ASPECTS OF THE ANXIETY AND DEPRESSION AT THE STUTTERING CHILD

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Cuvinte cheie: anxietate, depresie, copil, balbism

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 arătat 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 anixedeo/depresive prin intervenția psihologică de specialitate. Material și metoda: Lotul de studiu include 15 copii, cu vârsta cuprinsă între 8-16 ani, din Cluj-Napoca, cu Dg. Balbism. Acestora 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 sedițe 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 symptoms and the depressive symptoms. The group therapy is favourable for reducing the emotional difficulties faced by the stuttering child.
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 then 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.
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≤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≤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

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
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<tbody>
<tr>
<td>Physical Symptoms 1 - Physical Symptoms 2</td>
<td>.867</td>
<td>1.187</td>
<td>2.827</td>
<td>14</td>
<td>.013</td>
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<tr>
<td>Tense/Restless 1 - Tense/Restless 2</td>
<td>.600</td>
<td>1.056</td>
<td>2.201</td>
<td>14</td>
<td>.045</td>
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<tr>
<td>Somatic/Vegetative 1 - Somatic/Vegetative 2</td>
<td>.533</td>
<td>.743</td>
<td>2.779</td>
<td>14</td>
<td>.015</td>
</tr>
<tr>
<td>Harm Avoidance 1 - Harm Avoidance 2</td>
<td>.600</td>
<td>1.183</td>
<td>1.964</td>
<td>14</td>
<td>.070</td>
</tr>
<tr>
<td>Perfectionism 1 - Perfectionism 2</td>
<td>.667</td>
<td>1.234</td>
<td>2.092</td>
<td>14</td>
<td>.055</td>
</tr>
<tr>
<td>Anxious Coping 1 - Anxious Coping 2</td>
<td>.400</td>
<td>.986</td>
<td>1.572</td>
<td>14</td>
<td>.138</td>
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<tr>
<td>Social Anxiety 1 - Social Anxiety 2</td>
<td>.800</td>
<td>1.424</td>
<td>2.175</td>
<td>14</td>
<td>.047</td>
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<tr>
<td>Humiliation/Rejection 1 - Humiliation/Rejection 2</td>
<td>.467</td>
<td>.915</td>
<td>1.974</td>
<td>14</td>
<td>.068</td>
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<td>Performance Fears 1 - Performance Fears 2</td>
<td>1.067</td>
<td>1.335</td>
<td>3.096</td>
<td>14</td>
<td>.008</td>
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<tr>
<td>Separation/Panic 1 - Separation/Panic 2</td>
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<td>1.223</td>
<td>2.323</td>
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<td>.036</td>
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<tr>
<td>Masc Total 1 - Masc Total 2</td>
<td>1.267</td>
<td>1.280</td>
<td>3.833</td>
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<td>Anxiety Disorder Index 1 - Anxiety Disorder Index 2</td>
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<td>.834</td>
<td>2.477</td>
<td>14</td>
<td>.027</td>
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Table no. 2. Paired Samples Test – Paired Differences CDI

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

**REFERENCES**