

ASSESSING THE SELF ESTEEM AND ADJUSTMENT PATTERNS OF ADOLESCENTS WHO STUTTER

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ABSTRACT

Adolescence is a critical age where the young minds are vulnerable. They desire attention and need for social acceptance. Stuttering can hinder the natural means of communication and can lead to challenges in respect to adjustment patterns in adolescents. This paper focuses based on the research with adolescent stutters regarding their adjustment patterns viz a vis home adjustment, social adjustment, emotional adjustment and health adjustment patterns. The paper also highlights the outcomes of the assessment of self esteem of adolescents who stutter. These insights can be highly valuable to understand the psyche of adolescents who stutter and to provide them with necessary remedial measures so they can adjust well in their world.

OPERATIONAL DEFINITION

For the present research study, the term stuttering has been operationally defined as- persistent repetitions or prolongations of sounds, syllables, or words or persistent of speech. Quoted from Diagnostic and Statistical Manual III Revised, 1987.

METHOD

Sample

The present study was conducted on a sample of 25 children who had been formally diagnosed as stutters by the speech therapists. The parents and class teachers of the children selected where also included as a part of the study. The children studied belong to the age range of 11-18 years. There were 21 boys and 4 girls studying in class ranging from classVI to class XII in various schools of New Delhi.

DATA COLLECTION

Keeping in view the objective of the present study, a personal data sheet and interview schedule were designed and administered to children and their parents, supplemented by observations made during the sessions of interaction. The interview schedules both [for the parents and

children were semi-structured, specifying the broad areas under which the information was to be collected and fairly flexible to illicit rich in depth responses. The interviews were conducted in English or Hindi depending on what the subjects were most comfortable with and to rule out the difficulties in getting across the message due to language barriers.

To study the self-esteem of children who stutter, the Cooper smith Self Esteem Inventory was used. The school and adult forms of the inventory applicable for children in the age range of 9-15 years and 15 years and above respectively were used to measure the evaluative attitude towards the self, academics, family and personal areas of influence. The forms were administered to children at their residences to be filled up by them following the instructions given.

A rating scale called the Behavioural Academic Self- Esteem (BASE) was administered to the class teachers of all the children in their schools at a time convenient to the teachers. This rating scale was used to assess the child's self-esteem by the class teacher.

In order to study the adjustment patterns of children who stutter, the Indian Adaptation of Bell's Adjustment Inventory had also been administered to children. This inventory seeks to obtain information on four areas of adjustment, viz., Home, Health, Social and Emotional.

ANALYSIS

In order to analyze the scores on the Self Esteem inventory and the BASE Rating Scale for Teachers, the quartile, Method was used to compare high scorers with low scorers. An itfean and standard deviation was also calculated to examine spread of scores obtained on the two inventories.

To establish if there was a relationship between and the teachers' ratings, of children's self-esteem, Spearman's Rank Order Correlation Co-efficient was calculated.

SELF- ESTEEM OF CHILDREN

Scores obtained by children on Cooper smith self -esteem inventory were represented graphically.

In fig. 3.10, the range of score obtained by children has been represented on the X-axis, and the number of children obtaining these score has been shown on Y-axis. The range of possible score (0-100) was split using the quartile method. It indicates the number the number of children in four quartile. The fig. 3.10 shows that none of children fell in the first quartile. There are 4 (16%) children in the second quartile 16 (64%) children in the third quartile and 5(20%) children in fourth quartile.

The range of scores obtained by children was converted into four quartiles. The spread of scores as represented in fig.3.11 is as follows. Out of 25 8(32%) children fell in the first quartile, an equal number 5(20%) each in the second and the third quartile and 7(28%) children were in the fourth quartile.

The mean (62.8) and the standard deviation (12.7) of the scores were calculated to analyse the spread of scores in terms of normal distribution. It emerged that a larger number of children, 13(52%) has obtained scores which fell on the 'left side' of mean, indicating low scores. The distribution was thus positively skewed.

Class teacher of the subject's were asked to rate them on the behavioral academic self-esteem (BASE) scale. The scores given by teachers are represented graphically.

Fig 3.12 shows the spreads of obtained scores when the possible range of scores (0-80) was split into four quartile. It was found that none of the children belonged to the first quartile, scores of four(16%) children fell in the second quartile, and a maximum number of children,16 (64%) obtained scores in the third quartile. In the fourth quartile there were five (20%) children.

