

Types of Symptoms and Their Orthopedic Treatment in Children With Stuttering

Airong Lu¹

¹ Faculty of Psychology, Tianjin Normal University, Tianjin 300387, China

Correspondence: Airing Lu, Tianjin Normal University, Tianjin 300074, China. E-mail: 970131225@qq.com

Received: February 20, 2022

Accepted: March 10, 2022

Online Published: March 28, 2022

doi:10.20849/ajsss.v7i3.1039

URL: <https://doi.org/10.20849/ajsss.v7i3.1039>

Abstract

Stuttering is a speech fluency disorder. Childhood is a high incidence period of stuttering, which has an important impact on children's daily communication with others. According to Howell, stuttering can be divided into two types: advancing and stalling. It is very important to distinguish different types of stuttering in children and intervene and treat them in time, which will be conducive to the recovery and healthy growth of stuttering children.

Keywords: stuttering children, advancing, stalling, stuttering treatment

Stuttering refers to the involuntary pause, repetition and procrastination of speech when communicating with people, which brings people a "sense of out of control" of speech. The prevalence of stuttering among school aged children in China is about 3% ~ 5%, that is, about 3 - 5 of 100 children have suffered from stuttering once or persistently. Early childhood is a high period incidence of stuttering, mostly occurring at the age of 2 to 5 years. Due to the immature development of language function and limited vocabulary, they are not good at quickly selecting vocabulary and fluently connecting pronunciation and words. At this time, under the influence of some specific factors (such as illness, environmental change, or emergencies), it is easy to show hesitation, repetition, procrastination and other phenomena (Chen, C.Y., 2007).

Many studies have shown that the prevalence of stuttering shows a downward trend with age. Why? The researchers believe that some stutters can respond spontaneously. Howell (2007) believes that stuttering can be divided into two types: advancing and stalling. What is advancing and what is stalling? In short, the two are different in symptoms. Advancing is mostly manifested in the repetition of functional words (such as prepositions, conjunctions, etc.) when children speak, and most of them are the repetition of the whole words, such as "sea and, and, and sailboat" or "sea, sea and sailboat"; stalling mostly has the repetition of meaningful content words, such as "sea and sail, sailboat", mostly the repetition of some words. This change is also consistent with the age-related speech patterns of stutters: from whole words to partial words, and from functional words to content words (Conture, 1990; Howell et al., 2000).

Compared with stalling, advancing is more characterized by persistent stuttering. Advancing often occurs in late childhood and adults, while stalling mainly occurs in early childhood and can be recovered (Howell, 2007). Therefore, with the increase of age, the gradual self-intervention or recovery of stalling in children may be one of the main reasons for the decline of stuttering prevalence with age. Although the spontaneous recovery rate of stuttering is high, some stuttering children still cannot recover spontaneously with age, which shows that in childhood, if we can carry out timely treatment and intervention for stuttering children, it is of great benefit for their speech to return to normal. At this time, timely and effective early intervention by parents or therapists is very important.

Some researchers summarized the research results of stuttering children in the past and believed that stuttering children can be divided into two stages: under 8 years old and over 12 years old. After 12 years old, stuttering children no longer have the possibility of spontaneous recovery (Dworzynski et al., 2009). Howell puts forward the concept of "exchange", and believes that from the change trend of stuttering type with age, there may be a change from stalling to advancing type at the age of 12. Advancing is more characteristic of persistent stuttering than stalling, and we need to pay attention to this type of stuttering and the transformation of this type of symptoms (Howell et al., 2010). In conclusion, it is very important to take targeted corrective measures for different types of stuttering in early childhood, which is very beneficial to the reduction and recovery of

stuttering symptoms.

Recommendations for interventions in children with stuttering, mainly stalling, are as follows:

First of all, parents play an important role in children's lives and shoulder heavy responsibilities (Xiao and Zhang, 2007). Although the natural recovery rate of stuttering reaches 65% - 80%, if parents do something wrong to their children without this knowledge, it may aggravate the degree of stuttering. Therefore, family intervention is very important for stuttering children (Yairi and Ambrose, 2005). Before helping their children, parents should first understand the knowledge and symptom types related to stuttering, so as to grasp the transformation opportunity and guard against the adverse transformation from stalling to advancing symptom types. There are many causes of stuttering in children. In addition to important physiological factors such as heredity, psychological factors such as stress, anxiety, frustration and fear, these will make children stutter more or less in the process of communicating with others. Parents should pay attention to cultivating their self-confidence when communicating with their children in daily life. When talking with their children, they should try to slow down their speaking speed. Normal speaking speed may also be difficult for children. When children talk, they should listen attentively and don't interrupt their speech to reduce their panic and uneasiness. Encourage children to speak more. Don't scold them loudly when they don't speak fluently. "Don't hesitate to speak. How can you speak like this" these words will only increase the child's tension and make his stuttering more serious; We should encourage them patiently and let them practice more for the fluency. They can interact with children through parent-child games to create a relaxed and pleasant speaking atmosphere. The correction of stuttering children will not happen overnight. Parents should not be too anxious. Especially when the child's mood changes, the symptoms of stuttering will be repeated or even aggravated. Therefore, parents can correct stuttering only by understanding stuttering, facing it with a correct and positive attitude, adopting the correct methods and working together. For children with severe stuttering, if they don't get the right way to train, it will affect their whole life. At present, speech training is the mainstream of stuttering. Parents can consult experts related to stuttering correction when necessary, and adopt their professional suggestions after diagnosing the child's stuttering symptoms.

