

FACT SHEET



Stuttering presents as a wide variety of both visible and hidden symptoms. It is a multi-dimensional problem involving a particular kind of speech behaviour, feelings, beliefs, self- concepts, and social interactions.

Thus, when a person repeats or prolongs sounds or hesitates for an unusually long time between sounds, we usually say that that person stutters (or is dysfluent). A person who stutters may also exhibit other behaviours such as facial grimaces and unusual body postures or movements.

Every person who stutters is unique and presents a different pattern of behaviour. The frequency of stuttered words, the type of speech disruption, and the presence of, and type of associated behaviour varies from person to person. How much a person stutters varies greatly from time to time, from situation to situation, from day to day, from week to week, from year to year, and even from minute to minute.

The effects of stuttering on feelings, beliefs, self-concept, and social interactions are often overlooked.

Stuttering is a social-emotional problem as well as a speech problem. People who stutter often display intense fear of speaking, experience repeated frustrations when communicating, and express dissatisfaction with themselves. However, people who stutter are not more neurotic than people who do not stutter, as was once believed, but are just reacting normally to the stress of their communicative handicap.

Normal Dysfluency vs. Stuttering

Most children go through a normal stage of dysfluency as they begin to put sounds, words, and sentences together. Periods of dysfluency may last anywhere from two months to five years. What parents call stuttering is often a normal stage of speech and language development.

Behaviours such as hesitations, word repetitions, and re-starts characterize normal dysfluency. Although the child appears to be stuttering he/she differs from a person who stutters in the severity and pattern of his/her speech dysfluencies. Of those children who exhibit normal dysfluency, most (50 to 70 percent) have grown out of this speech pattern by age seven.

The Causes of Stuttering

Stuttering has bewildered researchers and philosophers for thousands of years. Although the exact causes of stuttering are still not known, considerable progress has been made during the last 25 years in our understanding of the disorder.

Current research suggests that it is caused by a complex interaction between a person's physical makeup and the environment. That is, stuttering may result when certain factors in the environment combine to produce dysfluent speech in a child who is physiologically prone to it. Once the child is dysfluent, he/she may be affected by a multitude of environmental factors which cause the dysfluencies to become more severe in frequency and form. Specifics about the various environmental pressures and physiological characteristics are not yet known.

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Basic Facts about Stuttering

- There are no differences in intelligence between people who stutter and those who do not.
- Stuttering is not a psychological disorder.
- There are more males than females who stutter; a 3:1 ratio.
- Stuttering tends to run in families.
- Between 0.5 and 1% of the general population stutters, thus making it a rare disorder.
- Stuttering affects people from all levels of the socio-economic scale and is found in all parts of the world.
- Children do not copy stuttering. You cannot pick it up by copying someone who stutters.
- Parents do not cause stuttering. Some environmental factors may affect the development and severity of stuttering, but these factors are not likely the cause of stuttering.
- Stress and anxiety may aggravate stuttering.
- There are no magical, quick cures for stuttering.
- Research has demonstrated that stuttering can be controlled by direct therapy and environmental changes.

When Should I Seek Help?

- When you are concerned.
- When your child shows recognition of his/her own speech difficulties. For example, he/she is reluctant to speak, covers his/her mouth when speaking, expresses frustration.
- When the child's patterns of dysfluency change, for example, become more frequent, struggle and/or forcing becomes evident.
- When the child does not appear to be growing out of the normal stage of dysfluency. That is, if the dysfluent period lasts longer than 4-6 months.

If any of the above describe your situation/feelings, contact a local speech-language pathologist, your provincial speech, language, and hearing association or, the Canadian Association of Speech-Language Pathologists and Audiologists (www.caslpa.ca).

General Tips for the Listener

- Do NOT hold your breath and appear alarmed.
- Listen patiently: Do NOT finish what they are saying.
- Listen to WHAT they are saying not HOW they are saying it.
- Do NOT suggest they slow down or start over. Suggesting that they slow down or start over may not help and could result in calling attention to dysfluencies.
- Attempt to offer a model by talking slowly and quietly whenever possible.
- Attempt to create a relaxed communicative environment.
- Do NOT interrupt. But, ask for clarification if the message is not understood.

Early detection is vital! If you suspect a problem consult your yellow pages or visit our website to find a speech-language pathologist or audiologist near you.

www.caslpa.ca