

## PSYCHOPATHOLOGICAL AND PSYCHODYNAMIC HYPOTHESES FOR PEDIATRIC STUTTERING

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**ABSTRACT**

*Stuttering is a common language alteration in pediatric age consisting in repetitions and blocks, which entail a break in the rhythm and melody of the speech. According to the WHO it is a disorder of the rhythm of the word, the subject knows precisely what he would like to say, but at the same time he is not able to say it. It is a great inconvenience for those affected, also because the slowing down of speaking is not about thought or cognitive skills.*

**Keywords:** *pediatric stuttering, psychodynamic hypotheses, anxiety disorders.*

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**Introduction**

Stuttering is an alteration of the language consisting in repetitions and blocks, which entail a break in the rhythm and melody of the speech. According to the WHO it is a disorder of the rhythm of the word, the subject knows precisely what he would like to say, but at the same time he is not able to say it. It is a great inconvenience for those affected, also because the slowing down of speaking is not about thought or cognitive skills<sup>(1-3)</sup>.

Stuttering is characterized by: presence of dry rhythmic sounds, rhythmic repetition of the syllables expressed slowly or too rapidly or at medium speed of language, the rhythmic repetition of syllables, the existence of prolonged and hesitant expressions, the slow and scanned repetition of the syllables and of the words, too precise or confusing articulation, arrest of the glottis, block. Other symptoms may be associated such as: syncinesis, breathing disorders, psychosomatic symptoms such as sweating, flushing, heart palpitations, emotional characteristics such as

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anxiety and discomfort, fear of some people or situations, excitability, exhaustion. When the stutterer unlocks his speech then it becomes logorrheic. Repetitions occur when an element of speech, such as a sound, a syllable, a word, or a sentence is repeated and are typical in children who are beginning to stutter. For example, “do-do-domani”. The extensions that are the unnatural lengthening of sounds, for example, “mmmmmerenda”. Even extensions are common in children who start to stutter. Blocks are inappropriate cessations of sounds and airflow, often associated with language blockage (with added delay to involuntary repetition of what one wanted to say), lips and / or vocal fold (false vocal cord). Blocks often develop later, and can be associated with muscle tension and strain<sup>(4-9)</sup>.

The secondary behaviors of stuttering are not related to the production of the word, but are instead learned behaviors connected to primary behaviors. Secondary behaviors include escape attitudes, in which the stammerer tries to interrupt a moment of stuttering. Examples can be physical movements such as the sudden escape from the contact with the eyes of the interlocutor, the beating of the eyes, the patter with the hands, the so-called “starter” or interposed sounds or words, such as “uhm”, “ah”, “That is”, “type”. In many cases these stratagems work at first and, being reinforced, becoming a habit that is subsequently difficult to correct. Stuttering can have a significant negative cognitive and affective impact.

In a famous analogy, Joseph Sheehan, an important researcher in the field of stuttering, compared stuttering to an iceberg: the obvious aspects of stuttering are positioned above the water level and the largest mass of negative emotions not visible below the level water. Feelings of embarrassment, shame, frustration, fear, anger, and guilt are common in stutterers, and can increase tension and effort, leading to an increase in the disorder. Over time, continuous exposure to negative experiences in verbal communication can crystallize a bad conception and self-image. A stutterer can project his negative self-view into others, believing that others think he is stupid and nervous. These negative feelings and attitudes may require more attention than a treatment program<sup>(10-14)</sup>.

The language is therefore often interrupted by the repetition of syllables, sounds, words, whole sentences alternated with pauses of silence during which the subject is unable to produce any kind of sound. The characteristic language of the stuttering subject is defined: verbal disfluency.

