



SELF-ESTEEM OF SCHOOL-AGE CHILDREN WHO STUTTER

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Previous research has indicated that self-esteem (SE) is an important factor in the understanding and clinical treatment of stuttering. This study assesses the SE of 25 elementary school-age children who stuttered (CWS); findings from the present study indicate that, in a clinical sample of elementary school age CWS, there are no differences on five dimensions of SE compared to normative data on Battle's 1992 *Culture Free Self-Esteem Inventory, 2nd Edition*. These findings are discussed for their significance in relation to the assessment and clinical intervention of school-age children who stutter. © 2000 Elsevier Science Inc.

Key Words: Stuttering; School-age; Self-esteem

INTRODUCTION

There is consensus among clinicians and researchers working with people who stutter (PWS) that speech disorders can have adverse effects on self-perception and, specifically, on self-esteem (Bajina, 1995; Luper & Mulder, 1964; Shames & Rubin, 1986; Starkweather, Ridener-Gottwald & Halfond, 1990; Van Riper, 1982). As a result, therapeutic interventions for preschool children to adult PWS often include either implicit or explicit goals to improve an individual's concept of self-worth (Bloodstein, 1995; Cooper, 1976; LaBlance, Steckol & Smith, 1994; Luper & Mulder, 1964; Starkweather et al., 1990). Yet, there are minimal empirical data that indicate a need for the implementation of regular clinical attention to SE. This relative absence led to the current study.

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Self-Perception and Speech Disorders

Self-perception is generally considered within two related, but distinct, categories: self-concept and self-esteem. Self-concept in PWS has been measured in various ways, such as Q-sort (Fielder & Wepman, 1951; Nelson, 1955); "The who-are-you technique" (Zelen, Sheehan, & Bugental, 1954); components of self-concept such as body image, personality, social status, social identity and control, and the stigma of stuttering (Van Riper, 1982); and ways in which people believe they are perceived by others (Kalinowski, Lerman, & Watt, 1987). However, self-concept and self-esteem are linked developmental constructs, which previous research suggests should be considered separately for measurement and clinical purposes (Beane & Lipka, 1980; Mayberry, 1989).

Beane and Lipka (1980) regard self-concept as the self-evaluation that is a function of the many characteristics and roles carried out by the individual. They do not view it as a unitary construct, but rather see self-concept as being influenced by numerous situational factors. Since children play different roles in their lives their performance in these roles may influence self-perception. Beane and Lipka (1980) also suggest that perceptions of self are descriptive in nature: children will be judgmental, and view their role performance in a qualitative, but nonevaluative manner, i.e., clear/confused, successful/unsuccessful. Thus, self-concept asks the question, "Who am I?"

Battle (1994) suggests that SE is fundamental at all stages of human development and that it can affect one's accomplishments, interaction with others, achievement patterns, ability to adjust to environmental demands, level of mental health, and general state of well-being. Researchers have not agreed on a universal definition for SE, but most do agree that it is the value component held toward the self. In other words, self-esteem is the evaluative assessment of self-descriptive perceptions. In short, self-esteem refers to self-worth and is encapsulated in the statement, "How do I feel about myself?"

Self-Concept and Stuttering

Self-perception and self-concept have often been a focus of therapy for those who stutter (Sheehan, 1970; Silverman, 1996; Van Riper, 1982). Sheehan and Martyn (1966) suggest that individuals who have developed a concept of self as a stutterer are less likely to recover spontaneously than those who have not. Beach and Fransella (1968), however, believe that for therapy to be successful, stutterers must accept their speech disorder as part of their self-concept. Traditional therapies for stutterers involve reconciling the dichotomy between the stuttering self versus free-speaking self (Johnson, 1946; Sheehan 1954; Shearer, 1961).

