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A preliminary study of self-esteem, stigma, and disclosure in adolescents who stutter

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Abstract

This study examined the self-esteem, perceived stigma, and disclosure practices of 48 adolescents who stutter divided into two age cohorts: younger (13, 14, and 15 years) and older (16, 17, and 18 years) adolescents. Results revealed that 41 (85%) of the participants scored within 1 S.D. from the mean on a standardized measure of self-esteem, indicative of positive self-esteem. Results also showed that stuttering did not present a stigmatizing condition for the majority (65%) of adolescents who stutter. However, 60% of participants indicated that they “rarely” or “never” discussed their stuttering. The younger adolescents perceived stuttering as a more negative and stigmatizing condition than older adolescents. Implications for understanding stuttering in adolescents are discussed.

Educational objectives: Readers will learn about and understand (a) the role of stigma, disclosure, and self-esteem in stuttering; (b) the methods used to evaluate stigma, disclosure, and self-esteem in adolescents; and (c) the similarities between adolescents who stutter and normative data on self-esteem and stigma scales.
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Few studies have explored the relationships among social stigma, disclosure techniques, and self-esteem in adolescents who stutter. The chronic nature of stuttering (Bloodstein, 1995; Guitar, 1998; Shapiro, 1999; Silverman, 1996), the perceived lack of control (Perkins, Kent, & Curlee, 1991), and the negative attitudes from listeners (Bebout & Bradford, 1992; Crowe & Walton, 1981; Ham, 1990; Ruscello, Lass, Schmitt, & Pannbacker, 1994; Turnbaugh, Guitar, & Hoffman, 1979; Woods & Williams, 1971) seem to suggest that stuttering could be a stigmatizing condition. According to Crocker, Major, and Steele (1998), "Stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context" (p. 505). Stigmatizing conditions develop when some perceived negative attribute (or the belief of the possession of some perceived negative attribute) is held by either the stigmatized individual or by other individuals. As Crocker et al. (1998) state, "although there may be some objective feature, behavior, or characteristic that makes someone vulnerable to stigmatization, . . . it is the *belief* that leads to stigmatization" (p. 505). The line between self-perceptions and others' perceptions is often blurred when discussing and defining a social stigma. This parallels similar lines of thought in stuttering when distinguishing between the listener's perceptions and the speaker's perceptions. It is possible that some individuals who stutter may experience stigmatizing conditions during specific social interactions and verbal exchanges. The underlying framework for this study includes the: (a) negative stereotypes of persons who stutter, (b) negative effects of social stigma, (c) negative effects of chronic conditions in adolescents, and (d) the possible relationship between a stigma and stuttering in adolescents.

1. Negative stereotypes of person who stutter

At the center of the stuttering event are the communicative exchanges, the perceptions by the communication partners of the interaction, and reactions to stuttering by individuals who stutter. Negative stereotypes have been reported in a number of studies pertaining to children and adults who stutter. These negative biases are reported by parents of children who stutter toward their own children, elementary and secondary school teachers, special educators, speech–language pathologists (SLPs), vocational counselors, personnel directors, university students, persons who stutter, and the general public (Bebout & Bradford, 1992; Crowe & Walton, 1981; Ham, 1990; Kalinowski, Armson, Stuart, & Lerman, 1993; Ruscello et al., 1994; Turnbaugh et al., 1979; Woods & Williams, 1971). In discussing the pervasiveness of the negative stereotype assigned to individuals who stutter, a number of authors have suggested that prejudices toward stuttering may be formed early in childhood (Bloodstein, 1995; Guitar, 1998; Shapiro, 1999; Sheehan, 1970; Van Riper, 1982). These negative or inaccurate perceptions and overgeneralizations about stuttering may become part of the social identity of the person who stutters.

