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Disability, communication disorders, articulation disorders and their social implications : a review of research

Katherine Smith

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NORTHERN ILLINOIS UNIVERSITY

Disability, Communication Disorders,

Articulation Disorders and their Social Implications:

A Review of Research

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Katherine Smith

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Student Name: **Katherine Smith**

Faculty Supervisor: Greg Long

Faculty Approval Signature:

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ABSTRACT: A critical review of current research on disabilities has shown that individuals with disabilities are subjective to a stigma. This stigma has devastating affects on the social life of the individual. Often times, this is established in childhood and continues through adulthood . It has been shown that this stigma affects and individuals social competence, the ability to form peer relationships, and results in social anxiety. Communicative disorders, as a type of disability, are subjective to the same results. Communicative disorders have also been shown to have correlation to behavioral and academic problems as well as social implications. Articulation disorders also have a stigma that increases as an individual ages. The-long-term social effects of an articulation disorder are an area that needs further research.

Running Head: RESEARCH CRITIQUE

Disability, Communication Disorders,

Articulation Disorders and their Social Implications:

A Review of Research

Katherine Smith

December 8, 2008

Northern Illinois University

The idea of a stigma is often associated with individuals with disabilities. This stigma of belief hinders the individual in other aspects of their life. Often times the way people feel about them effects their social skills, self-esteem, and their formation of friendships. Not only does attitude affect current aspects of life in these individuals, but it also has long-term lasting effects leading to a lifetime of social anxiety.

These attitudes also develop in other aspects of life. Often times it starts in the school-system when and individual has more communication and interaction with other individuals. In a research article by Royal and Roberts, titled, "Students' Perceptions of and attitudes toward disabilities, a comparison of twenty Conditions," an investigation of 20 different disabilities showed that the visibility, severity, acceptability, and familiarity of a disability affected the attitudes of various age groups (Royal and Roberts, 1987).

This study resulted from the Federal and state legislation mandating that all children have the right to a free and appropriate public education, regardless of handicapping condition, and that such educational programs should be offered in the least restrictive environment (Royal and Roberts, 1987). It is hard to determine whether the least restrictive environment for in individual facing social stigma is a mainstreamed classroom full of attitudes. It is important to research whether attitudes will be affecting the other areas of an individuals' life, such as social skills, friendship formation, and self-esteem.

Previous research has shown that a child's peer group can have a profound effect on important factors as the disabled child's self-concept (Jones, Lavine, & Shell, 1972;

Waddell 1984), psychological well-being (Brown, 1983), academic performance (Corman & Gottlieb, 1978) and cognitive and social development (Volpe, 1976).

Other research has shown that not only does disability cause certain effects to a child's learning environment, but also attitudes differ across age groups (Royal and Roberts, 1987). Royal and Roberts investigated this by recording students' ratings of 20 different disabling conditions in terms of four dependent variables: visibility, severity, acceptability, familiarity. Three independent variables were used: sex of rater, grade level, and disabling condition (allergy, amputation, arthritis, asthma, blindness, cancer, cerebral palsy, deafness, diabetes, epilepsy, facial birthmark, learning disability, leg brace, limp, mental illness, mental retardation, missing finger, paraplegia, speech deficit, or ulcer) (Royal and Roberts, 1987).

Participants were all students in 3rd, 6th, 9th, 12th, or undergraduates. The participants were given a question packet designed to measure the student's perception of the degree of visibility of each disability, the student's perception of how severe each disability is, the student's acceptance of a person with the disability, and the student's familiarity with each disability (Royal and Roberts, 1987).

The results concluded varying main effects based on the three independent variables. The sex of the rater indicated that rating by males across all grade levels were different then those of females (Royal and Roberts, 1987). Females tended to rate the disabilities as more acceptable (Royal and Roberts, 1987). The implications of this result are impeccable. The differences among sexes could be rated to a predisposed view in sex, men are to be tough and un-emotional, as women as to be motherly, and caring. This view; however, is flawed as not all

individuals follow this predisposition.   Never-the-less the attitude difference between sexes has

shown a difference in attitude relating to individuals with disabilities.