Fig. 3.13 shows the split of quartile of actual range of obtained scores (27 -70). A generally fair distribution was obtained with maximum number of children belonging to the third quartile.

The mean (52.88) and the standard deviation (9.8) of the scores were computed in order to view the spread according to a normal distribution. It was found that the large no scores 13(52%) fell on the right side of the mean indicating high scores. That is , distribution was negatively skewed.

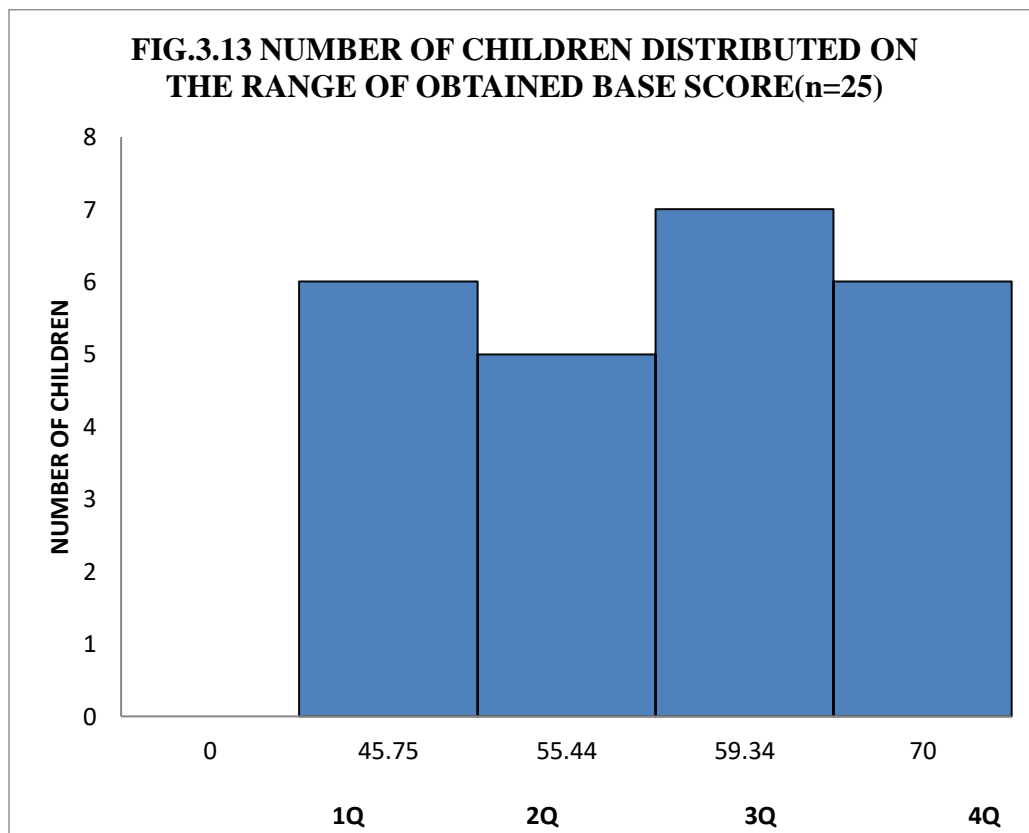
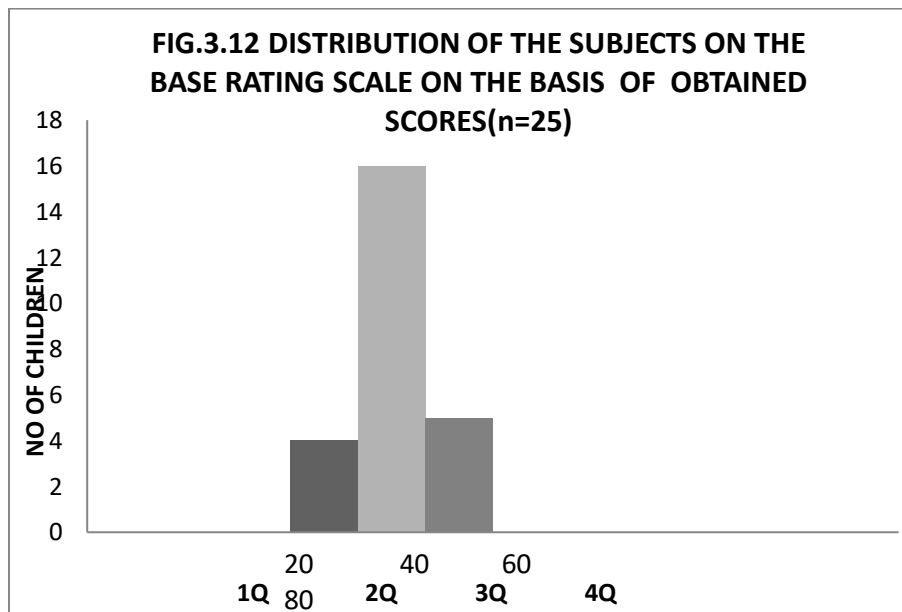
In order to probe whether a relationship existed between the child's self-esteem and his/her image as perceived by teacher, the Spearman's Rank Correlation was applied. The coefficient was calculated for the scores obtained on the SEI and BASE rating scale for teachers.