2. Negative effects of social stigma

The consequences of a social stigma for psychological well-being and self-esteem have been studied. Being socially stigmatized can lead to negative social outcomes and negative self-perceptions in children and adults (Allon, 1982; Crocker, 1999; Crocker & Major, 1989; Frable, Platt, & Hoey, 1998; Garske & Stewart, 1999; Harper, 1999; Smart & Wegner, 1999; Weiner, Perry, & Magnusson, 1988). The research clearly shows that depression, social isolation, lowered self-esteem, poorer academic performance and poorer performance on standardized tests may be consequences of stigmatizing conditions (Abe & Zane, 1990; Crocker et al., 1998; Nolen-Hoeksema & Girgus, 1994; Spencer, Steele, & Quinn, 1999; Steele, 1997, 1999; Steele & Aronson, 1995).

3. Negative effects of chronic conditions in adolescents

Adolescents who have chronic health, physical, psychosocial conditions or disabilities are confronted by or experience negative stereotypes and resulting stigmatization from their peers and other individuals (La Greca, Siegel, Wallander, & Walker, 1992). Hoffmann (1983) suggested that perceived loss of control, helplessness, and fear of being different from their peers during adolescence could lead to inappropriate social behaviors, acting out, and depression. These factors may be relevant to understanding these issues in some adolescents who stutter. Researchers have examined the impact of negative stereotypes in various adolescent samples with disabilities including: adolescents with asthma, diabetes, epilepsy, cystic fibrosis, cancer, heart defects, kidney disease, irritable bowel syndrome, arthritis, hearing problems, spina bifida, sickle cell disease, and obesity (Breslau, 1985; Cadman, Boyle, Szatmari, & Offord, 1987; Hanson, 1992; Hurtig, Koepke, & Park, 1989; Mrazek, Anderson, & Strunk, 1985; Soliday, Kool, & Lande, 2000; Westbrook, Bauman, & Shinnar, 1992). Some studies have reported that younger adolescents have poorer psychosocial adjustment (Breslau, 1985; Cadman et al., 1987; Wallander, Varni, Babani, Banis, & Wilcox, 1988) and lower self-esteem (Breslau, 1985; Wallander et al., 1988) than older adolescent counterparts.

In 1992, Westbrook, Bauman, and Shinnar presented a methodology for examining a social stigma in adolescents with chronic conditions. They examined perceived stigma, disclosure practices, and self-esteem in 64 adolescents with epilepsy. Results revealed that seizure type and participants' belief that the epilepsy was a stigmatizing condition predicted poor self-esteem. They also reported that "the more visible, disruptive, and visually disturbing the stigma is, the more potent the stigma associated with having it" (p. 634). They proposed that acceptance as devalued, inadequate, and objectionable members of society may make some individuals who are stigmatized resort to elaborate patterns of concealing their condition.

4. Possible relationship between stigma and stuttering in adolescents

Stuttering may be a stigmatizing condition and persons who stutter may be vulnerable to the potential negative effects (lowered self-esteem, depression, isolation, and poorer academic performance) of such a condition. Crocker et al. (1998) proposed that visibility and controllability are the two most important dimensions in understanding individuals who are stigmatized. These are factors associated with stuttering. Individuals who stutter often attempt to conceal or hide their stuttering (Bloodstein, 1995; Guitar, 1998; Shapiro, 1999; Sheehan, 1970; Van Riper, 1982). Attempts to avoid stuttering may be the result of learned techniques to hide from the negative reactions of communication partners. However, in many social contexts where communication competence must be demonstrated, stuttering might elicit a stigmatizing response and be more difficult to escape causing the classic approach-avoidance conflict (Sheehan, 1970).

Recently, Yovetich, Leschied, and Flicht (2000) reported on the self-esteem of 25 elementary school-age children who stuttered. They used Battle's (1992) Culture Free Self-Esteem Inventory and reported no differences between the mean scores for children who stutter and the normative data on Total, General, Social, Academic, and Parent-Related component scores. They indicated that 20 of the 25 children (80%) scored above the standardized mean on the Total Self-Esteem score. The authors suggested that children who stutter may use a "discounting" strategy to maintain self-esteem by diminishing the importance or value of a specific skill (e.g. athletics, academics, verbal communication, etc.). For children who stutter, Yovetich et al. (2000) suggested that their participants might realize they were not necessarily strong in verbal communication skills and "discounted" or lessened the importance of the skill in their everyday lives as a means of protecting and maintaining positive self-esteem. However, the authors cautioned that the discounting strategy may "catch up" to the children in their later years during adolescents and adulthood "as they become more sensitive to feedback from their social environment, and become increasingly aware of the discrepancy between their own verbal performance and that of peers" (p. 151).