The impact of stuttering on the emotional and functional state of the person can be serious. Many of these consequences go unnoticed to listeners and may include fear in pronouncing specific vowels or consonants, fear of being caught by stuttering in social situations, self-imposed isolation, anxiety, shame, or the feeling of loss of control during speech. Infrequently in verbal communication contexts, the stutterer undergoes major stress by operating a continuous substitution and lexical reorganization in an attempt to avoid sounds or words that are difficult to pronounce. Stuttering is often seen as a symptom of anxiety, but in reality there is no correlation in this direction: it is not the anxiety that causes stuttering but vice versa, especially in social contexts. In this case, the anxiety reaches its peak if the stuttering has manifested itself in ways and contexts that the stammer considers inappropriate, as the peak of anxiety can be almost instantaneous, often becoming apparent in the middle of the syllable and bringing a casual observer to confuse the effect with the cause.

This phenomenon inevitably creates a vicious circle for which the name of “stuttering syndrome” has been proposed. This disorder is also variable: in certain situations, typical of speaking on the phone, stuttering can be more or less severe, depending on the level of anxiety associated with that activity. Stutterers often perceive their own stuttering fluctuating, as if there were days when it is more evident, less obvious or totally absent. Stuttering and ranting must also be distinguished from stuttering. Those who mumble have a thought formulated in the language, but want to express it too quickly, asking too much about its neurological capabilities of realization: he comes to completely destroy the words and make them unrecognizable.

On the contrary, the ranting is opposed, in the course of which the sentences are imperfect, inconsistent in their syntax with breaking of construction and recovery, but without articulatory alterations. Essentially are described six clinical forms:

- Tonic form: it presents with difficulty at the beginning of the word, with a block of this and with a prolongation of the syllables difficult to pronounce
- Clonic form: manifests itself by the repetition of a syllable
- Mixed tonic-clonic form: both the tonic and the clonic form are present with extensions and repetitions
- Atonic form: constituted by the word block due to the difficulty of the contraction of the phona-

tory muscles which make the pronunciation of guttural consonants particularly difficult: c, g, k

- Parabolic shape: the speech is interrupted by words or sounds that have no relation to the meaning of the speech: "ie", "ehm"

- Labio-choreic form: characterized by involuntary movements of tongue and lips with difficulty in production of the labial plosive consonants, of the labiodental ones of the dental consonants, it is important to make a differentiation between "word jammed" and "stuttering": the first is a difficulty of expression that occurs in children around 3-4 years with blocks, repetitions, prolonged sounds and is attributable to the immaturity of the child and the need to suspend the attention for the interlocutor<sup>(15-19)</sup>.

This phenomenon does not require specific interventions because it is a transitory modality that tends to disappear on its own, while stuttering can be chronic. Stuttering and ranting must also be distinguished from stuttering: those who mumble have a thought formulated in language, but want to express it too quickly, asking too much about its neurological capabilities of realization, coming to annihilate words completely and make them unrecognizable; in the rant instead the sentences are imperfect, inconsistent in the syntax.

With respect to the onset we can then distinguish two main forms:

- Primary form: it is a rather common disorder that affects about 30% of infants, especially male (20-35). It interests those children who are afraid of expressing themselves, little aware of their stuttering and focus their attention on thinking things to say. They are often very lively, intelligent and need expressive and maternal space, if there is no reactive behavior of families, stuttering tends to become extinct. One of the main recommendations in these cases is to never correct the subject during his speech: this is considered harmful to the child; it is he himself who must be able to understand his own problem. Negative judgments and scoffing attitudes must also be eliminated, which are then the main predisposing factors to true stuttering.

- Secondary form: stuttering appears after a certain period of time in which there was a correct linguistic expression. It is often a form of regression, in relation to important environmental situations, especially if it appears late. There is a tendency in these children to think that through words and silence, it is possible to influence others. Stuttering develops in four stages, in the first two there is not a change of personality, in the subsequent it manifests itself due

to the perception of the subject of his own diversity, which is expressed as difficulty in communication. The tension caused by the anticipating stress, causes a prolongation of the sound and blocks. The fragmentation of the resulting discourse gives rise to different manifestations depending on the age and severity of the symptom. Not all stammerers stutter the same way and stuttering is different depending on the situation. In some there are elective situations such as school or family, and stressful situations, determined by unknown or feared characters, from the exploitation of dangerous thoughts, from the surrounding anxious environment. Stuttering is accentuated in particular situations of emotional engagement, while it is attenuated in circumstances in which the language is automated (singing, repetitions of passages by heart, recitation of fables and poems). In some cases there may also be periods of remission of symptoms, which suggest a possible recovery, alternating with phases of accentuation. The person who stutters then presents some characteristic personality traits: anxiety, aggression, impulsivity and introversion. Although stutterers are normal in all respects, their discomfort in communicating can also create serious problems in everyday life<sup>(36-50)</sup>.