At 0.05 level of significance ($\alpha= 0.05$), there was a significant correlation.

$r_s(\text{obtained})=0.41$

$r_s \text{ (at } \alpha=0.05)= \pm 0.396$

where $df =(n-2)= 23$

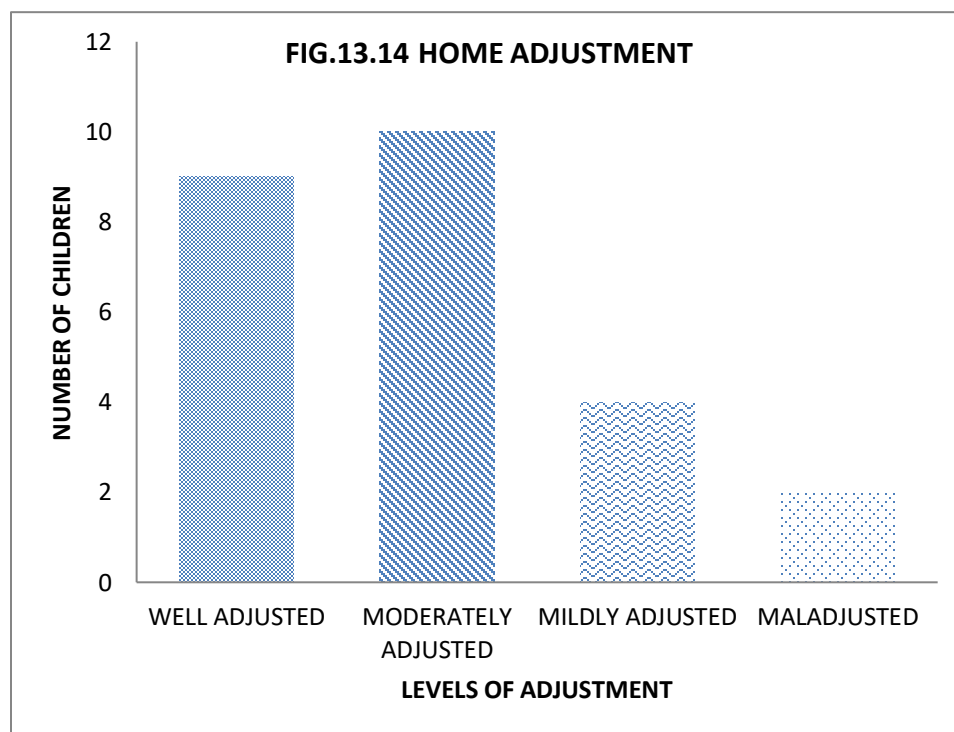


ADJUSTMENT PATTERN

The scores obtained on the Indian adaptation of Bell’s adjustment inventory was analysed under the four different area of adjustment namely: family, social, and emotional and health. The total scores obtained were also analysed separately. The scores were interpreted by comparing them with the percentile norms. According to the percentiles scores were categorized as well adjusted, moderately adjusted, mildly adjusted and maladjusted. The scores in each area have been interpreting according to these categories.