5. Current study

The goal of the current study was to test hypotheses derived from stigma theory in the context of stuttering. The chronic nature of stuttering, self-reported loss of control during communication interactions, disruptive nature of the disorder during communication interactions, negative stereotypes by teachers and peers, all seem to suggest that stuttering may be a stigmatizing condition in some adolescents who stutter. Awareness of this stigma may be important in order to combat the potentially damaging negative social consequences for some fluency clients. Specifically this study was designed to answer the following questions:

1. How do adolescents who stutter perform on a standardized self-esteem scale?
2. How do adolescents who stutter respond to questions about stuttering as a stigmatizing condition?
3. How do adolescents who stutter respond to questions about the disclosure of their stuttering?

Although many research studies conducted on children and adolescents who stutter have utilized between-group comparisons, the present study used a within-group design in order to focus on the variability of adjustment experienced by adolescents who stutter. This approach has been advocated for pediatric and adolescent populations in general by a number of authors when studying these constructs in participants with disabilities (La Greca et al., 1992; Wallander et al., 1988).

6. Method

6.1. Participants

Participants were 48 students in the 8th through 12th grade from urban and rural public schools. The sample consisted of 38 (79.2%) males and 10 (20.8%) females. The racial/ethnic distribution of the subjects was 41 (85.4%) whites and 7 (14.6%) African Americans. Students ranged in age from 13 years 6 months to 18 years 4 months with a mean age of 15.2 years (S.D. = 1.6). The onset of stuttering was obtained from self-report and ranged from 2 years 6 months to 5 years with a mean age of 3.4 years (S.D. = 0.6). Evidence of chronicity of the disorder was provided by duration of the disorder since the onset. Duration from the onset ranged from 10 to 15 years with a mean age of 11.8 years (S.D. = 1.8). All participants were currently enrolled in treatment for their stuttering, with a mean of 11.2 years (S.D. = 1.9) and a range of 7–15 years. The predominant socioeconomic status (SES) of the students was middle class. SES was measured using the Hollingshead Index of Social Position (Hollingshead, 1975). This Index uses parents' occupational and educational levels. The theoretical range of scores on the Index is from one (highest SES) to five (lowest SES). The actual range was one to five with a mean SES score of 2.8 (S.D. = 1.2). The Stuttering Severity Instrument (Riley, 1994), was used to determine the severity of the participants' stuttering. Four (8.3%) of the subjects' stuttering was rated in the mild category, 19 (39.6%) in the moderate category, 15 (31.3%) in the severe category, and 10 (20.8%) in the very severe category.

Because the existing literature suggests that age has an effect on self-esteem during adolescence, participants were divided into two age groups. Twenty-six students were included in the younger group (13, 14, and 15 years of age), while 22 students were included in the older group (16, 17, and 18 years of age).

The participants were recruited in two ways. First, a review of files at the Penn State University Speech and Hearing Clinic was conducted and parents of children who stuttered were contacted by telephone and then in writing to explain the purpose of the study and request participation. Of the 24 parents contacted, 19 (79%) agreed to participate. The most common reason for not participating was that their son/daughter had no desire to spend the time to complete the surveys. The second recruitment strategy included a letter explaining the purpose of the study mailed directly to a random sample of 250 speech–language pathologists working in the Pennsylvania schools. Names were obtained from the Department of Special Education, Directory of Special Education-Speech–Language Pathologists. They were asked to complete the interest form identifying potential participants from their caseloads who met the selection criteria and either call the authors or return the stamped self-addressed letter. The criteria included: no repetition of a grade level, no placement in a special classroom, absence of a history of chronic physical or psychological disabilities (diabetes, asthma, neurological, learning, reading, or mental disabilities), currently enrolled in therapy, and no history of chronic truancy. Of the 250 SLPs mailed the request form, 121 (48%) responded. Of these responses, 73 students were identified. Follow-up telephone contacts and/or letters to SLPs confirming whether students met the selection criteria were made and resulted in 60 students meeting all the criteria. SLPs then contacted parents explaining the purpose of the study and request for participation. A written explanation about the study was sent to parents and students. Of the 60 contacts, 29 (48%) agreed to participate. Reasons for not participating included: no time for the activity from 15 students; no time for the activity according to seven parents; students had been over-tested according to four parents; students never experienced negative feedback/stereotype according to three parents. Parental consent forms and subject consent forms were completed prior to the beginning of the study.

