

# Stigmatized Disability can Result in Anxiety and High Allosteric Stress Load Chronic Nervousness

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## Description

Stuttering, also known as stammering is a speech disorder in which the flow of speech is disrupted by involuntary repetitions and prolongations of sounds, syllables, words, or phrases as well as involuntary silent pauses or blocks in which the person who stutters is unable to produce sounds. The term stuttering is most commonly associated with involuntary sound repetition, but it also encompasses the abnormal hesitation or pausing before speech, referred to by people who stutter as blocks, and the prolongation of certain sounds, usually vowels or semivowels.

According to Watkins et al., stuttering is a disorder of selection initiation and execution of motor sequences necessary for fluent speech production. For many people who stutter, repetition is the main concern. The term stuttering covers a wide range of severity, from barely perceptible impediments that are largely cosmetic to severe symptoms that effectively prevent oral communication. Almost 70 million people worldwide stutter, about 1% of the world's population.

## Varying Dissiliency

The impact of stuttering on a person's functioning and emotional state can be severe. This may include fears of having to enunciate specific vowels or consonants, fears of being caught stuttering in social situations, self-imposed isolation, anxiety, stress, shame, low self-esteem, being a possible target of bullying especially in children, having to use word substitution and rearrange words in a sentence to hide stuttering, or a feeling of "loss of control" during speech. Stuttering is sometimes popularly seen as a symptom of anxiety, but there is no direct correlation in that direction. Stuttering is generally not a problem with the physical production of speech sounds or putting thoughts into words. Acute nervousness and stress are not thought to cause stuttering, but they can trigger stuttering in people who have the speech disorder, and living with a stigmatized disability can result in anxiety and high allosteric stress load chronic nervousness and stress that increase the amount of acute stress necessary to trigger stuttering in any given person who stutters, worsening the situation in the manner of a positive feedback system; the name 'stuttered speech syndrome' has been proposed for this condition. Neither

acute nor chronic stress, however, itself creates any predisposition to stuttering. The disorder is also variable, which means that in certain situations, such as talking on the telephone or in a large group, the stuttering might be more severe or less, depending on whether or not the person who stutters is self-conscious about their stuttering.

People who stutter often find that their stuttering fluctuates and that they have "good" days, "bad" days and "stutter-free" days. The times in which their stuttering fluctuates can be random. Although the exact aetiology, or cause, of stuttering is unknown, both genetics and neurophysiology are thought to contribute. There are many treatments and speech therapy techniques available that may help decrease speech dissiliency in some people who stutter to the point where an untrained ear cannot identify a problem; however, there is essentially no cure for the disorder at present. The severity of the person's stuttering would correspond to the amount of speech therapy needed to decrease dissiliency. For severe stuttering, long-term therapy and hard work is required to decrease dissiliency. Stuttering could have a significant negative cognitive and affective impact on the person who stutters. It has been described in terms of the analogy to an iceberg, with the immediately visible and audible symptoms of stuttering above the waterline and a broader set of symptoms such as negative emotions hidden below the surface. Feelings of embarrassment, shame, frustration, fear, anger, and guilt are frequent in people who stutter, and may actually increase tension and effort, leading to increased stuttering. With time, continued exposure to difficult speaking experiences may crystallize into a negative self-concept and self-image.

Many perceive stutterers as less intelligent due to their dissiliency however, as a group individuals who stutter tend to be of above average intelligence. People who stutter may project their attitudes onto others, believing that the others think them nervous or stupid. Such negative feelings and attitudes may need to be a major focus of a treatment program. Many people who stutter report a high emotional cost, including jobs or promotions not received, as well as relationships broken or not pursued. Linguistic tasks can invoke speech dissiliency. People who stutter may experience varying dissiliency. Tasks that trigger dissiliency usually require a controlled-language processing, which involves linguistic planning. In stuttering, it is

seen that many individuals do not demonstrate disfluencies when it comes to tasks that allow for automatic processing without substantial planning. For example, singing "Happy Birthday" or other relatively common, repeated linguistic discourses, could be fluid in people who stutter.

## Long-Term Therapy

Tasks like this reduce semantic, syntactic, and prosodic planning, whereas spontaneous, "controlled" speech or reading aloud requires thoughts to transform into linguistic material and thereafter syntax and prosody. Some researchers hypothesize that controlled-language activated circuitry consistently does not function properly in people who stutter whereas people who do not stutter only sometimes display disfluent speech and abnormal circuitry no single, exclusive cause of developmental

stuttering is known. A variety of hypotheses and theories suggest multiple factors contributing to stuttering. Among these is the strong evidence that stuttering has a genetic basis. Children who have first-degree relatives who stutter are three times as likely to develop a stutter. However, twin and adoption studies suggest that genetic factors interact with environmental factors for stuttering to occur, and many stutterers have no family history of the disorder. There is evidence that stuttering is more common in children who also have concurrent speech, language, learning or motor difficulties. Robert West, a pioneer of genetic studies in stuttering, has suggested that the presence of stuttering is connected to the fact that articulated speech is the last major acquisition in human evolution. Another view is that a stutter or stammer is a complex tic. This view is held for the following reasons. It always arises from repetition of sounds or words.