



## STUTTERING: TYPES, CAUSES, AND PREVENTION

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**Abstract:** This article provides a general understanding of stuttering, its underlying causes, several types of stuttering, and prevention methods.

**Keywords:** stuttering, logoneurosis, speech hesitation, speech neurosis, clonic, tonic, muscular spasm, speech rate.

As we all know, stuttering is a type of speech disorder characterized by disturbances in the fluency, rhythm, and pace of speech. To begin with, stuttering can be defined as a disruption in speech caused by muscular spasms in the speech apparatus. It is difficult to determine whether stuttering is a defect or a disease. However, it is known to be a recurring condition and cannot be completely corrected. Correcting stuttering in a child requires patience and significant effort. If not addressed in time, it can severely impact a child's psychological state.

In the 17th–18th centuries, stuttering was thought to arise from underdeveloped speech organs. In the early 20th century, French researchers linked stuttering to dysfunction in the central and peripheral parts of the speech apparatus. Renowned Russian psychiatrist I.A. Sikorsky referred to stuttering as a “childhood illness,” as it is most commonly observed in preschool-aged children. He emphasized the role of heredity, suggesting that fear, trauma, infectious diseases, and imitation can disrupt the balance of speech mechanisms in emotionally sensitive children. Other researchers believe that people who stutter differ from others due to their psychological inactivity.

### Causes and Symptoms of Stuttering

Underdeveloped speech skills can be indicated by disrupted speech pace and



rhythm, difficulty in expressive language, reading proficiency, and communication skills. Stuttering is characterized by interruptions in fluency, pace, and rhythm, affecting the communicative function of speech. The main reason is the inability of the speech muscles to function smoothly, often due to muscular spasms.

Stuttering is most prevalent in preschool and early school-aged children. It tends to appear when the child begins to form more complex sentences. As Sikorsky noted, preschool-aged children are particularly vulnerable because their speech is still developing, making their nervous system more susceptible to stress. For example, fear, emotional trauma, parental conflicts, or imitation can trigger stuttering.

Once stuttering begins, children may struggle to communicate with peers, feel shy, and experience reduced social interaction. Observable signs include muscle spasms in the articulatory apparatus and speech interruptions. In mild cases, the child may simply hesitate when trying to say a word; in severe cases, there may be facial spasms, flushing, or even rapid heartbeat and breathing.

Russian researchers have classified the physiological and psychological aspects of stuttering. Physiological weaknesses may trigger psychological responses, worsening the condition. Physiological symptoms include spasms in articulatory organs and neurological dysfunctions. Psychological symptoms include speech blocks, logophobia, and other emotional disturbances.

### **Types of Stuttering**

Stuttering caused by muscular spasms is classified into three types:

1. **Clonic stuttering** – the child repeats syllables or words multiple times (e.g., “di-di-divan,” “ma-ma-mother”).
2. **Tonic stuttering** – the child gets stuck at the beginning of a word and cannot proceed to the next syllable or word.
3. **Mixed stuttering** – a combination of clonic and tonic elements.

Respiratory-related stuttering includes:

1. Spasms during exhalation (expiratory stuttering)



2. Spasms during inhalation, often accompanied by wheezing (inspiratory stuttering)
3. Spasms during both inhalation and exhalation, splitting the word flow (respiratory stuttering)

Stuttering often occurs during the pronunciation of explosive consonants and tends to worsen in emotionally charged situations. However, it usually does not appear when the child recites memorized material. Children who stutter may also exhibit phonetic, phonemic, and grammatical speech disorders. Among them, 66.7% show lexical-grammatical issues, while 34% have underdeveloped vocabulary and grammatical structure.

Stuttering is categorized into three severity levels:

- **Mild** – occurs only during emotional moments and quickly subsides
- **Moderate** – noticeable even in calm situations, intensifies with excitement
- **Severe** – persistent stuttering across all situations

### **Treatment and Prevention of Stuttering**

Many modern methods are used to treat stuttering. These include therapeutic, surgical, psycho-therapeutic, and pedagogical (didactic) approaches. Some experts believe that stuttering originates from psychological disorders; hence, therapy should consider its impact on the child's mental state. Didactic approaches recommend gradually increasing the complexity of speech exercises to rehabilitate correct speech behavior.

Pedagogical-therapeutic methods combine:

- Pharmacological treatments
- Physical therapy
- Speech therapy sessions
- Logopedic rhythm exercises

The primary goals are to develop proper breathing, eliminate muscle spasms in articulatory organs, strengthen the nervous system, improve overall



health, alleviate psychological distress, and reshape the child's self-perception and attitude toward speech.

### **Conclusion**

In conclusion, stuttering must be addressed early in childhood to prevent it from becoming more severe. The later the intervention, the less effective the correctional efforts will be. The most effective period for correction is during the preschool years. To reduce the number of children who stutter, it is essential to educate parents. This can significantly lower the prevalence of speech defects in our society.

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