6.2. Self-esteem measure

Attributes of general well-being were evaluated with the *Rosenberg Self-Esteem Scale* (*RSES*) (Rosenberg, 1965). This scale is one of the most widely used scales for measuring self-esteem in the world (Blascovich & Tomaka, 1993; Hagborg, 1996; Rosenberg, 1986). Scores on the *RSES* are the average rating of the 10 items concerning feelings of self-worth. Five of the items are positively worded (for example, I feel I have a number of good qualities) and five are negatively worded and reversed scored (for example, I feel I do not have much to be proud of). Ratings are on a 4-point scale from strongly agree to strongly disagree. Lower scores indicate higher self-esteem. Research with this scale has demonstrated acceptable reliability and validity. This scale has a reliability coefficient of 0.92. Convergent validity of the scale has been demonstrated as the scale correlates significantly with other measures of self-esteem (Rosenberg, 1979). Researchers have demonstrated significant positive relationships between self-esteem and other measures

of self-concept and self-regard for school-aged children and adolescents (Hagborg, 1996; Hoge & McCarthy, 1983; Lorr & Wunderlich, 1986).

6.3. Perceived stigma and disclosure practices measures

The Westbrook et al. (1992) study presented a methodology for examining a social stigma in adolescents with chronic conditions. We modified questions from the Westbrook et al. (1992) study examining stigmatization in adolescents with epilepsy. These authors reviewed the literature on self-esteem, disclosure practices, and stigma theory in adolescents. They developed a set of questions that were factor analyzed and addressed two constructs: perceived stigma and disclosure of the stigma. We changed the word "epilepsy" to "stuttering" for this study. The stigma questions included:

1. Do you think that your stuttering affects whether people want to be friends with you? (never, rarely, sometimes, often)
2. Do you think that your stuttering affects whether people like you or not? (never, rarely, sometimes, often)
3. Do you think that stuttering affects whether or not you are asked to go out on dates or come to a party? (never, rarely, sometimes, often)

The disclosure questions included:

1. When you can, do you keep your stuttering a secret from others? (often, sometimes, rarely, never)
2. How frequently do you talk to people about your stuttering? (often, sometimes, rarely, never)
3. Do any of your friends know that you stutter? (all, some, few, none)
4. When people find out you stutter, it is usually because: (you tell them, you start stuttering and then you explain it, you start stuttering and they see it, someone else tells them about it).

A factor analysis was computed on all items to confirm the structure and the validity of this scale with the word "stuttering." We followed the procedure outlined in the Westbrook et al. (1992) study. Results revealed that the three stigma items had varimax factor loading on a single factor (0.88, 0.95, and 0.78), respectively. The four disclosure items loaded on a second factor with varimax factor loadings of 0.78, 0.73, 0.79, and 0.84, respectively.

6.4. Procedures

Prior to the administration of the scales, spontaneous speech and reading samples were videotaped by the first two authors. Participants were tested individually. The RSES scale, stigma questions and disclosure questions were administered in random order. Specific instructions according to scale protocol were followed.

Students were informed that this was a study examining their attitudes and that there were no right or wrong answers.

7. Results

7.1. Performance on Self-Esteem Scale

The results of the *Rosenberg Self-Esteem Scale* revealed a range of scores from 10 to 25, with a group mean score of 16.5 (S.D. = 3.5). Forty-one (85%) participants scored within 1 S.D. of the normative data for adolescents. The mean and standard deviation for the younger group ($n = 26$) was 16.1 (S.D. = 3.2), while the mean for the older group ($n = 22$) was 16.9 (S.D. = 3.9). Results of a t-test revealed no significant difference between the means.