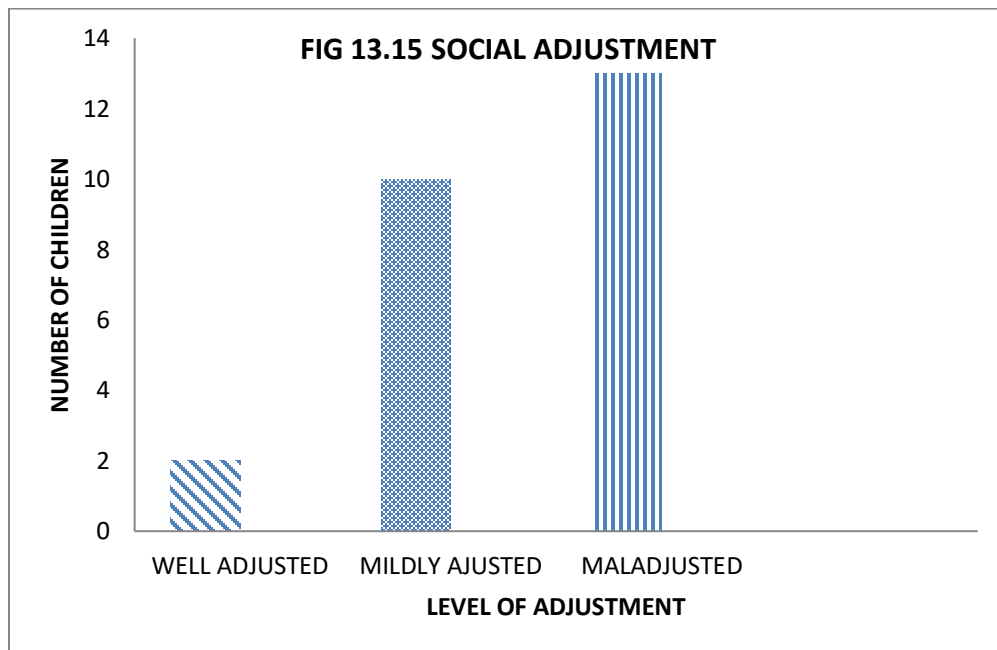
HOME ADJUSTMENT

It emerged that 9(36%) children were all adjusted at home, 10(40%) children were moderately adjusted, 4(12%) children were mildly adjusted and 2(8%) children were categorized as maladjusted in terms of their home adjustment.



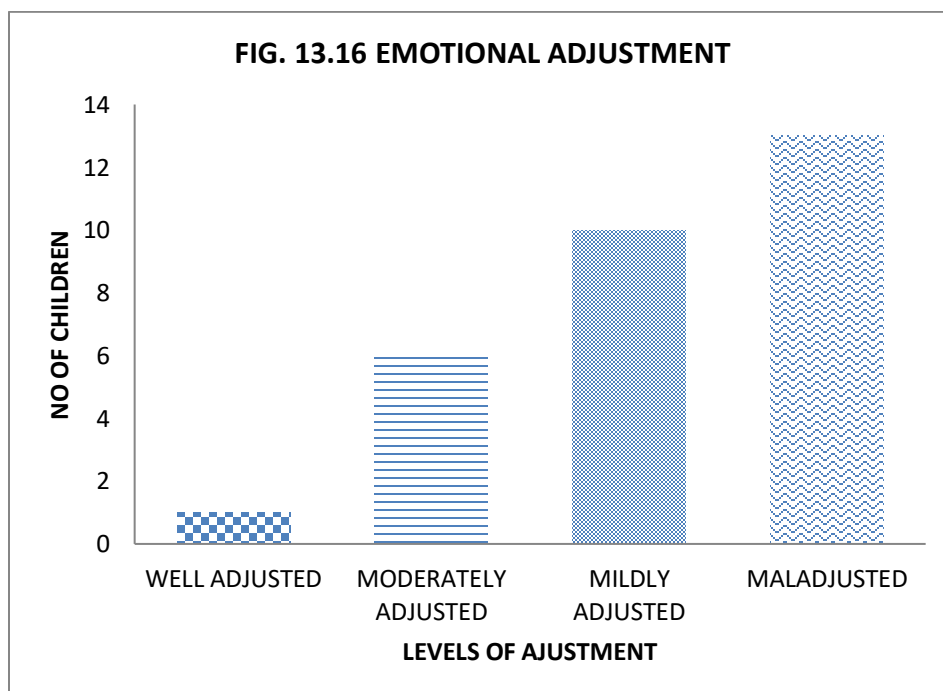
SOCIAL ADJUSTMENT

The scores of children under this area revealed that 2(8%) children were socially adjusted and 10(40%) children were not so well adjusted therefore fall in moderately adjusted category. Most of the children 13(52%) were found to be mildly adjusted at social level.