The grades level also showed serious differences in acceptability.   3rd graders were

significantly less accepting than students in the 6th and 12thgrades (Royal and Roberts, 1987).

This implies that the younger grades are less accepting of peers, possibly because they have less

experience with familiarity and contact with disabilities because of their younger age.

Regardless, social skills are developed at an early age in individuals and friendships are formed

by the 3rd grade.   If an individual has a predisposed stigma associated with themselves, it will

certainly carry into the other aspects of their lives.

Getting along with peers and establishing friendships are major developmental tasks of

early childhood that predict later outcomes (Shonkoff & Phillips, 2000). Both friendship and

peer acceptance may be considered indicators of a broader social construct social competence

with peers (Buysse, Goldman, Skinner, 2002).   Many children who enter kindergarten without

the requisites social and emotional skills are often plagued by behavioral, academic, and social

problems that can persist into adulthood if untreated (The Child Mental Health Foundation and

Agencies Network, 2001).

A number of studies assessing the effects of inclusion generally support the conclusion

that although young children with disabilities may benefit socially from inclusive placements

through increased opportunities to interact and play with more competent social partners (Buysse

& Bailey, 1993), they also are at relatively high risk for peer rejection (Guralnick, 199;

Guralnick, Gottman, & Hammond, 1996; Odom & Diamond, 1998). A study by Guralnick found

that fewer mutual friendships exist among children with developmental delays, compared to both

typically developing children and children with communication disorders. A review concluded

that typically developing preschoolers show marked preference for forming friendships with

their typically developing peers.

Buysse, Goldman, and Skinner addressed three principal questions in their research

study: How many playmates and friends were reported by teachers for children with and without

disabilities in two types of inclusive settings?, What child and program characteristics predicted

the reported number of playmates and friends?, and What characteristics defined children's

friendship dyads? (Buysse, Goldman, Skinner, 2002).

They studied 333 preschool children, 120 had some type of disability, of the 120 children

with special needs, 40% were rated as having a sever disability in at least one domain. (Buysse,

Goldman, Skinner, 2002). The study included a playmates and friends questionnaire for teachers

in order to document the number and nature of children's relationships with peers. (Buysse,

Goldman, Skinner, 2002).

The results indicate that setting was significantly related to the number of reported

playmates, and the number of reported friends and overall ratings of social development (Buysse,

Goldman, Skinner, 2002). Children who were enrolled in child care settings had more reported

playmates than did children in specialized settings (Buysse, Goldman, Skinner, 2002).

The severity of a child's disability did affect the number of reported playmates and social

development scores. Children with disabilities in child care settings had more playmates than

those in specialized settings. (Buysse, Goldman, Skinner, 2002). In addition, the probability of

having a friends with a disability was significantly higher for children with disabilities than it

was for typically developing children. (Buysse, Goldman, Skinner, 2002). Likewise, the

probability of having a typically developing friend was significantly higher for typically developing children than it was for children with disabilities (Buysse, Goldman, Skinner, 2002).

The implications of this research are important to the development of proper relationships based on school setting. The settings in which children with disabilities interact may determine whether or not they form friendships. In all cases of this research in both settings, there were a large percentage of children with disabilities. The trend was that disabled children bonded with each other, and typically developing children bonded with each other. This is most likely due to the similar attributes of the individuals. Those with a disability are far more likely to accept and be familiar with other individuals with a disability (Buysse, Goldman, Skinner, 2002). It should still be investigated as to what may happen when the number of disabled children is lessened and there are less disabled individuals to form friendships with.

While the study concluded that setting does mater on the formation of friendships, it is to still be determined whether or not the teacher and the teacher's attitude has any effect on the formation of friendships among these peers. Research has suggested that the successful implementation of any inclusive policy is largely dependant on educators being positive about it (Avramidis, Bayliss, Burden, 1999).