The fear of judgment of others, the fear of not being equal, the feelings of embarrassment and inadequacy that the stammerer often tries, are not the factors predisposing the disorder, but elements consequent to it. The sooner one intervenes therapeutically, the better the prognosis will be: untreated stuttering tends to become chronic and can be consolidated so as to become refractory to any treatment<sup>(51-60)</sup>.

### *Psychopathological and psychodynamic hypotheses*

Stuttering has been brought back by many authors in the field of neuroses, particularly hysterics. It is in fact an hysteria in which the unconscious psychic conflicts symbolically express themselves in a temporary or lasting bodily symptom. The part of the body used by the stutterer is the mouth, hence the intense desire for oral gratification. The oral type is "hungry" for attention and affection, the stammerer is forced to give words quickly and abundantly to others as compensation for his feelings of deprivation. In addition to the oral appearance of stuttering the anal appearance was highlighted; S. Freud in fact, considers as a possible cause of stuttering a displacement of conflicts related to the excretory functions on the phonatory organs.

Words take on destructive power, they are felt like faces or objects that can hurt. M. Klein, on the other hand, identifies a problematic relationship between mother and child during lactation as a cause of the disturbance of language. It is a mother with anxious, immature personality, with childish and ambivalent aspects that has never achieved a real autonomy with respect to her mother and who alternates moments of submission to aggressive behavior, followed by feelings of guilt. The woman thus assumes, with her husband, an authoritarian and competitive role, which does not allow her to reach a psychic equilibrium. If, on the other hand, with pregnancy, she perceives a valid completion of herself, she refuses to break away from her child, assuming attitudes that delay the autonomy of the child, causing feelings of total insecurity.

This uncertainty, initially experienced at the oral level, tends to widen and encompass all the respiratory muscles, and will find its maximum expression with the appearance of language. The word is experienced by the mother as an instrument that the child can use to break away from her, and therefore is opposed. This situation is considered the cause of a deficit of the stuttering ego, determined by an incomplete maturation of basic attitudes: autonomy and trust. Wyatt also treats the causes of stuttering in the context of the mother-child relationship: in particular, he describes anxious or distant and unhealthy mothers who can provoke in the child an aggression and anxiety that would be at the origin of stuttering. Mothers who lack security and are dissatisfied, childish and narcissistic, in which attitudes are subtended complex and contradictory feelings: this qualifies these mothers as “nourishing stutters”, whose contact with the child, on the alimentary or emotional level, would be a following of gifts and waste. Through the word the child can place an ever greater distance in time and space between himself and his mother, a difficulty in this process can lead to stuttering.

Addiction is accompanied by the difficulty of expressing feelings of anger and hostility: the image of the little stammerer is that of a person paralyzed by the anguish of distance and the fear of being abandoned. The child therefore oscillates between the dependence and the devaluation of his object of love; the various hypotheses converge in a common element, that is, in the problem of autonomy and trust, which according to Winnicott are considered as two fundamental aspects for a positive and harmonious evolution of the person towards the adult condition.

Diatkine demonstrated the polymorphism of the stuttering behavior. Many stuttering children do not seem to suffer from the limitations deriving from their difficulties, stuttering is indeed one of the elements of balance in their relational life. In others, stuttering, though well supported, is accompanied by small symptoms that express an underlying distress. Finally, there are children, who are very afraid to speak at an early age, their disorder is then included in a neurotic system that goes beyond the problem of language that is exacerbated by the difficulty of communication. Thus we can observe the presence of true childhood neuroses, phobias, obsessive syndromes or pre-psychotic organizations<sup>(51-87)</sup>.

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