

Study the causes of stuttering in children and their future effects

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Abstract:

The first years have its decisive effects on a person's ability to call, and the word is one of the tools of personal independence, and it is also one of the tools for expanding the field of its influence and its impact. Understanding and communication is of special importance in the life of the individual, as they are a major aspect of communication between members of society, and to build relations, so any defect in this aspect leads to the delay in the social life of the individual, and affects his academic achievement and self -thinking (internal). Hence the current research aims to identify the aspects of stuttering, and study the reasons that lead to this in children, in addition to studying the effects of future stuttering on these children. We conclude through this study the Treatment methods vary depending on the cause, and each type of treatment is used for a specific reason, If the cause is a neurological disorder, medical treatment is the most effective. If the causes are psychological, psychotherapy is the most appropriate treatment in such cases, accompanied by speech therapy and family counseling. It is preferable to have follow-up by the therapist to collaborate with the family to ensure the treatment process is successful. Follow-up should be at least one year. Based on the research results, the researcher offers some recommendations.

Keywords: Stuttering, children, effect.

1. Introduction:

Communication skills play a very important role, in interaction and social growth between people, in expressing feelings, ideas and needs, and in exchanging information with others, and dealing with them, and despite the presence of multiple forms of communication such as verbal language and non-verbal language such as signs, manual movements, drawings, gestures, etc., the verbal language remains the most common forms of communication and understanding between people (Amin, 0221, p. 5)

Some researchers believe that the most severe cases of speech and speech disorders, and the most prevalent, include chanting the first letter and its repetition of the word and then pronouncing it after that, and enters into this mortality, stuttering, fabrication, cheating and shajel, according to the first letter in which repetition occurs. When some children speak with uncomfortable interruptions or pronunciation, accompanied by a re-sponge or prolonging vocal exits, that is, a disturbance in the sound rhythm and difficulty in pronouncing the beginning words, letters, frequency, repeated word, or interruption between words for a short period, as the flow of the conversation is not connected, these children say that they have a stuttering or stuttering (Mansour and others, 0222, p. 151)

Through this research, we will try to answer the following questions: 1. What is the concept of stuttering in children? 2. What are the reasons for the phenomenon of stuttering in children? 3. What are the future effects of stuttering? 4. What are the methods of treatment for stutter?

1.1. Study objectives:

1. Learn about the concept of stuttering in children.
2. Learn about the causes of this phenomenon.
3. Learn about the results that can occur as a result of stuttering in children.
4. Knowing how to treat stuttering for children.

1.2. Study importance:

The importance of the current research is that its basic idea stems from trying to know the reasons that lead to stuttering and therapeutic programs that can be followed in a simple way to treat children. The researcher also hopes, through the study, the beneficiary will find abundant information and ways to treat it or alleviate its effects.

1.3. Study terms:

Wingate (2000; P: 51) defines the stuttering as "cutting, repetition, or prolonging the pronunciation of the letters of the word or the verbal clip. These repetitions occur involuntarily and frequently, and these manifestations are accompanied by physical movements and emotional states."

The researcher defines the subject procedurally as "a disturbance in the fluency of speech where the child cannot speak or read smoothly due to involuntary repetition, lengthening and stopping,) repetition includes repeating a letter, and prolongation includes lengthening a letter from the word either in the beginning or the middle, and stopping: it is a noticeable and repeated stopping.

1.4. Literature review:

There are many studies that took stuttering, including:

Morley's study (1957) on a sample of patients with stuttering of about 444 patients, through which it was found that 40% of the patients suffered the outbreak before the age of five, and 45% before the age of eight years.

Al -Khumaysa Study (1997) Study title: An Analytical Statistical Study of Speech Clinic reviewers in Al -Hussein Medical City. It aimed to determine the logic and linguistic problems that Jordanian society suffers from, and the sample consisted of the speech clinic in Al -Hussein Medical City during the years 1994/1995/1996 The number of members of the sample reached 1265 references. The results indicated that the stuttering came in the fifth place between speech and language disorders, reaching 11%.