Many treatment programs (Guitar, 1998; Shapiro, 1999; Silverman, 1996; Van Riper, 1982) work specifically on self-esteem and self-concept skills and it was possible that the number of years in treatment could have a confounding effect on the data. However, no significant correlation was found between number of years in treatment and perceived stigma scores ($r = +0.11$; $P = 0.84$). In view of the preliminary nature of this study, future studies will be examining specific types of treatment programs and evaluating children prior to interventions.

7.2. Adolescents' responses of stuttering as a stigmatizing condition

Fig. 1 displays the responses of the younger, older and all students on stigma question 1, which asked if participants thought that stuttering affected whether

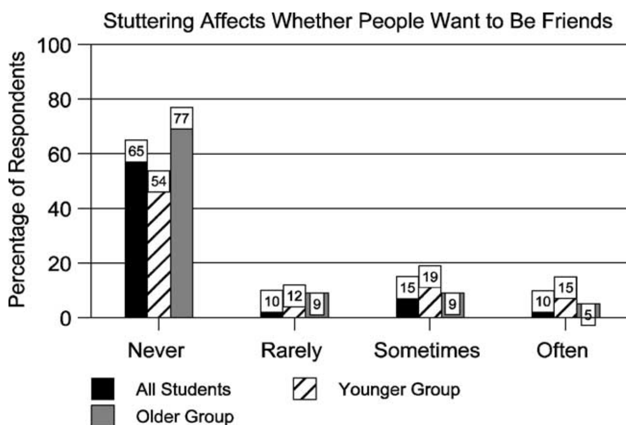

Fig. 1. Percentages of participants' responses to the item requesting "whether stuttering affects people who want to be friends."

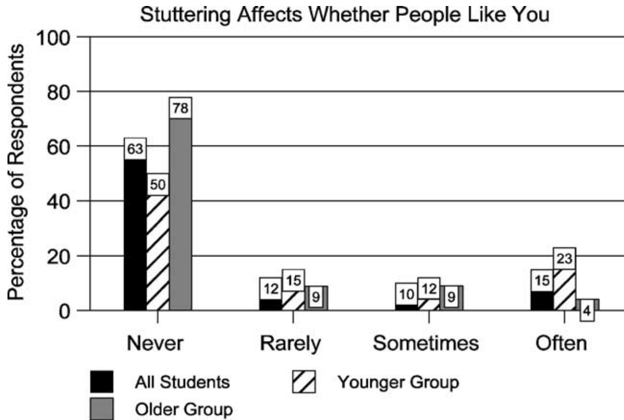

Fig. 2. Percentages of participants' responses to the item requesting "whether stuttering affects if people like you."

people wanted to be friends with them. As can be seen in the figure, stuttering was not perceived as having an impact on whether people wanted to be friends by 65% of the participants. It was interesting that 77% of the older students thought that stuttering "never" affected these decisions, while only 54% of the younger students responded that stuttering "never" affected these decisions.

Fig. 2 displays the responses of the younger, older and all students on stigma question 2, which asked if participants thought that stuttering affected whether people liked them or not. Responses showed that participants thought that stuttering "never" affected whether people liked them or not 63% of the time. Similar to the first question, 78% of the older students thought that stuttering "never" affected these decisions, while only 50% of the younger students responded that stuttering "never" affected these decisions.

Fig. 3 shows the responses of the younger, older and all students on stigma question 3, which asked if participants thought that stuttering affected whether they were asked out on dates or to attend parties. The majority of participants (60%) thought that it "never" affected these activities. Fifty-four percent of the younger group and 68% of the older group thought that it "never" affected these activities.

The findings suggest that the majority of adolescents did not perceive stuttering as stigmatizing, as defined by Westbrook et al. (1992). It should also be noted that a subgroup of participants (approximately 25% or 12 out of 48) thought that their stuttering "sometimes" or "often" affected these activities, indicative of perceived negative stigma.