Avramidis, Bayliss, and Burden conducted a survey about the attitudes of student teachers toward the inclusion of children with special needs in the ordinary school. The analysis revealed that the respondents held positive attitudes toward the general concept of inclusion but their perceived competence dropped significantly according to the severity of children's needs (Avramidis, Bayliss, Burden, 1999). Children with emotional and behavioral difficulties were

seen as potentially causing more concern and stress than those with other types of special needs (Avramidis, Bayliss, Burden, 1999).

The significance of this is essential to relationships among peers. It is possible that if a teacher has a preconceived notion about an individual student based on their disability, the children will react in much the same fashion. This could hinder the social development and friendship formation of children with special needs.

There are various types of disabilities, each providing their own affects on an individual. Among disabilities, communicative disorders prove to be a disability with a large impact on social development in children. Language is imperative to the development of social relationships (American Speech-Language Hearing Association, 2008). Language is a primary means by which we make interpersonal contact, form relationships, and mediate concepts of ourselves and others as social beings (Gallagher, 1993). Although as yet there is no universally accepted definition of social competence, language facility is a frequently acknowledged component of most definitions (Gallagher, 1991; Guralnick, 1992). If there is a language barrier or gap due to a communication disorder, it will have residual effects on the other aspects of a child's life including their self-esteem, friendship formation, and social skills. When one has a problem communicating, the rest of their skills will fail. (American Speech-language Hearing association, 2007)

Communication requires encoding and decoding messages. It involves a sender and a receiver of messages and is among the most complex human functions (Communication Institute Homepage, 2002). Issues arise when there is a break down in this transfer of messages. A communication disorder is an impairment in the ability to receive, send, process, and

comprehend concepts or verbal, nonverbal and graphical symbol systems (Communication

Institute Homepage, 2002). Communication disorders can exist in the areas of hearing, speech,

and language. A hearing disorder is a disorder in which an individual has partial or full loss of

hearing abilities (Hallahan, 2003). Often times when a person has a hearing disorder, areas of

their speech may be affected as well. It is difficult to communicate with individuals unless a

common language is shared. A language disorder is a disorder of impaired comprehension

and/or the use of spoken, written, symbolic language (Hallahan, 2003). These disorders may

involve the form of language including the phonology, morphology, and syntax, the content of

language and semantics, or the function of language and pragmatics (Hallahan, 2003). A speech

disorder is a disorder of the production of spoken language, and has various categories. An

articulation disorder is atypical production of speech sounds (Hallahan, 2003). A fluency

disorder is an interruption in the flow of speaking (Hallahan, 2003). A voice disorder is

abnormal production and/or absence of vocal quality, pitch, loudness, resonance, and/or duration

(Hallahan, 2003). Language can also be delayed, which is the most common language disorder

(Hallahan, 2003). Language delay is slowness in developing skills and reaching language

development milestones. The sequence of development is the same, but each milestone takes

longer to achieve (Hallahan, 2003).

It is difficult to establish a prevalence of communication disorders because many times

they go undiagnosed and disappear without services; however, 20% of all children receiving

special education services have language/speech disorders (Communication Institute Homepage,

2002).

There are many social and cultural stereotypes of people who have speech disorders. Often times when people can't speak well, people assume they have a mental disorder; however, most people with speech disorders have fully functional normal developing brains and cognitive abilities. (American Speech-language Hearing association, 2007) Communicative disorders are also SUbjective to the same stigma associated with disabilities, and affect a person in the social aspects of their life.

