

Shame, Self-Consciousness, and Locus of Control in People Who Stutter

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ABSTRACT. Stuttering is a multidimensional disorder, including psychological as well as physiological elements. This investigation of the value of 3 psychological constructs (shame, self-consciousness, and locus of control) in the prediction of 3 self-reported behavioral dimensions of stuttering (struggle, avoidance, and expectancy) revealed shame and self-consciousness to be significant psychological predictors of the selected dimensions of stuttering, whereas locus of control was found not to be. Certain demographic elements, including affiliations with others who stutter, were also determined to be predictive of the stuttering dimensions. The present findings and their implications for theory, research, and practice are discussed.

Key words: locus of control, self-consciousness, self-perception, shame, stutter

STUTTERING is widely defined foremost as a disorder of fluency (American Psychiatric Association, 1994), meaning that an individual who stutters has difficulty with the smooth flow of speech. The experience of being a person who stutters, however, involves more than solely disfluent speaking (American Psychiatric Association). Individuals who stutter tell of a vast array of psychological experiences tied to stuttering: reports of challenge, triumph, and heartache.

The present study was undertaken to help elucidate how three particular psychological factors are involved in the maintenance of the stuttering cycle. The focus here is on shame, self-consciousness, and locus of control in predicting the degrees of three dimensions of stuttering: (a) struggle in speaking, (b) avoidance of speaking, and (c) the expectancy of speech difficulty (Bloodstein, 1959; Van Riper, 1963). The term *struggle* refers to speaking with undue physical strain, tension, and effort. *Avoidance* includes those efforts to stay away from cues that one associates with the anticipation of disfluency. *Expectancy* involves an individual's assumptions and beliefs regarding his or her ability to succeed while speaking,

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as well as the ways in which the stutterer interferes with his or her own speaking because of perceptions of the difficulty of speech.

Psychological Factors Associated With Stuttering

People who stutter do not uniformly share any particular personality trait, and stuttering does not appear to be a symptom of an emotional disorder or neurosis (Bloodstein, 1987). There are, however, certain personality traits that have been found to be more common among people who stutter (Silverman, 1996). Among these traits, shame, self-consciousness, and locus of control orientation have been found to be important. In this study, I explored these psychological factors as predictors of the behavioral dimensions of stuttering, namely, struggle, avoidance, and expectancy.

Shame. Sheehan (n.d.) said of shame and stuttering that "shame is an obvious occurrence in the disorder of stuttering, for the stutterer is expected to speak, and to speak fluently within normal limits, and fails to do so" (p. 69). People who stutter experience shame and embarrassment in various ways (Van Riper, 1982). Many believe that they are at fault for failing to overcome stuttering. They believe that it is possible to overcome stuttering, but that they are not strong enough to do so (Sheehan, n.d.).

Self-consciousness. The importance of self-consciousness among those who stutter has been indicated in theory and research, with evidence suggesting that people who stutter are more fluent when they attend less to their speech (Bloodstein, 1987). As a person's degree of self-consciousness increases with attempts to avoid stuttering, the severity of stuttering is also likely to increase (Williams, 1982).

Locus of control. Allowing stuttering to impede one's attainment of personal goals has been termed the "giant in chains" complex (Sheehan, 1975). Internality has been predictive of therapeutic progress (De Nil & Kroll, 1995) and has been linked to maintenance of improvement in behaviors acquired during therapy (Andrews & Craig, 1988). Changes in locus of control have been found to predict maintenance of therapeutic gains or relapse (Craig & Andrews, 1985).

Purpose of the Study

In this study, the influence of these psychological factors in predicting the aforementioned stuttering variables was assessed. In general, it was predicted that higher degrees of shame and self-consciousness, along with an external locus of control orientation, would be predictive of higher levels of the self-reported stuttering behaviors, that is, more struggle, avoidance, and expectancy behaviors. The

influence of demographic characteristics was also assessed, as was participants' history of speech therapy or psychological counseling.

Method

Participants

The participants were 119 adults who identified themselves as people who stutter. Most participants reported the onset of their stuttering to be between the ages of 2 and 7 years. The gender ratio of the sample, 3 men to 1 woman, is in accordance with the estimated population ratio of male to female stutterers (Bloodstein, 1993). Participants were primarily Caucasian/White (78.2%).

A majority of participants (65.5%) were members of self-help organizations, and many participants (46.2%) were part of an Internet-based discussion group composed of people who stutter. Almost all of the participants (95%) reported at least one experience in speech therapy, and just over half of the participants (52.1%) reported some experience of psychotherapy or counseling.