2. Theoretical framework:

The first five years of the child's life are the essential basis in his linguistic life, and the family is still until now, despite the spread of Riyadh schools, is the first responsible for raising the child during the first five years of his life. Where some cases of speech disorders begin at an early age after a year and a half to nine years, and they are not regular in its course (Shukair, 0222, p. 15).

Speech and language disorders or (communication disorders) are divided into:

- Flame disorders include (stuttering, sitting, stuttering) and excessive speed
- Speech disorders include (deletion, replacement, addition and starch).
- Voice disorders include (vocal hoarseness, rhythm and resonance).
- Language disorders include (delayed language or verbal imprisonment).

The concept of stuttering:

The National Association of stuttering (NSA, 2002 P.1) defines stuttering as "a disorder in communication that includes cutting in the transmission of speech and uses the word" stuttering "to indicate the lack of fluency in speech among those who are associated."

Where they have difficulties in communication and may have different patterns or different degrees of medium to severe, without a clear reason. "

The World Health Organization defined it as "a disorder that affects the frequency of speech, as the individual knows exactly what he will say, but at some point, he is not able to say because of the involuntary repetition, prolongation or stopping (Haynes, 1990, P175)

Manifestations of stuttering:

1. Repetitions:

It is one of the most common stuttering aspects, especially when several repetitions occur in the same sound that is closely to the point of the attention of the listener, and repetition is for some elements of speech such as: the letter, a word clip, a word or a phrase.

2. Endings:

The lengths are another appearance of stuttering, as the sound pronounced for a longer period, especially in the animated letters. The prolongation of the sound is an important form of this verbal disorder, because it is rare in the words of the non -assets (Amin, 2001, p. 28).

3. verbal stops (verbal disabilities):

It is one of the forms of stuttering, which causes frustration of both the speaker and the listener, and it is related to the silent disabilities and appears through the speaker's inability to issue any vote at all despite the violent effort he exerts, and it occurs due to the closure of what in the place of the audio system leads to the obstruction of the automatic movement of speech, with the continued flow of air behind the blockage point.

Types of stutter:

Jin Pixon (2000, p.11) mention the types of stuttering:

- Repetition: where the child repeats a certain part of the speech several times.
- Extension and prolongation: Voices may be released with tide, lengthening and adding to letters.

- Frequency: Observations during speech and often happen at the beginning of speech.
- Freezing: It is the freezing of the child before pronouncing a sound, word, or amid the word.
- Additions may add additional words or sounds that do not add anything to the meaning.
- Sometimes pushing to speak.
- Not to complete sometimes the child leaves the word or sentence without completing it.
- Breathing problems the child feels that breathing is not enough to speak.
- Emotion movements: such as the movements of the face or body associated with speech.
- movements in the eye flux and turn the eye from the listener.

Stages of stuttering:

Blodstin (1969) divided into five stages:

- The first stage: It is characterized by the repetition of small words, and it increases in pressure situations.
- The second stage: The stuttering is characterized by continuity, and increases in times of excitement.
- The third stage: It appears with the old school child, where he is aware of difficult situations.
- The fourth stage: The child comes at this stage, where there is expectation and fear, and avoids Speech situations.
- The fifth stage: related to the adults coming.

As for Saleh (1992, p. 226), it was divided into two parts or two forms:

Secondary stuttering: This includes repetition of letters, syllables, pauses or muscle tension, muscle spasms, etc.

Primary stuttering: This is less serious than secondary stuttering. It is more common among young children between the ages of 3 and 5 years, and may be a normal developmental condition of speech.

Causes of Stuttering:

The most frequently asked question is: What causes stuttering? Most people believe this is a simple and straightforward question. There may not be a single cause of stuttering, but there are several, and they may be combined. Stuttering is a highly complex phenomenon because it has many causes, including structural and chemical, neurological and psychological, and environmental and social causes.

- Genetic causes:

Researchers assume, in their explanation of stuttering, that there are two main factors that generate stuttering: an inherited predisposition to speech function and the disruption of the speech structure, which is susceptible to injury due to direct stress (Asaad, 1986, p. 153).