In a study by Bebout and Arthur, they investigated the cross-cultural views and attitudes toward individuals with speech disorders. They surveyed subjects by means of a questionnaire that contained items about attitudes toward persons with four types of speech disorders: stuttering, profound hearing impairment, cleft palate, and misarticulations (Bebout & Arthur 1992). They split their subjects into language groups including English, Chinese, Japanese, Spanish, and Vietnamese. The questionnaire had questions regarding common stigmas associated with individuals with communicative disorders such as: could speech better if they tried harder, are emotionally disturbed, are less intelligent, etc. (Bebout & Arthur 1992). Overall, some interesting results emerged. Subjects that were born outside of North America tended to give responses of more agreement with the questionnaire, meaning they agree strongly with statements associated with stigma (Bebout & Arthur 1992).

These results give certain implications; individuals of foreign affiliation may treat speech disorders as more abnormal in their communities. Or if they themselves have a speech disorder may feel they are lacking or not performing the way they should due to the preconceived stigmas. If applied to a school setting, the cultural differences may form a race/ethnicity gap in

addition to the social issues already in place. Children in school may have a harder time being able to form friendships, and engage in positive social experiences.

For school-age children, being able to form and maintain positive peer relationships are particularly critical aspects of social competence (Gallagher, 1993). Literatre suggests that peers are an important source of growth for the developing child's cognitive and social-cognitive skills (Piaget, 1963; Selman, 1980), maturity (Hartup, 1979; Youniss, 1980), morality (Damon, 1977; Kohlberg, 1983) aggressive impulse control (Hartup, 1978), and sex-role behavior (Fine, 1980). Hartup (1983) has described peer interaction as "an essential component of the individual child's development ... not a superficial luxury ... And among the most sensitive indicators of difficulties in development are failure by the child to engage in the activites of the peer culture and failure to occupy a relatively comfortable place within it" (Hartup, 1983) Odom, McConnell, and McEvoy (1992) concluded in a review that peer social competence can have pervasive effects upon the functioning of children from early childhood through adolescence and early adulthood. (Gallagher, 1993).

Gallagher reviewed the peer aspects of developing social competence of school-age children, and the importance of language.

> He concluded: "'At the preschool and early school grade level, children's understanding of friendship is externalized. They have a tendency to confuse feelings and behaviors, to deal with interpersonal conflict in physical terms, and their most valued form of play-fantasy play - requires clear communication skills. Children with limited language skills are susceptible to frequent misinterpretations because their verbal behaviors may be as misleading to a young child who interprets behavior as indicative of intentions and

feelings, and the young child's abilities to handle conflicts are limited. Children with limited language skills also may find it difficult to establish and maintain the highest level of coordinated play and, therefore, may be less valued play partners.

At the upper elementary school grade level, children's understanding of friendship is unilateral. They rely heavily on interpretation of intentions and feelings that reflect their own perspective; fairness and feelings can be confused; indirectness is a conflict negotiation strategy; and negative-evaluation gossip and teasing are social processes that are used frequently. Again, children with limited language skills are more susceptible to misinterpretations because oftheir comprehension and/or expressive language difficulties, more limited in their abilities to use verbal indirectness as a negotiation strategy, and have more difficult participating in the highly verbal social process used in peer group formation. Further, during this developmental period, when self-presentation and peer group inclusion are highly valued, their language skill differences could become the focus of negative peer attention.

At the junior high and high school grade level, children's understanding of friendship is self-reflective and reciprocal. They regard friendship as an ongoing system; they can reflect upon themselves from another person's perspective; persuasion is used as a conflict negotiation strategy; and peer discussions are the social processes frequently used for self-exploration and self-disclosure. Language skills, again, are central to engaging in all these aspects of peer relationships." (Gallagher, 1993).

The importance of language is evident across all age groups, when there is a breakdown in this language; it has some negative results including social issues and problems with friendship formation. Gertner, Rice, & Hadley purposed a study in order to explore the relationship between children's ability to use language skillfully and their acceptance among peers.