Measures

The Internalized Shame Scale (ISS). The ISS (Cook, 1994) consists of 30 items to which participants respond on a 5-point Likert-type scale. Twenty-four negatively worded items compose the shame score. Reliability of the ISS has been reported by Cook. With regard to internal consistency, alpha scores of .95 were found for nonclinical samples and .96 for clinical samples. Median item-total correlations were .63 for the nonclinical group and .70 for the clinical group. Test-retest correlation for the ISS in a nonclinical sample, after a 7-week interval, was .84. Validity of the ISS has been demonstrated in convergent and discriminant analyses (Cook). The ISS was found to be highly correlated with a variety of measures of self-concept, self-esteem, and depression.

The Self-Consciousness Scale-Revised. The Self-Consciousness Scale-Revised (Scheier & Carver, 1985) consists of 22 items. Participants indicate on a 4-point Likert-type scale the extent to which each of the items is like them. The scale measures individual differences in private self-consciousness, public self-consciousness, and social anxiety. Reliability in internal consistency was reported as separate Cronbach alphas for each subscale: Private Self-Consciousness .75, Public Self-Consciousness .84, and Social Anxiety .79. Test-retest reliability assessments with a 4-week period between administrations yielded correlations of .76 (Private Self-Consciousness), .74 (Public Self-Consciousness), and .77 (Social Anxiety). Regarding predictive validity, private and public self-consciousness have been found to influence both behavior and cognition, including task persistence (Scheier & Carver, 1982), resistance to persuasion (Carver & Scheier, 1981), processing of self-relevant information (Hull & Levy, 1979), and dissonance

reduction (Scheier & Carver, 1980). Social anxiety has also been found to be predictive of behavior with regard to processing time of socially desirable and undesirable terms (Turner, 1978) and anticipatory belief change (Turner, 1977).

The Locus of Control of Behavior Scale (LCB). The LCB (Craig, Franklin, & Andrews, 1984) includes 17 items that assess the extent to which individuals perceive responsibility for their own problem behavior. Participants respond to each item on a 6-point Likert-type scale. One-week test-retest reliability with a non-clinical sample was .90, and a 6-month test-retest correlation with a sample awaiting treatment was .73. Convergent validity has been demonstrated by correlations between the LCB and the Rotter Internal-External scale (Rotter, 1966): $r = .67$ for men, $r = .66$ for women. The LCB is able to discriminate between Rotter's personal and political control items. Convergent validity is demonstrated in its high correlations with the personal control items, and discriminant validity is demonstrated in its low correlations with the political control items. LCB items do not appear to reflect social desirability. The correlation between the LCB and a shortened version of the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) was low ($r = .2$).

Perceptions of Stuttering Inventory (PSI). The PSI (Woolf, 1967) is a 60-item inventory with 20 items that assess each of three dimensions: struggle, avoidance, and expectancy. For each item, respondents indicate how characteristic the behavior is of their stuttering. The PSI is a modification of Rothenberg's (1963) measure of perception of stuttering (itself a revision of Poweil, 1963), with items rewritten as more representative of a class of behavior and with the inclusion of examples of those behaviors. Rothenberg's inventory demonstrated high test-retest reliability among adult stutterers, yielding correlations of .88, .89, and .85, for struggle, avoidance, and expectancy, respectively. Woolf delineated severity levels for each dimension, according to the following ranges of scores: mild (0-7), moderate (8-11), moderate to severe (12-15), and severe (16-20).

Total scores on the PSI have been reported by researchers who have used the PSI pre- and posttreatment as demonstrative of its predictive validity (e.g., Daly & Darnton, 1976; Webster, 1979), and scores have varied widely, as a likely consequence of both the effects of treatment and a wide range of pretreatment severity levels (St. Louis & Atkins, 1988).

For this study, the original Perceptions of Stuttering Inventory (Woolf, 1967) was modified to include the degree to which individuals felt that behavioral statements characterized their stuttering (i.e., the *strength* of the dimension as perceived by the individual). This expanded on the original version of the instrument, which assessed solely the number of behavioral statements that individuals perceived as characteristic of their stuttering (i.e., the *frequency* as indicated by the number of statements endorsed). In this study, in addition to placing a check mark to indicate that a statement described a behavior that was characteristic of their stuttering,

individuals were requested to respond to items on a 5-point Likert-type scale ranging from *a little bit characteristic of my stuttering* to *very much characteristic of my stuttering*. Statistical analyses revealed that the associations between the strength of a person's perceptions of his or her own stuttering and the frequency of his or her endorsement of behavioral statements were high. Correlations (r) ranged from .89 for expectancy to .92 for total perceptions of stuttering.

