EDITORIAL

Let's talk about stuttering in a journal of child psychology

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It is with great enthusiasm that I introduce the inaugural issue of a new peer reviewed open access journal, the Journal of Child Psychology. The publication of this journal is in response to the increasing amount of research focused on child development, both typical and atypical, and of concern about child psychological issues at a societal and public health level. It aims to cover a broad scope of articles and provide a reliable source of information on the development of children from infancy through adolescence, risk and protective factors, possible deviations, and parenting issues.

Built on the assumption that it is essential to turn research findings into clinical practice, this journal will provide a forum for researchers and clinicians to share ideas and exchange views inspired by any theoretical perspective. It is our intent to bring together original high-quality papers such as research papers, case series, reviews, guidelines, techniques, and practice manuscripts related to all aspects of emotional and intellectual well-being of children and adolescents. Our pages are open to an international readership and to international contributions. We would also like to offer a multidisciplinary perspective on the wide range of issues in child psychology. We encourage submissions from theoreticians, researchers, and clinicians of all disciplines concerned with child development. Innovative approaches on novel subjects are highly recommended.

For example, a subject that does not appear often in journals of child psychology and seems strictly confined to journals of speech pathology is stuttering. From my point of view, this is an underexplored area from the perspective of child psychology, which is worth an important place in a journal like the one we are launching. Therefore, this editorial will briefly focus on this issue aiming at opening a new research area for child psychologists.

Stuttering has been historically considered as a speech problem. It is classified in communication disorders in DSM-5 and is characterized "by disturbances of the normal fluency and motor production of speech". Speech and language pathologists have conducted thousands of research studies, have tried hundreds of treatments and have been providing services to people who stutter for centuries. It is undeniable that the speech of stutterers is abnormal, characterized by repetitions, prolongations, interjections, and blocking that can seriously disrupt verbal communication. But, is this the essence of stuttering?

From my point of view, there are several controversies. Firstly, the etiology of stuttering remains largely unknown although it has been studied for centuries. Secondly, almost every treatment, from surgery to delayed auditory feedback and from drug therapy to voluntary stuttering has produced positive -however non-lasting- results. Thirdly, the most influential personalities in the field, like Wendell Johnson, Charles Van Riper, Franklin Silverman, Oliver Bloodstein, and Joe Kalinowski, have been stutterers themselves (1). Finally, therapists for stuttering are very often stutterers too. Stuttering is the only disorder for which patients try to find the solution on their own and people who seek and provide treatment overlap to a significant degree.

Stuttering has been paralleled to an iceberg, with only a small part above the waterline, the audible stuttered speech, which represents about 10% of the problem, and a much bigger part below which refers to the invisible but massive amount of 'emotional baggage' that accompanies stuttering (2). This emotional baggage usually includes fear, shame, guilt, anxiety, hopelessness, isolation, and denial. Flattening the top of an iceberg will only cause the iceberg to rise again; just eliminating stuttered speech will only cause relapse after a short time. Consequently, if we treat just the top of the iceberg, how can we expect to effectively address the whole problem? And how can we treat emotional problems with techniques like proper breathing, easy onsets, and alike?

After more than twenty years of providing treatment to children and adolescents who stutter, we strongly believe that the core symptoms of stuttering are not in speech but in social cognition (3). Social cognition refers to people's thoughts about themselves and what others may think or expect (4). We hold the view that people stutter because they have lost confidence in their ability to speak fluently, believe that they have to try hard in order to speak fluently, and begin to pay attention to the fluency of their speech. However, fluency control is not a normal procedure. Fluency is a biological function which becomes automatic since the acquisition of speech. It resembles to respiration and swallowing. If people paid attention to every breath they took or every amount of saliva they swallowed, they would probably result in respiratory problems and suffocation while swallowing!

The reason fluency control may result in stuttering is that there are important limitations in our cognitive ability to divide our attention to different stimuli or to different aspects of a stimulus, namely the content and fluency of speech, simultaneously. Consequently, efforts to intervene in the automatic mechanism of fluency may result in its blocking, destabilization, even deactivation.