They explain that there are many reasons why children are not accepted by their peers. One reason may be that they are unable to use language effectively (Gertner, Rice, & Hadley, 1994). Preschoolers use their communicative competence to make friends; therefore, if children exhibit poor communicative competence, they will often be denied access to their peer group (Howes, 1988). The close association between children's linguistic competence and their patterns of peer interaction is demonstrated in a series of studies carried out in preschool classrooms (Hadley & Rice, 1991; Rice 1993; Rice, Sell & Hadley, 1991). They were able to demonstrate that the children who were sought out as preferred conversational partners were generally those with normally developing language skills. Rather than children with speech and language impairments or those learning English as a second language (Hadley & Rice, 1991; Rice 1993; Rice, Sell & Hadley, 1991). Children who are less able to engage peers in conversational interactions are less well-equipped with the crucial skills necessary to transform social relationships into friendships (Gertner, Rice, & Hadley, 1994). Gertner, Rice, and Hadley set to examine a connection between children's discourse abilities and peer popularity in a population of children who have speech and/or language impairment. .

In the study, they used various play groups and both language impaired and normal language developing children. Children were pulled aside and asked to pick the three individuals

they preferred to play with, then they were also asked to pick three individuals they least liked to play with (Gertner, Rice, & Hadley, 1994). The results indicated that the normally developing children received almost twice as many positive nominations then those with language impairments (Gertner, Rice, & Hadley, 1994). In addition, children with language impairments also received twice as many negative nominations than those of their normally developing peers (Gertner, Rice, & Hadley, 1994). These results indicate that limited language ability is associated with lower levels of social acceptance among peers (Gertner, Rice, & Hadley, 1994). The children with language limitations were the least likely to be identified as preferred peer playmates (Gertner, Rice, & Hadley, 1994). In addition, language ability was a better predictor of peer status than age or intelligence. This suggests that communication abilities must be critical to the formation of peer relationships, and that children with communication limitations are less well equipped to use language to establish and maintain friendships (Gertner, Rice, & Hadley, 1994). This study also brought about another interesting finding. The children with speech and/or language impairments were less likely to know the names of their peers (Gertner, Rice, & Hadley, 1994). This suggests that children who can use proper names have a better chance of establishing joint attention and interpersonal focus.

This study examines the use of language and its implications with friendship formation, yet little is known on whether the setting of this study may present an effect on the formation of friendships. Guralnick, Gottman & Hammond set to determine whether or not the social setting effects friendship formation in children with speech and language impairments.

Guralnick, Gottman, & Hammond claimed that during the preschool years, most children establish clear preferences for one or more peers (Howes, 1988). Observations of peer interaction

show that children with communication disorders have difficulties in group entry, which can create overwhelming problems for many children with communication disorders (Craig & Washington, 1993). The social setting sets strong implication on mainstreaming children with communicative disorders as there may be possible limitations on the individual in inclusive or mainstreamed settings.

Guralnick, Gottman, & Hammond took groups of children who were previously unacquainted and formed 21 separate play groups. They differed the play groups in terms of normally developing children, children with communicative disorders, and children with developmental delays. They also varied the social setting. The researchers recorded the play interactions over a 2-week period (Guralnick, Gottman, & Hammond, 1996).

The results were derived from 18 positive social interaction codes from the Individual Social Behavior Scale: joins, verbal support, verbal imitation, pride in product, affection, empathy, lead peer direct, lead peer indirect, follow peer, follow peer indirect, use peer as resource, respond to peer as resource, imitation, being a model, seeking attention of peer, responding to peers attention, seeking agreement form a peer, and responding to peer's seeking agreement (Guralnick, Gottman, & Hammond, 1996).

The results showed that nearly all the children with communication disorders were able to form friendships equal to those of the normally developing group; however, Guralnick, Gottman, and Hammond also stipulate that due to the factors related to discourse, it remains to be seen whether children with communication disorders will be able to sustain a level of reciprocal friendship as the play becomes more complex (Guralnick, Gottman, & Hammond, 1996). The social setting did prove to have an impact on the children. Those with

developmental or speech disorders form more unilateral friendships instead of reciprocal friendships (Guralnick, Gottman, & Hammond, 1996). The individuals in the specialized setting developed a large amount of reciprocal friendships (Guralnick, Gottman, & Hammond, 1996).