Bardrick and Sheehan (1956) found that individuals with lower SE showed higher rates of stuttering. Bajina (1995) noted a similar trend toward lower SE

in 28 PWS. Shames and Rubin (1986) report that the most common attitudes expressed by stutterers are anxiety, helplessness, victimization, and low self-esteem. In another investigation, Pukacova (1973) used a projective technique (incomplete sentences) to estimate the self-esteem of 74 CWS; 94% of this sample evidenced low SE.

The present study was designed to document perceptions of self-worth in school-aged children who stutter by comparing their SE scores to normed measures (Battle, 1992). The components of self-esteem measured are: (1) *General SE*, referring to a person's overall perceptions of their worth; (2) *Social SE*, referring to a person's perceptions of the quality of their peer relationships; (3) *Academic or School-Related SE*, referring to peoples' perceptions of their ability to succeed in school; (4) *Parent-related SE*, referring to children's perceptions of their status at home, involving subjective perceptions of how their parents view them; and (5) *Total SE*, a tally of the SE components. In addition, the "Lie Sub-scale" of the *Culture Free Self-Esteem Inventory, 2nd Edition* (CFSEI-2), consisting of 10 items related to behaviors deemed socially undesirable (e.g., lying), was used to determine if CWS are more defensive—a characteristic related to low self-esteem—than other elementary school children.

METHOD

The participants were 25 CWS, who were seen at the University of Western Ontario Speech and Hearing Clinic for stuttering assessment and therapy. They ranged in age from 7.1–11.9 years (Fig. 1), were literate in English, and had no concomitant illnesses. The male/female ratio (6.5:1) is slightly higher than 4:1, that of the general population of PWS (Van Riper, 1982). Speech-Language Pathologists who assessed the children described them as having displayed chronic tense struggle behavior. The children labeled themselves as "stutterers" and showed varying degrees of avoidance. Their behavior was like that described by Bloodstein (1995) as Phase 3.

CFSEI-2 Form A test-retest reliability correlations for the total sample ranged from 0.81 to 0.89. The inventory contains 60 statements with yes/no responses (see appendix), and was administered at intake, prior to treatment. In all cases, for the purposes of standardization of administration, the CFSEI-2 was read aloud to the participants in order to avoid problems of comprehension with the younger children. A total SE score out of 50 was derived by totaling the general, social, academic, and parent-related components of the CFSEI-2.

RESULTS

A comparison of the means and standard deviations (SD) for the sample CWS with the norms in the CFSEI-2 are presented in Table 1 and Fig. 2.

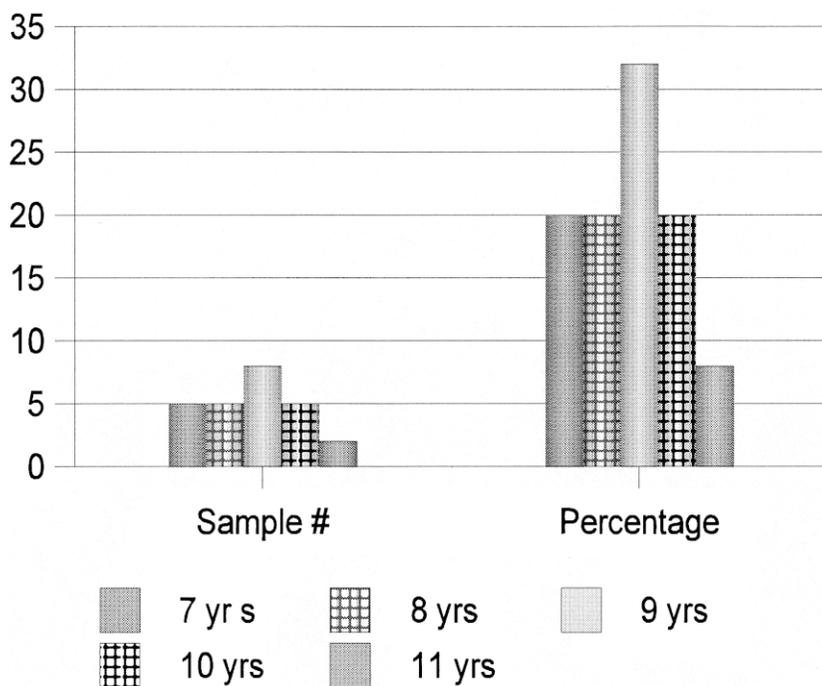


Figure 1. Make-up of sample by age.

