

## A Conceptual Paper on Self-Esteem and Social Anxiety of Stutter Students' in Pakistan

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### ABSTRACT

Stuttering demands a multidimensional interpretation, as the consequences of the symptoms have been shown in recent years, with psycho-social and psychological effects shown with people living with a stutter far beyond the surface elements. This work explores the degree to which students may stutter with disabilities among school children and adults who stutter (AWS). The effect of stuttering on a person and the members of the family (siblings, parents, and partners) is discussed in this article. Such issues cover mental and social problems, self-consciousness, stuttering responses, interpersonal difficulties in everyday situations, and the overall quality of life. The effect of stuttering on the person who shares stuttering with others is illustrated. The explanation of stuttering in children and adolescents who have severe adverse effects from dealing with a stutter mentioned is explored during their existence. The impact of the stuttering condition on the parents and sisters of children who stutter is also discussed with interesting studies about the sense of connection and confidence between young people and their parents. The family obligations and expectations for parents and siblings are stressed. The focus is also on dealing with a person who stutters from their life partner's viewpoint. Presumed quality of life is discussed through unforeseen variations between the adult's quality of life and the expectations of the spouse of the individual. Eventually, there is the potential for a new appreciation and engagement strategy for people who stutter.

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### 1. Introduction

All over the world, more than 70 million people who stutter, about 1% of the population (Bloodstein & Bernstein-Ratner, 2008). Previous studies have found that the emotional, efficacious, and social well-being of stutters (PWS) were impaired. Findings have shown that the quality of life is poorer in the fields of fitness, mental, and social welfare (Craig, Blumgart, & Tran, 2009). In comparison to those who don't, there is a greater risk of stereotypical and psychological anxieties, community terror, and adverse effects (Tran, Blumgart, & Craig, 2011). Nevertheless, other scholars have recently composed data disputing the degree to which PWS has certain mental health problems, particularly personality disorders (Manning & Beck, 2013). It is also frequently cited that PWS feels ashamed and guilty and tries to hide their blows by ignoring such tones, phrases, and expression circumstances. This reluctance may become so serious that some people may not even recognize themselves as PWS to unknown or recognizable others (Murphy, Quesal, & Gulker, 2007), and may result in severe constraints on social involvement and general well-being. Moreover, new scientific evidence has been gathered showing that PWS's romantic partners, siblings, and parents can detect the challenges they face and experience negative emotional reactions to stuttering as well.

There has been much discussion about the significance of treating psychological, mental, and cognitive dimensions of stuttering specifically in therapy, and the efficacy of these strategies to improve outcomes for PWS. Nonetheless, other scholars suggest it is beneficial to follow a multidimensional method while clinically dealing with PWS (Guitar, 2013; Healey, Scott Trautman, & Susca, 2004; Manning, 2004; Yaruss, 2010). The American Speech-Language-Hearing Association (ASHA, 2007) embraces this idea, noting that the diagnosis of communication disabilities requires treating not only the underlying disability but also the quality of life by the engagement limits, constraints in interaction, and obstacles generated by relative factors. The consequences of this are that clinicians will benefit from a broad array of resources to tackle the standard of living and well-being of stutterers in mental, emotional, and affective fields (Yaruss, Coleman & Quesal, 2012). The scientific importance of treating stuttering in a multidimensional context has been shown. Most PWS believe that the therapy would resolve emotions and behaviors linked to stuttering (Yaruss & Murphy, 2002) and that only speech-related concerns during and after interventions are not adequately addressed through medication (Yaruss, Quesnel, etc., 2002). Indeed, many PWS are often fearful of and worried about stuttering during fluid therapy (Cream, Onslow, Packman, et al. 2009). It was also shown that the existence of issues with mental health such as distress can hinder speakers following medication and that speech rehabilitation has not yet improved from therapy (Iverach, O'Brian, et al, 2009), and that care with cognitive elements increases the processing of world life and contributes to stressful circumstances. Treatments of cognitive elements are increasingly indicative of the bad attitudes towards the self and promoting psychosocial change (Yaruss, 2012; de Veer, Brouwers, 2009).

Recent surveys suggest that PWS may be particularly exposed to lower quality of life with increased introversion (Bleek et al., 2012). Some professionals recommend enhancing social support, activities, and participation among PWS (Craig & Tran, 2011). The participation of support groups is a possible way of achieving this.

## **2. Major problems faced by society**

Pakistan is a country where people are not aware of self-esteem and social-anxiety in stutter students. That's why they are facing problems like; bullying, teasing, teachers lack awareness & impact their learning as well as social anxiety. They also have faced different levels of anxiety. For example, school level, adolescence level. Even their peers and their siblings bullying them. However, they are away from the awareness of self-esteem. The paper enlightens on the issues of stutter students in Pakistan and helps in giving awareness about self-esteem to overwhelm the issues of social anxiety. Stutter faces oral communication as difficult and frustrating. Societal reactions to stuttering result in social anxiety. Stereotypes are knowledge structures learned by members of a group. They can provide mental shortcuts for making sense of our environment by categorizing information about groups of people (e.g., "People who stutter are less competent"). Past stuttering disorders work has examined aspects of parental-child interaction, including parent's co-communicative behaviors, parent-language properties, attitudes, and stuttering awareness. As Yairi and Ambrose noted in 2005, investigators have largely neglected the ongoing impact of stuttering... in the family of the kid. The majority of students expressed disappointment with the way their parents tried to deal with their stuttering events.

### **2.1 Bullying and teasing**

Kids that stutter face particular school difficulties. They may have social problems, with studies that reveal that over half of them are frequently mocked or tormented. Children who stutter may often be considered less normal than their fellow students. Some can slip under the radar, being quiet and silent. Stutters taunt their classmates, classes, mates only for the duration (d, oo...., doll) and repeated (do, do, do, doll) prolongations. Because other people copied them while stutters talk.

