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Are You Worried That Your Child Is Stuttering?

Four-and-a-half-year-old Jimmy runs into the house from the front yard and stammers excitedly to Nan, "Mom! A car-car-car had a wreck in the street!" Nan turns to her son and says, somewhat anxiously, "Slow down, Jimmy, and tell me what happened."

Three-year-old Harry has been waiting for a turn to ride one of the tricycles on the day care center's playground. Finally, a bike is free. But another boy, Brian, grabs it away. Harry runs to his teacher and cries, "Loo-loo-look at Brian! He got my bike!"

Jimmy and Harry, in their excitement and agitation, are doing something that is causing their parents and teachers to worry. They appear to be stuttering--repeating a whole word or part of a word, or pausing for a long time in the middle of a sentence.

Although stuttering is not considered to be a severe disorder, it nonetheless can be a source of much anguish for a child and for his family. Only an exceptionally insensitive person would laugh, for example, at a child who is blind or confined to a wheelchair.

And yet stutterers are often laughed at and cruelly mimicked. As a whole, our society displays much less patience and understanding toward children who stutter than it does toward children who suffer from severe handicaps. Sensing this, a child who stutters may begin to avoid situations and activities in which he knows he will be required to talk.

In other words, he/she may begin to hold back in life. Parents and caring teachers will naturally worry for such a child. They want to provide help, but often they do not know what to do.

What Causes Stuttering?

Experts agree that most children who are going to stutter will begin to do so between the ages of one and a half and six, and that stuttering occurs roughly four times as often among boys as among girls.

But after 100 years of research in the field, experts do not agree on the exact cause of stuttering. Dozens of theories have been put forth, some of which propose that the problem is neurological in nature. Faulty transmission of nerve impulses within the brain, for example, or between the brain and the various muscles and mechanisms employed in speech, have been cited as causes.

Other researchers have suggested that one side of the brain is sending and receiving signals faster than the other, causing confusion to the speaker, who does not accurately hear the sounds he/she produces.

Still others propose that stuttering results when neither side of the brain has achieved clear dominance over the other. Most people have a dominant side. It accounts, for example, for our being left-handed or right-handed.

And some experts think that the problem is a malfunction in the auditory mechanism that creates a slight lag between the time the speaker produces a sound and the time he/she hears it.

Each of these different theories has its adherents. But most experts agree on this point: Stuttering tends to manifest itself only in certain stressful situations.

This explains why stutterers can sometimes speak with perfect fluency when reciting or reading aloud as part of a group, for example, or when singing either with a group or alone.

Indeed, certain treatment programs make a point of having stutterers read aloud together to prove to them that, contrary to what they might believe, they do not always stutter and they do not have to stutter.

The Psychological Factor

One of the most widely held explanations of stuttering stresses the interpersonal aspect of language, and recognizes that the distress felt by a person who is afraid he/she will stutter, can actually trigger the very speech problems he/she fears.

In essence, this theory--called the diagnosogenic approach -- holds that full-blown stuttering develops only after important people in the child's life become concerned about his/her nonfluencies, which all children show at one time or another. Once the child is aware of his/her parent's concern, he/she becomes even more self-conscious and fearful about speaking. Soon the child's every attempt to speak is preceded by an anticipatory struggle over whether he/she will be able to say what he/she wants to say.

According to Oliver Bloodstein, PhD, professor of speech pathology at New York's Brooklyn College and one of the leading scholars in the field, stutterers themselves report that it is precisely the anticipation of difficulty that causes the struggle reaction and their speech difficulties. Almost without exception, Bloodstein reports, stutterers say that they can pronounce any word fluently except when they feel it is important to do so or when they expect to stutter.

It is also known that stuttering runs in families, although this does not prove that it is an inherited disorder.

A parent, whose own sibling stutters, for example, or who has observed signs of stuttering in an older child, is likely to be upset by any sign of nonfluency. The parent unintentionally reinforces the child's self-consciousness, and compounds his/her problem by becoming anxious each time he/she has trouble speaking.

As with other developmental difficulties, a genetic predisposition can be minimized or magnified depending on how parents and other important adults react to the first signs of trouble.

Speech Problems Are Normal

Actually, Jimmy and Harry, the boys discussed earlier, may not have been stuttering in the strict sense of the word. Certainly they were talking nonfluently. But everybody is nonfluent at times.

When professors insert unneeded "uhs" into our lectures, we are being nonfluent. When athletes mutter "You know" over and over during an interview, they are being nonfluent too. But unless these habits get out of hand, we do not label them as stuttering.

Nor should we be too concerned when little children have difficulty expressing themselves. From the time they speak their first word until they become truly competent speakers during their teenage years, children are often nonfluent.

In their early years, especially between the ages of one and a half and six, children are always groping for the right word and having difficulty finding it. This happens particularly in moments of excitement, when they have accomplished something miraculous like building a house out of interlocking blocks, and want to share their achievement. In their excitement, they may have difficulty deciding whether to say, "Look at what I made" or "See what I did," and the announcement might come out, "Loo-loo-look at what I did." Experts consider this kind of groping for words to be normal developmental nonfluency.

Adult Dos And Dont's

The first time a child has difficulty expressing himself/herself, a parent will usually smile, pat the child and say something like, "Slow down, Jimmy, and you'll be able to say it." But when the same thing happens again and again, a parent may become concerned and impatient, until finally the parent may say sharply to the child, "I told you to quit repeating words like that."

Later the parent may say to their spouse, "I am afraid Jimmy is developing a stuttering problem." If Jimmy overhears this remark, he will become that much more nervous and self-conscious about his speech.

Parents should talk with the child's teacher (if the teacher has not already brought the situation to their attention) to determine whether the child is having the same difficulties at school. If not, or if the child is having trouble at school but not at home, parents and teachers will know where to look for the major source of the child's stress.

Chances are, however, that if the child's nonfluency has reached the stage of early stuttering, it will occur both at home and at school.

If this is the case, parents should have the child examined by a pediatrician who can assess the child's overall health and the severity of his/her difficulty before getting a referral to an appropriate speech and language specialist.

Treatment For Stuttering

The first thing a specialist (usually called a speech pathologist or speech therapist) will do is conduct a more complete assessment of the child's language skills. This will include information about how the parents are reacting to the child's non-fluency. Then the specialist will either offer guidance to the parents or recommend an appropriate treatment program for the child.

It must be said that some experts feel very strongly that a child who has not yet reached school age should not receive formal speech therapy because the therapy may have the boomerang effect of increasing the child's self-consciousness and anxiety about speaking and thus magnify his difficulties.

Other experts have found, however, that supportive therapy during these early years can help a child overcome his/her nonfluency before it becomes even more severe and deeply entrenched. Although programs vary in the emphasis they place on behavior modification, relaxation, the enhancement of

the child's self-esteem and other psychotherapeutic techniques, they all include parents in the treatment plan.

Most therapists will also work with teachers and caregivers so that they will be able to reinforce any gains made by the child. With this kind of help, most young children who are often nonfluent will overcome the problem.

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