7.3. Adolescents' responses to disclosure about stuttering

Fig. 4 summarizes the results of disclosure question 1 which asked participants the frequency with which they kept their stuttering a secret. Forty percent of the

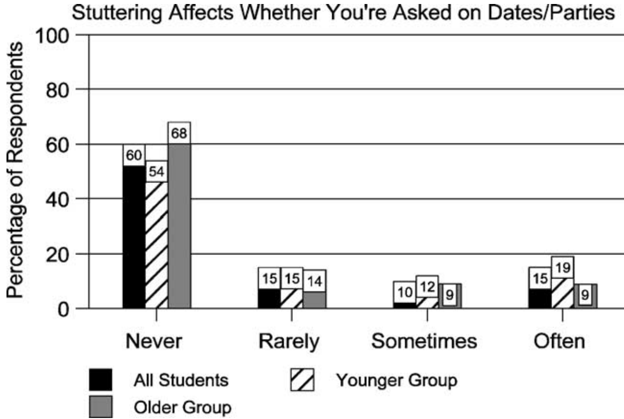

Fig. 3. Percentages of participants' responses to the item requesting "whether stuttering affects if you're asked on dates or to parties."

participants indicated that they "sometimes" or "often" kept stuttering a secret from others, while 60% responded that they "never" or "rarely" kept stuttering a secret from others if they could. The majority of older students (93%) reported that they "never" or "rarely" kept it a secret in contrast to a minority of younger students (38%) who responded that they "never" or "rarely" tried to keep their stuttering a secret.

Fig. 5 displays the responses of the younger, older and all students on disclosure question 2, which asked how frequently participants talked to people about their

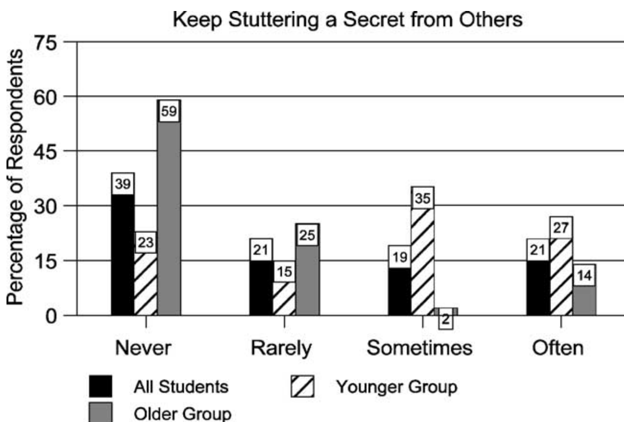

Fig. 4. Percentages of participants' responses to the item requesting how frequently they "kept stuttering a secret from others."

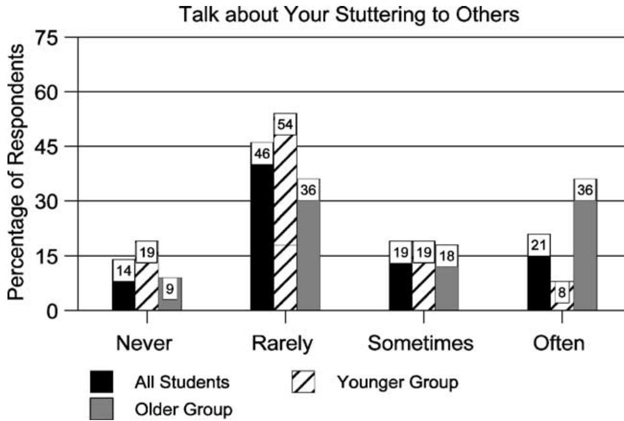

Fig. 5. Percentages of participants' responses to the item requesting the frequency of time they "spent talking about stuttering to others."

stuttering. As can be seen in the figure, the majority of participants (60%) reported that they "rarely" or "never" talked to others about their stuttering. Seventy-three percent of the younger students "rarely" or "never" engaged in this activity, while 45% of the older students responded that they "never" or "rarely" talked about their stuttering to others.