This research shows that individuals with speech disorders have difficulty forming reciprocal friendships, but this improves with a specialized setting. Without the ability to form proper friendships in school settings can lead to social anxiety and poor peer relationships.

Guralnick, Connor, Hammond, Gottman, & Kinnish investigated the peer relationships of preschool children with communication disorders. When the peer-related social interactions were compared to that of normal developing peers, differences emerged. In overall social activities, children with communication disorder engage in fewer positive social interactions and conversed with peers less often during non-play activites (Guralnick, Connor, Hammond, Gottman, & Kinnish, 1996). Children with communication disorders also were less successful in their social bids and appeared to be less direct with their peers (Guralnick, Connor, Hammond, Gottman, & Kinnish, 1996). These patterns existed in settings in which groups consisted of all children with communication disorders as well as in settings in which the play groups included both children with communication disorders and normally developing children (Guralnick, Connor, Hammond, Gottman, & Kinnish,1996). Overall, peer preference patterns showed that children with communication disorders in mainstreamed settings were less socially integrated in the play groups than normally developing children (Guralnick, Connor, Hammond, Gottman, & Kinnish, 1996).

The implications of the inability to form proper peer relationships and establish social competency could have major effects on a child's self-esteem. The development oflanguage

competency is arguably the cornerstone for a child's ability to access the curriculum and develop social competence (Lindsay & Dockrell, 2000). It is important to consider the relationship between communication problems and the child's self-esteem.

Lindsay & Dockrell investigated the associated between children with speech and language disorders and its effect on self esteem. According to literature, a child experiencing success at school and in personal relationships is likely to be more motivated and successful, which in turn enhances the likelihood of maintaining or increasing self perceptions in the relevant domain (Blatchford, 1992; Burns, 1982). In contrast, relatively negative self perceptions may result from less success in these areas, and lead to reduced motivation and further impaired performance (Chapman, 1988). The current research has indicated that children with speech and language difficulties may be considered likely to have more negative self perception for three reasons: the effects of failure at school and associated negative feedback; the stigmatizing effects of being singled out and labeled; and the effects specific to the nature of communication difficulties (Lindsay & Dockrell, 2000).

Children with learning difficulties generally have been found to have lower academic self perceptions (Lindsay & Dockrell, 2000). Children's self perceptions are likely to be influenced not only by the objective reality of their academic performance but also by the behavior of others on the basis of that performance (Lindsay & Dockrell, 2000).

Lindsay and Dockrell presented a study to identify the range of additional problems experienced by children with communication disorders, to consider the relationship between these problems and the child's language status, and to consider the child's self-esteem and its association with language (Lindsay & Dockrell, 2000). The study asked both the educators and

the parents to rate their children on different social aspects. The study confirmed that children with speech and language difficulties have an enhanced likelihood of associated emotional and behavioral difficulties. Parents perceived more problems than did teachers, but were also more likely to rate their children as having pro-social behavior (Lindsay & Dockrell, 2000). Overall the results indicated that behavioral difficulties, but not low self-esteem are common in children with speech and language difficulties (Lindsay & Dockrell, 2000). It also indicates a difference in the perception of behavior by educators and parents (Lindsay & Dockrell, 2000).

This study implies that there can be behavioral difficulties resulting from the stigmatized treatment of individuals with speech disorders. This result of a language barrier may extend into the other aspects of an individual's life, such as academic achievement. . Educational performance is often measured by academic achievement, yet a child with communication disorders may have normal cognitive abilities, yet struggle academically. This could be due to an association with their social acceptance with their peers and educators. It is important to determine whether the implications of a language disorder include all levels of school functioning, socially, behaviorally, and academically.

