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التوثيق الالكتروني والميكروفيلم

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Fluency Outcome in Therapy of Stuttering in Children

Thesis

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By

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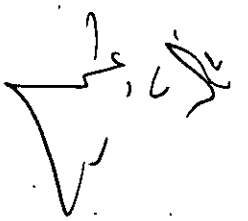

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CONTENTS

INTRODUCTION

INTRODUCTION

(A) Definition of fluency:

In common use, the term "fluency" is applied to second language learning which indicates "the normally high levels of skill humans achieve in using language". [1] In first language performance, it refers to suprasegmental features of speech production, which was described as "transition smoothness". [2] More recently, fluency was referred as " a continuous variable", which reflects the continuing changing aspects in performance of spoken language. [3]

Fluent speech is smooth, forward moving, unhesitant and effortless speech. Starkweather [4] further described fluent speech according to four parameters:

-Smoothness or lack of interruption
-Lack of mental effort to speak
-Prosody or emotional intonation
-Speaking rate.

When the entire previous components are "assembled", the result is automatic speech. The term automaticity encompasses the essential elements of fluency, which include at least continuity, co-articulation, rate, effort/ease of production, pausing word/phrase stress and duration of segments. [5]

One should note that "Fluent" speech might also contain much dysfluency in the form of word and phrase repetitions, false starts, revisions, and interjections. Apparently, listeners ignore these breaks in the continuity of speech as long as there are not too many of them. [6]

Everyone has dysfluencies from time to time. The average person will have between 7-10% of their speech dysfluent. These dysfluencies are usually word or phrase repetitions, fillers (um, ah) or interjections. [7]

(II) **Definition of stuttering:**

Stuttering has been viewed as a disorder in which the rhythm or fluency of speech is impaired by interruptions or blockages. Stuttering may be described as talking while using the speech production muscles in a way that makes speech difficult or impossible. The World Health Organization (1991) defines stuttering as a disorder in the rhythm of speech in which the individual knows precisely what he or she wishes to say, but at the time may have difficulty saying it because of an involuntary repetition, prolongation or cessation of sound. [8]

More recently, Cooper (1993) defined stuttering as "a diagnostic label referring to a clinical syndrome characterized most frequently by abnormal and persistent dysfluencies in speech accompanied by characteristic affective, behavioral, and cognitive patterns". [9]

Stuttering is easier to be recognized than to be defined precisely. There are three aspects of definition, perceptual aspect, stuttering as a biological problem and stuttering as a problem of production.

I) Perceptual aspect: -

This is Johnson's definition (1967).[10] He defined stuttering as "what the speaker does when he expects to stutter, dreads doing it and reacts negatively usually by tensing in an effort to avoid doing it".

Johnson stated that stuttering did not begin until a listener reacted to a child's disfluency as being stuttering. Another more recent definition is that of Bloodstein (1995), [8] who defined stuttering as whatever is perceived as

stuttering by a reliable observer who has relatively good agreement with others.

II) Stuttering as a biological problem: -

Kent's definition (1984) [11] proposed that stuttering is a reduced capability to generate temporal programs that are necessary for motor regulation for efficient auditory perception and for language expression. Peters and Guitar (1991) [12] suggested that stuttering has an organic cause. They defined stuttering as a disorder of the neuromuscular control of speech, influenced by the interactive processes of language production and intensified by complex learning processes.

III) Stuttering as a problem of production: -

Stromasta (1965) [13] has provided a brief and precise definition of stuttering. He viewed stuttering as intraphonemic disruptions resulting in part sound, part syllable, and part word repetition. He showed that the core behavior of stuttering is intraphonemic disruptions and that prolongation, tonic blocks, and any other avoidance or struggle behaviors are merely reactions or secondary features of the core behavior of stuttering. Perkins (1990) [14] suggested that stuttering is a problem of production as stutters usually complain that they are unable to control their speech production, and defined stuttering as involuntary disruption of a continuing attempt to produce a spoken utterance.

EPIDEMIOLOGY

Stuttering is found in all races, languages and historical periods .Its incidence varies between cultures and socioeconomic groups .[15]

Age incidence: -

Stuttering usually begins in childhood. The age incidence ranged from eighteen months to thirteen years. This disorder occurs in 3.0 to 5.0 % of preschool-aged children and in 0.7 to 1.0 % of the general population (excluding preschool-aged children).[16] Stuttering is more prevalent in children because of the high incidence of developmental disfluency in this population. It was reported that there are three types of stuttering of adult onset :[17]

1- The first type is relapsed people who was complained of stuttering and recovered with or without therapy .

2- The second type has been described with central nervous system injuries by stroke, degenerative diseases, brain surgery and drug induced brain dysfunction.

3- The third type is as a result of emotional trauma, which called hysterical stuttering.

Sex incidence: -

Stuttering occurs in males more than females. Many researches have given different ratios, but most of them range from three to four males to one female. [18] The accuracy of these figures are suspected because of the inadequacy of survey methods and lack of concern as regard to the actual male to female ratio. It was reported that stuttering begins five months

earlier in females with less frequency of part word and part syllable repetitions. [19] The reason for the difference between sexes is uncertain.

Familial predisposition: -

It was found that among the first-degree relatives of stutters, the risk of the disorder is more than three times that of the general population. [20] The role of genetics in stuttering was further explored. Studies in twins have shown a higher concordance for stuttering in monozygotic twins than in dizygotic twins (77 % versus 32 %). [15]