- Neurological causes:

Researchers assume that stuttering results from brain damage resulting from a birth injury or illness, given that neurological disorders lead to a dysfunction in the motor functions of speech. Some researchers have demonstrated similarities in the coordination of speech muscles between stutterers and normal individuals (Hamdi, 1976, p. 15).

- Psychological causes:

Some analysts believe that stuttering is a state of emotional retention in which the libido is fixed at the oral stage of development. Some believe it is a poor adaptation in the relationship with the mother resulting from a need for dependency or an inappropriate concept of self (Asaad, 1986, p. 154 and Hamdi, 1976, p. 15).

Stuttering Treatment:

Various methods have been used to treat stuttering, given the intertwined causes of this complex and interconnected psychological phenomenon. As we mentioned previously, stuttering is an extremely complex phenomenon.

First: Medical treatment: This includes:

1 - Surgical treatment.

2 - Drug treatment:

Among the most important drugs used to treat stuttering is haloperidol, in addition to some medications containing anxiety and mood stabilizers. However, this method has been proven to be unscientific, ineffective, and has its own risks, such as drug addiction (Hamouda, 1991, p. 87).

Second: Psychotherapy

The purpose of psychotherapy is to uncover the emotional conflicts experienced by the affected child throughout his or her life (Hussein, 1126). The success of psychotherapy for children depends on the cooperation of parents and their understanding of its purpose. It also depends primarily on the level of mental health of the parents (Girgis, 1112, p. 121). Among the most common types of psychotherapy are:

- 1 - Play therapy.
- 2 - Image analysis therapy.
- 3 - Suggestion and persuasion therapy.
- 4 - Relaxation therapy.
- 5 - Psychodrama therapy.

Third: Speech therapy:

It is essential and complementary to psychotherapy, and it is preferable to combine it with the most popular speech therapy methods:

1. Speech relaxation.
2. Rhythmic speech.
3. Chewing pronunciation.
4. Passive practice.
5. Delayed auditory feedback.

Fourth: Environmental Therapy:

This involves gradually integrating the child into social and group activities so that he or she can practice giving and receiving, have the opportunity to interact socially, develop his or her personality, and eliminate shyness, introversion, and social withdrawal. Environmental therapy includes family counseling on the best way to deal with situations and avoid forcing the child to speak under emotional pressure and in situations that are inappropriate and frightening to the child, such as asking him or her to speak in the presence of strangers or while crying when harm occurs in the home (Al-Saeed, 2003, p. 214-216).

3. Conclusion:

Childhood-onset stuttering is a type of speech disorder that involves recurring and severe problems with normal fluency and flow of speech. Stuttering is common in young children as a normal part of learning to speak. Young children may stutter when their speech and language skills are not yet developed enough to match what they want to say. Sometimes, stuttering is a chronic condition that persists into adulthood. Children and adults who stutter may benefit from treatments such as speech therapy, the use of electronic devices to improve fluency, or cognitive behavioral therapy.

4. Results:

It is clear from the above that:

- Treatment methods vary depending on the cause, and each type of treatment is used for a specific reason.
- If the cause is a neurological disorder, medical treatment is the most effective. If the causes are psychological, psychotherapy is the most appropriate treatment in such cases, accompanied by speech therapy and family counseling.
- Stuttering is a phenomenon from which it is difficult to predict the extent of recovery, as if the affected person experiences any psychological trauma, their condition could revert to what it was before treatment.
- It is preferable to have follow-up by the therapist to collaborate with the family to ensure the treatment process is successful. Follow-up should be at least one year.

5. Recommendations:

Based on the research results, the researcher recommends the following:

- It is necessary to monitor children during their early years, especially when they first enter school. If they are suspected of having any speech disorders, they should be referred to a speech therapist.
- Organize guidance and educational sessions for mothers and kindergarten teachers to prevent speech disorders in children.
- Conduct additional studies and research.
- It is necessary to provide diagnostic tools to kindergarten teachers, as stuttering typically appears between the ages of 1 and 3 years. Kindergartens typically admit children at the age of 4, which is crucial for preventing stuttering behavior.

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