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STUDY OF SELF ESTEEM AND PRESENCE OF ANXIETY IN A SAMPLE OF EGYPTIAN CHILDREN WITH STUTTERING

A Thesis

*Submitted for Partial Fulfilment of PhD Degree
Department of Medical Studies for children
(Care of children with special needs)*

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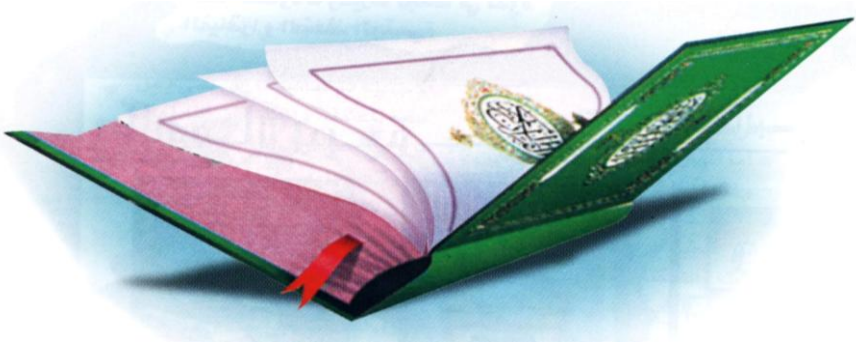
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَقُلْ اَعْمَلُوا فَسَيَرَى اللَّهُ
عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ



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List of abbreviations

Abbreviations	Meaning
6-FDOPA	6- Fluorodopa
ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
ASEBA	Achenbach System of Empirically Based Assessment
ASHA	American Speech-Language And Hearing Association
ASSI	Arabic Version – Stuttering Severity Instrument
CBCL	Children Behavioral Checklist
CDC	Center For Disease Control And Prevention
CMAS	Children Manifest Anxiety Scale
CWS	Children With Stuttering
DS	Developmental stuttering
DSM-IV	Diagnostic And Statistical Manual Of Mental Disorders- 4th edition
DSM-IV-TR	Diagnostic And Statistical Manual Of Mental Disorders4th Edition, Text Revision
DSM-V	Diagnostic And Statistical Manual Of Mental Disorders
ICD-10	International Classification Of Diseases, Version 10
N	Number
ODD	Oppositional Defiant Disorder
PET	Positron Emission Tomography
PWS	Patient with stuttering
CSEI	Coopersmith Self-Esteem Inventory
WHO	World Health Organization

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Abstract

Background: children who stutter often exhibit behavioral changes, also stuttering may lead to development of anxiety and lower self-esteem.

Aim of the study: the study aims to detect the self-esteem and anxiety in Egyptian children who stutter and their relation with stuttering severity.

Patients and methods: A case-control study, including thirty-one children who stutter and thirty-one control (fluent children). After full-filling the inclusion and exclusion criteria, Stuttering Severity Instrument –Arabic form (SSI-A) was applied on stuttering children to confirm the diagnosis and detect the stuttering severity to such cases. The Coppersmith self-esteem Inventory and the children manifest anxiety scale were administrated to evaluate the self-esteem and anxiety symptoms, respectively.

Results: Compared with controls, the children who stutter had a significant difference in the general domain ($p=0.002$) and in the academic domain ($p=0.005$). A highly significant difference between both groups regards the total score of self-esteem (SE) ($p<0.001$), social SE ($p<0.001$),

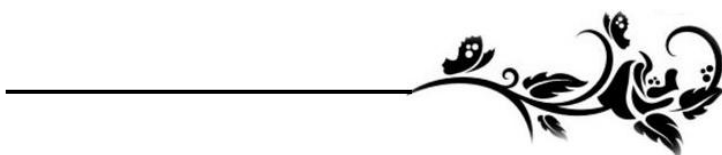
although both groups had good academic SE. There was a non-significant difference in home SE ($p=0.099$). According to the revised children manifest anxiety scale, the stuttering group showed a significant score , but not detected statistically except the negative expectation ($p=0.045$).

Conclusions: Stuttering is associated with low self-esteem and anxiety.

Keywords: Stuttering - Anxiety – Stuttering severity- Self-esteem



Introduction



Introduction

Stuttering is considered a communication disorder with varied manifestations, mainly characterized by involuntary repetitions of syllables, prolongations, and blocks, as well as physiological, behavioral, and emotional reactions to the speech disruptions (*Jane and Gerorge, 2008*).

Stuttering disorder is classified in *the International Classification of Diseases, version 10 (ICD-10)* as a behavioral and emotional disorder, and coded as F98.6 with this description: "Speech that is characterized by frequent repetition or prolongation of sounds or syllables or words, or by frequent hesitations or pauses that disrupt the rhythmic flow of speech. It should be classified as a disorder only if its severity is such as to markedly disturb the fluency of speech (*World Health Organization (WHO), 2004*).

In the last version of Diagnostic and Statistical Manual of Mental Disorders (DSM-V) stuttering is classified as a neurodevelopmental disorder and coded as 307.0 stuttering (*American Psychiatric Association (APA), 2013*).

The “International Classification of Functioning, Disability and Health” classify body functions of stuttering under the subheading, b 3300, Fluency of speech (*WHO, 2001*).

Stuttering affects 4–5% of the preschool children, 85% have the onset of stuttering before age of 3.5 years. The natural course of developmental stuttering (DS) is spontaneous resolution by age 16 in 80% of children. However, some children continue to stutter and the prevalence of DS in the adult population is 1% (*Yairi and Ambrose, 2005*). Few studies discuss the problem of stuttering in Egypt; one of them reported that, the prevalence of stuttering among primary school children in Cairo was 1.03%. The prevalence of stuttering showed a declining trend among the older children. stuttering was 7-folds more prevalent among left-handed students. Males had a higher prevalence than females regarding the stuttering, but without a statistical significance (*Abou Ella, 2015*).

Stuttering is classified as developmental, neurogenic, or psychogenic. DS is the most common form. It is initially noted in children between 3 and 8 years of age and present with mild symptoms that resolve or progress to more