Total Self-Esteem. The subjects' mean and SD were similar to Battle's (1992) normative data ($M_{\text{sbj}} = 37.76$, $SD = 7.03$ & $M_{\text{std}} = 35.37$, $SD = 8.32$). Furthermore, 20/25 or 80% of the subjects were above the standardized mean ($M_{\text{std}} = 35.37$) for *Total SE*.

General Self-Esteem. The samples' mean and SD for *General SE* were almost identical to the normative data ($M_{\text{sbj}} = 14.4$, $SD = 3.75$ & $M_{\text{std}} =$

Table 1. Comparison of means and standard deviations from Battle's normative data and a sample of children who stutter on the CFSEI

Variables	Battle's Normative Sample ($N = 1679$)		Clinical Sample ($N = 25$)	
	M	SD	M	SD
General SE	14.06	3.72	14.40	3.75
Social SE	6.05	2.35	6.60	2.04
Academic SE	7.52	2.14	8.20	1.66
Parental SE	7.73	2.18	8.40	1.83
TOTAL SE	35.37	8.32	37.76	7.03

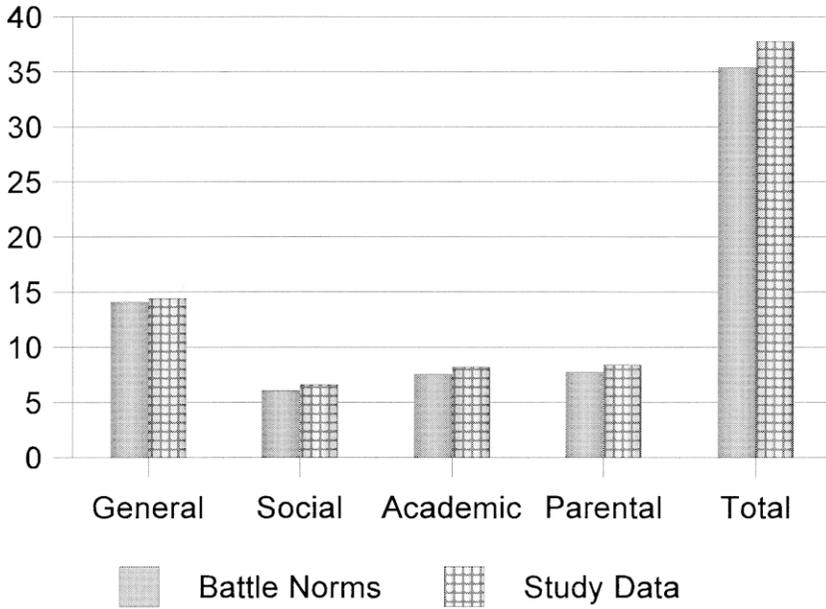


Figure 2. Comparison of normative and study means.

14.06, SD = 3.72). In addition, 15/25 or 60% of the subjects were above the standardized mean ($M_{std} = 14.06$) for *General SE*.

Social Self-Esteem. The participants’ mean and SD ($M_{sbj} = 6.6$, SD = 2.04) were similar to the normative data ($M_{std} = 6.05$ & SD = 2.35). Also, 10/25 or 40% of the subjects were greater than the standardized mean ($M_{std} = 6.05$) for *Social SE*. Within the study sample, *Social SE* received the lowest rating when compared with the other subtests, indicating that there may be more difficulties in peer relationships relative to other self-esteem facets for CWS.