Fig. 6 displays the responses of the younger, older and all students on disclosure question 3, which asked how many of the participants' friends knew they stuttered. The majority (83%) of participants thought that "all" of their friends knew about

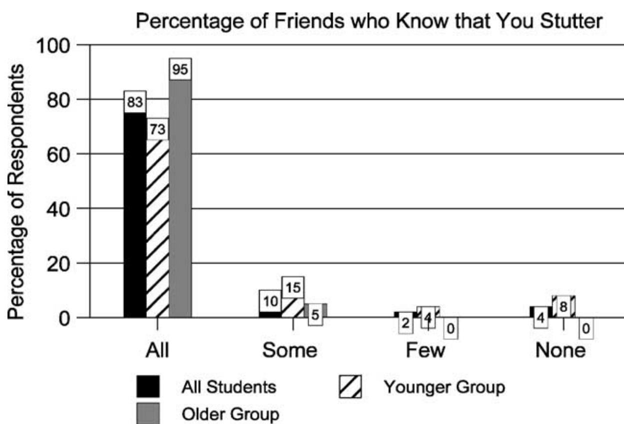

Fig. 6. Percentages of participants' responses to the item requesting the number of "friends who knew you stutter."

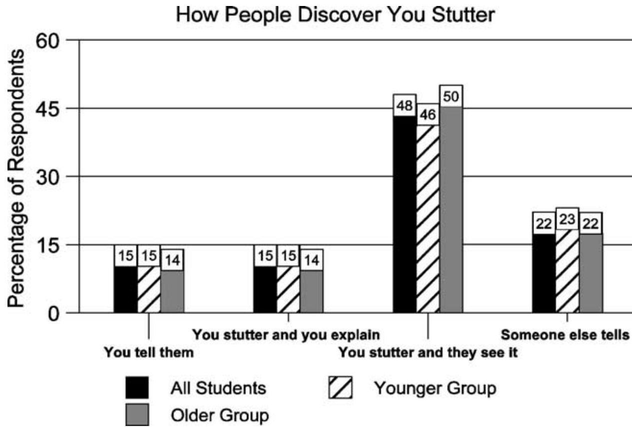

Fig. 7. Percentages of participants' responses to the item requesting the manner in which "people discover you stutter."

their stuttering. Although the majority of younger participants (73%) reported that "all" of their friends knew they stutter, an overwhelming 95% of all older participants reported that "all" of their friends knew they stutter.

Finally, Fig. 7 shows the responses of the younger, older and all students on disclosure question 4, which asked how participants thought other people "found out" about their stuttering. The largest percentage of responses indicated that participants "started stuttering and people see it." There appeared to be no differences between the responses of younger and older participants on this question.

It was interesting to note that although 60% of students reported they "never or rarely" kept their stuttering a secret, 60% of the participants also responded that they "never or rarely" talked about their stuttering with others. The finding that the majority of adolescents (83%) thought their friends knew about their stuttering suggested that students did not try to conceal their stuttering.

8. Discussion

The results of this preliminary study provide several insights into the self-esteem, perceived stigma and disclosure behaviors of adolescents who stutter. We found evidence that the majority (85%) of participants scored within 1 S.D. of the normative data for adolescents on the self-esteem measures, indicating positive self-esteem. These data support and expand on the findings of Yovetich et al. (2000) who reported that 80% of school-age children who stutter scored within the normative range on a self-esteem measure. As suggested by Yovetich et al. (2000), it appears that factors other than stuttering probably play an important role in the development of self-concept and self-esteem in youth who stutter. Future studies should

examine these factors, as well as the strategies used by adolescents who stutter to preserve their self-esteem.

The results also suggest that the majority of adolescents who stutter in this study did not perceive a stigma associated with their stuttering based on the current questions and methodology. More than 60% of the participants reported that stuttering did not affect whether people wanted to be friends with them, whether people liked them, and whether they were asked on dates or to parties. These percentages were similar to adolescents with epilepsy and other medical disorders reported by Westbrook et al. (1992). The positive conclusions from these data are that most adolescents who stutter, who could be exposed to negative stereotyping and prejudice, are not perceiving their stuttering as stigmatizing. It is possible that these participants are using specific strategies to reduce/eliminate perceived stigma including: (a) comparing themselves to members of their own group rather than to a non-stigmatized group, (b) devaluing things they were not good at, or (c) attributing negative feedback to the fact that they belong to a stigmatized group rather than their own personal faults (Crocker & Major, 1989). Further studies could examine these projective techniques and their relationship to perceived stigma in adolescents who stutter.