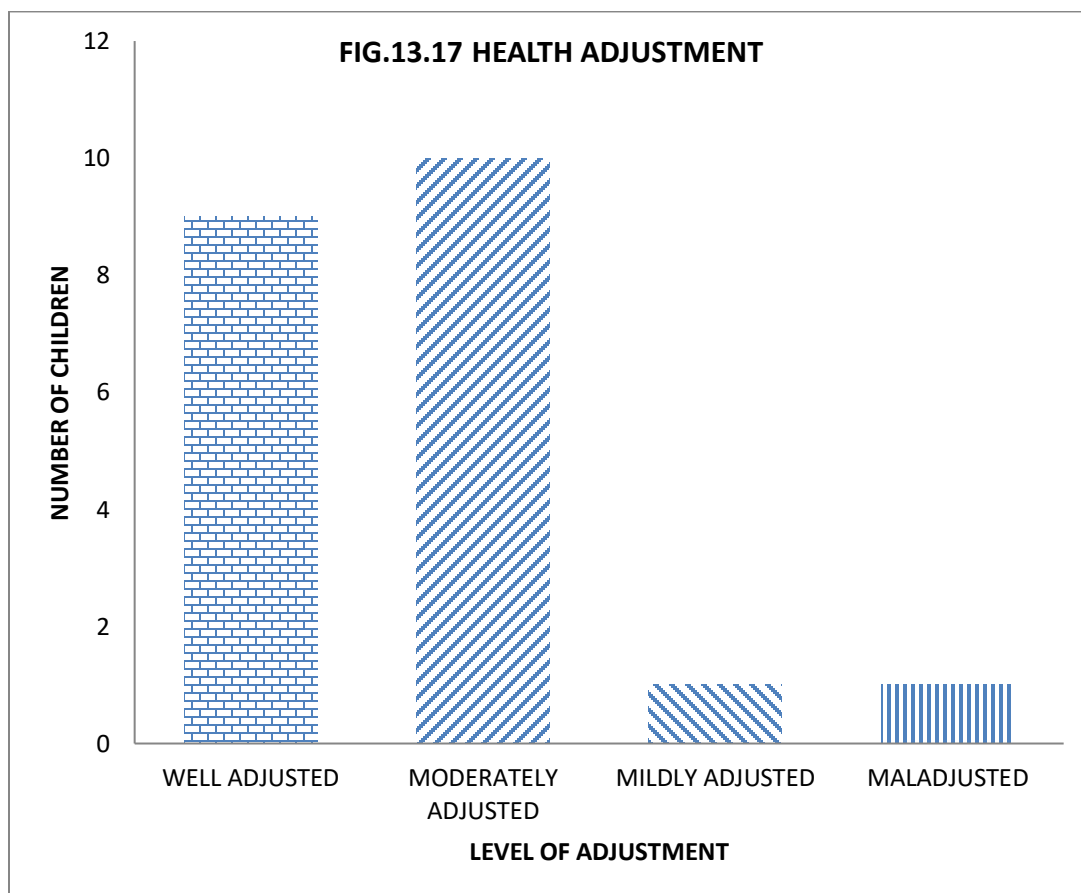
EMOTIONAL ADJUSTMENT

One child was found to be emotionally well adjusted. There were 6(24%) children who emerged as moderately adjusted and 10(40%) children were mildly adjusted. A total of 8(32%) children were categorized as maladjusted according to their scores.



HEALTH ADJUSTMENT

The result indicated that maximum children 13(52%) as well adjusted in terms of their health components. Ten (40%) children were found to be moderately adjusted, 1(4%) child was mildly adjusted and yet another child emerged as maladjusted child. The overall adjustment of children was also analyzed according to the total scores obtained by each child. It was revealed from the scores that none of children were well adjusted. There 6(2%) children who were moderately adjusted and another 6(24%) children who were mildly adjusted. Most of children 13(52%) emerged as maladjusted in terms of their overall adjustment patterns.



In order to explore/investigate if there exist a relationship between the self-esteem scores of children and their overall adjustment scores, Spearman’s Rank Order Correlations coefficient was calculated. A significant correlation emerged at 0.05 level of significance, between the two scores.