Academic Self-Esteem. The subjects’ mean ($M_{sbj} = 8.2$) was above the normed average for this subtest ($M_{std} = 7.52$). However, the sample’s SD (1.61) was lower than the normative data (SD = 2.14). Thus, CWS have higher *Academic SE* relative to the general population of elementary school children, and less variation in their responses. In addition, 19/25 or 76% of the subjects were above the normed mean ($M_{std} = 7.52$) for *Academic SE*.

Parent-Related Self-Esteem. The sample mean ($M_{sbj} = 8.4$) was above the normative mean ($M_{std} = 7.73$) for *Parent-Related SE*. There was less variation in the sample’s responses to this subtest, as is exhibited by a lower SD (1.78) than that which occurs in the normative data (SD = 2.18). Descriptive analysis revealed that 18/25 or 72% of the subjects were above the mean ($M_{std} = 7.73$) for *Parent-Related SE*.

Lie Subtest. Descriptive statistics for the Lie Sub-scale revealed scores ranging from 3 to 9, with 92% of the sample equal to or above the score of 5 ($M_{\text{sbj}} = 6.97$). Battle (1992) reported that “subjects earning a score of 5 or better indicate a lack of defensiveness when responding to lie items” (p. 16).

Correlations between self-esteem subtests for children who stutter. The Pearson correlational matrix in Table 2 represents the correlations between *Total*, *General*, *Social*, *Academic*, and *Parent-related SE* for the present sample of CWS. Statistically, *Total SE* was significantly correlated with all subscales. It had a moderate correlation with *Social* ($r = .69$) and *Academic SE* ($r = .66$), moderate-high correlation with *Parent-related SE* ($r = .76$), and a high correlation with *General SE* ($r = .84$). Other statistically significant correlations include *General* with *Academic SE* ($r = .41$) and *General* with *Parent-related SE* ($r = .55$).

DISCUSSION

CWS in this study were found to be average or above average on all SE measures and were no more defensive than other elementary school children. In general, the results from the present study indicated that CWS had *Total*, *General*, and *Social SE* that was similar to that of the overall population of elementary school children. *Academic* and *Parent-related SE* scores were greater than those of average elementary school children. These data are contrary to previous findings of researchers and clinicians who work with CWS. There are several reasons why this may be the case.

Absence of a direct measure of stuttering and self-esteem. In a review of extant literature on stuttering and self-concept, Beach and Fransella (1968) note that being a stutterer forms only part of an individual’s self-concept even when direct questions are asked; being a stutterer does not necessarily have any bearing when measurement is more indirect. The CFSEI-2 (Form A) measure different components of SE in children, but does not directly measure how stuttering affects the individual’s self-esteem. Because this study’s findings indicated average to high SE in CWS, it appears that stuttering may not account for the largest portion of variance in a child’s self-worth—other fac-

Table 2. Correlation matrix of *CFSEI-2* subtests of children who stutter

	General	Social	Academic	Parent
Total.	.837**	.687**	.662**	.755**
General		.370(ns)	.408*	.553**
Social			.308(ns)	.391(ns)
Academic				.385(ns)

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

tors may have a greater contribution to self-worth relative to stuttering. It may be that stuttering in children becomes a clinical issue relative to SE only when questions directly address the problem. Kerlinger (1973) called this issue “reactive measures” (p. 319), i.e., the possibility of test questions sensitizing subjects if the topic is a sensitive or controversial one for the individuals tested.

Discounting the importance of verbal communication. Mayberry (1989) discussed the importance of “discounting” in maintaining an individual’s SE. Discounting is used to change one’s expectations relative to their performance: it is form of dissonance resolution. When an individual realizes that they are not as strong in a particular domain (i.e., sports, school, etc.), they may discount the importance of that area in order to maintain their self-worth. The concept of discounting can be applied to CWS. If children who stutter discount most speaking situations, the operative question becomes: “How long can they discount verbal communication until it catches up to them?”