Bennett and Runyan (1982) studied the implications of communication disorders on educational performance. They distributed a questionnaire to 880 professional educators in order to obtain information regarding the whether or not the educators felt the child's speech disorder effected them academically only, socially only, both academic and social, or neither (Bennett and Runyan, 1982). The educators were responsible to diagnose the children who have speech disorders and classify their disorder as an articulation, language, fluency, or voice disorder (Bennett and Runyan, 1982). Then they had to observe their behavior and determine the effects.

The results stated that 66% of the educators indicated that communication disorders affected some aspect of educational performance (Bennett and Runyan, 1982). 40% reported that both academic and social skills were impaired (Bennett and Runyan, 1982). Having nearly half of the questioned educators believe that educational and social performance was an effect of having a communication disorder has strong implications in the school system. A child with normal cognitive abilities and all the potential to achieve may be limited because of his/her social anxiety. This could affect the long-term achievement of an individual..

Knowing through literature that having a language disorder affects an individual on all domains of school functioning, it would lead to a natural conclusion that due to limits in school functioning may lead to issues into adulthood injob placement, relationships, and anxiety.

In order to determine the long-term effects of a speech disorder, Beitchman, Wilson, Johnson, Atkinson, Young, Adlaf, Escobar, & Douglas (2001) conducted a fourteen year follow-up of speech/language impaired individuals. The group conducted interviews on 19 individuals who had previously been diagnosed as speech and/or language impaired. The results indicated that children with early language impairment had significantly higher rates of anxiety disorder in young adulthood compared with non-impaired children (Beitchman, Wilson, Johnson, Atkinson, Young, Adlaf,, Escobar, & Douglas, 2001). The majority of participants with anxiety disorders had a diagnosis of social phobia (Beitchman, Wilson, Johnson, Atkinson, Young, Adlaf, Escobar, & Douglas, 2001). These result. support that association between early childhood speech and language functioning and young adult psychiatric disorders (Beitchman, Wilson, Johnson, Atkinson, Young, Adlaf, Escobar, & Douglas, 2001).

Beitchman, Wilson, Brownlie, Walters, Inglis, & Lancee (1996) also conducted a long-term study investigating the behavioral, emotional, and social outcomes of having a speech or language disorder. The study was conducted seven years after the intial diagnosis. The results indicated that children with receptive and pervasive speech and language problems at age five demonstrated greater behavioral disturbances than children without impairment (Beitchman, Wilson, Brownlie, Walters, Inglis, & Lancee, 1996). This study supports that speech and language difficulties at age five were associated with behavioral disturbances in late childhood (Beitchman, Wilson, Brownlie, Walters, Inglis, & Lancee, 1996).

King, Jones, and Lasky (1982) also developed a longitudinal study of a fifteen year follow up of children who had speech-language disorders. The method was conducted by locating 50 of the previous clients from the Kent State University Speech and Hearing Clinic between January 1965 and December 1969. The current age range of the individual was between 13 and 20 years of age. The individual's were asked to fill out a questionnaire about their speech abilities. 42% of the subjects reported still having some type of communication problem. It also showed that 10% of children were delayed in school admission, and 12% repeated a grade in school.. 53% reported having difficulties in one of more academic areas. This study indicates that person's with speech disorders often have residual effects that result in social and academic issues into their adulthood.

Communication disorders are still a large category that can be broken down into various types. It's hard to determine what types of communication disorders give different results. The social and peer outcomes of having a communication disorder may not extend into all dimensions. There is still very little research available into the various types of communication

disorders. The current research can be extended; however, to infer that articulation disorders or disorders of speech sounds are subjective to the same stigma associated with disability. Speech is the primary mode of all social experiences, and when there is a breakdown in speech communication, it can lead to the social anxiety, poor peer relationships, and life-long effects.