The data also suggest that adolescents, especially younger ones, attempt to conceal their stuttering. These data provide additional empirical support for avoidance behaviors in adolescents. De Nil and Brutten (1991) provided evidence that children who stutter had negative thoughts and feelings toward their speaking. It is possible to speculate that these avoidance behaviors could be related to or the result of these perceived negative attitudes and feelings. Attempts to hide or conceal stuttering may be a natural response of individuals who do not wish to be rejected or stereotyped because of their stuttering (Bloodstein, 1995; Murphy, 1999; Sheehan, 1970; Van Riper, 1982). Future research could examine the associations between disclosure behaviors, negative feelings and attitudes in youth who stutter.

These data also showed that older adolescents were less likely to perceive stuttering as a stigmatizing condition than younger adolescents. Blood et al. (1998) reported on coping strategies used by adolescents who stutter when dealing with their stuttering. They reported significant differences between types of coping strategies (approach versus avoidance) between younger and older adolescents, with younger participants using a greater number of emotion-based and avoidance techniques when compared with older adolescents. Although hypothetical, it may be that treatment programs for older adolescents focus more on acceptance and understanding of the disorder. We did not obtain information on the specific types of treatment participants were receiving. Future research might want to examine why older adolescents perceived stuttering as a less stigmatizing condition and include the effects of specific treatment protocols.

In summary, perceived stigma does not appear to be a major part of the stuttering experience for adolescents who stutter in this preliminary study. The data suggest that the majority of adolescents who stutter have positive self-esteem, little perceived stigma about stuttering, but considerable concerns about publicly

discussing their stuttering. Older adolescents perceived less stigma and were more open about disclosing stuttering than their younger counterparts. These data suggest that the negative images and perceptions potentially associated with stuttering did not negatively impact the lives of most of the participants.

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CONTINUING EDUCATION

A preliminary study of self-esteem, stigma, and disclosure in adolescents who stutter

QUESTIONS

1. The rationale for this preliminary study was based on certain assumptions that suggest stuttering could be a stigmatizing condition. These assumptions included:
   a. The chronic nature of stuttering
   b. The reported "perceived lack of control"
   c. The negative attitudes from listeners
   d. The negative stereotypes of individuals who stutter
   e. All of the above
2. The consequences of a social stigma for psychological well-being and self-esteem have been studied. Which of the following is NOT true:
   a. Being socially stigmatized can lead to negative social outcomes and negative self-perceptions in children and adults
   b. Being socially stigmatized can lead to depression and social isolation
   c. Being socially stigmatized can lead to lowered self-esteem and poorer academic performance
   d. Social stigma may have a negative impact on well-being and self-esteem
   e. Acceptance as devalued, inadequate, and objectionable members of society may make some individuals who are stigmatized resort to elaborate patterns of revealing and accepting their condition
3. This study employed the following methodology:
   a. We used one of the most widely used standardized scales in the world for measuring stigma
   b. We used one of the most widely used standardized scales in the world for measuring self-disclosure
   c. We used one of the most widely used standardized scales in the world for measuring self-esteem
   d. We used scales for stigma and disclosure adapted from a study of children with asthma

   e. We used scales for stigma and disclosure adapted from a study of children with chronic heart disease
4. The results of this study showed that:
   a. The majority of adolescents who stutter indicated that they "always" discussed their stuttering
   b. Most adolescents who stutter, who could be exposed to negative stereotyping and prejudice, are perceiving their stuttering as stigmatizing
   c. Adolescents, especially younger ones, do not attempt to conceal their stuttering
   d. The majority of adolescents who stutter have positive self-esteem but also show considerable concern about publicly discussing their stuttering
   e. None of the above
5. The results of this study suggest that:
   a. The majority of the participants scored within one standard deviation from the mean on a standardized measure of self-esteem, indicative of positive self-esteem
   b. Stuttering did not present a stigmatizing condition for the majority of adolescents who stutter
   c. The majority of participants indicated that they "rarely" or "never" discussed their stuttering
   d. Younger adolescents perceived stuttering as a more negative and stigmatizing condition than older adolescents
   e. All of the above