Lack of independence and experience. Wischner (1952) suggested that stuttering may persist because of “secondary gain” from aid CWS often receive from others. The help of friends and family who tend to speak for the stutterer may diminish some of the impact that stuttering may otherwise have on that individual’s life. It follows from this notion of “secondary gain” that the speaking experiences and thus the independence of school-age CWS may be limited: they may not have enough exposure to verbal experiences for their self-esteem to be adversely affected. The one exception to this general principle may be in peer play situations in which most school-age children interact verbally. Note that the lowest mean score for CWS was on the social subtest of the CFSEI-2. Furthermore, four questions of the CFSEI-2 that are expected to receive negative responses, according to the normative data, were responded to positively by a large number of the CWS in the study (see Table 3). Given the topics addressed by these questions, the positive responses suggest that these CWS may have started to become negatively sensitized to their problem.

Further study on SE with CWS should focus on sensitivity to peer feedback in a variety of situations. Studies are currently in progress to measure SE in adolescent and adult stutterers. The results of these studies may help determine the validity of the “lack of experience” hypothesis.

Table 3. Percentage of CWS who responded positively to four questions of the CFSEI-2 that are expected to receive negative responses

Number	Question	Percentage
32	I like everyone I know	76%
34	I like to play with children younger than I am	56%
36	I would change many things about myself if I could	64%
41	I worry a lot	68%

High Parent-related Self-Esteem as a buffer. Many researchers have commented on the importance of the child-parent relationship in developing a child's self-worth (Battle, 1987; Coopersmith, 1967). Battle (1987) believes that the interaction between parents (notably the maternal figure) and children is the primary variable influencing self-esteem. The results of this study corroborate the findings of Battle, Jarratt, Smit, and Precht (1988), who studied self-esteem in 444 elementary school children and also found that *Social SE* had the highest correlation with *Total* and *General SE*. It would appear that CWS may place more importance on their status at home and on perceived parental value than they place on the opinions of other elementary school students.

Influences of the sample under study. According to Bloodstein's (1995) developmental categories, the present study's participants displayed "Phase 3" behavior. It is thus possible that low self-esteem issues related to stuttering may not be present in an individual until after they reach the stage of an advanced stutterer, i.e., low SE may be related to the extent to which CWS develop an attitude towards their speaking ability. De Nil and Brutten (1991) report that CWS display a more negative attitude regarding their communication than do nonstutterers. Although these results do not directly address the issue of SE, a negative perception of one's own ability to communicate may have an impact on self-esteem if the individual values interpersonal communication.

Clinical implications of current findings. Extant literature (Luper & Mulder, 1964; Peters & Guitar, 1991; Van Riper, 1982) emphasizes the importance of educating parents about stuttering, fluency facilitation techniques, ways in which to deal with children's moments of stuttering, and the implementation of home programming. Whether directly or indirectly, these techniques may increase a child's self-worth. Parents can thus modify their own interactions, and educate siblings, teachers, and others about suitable ways to facilitate communication with their stuttering child. Such knowledge might lead to more positive interactions with significant others in a way that positively affects the self-worth of CWS. Battle, Carson, Ord, Hawkins, and Precht (1986) believe that improving a child's SE will have a positive effect on levels of achievement, interactions with others, and risk taking; these characteristics might well help the child's progress in stuttering intervention. Consequently, any clinician working with CWS who does not include parents as part of the assessment and therapeutic process may well be undermining their own efforts to help the child.

Limitations and Future Directions for Research

The sample under investigation involved elementary school children who had been referred for intervention by a teacher, school psychologist, or parent. The

measure of SE was administered at the beginning of the treatment process. Therefore, this clinical sample can be considered as a motivated, third party referred group who possessed a willingness to receive support in a clinic; this may constitute the average child seeking speech therapy. The sample may not necessarily, however, be reflective of other school-age CWS. Older youths and adults will likely vary on a measure of SE as they become more sensitive to feedback from their social environment, and become increasingly aware of the discrepancy between their own verbal performance and that of their peers. Subsequent studies on samples of adolescents and adults using the CFSEI-2 (Battle, 1992) are currently underway to explore this possibility.

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