Demographics questionnaire. Gender, age, ethnicity/race, marital status, highest level of formal education, current occupational status, annual household income, age at onset of stuttering, affiliations with others who stutter, history of speech therapy, and history of counseling/psychotherapy were assessed.

Procedure

A majority of the participants (52.1%) volunteered after viewing announcements placed on Internet sites on stuttering. Individuals responded directly by e-mail to the researcher. Leaders of self-help groups solicited 27.7% of the respondents. The remaining participants were contacted either directly by the researcher (6.7%) or indirectly by speech pathologists or others (13.4%). Survey packets were distributed and returned by mail.

Results

A full report of the data obtained, including descriptive statistics and an inter-correlation matrix of all variables, is available in Patraka (1998b).

The multiple regression model predicting the total perception of stuttering (the sum of struggle, avoidance, and expectancy behaviors) by demographic and psychological variables was statistically significant, $F(4, 106) = 13.12, p \leq .001$. Self-help group affiliation was included as the sole significant demographic variable, with shame and self-consciousness as significant psychological predictors at $p \leq .01$. A multiple regression model predicting the struggle dimension of stuttering was significant, $F(3, 107) = 10.15, p \leq .001$, revealing no significant demographic factors, and shame and self-consciousness as significant psychological predictors, at $p \leq .02$ and $p \leq .01$, respectively. A multiple regression model predicting the avoidance dimension of stuttering was significant, $F(7, 103) = 9.81, p \leq .001$, including age, Internet affiliation, self-help group affiliation, and occupational focus on stuttering as significant demographic variables, along with shame as a significant psychological variable ($p \leq .01$) and self-consciousness as approaching significance ($p \leq .10$). A multiple regression model predicting the expectancy dimension of stuttering was significant, $F(5, 105) = 7.12, p \leq .001$, with age at onset of stuttering and self-help group affiliation as significant demographic variables, self-consciousness as a significant psychological variable ($p \leq .03$), and shame as marginally significant ($p \leq .06$).

When the total self-consciousness score was broken down into its three components (private self-consciousness, public self-consciousness, and social anxiety), the results resembled those aforementioned, although with several notable differences. A multiple regression model predicting total perception of stuttering was significant, $F(5, 99) = 10.91, p \leq .001$, yielding shame and social anxiety as significant psychological predictors. A multiple regression model predicting the struggle dimension of stuttering was significant, $F(5, 99) = 6.03, p \leq .001$, with social anxiety as the primary psychological variable of significance, followed by shame. The avoidance dimension of stuttering was significantly predicted by a model including social anxiety and shame as significant psychological predictors, along with self-help group affiliation and private self-consciousness as marginally significant predictors, $F(6, 98) = 13.40, p \leq .001$. The model found to best predict the expectancy dimension of stuttering using the components of self-consciousness included shame as the sole significant psychological predictor, along with self-help group affiliation and reported age at onset of stuttering as influential demographic predictors, $F(7, 97) = 4.97, p \leq .001$.

Discussion

Continued exploration of psychological factors and behavioral dimensions of stuttering is supported by these findings. Shame and self-consciousness were predictive of the behavioral dimensions of stuttering, with social anxiety as the prominent component within self-consciousness. Although locus of control was not a significant predictor of stuttering behaviors, this finding may provide useful information for theory and future research. The findings regarding the influence of demographic characteristics are likewise notable and worthy of further inquiry.

The Importance of Shame in the Stuttering Cycle

Buss (1980) contended that shame is part of a cycle arising from a lack of attainment of established goals for performance and leading to the continued failure to attain those goals. Future research should address how the experience of shame among people who stutter influences their attainment of determined goals, such as fluency or a decrease of struggle in speaking. Moreover, as shame is influenced by both societal norms and expectations (Madding, 1995), as well as by internal strivings for perfection (Amster, 1994), the implications of these factors on the continuation of stuttering should also be examined.

Social Anxiety: The Primary Component of Self-Consciousness

Both state and trait anxiety may affect people who stutter (Craig, 1990), in that they may experience higher levels of state anxiety when faced with challenging speaking situations, as well as greater overall levels of trait anxiety. Treat-

ment, however, appears to reduce trait anxiety to nonclinical levels. Thus, the social anxiety findings of the present study highlight the possibility that the issue to be explored is the social, or interpersonal, aspect of anxiety. It could be suggested that the anxiety that is experienced when a person who stutters is in a challenging speaking situation becomes, after many similar experiences, generalized to a broadly focused social anxiety. Future research should address the relationships among state anxiety, trait anxiety, and social anxiety for those who stutter.

This study also points out the need for consideration of how social anxiety is related to other psychological factors among people who stutter. In this study, it was found that higher degrees of social anxiety were associated with higher degrees of shame, private self-consciousness, and public self-consciousness, and an external locus of control orientation. These connections call for future empirical inquiry. In addition, treatment providers should perform a comprehensive assessment of the individual who stutters.

