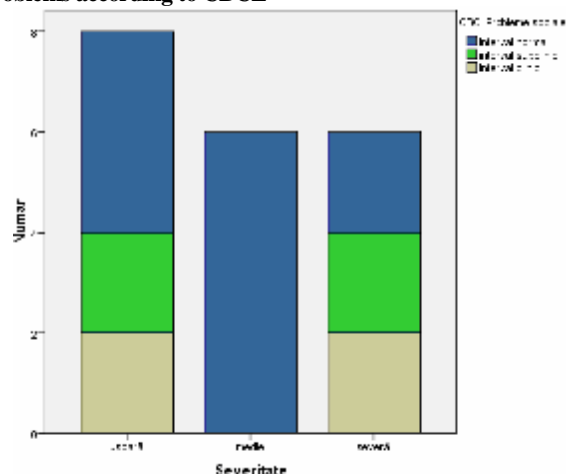
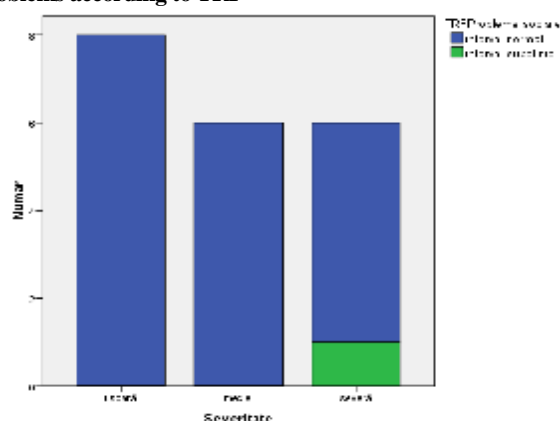


Figure no. 2. The relationship severity of the stuttering – Social problems according to TRF



CONCLUSIONS AND DISCUSSIONS

The children with communication problems experience difficulties in their social life. At the studied group, the children with stuttering seem to be less competent in the social field, according to the parents' observations, but they do not seem to have social problems, according to the teachers' observations. The severity level of stuttering was not reported as having an important role in the social problems evaluated by the teachers while the children with stuttering of an easy or severe intensity present social problems reported by the parents. The emotional problems play a role in the stuttering child's social difficulties. The present study corresponds to what Van Ripper also said, the stuttering is not only an impediment in communication; it is an impediment in the social life (21). Also, the Briton and Fujiki's research shows that the communication disorders have an effect on the type and number of the social interactions at the ones suffering of these disorders (22).

The social integration and the aptness of the social interactions with the equal ones at the children with stuttering is still a topic for the future researches that would come to support the development of the social ability necessary to the social relating.

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