A study by Barbara Hall (1991) examined the attitudes of fourth and sixth graders toward peers with mild articulation disorders. She examined whether or not peers had attitudes towards those with communication disorders, as well as if these attitudes were reflected in the sex of the speaker or the type of articulation error (Hall, 1991). The research was conducted by videotaping six different fifth grade speakers, two boys and two girls in each of three categories: Normal articulation, errors with /r/, and errors with /s/ and /zJ (Hall, 1991). These videotapes were then shown to peers of 348 children in classroom settings. The peers were to respond to three questions: What do you think of this child as the talker, What do you think of this child as another 4th or 6th grader, and what do you think this child will be like as a teenager (Hall, 1991).

The results indicated that the normal speakers received more positive attitudes then those with articulation errors (Hall, 1991). Among the children with articulation errors, the girl with the /s/ and /zJ errors had the most positive attitudes, followed by the boy with the /r/ errors, the girl with the /r/ error, and the boy with the /s/ and /zJ errors (Hall, 1991). Also, sixth graders expressed more negative attitudes that the fourth graders (Hall, 1991). This has strong implications on the attitudes that exist in articulation errors by age. Previous research has shown that the younger the children were, the more attitudes they had about disabilities (Royal and Roberts, 1987). This is inconsistent when compared to solely articulation disorders. It seems that since articulation disorders tend to improve with time, and are common in childhood, they are

subjective to be viewed more negatively with higher age groups. This implies that the attitudes associated with articulation disorders would get worse as the individual ages.

A study by Silverman and Paulus (1989) examined the attitudes of teenagers toward peers who have one or two articulation disorders. Its findings suggest that the attitudes of high-school sophomores toward peers who substitute /w/ or /r/ are negative (Silverman, Paulus, 1989). Silverman and Falk (1992), also conducted a study on college aged students and their attitudes towards their peers who substitute /w/ or /r/. Their results indicated that a male college student who substitutes /w/ for /r/ was judged to have speech that was softer, less intelligible, fluent, and pleasant than his peers (Silverman & Falk, 1992). He was also judges to be less masculine, stable, sociable, and confident as well as have poorer self-concept (Silverman & Falk, 1992). In addition people tended to feel he had a poorer self concept, and was more submissive, handicapped, tense, idealistic, and naive than his peers (Silverman & Falk, 1992).

These data indicated that an articulation disorder has profound attitudes associated with its use and stigma tends to increase with age among peers. It can be assumed if the stigma associated with articulation disorders continues with age, that so does the social effects, including peer relationships, friendship formation, and social anxiety.

Lewis and Freebaim (1992) studied the residual effects of preschool phonology disorders in grade school, adolescence, and adulthood. The study was cross-sectional and measured the levels of phonology, reading, and spelling with preschool aged children, grade school aged children, adolescent aged children, and adults (Lewis & Freebaim, 1992). The subjects were tested using inclusion criteria measures. The results showed that at each age group, subjects with a history of a disorder performed more poorly than control subjects matched on age, sex, and

socioeconomic status (Lewis & Freebaim, 1992). Successive age groups showed improvement as the subjects aged (Lewis & Freebaim, 1992). This suggests that often times the effects of a speech disorder can follow a person into adulthood.

Research has shown that an articulation disorder has stigma associated with it in middle school which gets progressively worse into adulthood (Hall, 1991; Silverman & Falk, 1992). It has also been proven that an articulation disorder can follow someone into their adult years (Lewis & Freebaim, 1992). Yet little research exists in determining whether or not an articulation disorder that has followed someone into adulthood still shows signs of social anxiety, difficulty with friendship formation, or difficulty with peer relationships. This leaves certain research questions to still be determined: Does an individual who had an articulation disorder as a child still exhibit problems with social anxiety?, Does an individual was had an articulation disorder exhibit problems with peer relationships?, and How has anxiety and peer relationships changed over the years?

The best way to determine these questions is to give a questionnaire to individuals over the age of 25 who had exhibited an articulation disorder in their childhood. This questionnaire would give insight into the attitudes faced through the individual's lifetime, and how they feel this effected their social life, self-esteem, peer relationships. The lack of research in the area of long-term social effects of articulation disorders calls for a study indicating that articulation disorders may cause social anxiety having long-term effects.

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