Secondly, the help of teachers and peers is useful to the correction of stuttering children (Suldo et al., 2009). In a class, the proportion of stuttering children is very small. At this time, their special way of speaking may make them seem out of place in the class. Teachers need to pay more attention to these children to avoid discrimination and bullying, and help them maintain the stability of their mood. In daily teaching, teachers can actively guide stuttering children to face up to their temporary problems in language, affirm their advantages, improve their self-confidence, encourage them to express in language, and help them master the ability of sound discrimination and pronunciation. In this regard, parents and teachers can work together to pay attention to language training, including encouraging children to sing more children's songs, read ancient poems, cultivate children's sense of rhythm, and make some breathing adjustments, such as abdominal breathing.

Most of the above suggestions start with psychological factors, which can not only reduce or restore stuttering, but also help children adjust their psychological discomfort and promote children's mental health growth. Stutterers also have some defects because of their stuttering character, such as inferiority, cowardice, irritability, self closure and even depression. Stuttering children avoid all communication occasions, lock themselves in a cramped cage and isolate themselves from the outside world. Over time, they become more and more indifferent to strangers and things outside the world, and even lose their temper and get angry in the face of unpleasant things made by close people. Therefore, the treatment for stuttering children is not only symptomatic treatment, but also psychological treatment (Smith et al., 2014).

For children with advancing, not only the above interventions are needed, but also the intervention may need to make them face up to their own language defects. Correction can greatly alleviate their stuttering symptoms, but it may be difficult to fully recover compared with stalling. At this time, it is more to guide their mental health growth. Don't have an adverse impact on all aspects of life and learning because of this speaking problem.

References

- Chen, C. Y. (2007). Theoretical model and latest research progress of stuttering. *Chinese Journal of Special Education*, (9), 60-64.
- Conture, E. G. (1990). *Stuttering* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Dworzynski, K., Howell, P., Au-Yeung, J., et al. (2009). Stuttering on function and content words across age groups of German speakers who stutter. *Journal of Multilingual Communication Disorders*, 2(2), 81-101. <https://doi.org/10.1080/14769670310001625354>

- Howell, P. (2007). A model of serial order problems in fluent, stuttered and agrammatic speech. *Human Movement Science, 26*(5), 728-741. <https://doi.org/10.1016/j.humov.2007.07.004>
- Howell, P., Au-Yeung, J., & Sackin, S. (2000). Internal structure of content words leading to lifespan differences in phonological difficulty in stuttering. *Journal of Fluency Disorders, 25*, 1-20. [https://doi.org/10.1016/S0094-730X\(99\)00025-X](https://doi.org/10.1016/S0094-730X(99)00025-X)
- Howell, P., Bailey, E., & Kothari, N. (2010). Changes in the pattern of stuttering over development for children who recover or persist. *Clinical Linguistics & Phonetics, 24*(7), 556. <https://doi.org/10.3109/02699200903581034>
- Smith, K., Iverach, L., O'Brian, S., Kefalianos, E., & Reilly, S. (2014). Anxiety of children and adolescents who stutter: A review. *Journal of Fluency Disorders, 40*, 22-34. <https://doi.org/10.1016/j.jfludis.2014.01.003>
- Suldo, S. M., Friedrich, A., White, T., Farmer, J., & Michalowski, J. (2009). Teacher support and adolescents' subjective well-being: a mixed-methods investigation. *School Psychology Review, 38*(1), 67-85. <https://doi.org/10.1080/02796015.2009.12087850>
- Xiao, E. P., & Zhang, J. J. (2007). Family centered stuttering psychotherapy. *Chinese Journal of Special Education, 11*, 71-75.
- Yairi, E., & Ambrose, N. G. (2005). *Early childhood stuttering*. Pro-Ed: Austin, Texas.

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).