How and why do stutterers lose confidence in their ability to talk fluently? This is the result of a complex interplay between constitutional factors and negative parenting experiences. Constitutional factors include phonological difficulties and specific characteristics of speech behavior (e.g. rapid speech or increased muscle tension while speaking) which may lead a child to experience failures during verbal communication at an early age when self-esteem is developing and the quality of speech is highly valued. They also include personality traits (like perfectionism and low frustration tolerance) which may lead the child to magnify or exaggerate these failures. Negative parenting experiences include behaviors indicative of over-demanding, over-criticizing or over-anxious parents who react inappropriately to their child's speech difficulties.

As a result, the automatic fluency mechanism destabilizes and the child begins to avoid specific sounds, words, and speaking situations. A vicious circle may set up, whereby the child tries hard not to stutter, resulting in increased stuttering, which, in turn, strengthens the child's distorted belief that they cannot speak fluently. As experiences of failure accumulate, the child's sense of self-efficacy regarding their fluency diminishes. After several unsuccessful struggles to avoid stuttering, a person's self-image as a stutterer can be consolidated.

Therefore, stuttering seems to be the overt sign of a complex psychological mechanism which resembles to the mechanism involved in anxiety disorders. In both cases, individuals anticipate future danger, experience negative feelings and bodily symptoms, have low sense of self-efficacy to exercise control over their stressors, try to avoid fearful situations, and experience

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severe impairment in their daily functioning. In both cases, anxiety is caused and maintained by cognitive biases such as preferentially allocating attention towards threat stimuli (5). Anticipation of stuttering is such a threat stimulus. Both individuals with anxiety disorder and stuttering tend to engage in excessive self-focused attention within social interactions. Self-focused attention refers to a person's tendency to direct their attention internally and focus on information such as physiological arousal symptoms, thoughts and feelings (6). In addition, many of the core symptoms of anxiety disorders often co-exist with stuttering.

Therefore, we propose that cognitive-behavioral treatments elaborated specifically for stuttering could be much more effective compared to pure speech therapy. We wonder why clinical psychologists don't feel concerned with stuttering since the major treatment needs of stutterers fall in the range of their expertise and are already treated by them if labelled differently, e.g. 'anxiety symptoms'. We also wonder why speech and language pathologists don't feel the need to call on psychologists for collaboration. We believe that effective treatments for stuttering already exist but are not applied!

To conclude, it is possible that a major scientific misunderstanding has occurred in the case of stuttering, concerning *what to be treated by whom*. From my point of view, the treatment of stuttering could be much more effective and long-lasting if speech and language pathologists begun to collaborate with clinical psychologists and the psychological components of stuttering, mainly dysfunctional beliefs and avoidant behavior, moved from the bottom of the list of therapeutic priorities to the top.

We hope that this new journal will host further ideas on this topic and other under-researched areas in child psychology and psychopathology. In order for this endeavor to succeed, I invite you to become an active participant in this process. We urge the readership to join with the Editorial Board in ensuring the success of this exciting new venture.

REFERENCES

1. Bloodstein O. A Handbook on Stuttering. 5th edn. USA: Singular Publishing Group; 1995.
2. Sheehan JG. Stuttering: Research and Therapy. NY: Harper & Row; 1970.
3. Kakouros E, Maniadaki K. Stuttering: Its nature and treatment in children and adolescents. Athens: Tipothito; 2006.
4. Alm PA. Is it Thinking and not Feeling that influence variability of stuttering in social situations? About stuttering and social cognition. Procedia Soc Behav Sci. 2015;193:89-90.
5. McAllister J, Kelman E, Millard S. Anxiety and cognitive bias in children and young people who stutter. Procedia Soc Behav Sci. 2015;193:183-91.
6. Lowe R, Menzies R, Packman A, et al. Assessing attentional biases with stuttering. Int J Lang Commun Disord. 2016;51:84-94.