Locus of Control: Important to Stuttering?

In accordance with theory and previous studies, it was expected that external locus of control would predict greater stuttering behaviors and that internal locus of control would predict fewer stuttering behaviors. As this was not found to be the case, it may be that the present results are an artifact of the nature of the sample and the assessment tool. The participants in this study were notably internal in taking responsibility for outcomes in their lives, in comparison with samples of university students, nurses, others who stutter, and agoraphobics (Craig et al., 1984). This finding may be indicative of members of the present sample's tendency to assume that their lives are what they make of them, regardless of their degree of disfluency. This internality is reflected in the voluntary nature of participation in the study. Many individuals often become research participants because they are involved with a university or a clinic; however, these participants took control by responding, despite having no relationship with or responsibility to the researcher. In contrast, the sample of stutterers reported in the Craig et al. study consisted of individuals awaiting behavioral treatment for stuttering; thus, those individuals may have been feeling particularly externally focused before beginning treatment. Moreover, those researchers reported that most of their participants indicated significant changes toward internality following treatment, perhaps rendering them more like the present sample, who largely reported having had several experiences in treatment.

A measurement of self-efficacy, a construct similar to that of locus of control, may be more effective in assessing the perception that individuals have of their ability to control aspects of their lives. Individuals' confidence in their ability to successfully perform activities necessary for achievement of a particular outcome has been shown to be meaningful for people who stutter (Ornstein & Manning, 1985). Although self-efficacy assessments have been found to differ-

entiate those who stutter from those who do not, explorations of differences within the stuttering population are needed.

Age and reported age at onset of stuttering. If avoidance is typically more severe among younger than among older adults, researchers might explore what contributes to this change in behavior (e.g., self-efficacy, self-esteem). In this study, the occurrence of avoidance behaviors lessened with age, but the experience of struggle and expectancy did not. Thus, adults who stutter may be less avoidant as they age, despite the continuing expectancy to stutter and the occurrence of struggle in stuttering when they do speak. In this regard, distinctions between self-reported and observed behavior may be critical, for individuals may be apt to report that they currently engage in behaviors when in actuality they may do so less often than they perceive, and less often than they did in the past.

Participants who reported an older age at onset of stuttering also reported increased expectancy behaviors. However, the average self-reported age at onset in this study was higher than that found by others, with recent estimates (e.g., Yairi & Ambrose, 1992) taking into account the times at which critical events in speech and language development occur. Even if the reports of the present participants are incorrect, it remains important in that those who believe their stuttering to have begun later were found to report experiencing greater expectancy behaviors as adults. Perhaps there exists some greater degree of adjustment to stuttering among those who believe themselves to have begun stuttering practically with the onset of speech, as compared with those who believe that their stuttering was acquired later in their development.

The Undervalued Importance of Affiliations With Others Who Stutter

With regard to self-help group affiliation, individuals who stutter have found value in the opportunity to share their thoughts, feelings, and experiences of stuttering with others who stutter in a nonthreatening environment (Krauss-Lehrmann & Reeves, 1989). Similarly, the self-help group plays a role in helping those who stutter feel better about themselves.

Although self-help group affiliation and occupational focus on stuttering were negatively correlated with stuttering behaviors, affiliation with others who stutter through on-line discussion groups was found to be associated with greater avoidance of speaking. The nonverbal nature of computer interaction differentiates it from direct, face-to-face confrontation of stuttering. As we become more of a computer-connected society, we must seek out knowledge of psychology's role in on-line communication (Harmon, 1998; Patraka, 1998a).

Implications for Research and Practice

Exploration of how psychological and demographic elements are associated with stuttering in children and adolescents, and in crucial states of identity devel-

opment and awareness, is warranted. Investigations of the perception of control over life events, perhaps in terms of self-efficacy or with other people who stutter, are needed to clarify the nonsignificance of locus of control in this study. And the significance of shame, self-consciousness, and particularly social anxiety, is only beginning to be understood.

Psychologists should join speech pathologists in working to understand the complex interplay of behavioral, psychological, and demographic characteristics in individuals who stutter. Assessment of struggle, avoidance, and expectancy behaviors; exploration into shame and social anxiety; and information regarding affiliations with others who stutter may provide an appropriate foundation on which to build individually tailored treatment programs. The participants in this study revealed that many people who stutter seek speech therapy and often also engage in some type of psychological counseling or psychotherapy. Psychologists and speech pathologists should consult with one another and provide referrals across disciplines as needed. Such consultation will be advantageous for both professionals and their clients.

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