### **2.2 Teachers lack awareness**

Teachers may not even be conscious that they have a kid that stutters in their classroom, let alone that this kid may be nervous. Several children who stutter will fear to communicate in school or sitting at the back of the class. They may be very receptive to appraisal by teachers or peers and maybe willing, as they hate stuttering, to say "I don't know." Instead of learning to communicate with other children through movements and short phrases, they may learn to avoid difficult words or speaking opportunities.

### 2.3 Impact on learning

It is well established that during the school years these issues have started to incubate. This means that children who stutter cannot and should not participate properly in the classroom. This is how they know and they talk badly of themselves. They worry about themselves.



**Figure 1: Impact on Learning**

### 2.4 Adolescence level

The type or degree of adverse effects that stuttered expression has on disadvantaged younger age groups has not been delineated by the study. In health research, this age bracket was described as 'invisible.' Those children and adolescents face major mental health risks. Issues arising in quality research on mental health include anonymity, the absence of chat with others, strong emotional feelings, and the contradictory need for time for oneself or with other adolescents, but not friends, teachers, or advisees.

### 2.5 Self-esteem

Self-esteem influences how people respond negatively against themselves. This involves general self-worth and self-consciousness (Rosenberg, 1965, 1979). It is a critical component of psychological and mental health that affects successes, accomplishments, and social activities. PWS has been shown to have self-esteem in common or equivalent limits to whoever doesn't stutter (Tellis & Gabel, 2003; Blu et al., 2011; Yovetich & Flicht, 1999). These studies have, however, been conducted with teenagers and school children and not with adults. Many observational studies have shown that decreased self-esteem can result from stuttering, but due to small sample sizes, these studies are restricted in general ability.



**Figure 2: Self Esteem**

### 2.6 William James: Formula for Self-Esteem

The author of the self-esteem movement is repeatedly referred to as William James (Hewitt, 2005; Kling et al., 1999; Leary et al., 1995; Seligman, 1996), and his "elementary human endowment" (as cited from Leary et al., 1995) can be presumed to occur since civilization was founded. It seems that the original self-esteem concept of James (1890 as cited in Seligman, 1996) is well recognized:

$$\text{Self-esteem} = \frac{\text{Success}}{\text{Pretensions}}$$

These aspects are inextricably linked to our feeling of positive for ourselves (pretensions) and our real performance. In thriving in the universe but by still changing the degree of our expectations or expectancies, we will feel better for ourselves. Transcript precision, utterance segmentation, coding of variations, including strain detection of volatile outputs and word function coding were achieved. Precision Four bilingual research assistants who trained in Spanish-English transcribed and coded and re-listed samples to determine if improvements in transcription and coding were required. Despite widespread field research, stuttering is a minimal concept disorder. Influenza has been linked with little predictability and apparent variations to hereditary, stress-led, and environmental factors (Craig, 2000). There are people of different origins and different manifestations of fluidity. The heterogeneous essence of stuttering makes it difficult to identify the causes of origin, chronicity, and extent. One characteristic remains curiously important: the gender disparity between men and women who tend to stutter into adulthood (Guitar 1998). A person who stutters is outnumbered women who stutter are at a scale from 2.3:1 to 5:1 (Craig, Hancock, Tran, et al., 2002) (Bloodstein, 1995). Gender distinctions have been well established for many treatments and diagnostic manuals fourth edition, text analysis (DSM-IV-TR; American Psychiatric Association 2000). These classes include greater prevalences of Atención-Deficit / Hyperactivity Disorder in males (Fayyad, de Graaf, Kessler et al., 2007), and disproportional incidence of Major Depression in women and men (Kessler, McGonagle, Zhao et al., 1994; Birmaher, Martin, Williamson et al., 1996). Many of these diseases are believed to be caused by biochemical or sociological differences.

### 3. Conclusion

We recommended and conclude that the impact of self-esteem on social anxiety in stutter students in Pakistan is very helpful and beneficial as per this William James theory. This helps the stutter students in interacting and in the social environment to enhance their self-esteem and their performance will be increased.

The consistency of the partnership between parent and child is an extremely important element in giving children social maturity models. The child's speech pathologist needs the help of the mother, the therapist, and the headteacher. Working collectively by being on the common page will mean that the child goes well with a stutter starting school. Teachers may not even realize that they have a child who is stuttering in their class, let alone nervous about this boy. Many kids often do not talk at the school or remain at the back of the classroom to prevent being noticed. This is our duty to support those who are stutters and educate their citizens around them. We will seek to increase their self-esteem so that the tests are in flying colors.

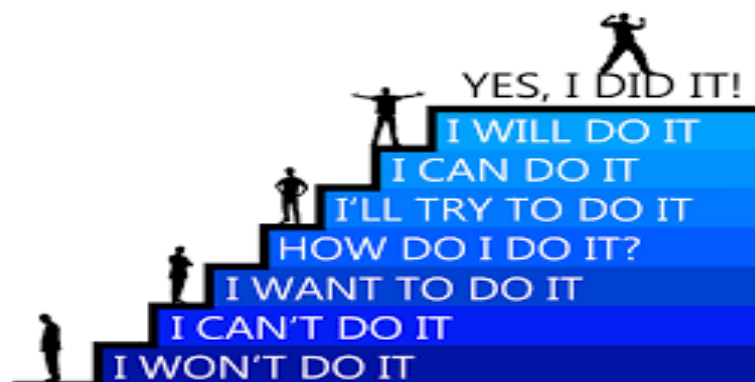


Figure 3

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