$rs(\text{obtained})=0.443$

r_s (at $\alpha = 0.05$) = ± 0.396

where $df = (n-2) = 23$

The correlations reflect that the children who held themselves in high self-esteem were well adjusted and those who had a low self-esteem were mildly adjusted.

DISCUSSION

The scores obtained by children on the Cooper Smith Self Esteem Inventory, when analyzed revealed that the self-esteem of adolescents who stutter was falling in the medium range. There were only a few children who had either a high or a low self-esteem. Using the quartile method to interpret the scores, it was found that maximum children fell in the second and third quartile.

Parental protection, love and understanding in the family are essential for the growth of the children. A key factor in determining whether or not parents have a positive effect in helping their adolescent children build healthy ego identity is the warmth, concern and interest they show them. The more parental care and interest there is, the more likely the adolescents is to have a high self-esteem. Adolescents having a high self-esteem report that their parents accept, understand and like them and those with low self-esteem have parents who use psychological pressure techniques such as withdrawal of love, guilt or self-pity to control them.

Stutterers whose parents give supportive responses to good grades and other positive behavior have higher self-esteem than those who report indifferent or critical responses. Furthermore, high self-esteem adolescent boys have parents who are democratic but also less permissive than that of low self-esteem boys, who have parents who are stricter but considered and they demand high standards. (Hena Shahid, 1993) .

As per the self-esteem rating of children according to the class-teachers, was concerned the scores indicated that more than half of the children half their self-esteem scores falling in the second and third quartile, indicative of a medium self-esteem.

Both the SEI scores and the BASE scores measured a common personality trait i.e. self-esteem. In order to find out if there existed a correlation between the child's self-esteem and that of the teacher's ratings, Spearman's Rank Order Correlation Co-efficient was calculated. It was found that at 0.05 level of significance, there existed a significant correlation between the two scores.

In other words, those children who held themselves in high esteem were also rated highly by their teachers. Thus most adolescents who had stuttering difficulties were rated by themselves as well as by their teachers on self-esteem, revealing both scores as falling in the medium range.

Therefore, it can be inferred that the way these children viewed themselves was reinforced by the teachers' perceptions about them.

The studies done in the past concluded that the self-concept of stutters showed no characteristic difference from that of the non-stutterer. (Fielder and Wepman, 1951 ; Fransella, 1968). Similar findings had been reported, revealing that the stutters and non-stutters do not differ in areas of self-esteem (Amit bajaj, 1993). The self concept of adult male stutters is positive as also found in the normal adult male. (Hena Shahid, 1993).

The scores obtained on the Indian Adaptation of Bell's Adjustment Inventory were analysed in terms of overall adjustment and under the four areas of adjustment viz., home, social, emotional and health.

Most children were found to be moderately adjusted at the familial level attributed to the finding that they had strong and congenial intra-familial relationships. Children emerged out to be maladjusted at the level of social adjustment. A study revealed that there were a few differences in the real and ideal self concept of stutters; primarily those dealing with social interactions in the real self concepts (Rahman, 1956).

Most of the children were found to be emotionally maladjusted. As far as the health adjustment of adolescents who stutter was concerned, they emerged out as well adjusted. On analyzing the total adjustment scores of children, it was evident that more than half of the children emerged as maladjusted that in terms of their overall adjustment patterns.

It has been corroborated by research done in the past, which concluded that stutters tended to be more neurotic, more introverted, less dominant, less self-confident and less person sociable than non stuttering students. In a very real sense a person whose capacity for speech is impaired is maladjusted by virtue of his handicap (Bender, 1939). It was also reported that stutters tend to be poor in social adjustment as opposed to most other areas of emotional health (Brown and Hull, 1942).

In three separate studies agreed in marking stutters low in the categories of self-reliance, freedom from nervous symptoms and social skills on the basis of the social adjustment scores using the California Test of personality (Schultz, 1947; Cypreansen, 1948; Horlick and Miller, 1960).

It is also reported that stutters showed a consistent tendency toward slightly less favourable adjustment than non stutters (Pizzat, 1951). It was also found that college stutters were less maladjusted as a group than psychiatric patients, were not significantly more maladjusted than

ordinary college freshmen, and performed more similarly to college student who had applied for counseling with personal problems. (Dahlstrom and carven, 1952).

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