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The impact of stuttering disorder on students' oral performance

(Case study second year, secondary school, Relizane)

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Abstract

Stuttering concerned as a largely ambiguous communication disorders, which can have long-term affects for people who stutter. The current study investigates stuttering effects on students who stutter. This work aims to help students to confront their stuttering. The most important goals of this thesis is to highlight the teacher's role in helping stutterers to stop their stuttering. Through our objective, we suggest more hypotheses: first, if students have stuttering disorder, their level of achievement in speaking skill will decrease and affected negatively. Then, we believe that stuttering can be controlled. Finally, we hypothesize that if those students have given more importance and care, they will be good and fluent speakers. Thus, we work on two methods (questionnaire and observation) to examine both teachers and stutterer feedback. The research findings go hand in hand with our hypotheses which emphasize the speaking skill as very essential to overcome the stutterers' difficulties and to improve their speaking skill.

Key words: stuttering, speaking skill.

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*Special thanks to my revered supervisor **Mrs Benosmane***

And to all…

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General introduction

Communicating, learning a language, or expressing own-self involves skill of speaking. However, we should keep in mind that mastering speaking skill is not easy as any other skills. Thus, speaking is the act or process of using words, sounds, to express or exchange information or expressing your ideas, thoughts, feeling, etc, to someone else. But, many of obstacles and difficulties may prevent speaking fluently such as many of speaking disorders. One of the speech disorders is stuttering; concern the inability to speak fluently which may affect the level of students who stutter negatively especially the oral performance.

The objective of this research paper is to shed light on one of the communicative disorders which is, stuttering. The main aim is to investigate the impact of stuttering disorder in the oral performance of the students who stutter, and help those who stutter to increase the possibility of taking charge of their own speech, by gaining control of their stuttering; thus, gaining more fluency and more confidence in speaking. The study is based on three main important questions; 1) Does stuttering disorder affect in students' speaking skill.2) Can stuttering be treated? 3) What can a teacher do when encountering a student stutter in class and how can deal with? Hence, our research is supposed to test the following hypothesis: first, if students have the stuttering disorder, their level of achievement in speaking skill will decrease and affected negatively. Then, we believe that stuttering can be controlled. Finally we hypothesize that if those students have given more importance and care, they will be good and fluent speakers.

The research paper seeks to achieve a reliable and valid data. Concerning data collections, we have taken as a sample second year students at secondary school Chebira bou abd Allah, Relizane. The two (2) methods were opted for collecting data. The first is a questionnaire for teachers; it seeks to collect data about teacher's treatment toward students who stutter. And the second method is observation of a case study, in order to deal with identification of the difficulties they may faces when speaking in class, and how they react, behave with their stuttering. The questionnaire consist of a set of questions, they asked to tick the appropriate box or to make a full statement wherever needed. At the end, this data gathering tool aim to examine of both teachers and stutterer point of view. The present research is divided into three chapters: the first is devoted to the literature review, deal with speaking on general then moving to specify in stuttering disorder. The second chapter is concerned with the functional frame work of the study; description and analysis of data collections. The final chapter is the

core of all what has been said in the whole research paper, it is also devoted to some possible recommendations and suggestions regarding the stuttering treatments for students who stutter. Consequently, this study will be rounded by this chapter that is devoted to the general discussion of both methods and recommendations. This part end with result of all what has been mentioned in the previous two chapters.

Introduction

This part provides a theoretical frame work can allow as looking at the nature of a crucial concepts. It highlights the notions that build the whole research and the problematic matter explored throughout this dissertation. We will deal first with term speaking skill on general, its definition, its importance, aims behind teaching speaking, moving to the difficulties, activities and the role of teacher in teaching speaking skill. Then we move to specify in one of the speech disorder which is: stuttering.

1.1. Part one: Speaking skill

Communication includes language and speaking and it involves skills that cross with each other. Language is a means of this communication; speaking, on the other hand, is the way to convey this means (Shames,Wiig, 1998).In any language teaching situation, in which the goal of teaching is to enable students to communicate; speaking is an important skill to acquire. Teachers should pay attention to teaching speaking, and to be aware of the objectives, the methods, and the problems that students may face in speaking.

1.1.1. What is speaking?

Speaking is one of the four skills and important one, is the productive skill in the oral mode is a tool used in communication process. It involves more than just pronouncing words.

Brown (1994) says" speaking is the interactive process of constructing meaning that involves producing, receiving and processing information. Its form and meaning are dependent on the context, in which it occurs; including the participant themselves, their collective experiences, the physical environment, and the purpose for speaking. It is often spontaneous, open-ended and involving."

Speaking requires students to have a 'linguistic competence', that is, to control the different aspects of the language: grammar, pronunciation, and vocabulary. Moreover, to understand when, why and how to produce language; Speakers should have also a 'sociolinguistic competence'." speech has its own skill, structures and conventions, different from written language" (Burns, Joyce, 1997)

Brown (ibid) writes" a good speaker synthesis this array of skills and knowledge to succeed in a given speech act".

Finally, speaking is a process that involves the encoding and the selection of the message to be sent and the encoding of this message.

1.1.2. The importance of speaking skill

"Of all the four skills (listening, speaking, reading, and writing), speaking seems intuitively the most important; people who know a language are referred to as 'speakers' of that language. As if speaking included all other kinds of knowing; and many, if not most, foreign language learners are primarily interested in learning to speak" (Ur, 2000:120).

Speaking is an essential tool for communicating, thinking and learning; a means through which one can express his personal feeling, ideas, or view points, converse and discuss. Fried. B (1998:11), for his part, assumes that the importance of developing speaking abilities among learners play a great role in developing their abilities to:

- **I**nteract socially:
  - ✓ The learners use language and ideas in the appropriate situation.
  - ✓ Respond to listener verbal and non –verbal cues and ask questions to clarify understandings.
  - ✓ Use language to create images and to produce an emotional response, aknowledge and be sensitive to others view points.
- **Develop self-awarness:**
  - ✓ find effective ways of supporting their own opinions.
  - ✓ Determine what they need to know
  - ✓ Examine personal points of view
- **Inform:**
  - ✓ Provide essential information.
  - ✓ Use key language and appropriate intonation reflected to determine if their language is appropriate to their listener.

1.1.3. Problems face speaking

Speaking is a complex process, and teachers should be sensitive to the many factors involved when learners perform the different activities; they should not expect perfection because learners, in their part, face many problems with speaking.

Ur (2000, 121), discuss some of these problems.

- ➢ **Inhibition:**
  Unlike the other skills, speaking is performed, to some degree, in front of an audience. That is why learners are afraid of making mistakes and raising criticism.
- ➢ **Nothing to say:**
  Sometimes learners cannot think of something to say, and have not motive to express themselves.
- ➢ **Low or uneven participation:**
  In a large group, learners do not have the chance to speak a lot, because of lack of time, or because of the domination off some learners.
- ➢ **Mother tongue use:**
  Learners may use their mother tongue, because it is easier, and they best express themselves in their mother tongue.

1.1.4. How to teach speaking?

According to many linguists, learning to speak any language based on 'interacting' based on real-life situation that require communication. Using this method in classes give learners the opportunity of communicating with each other?

Teachers should create a classroom environment where learners have a real life communication, authentic activities, and meaningful tasks that promote oral language.

Those mentioned below are some of the most common used techniques used for teaching the speaking skill aim to encourage learners to speak.

1.1.4.1. Conversation

Conversation is the interchange of thoughts, information, or feeling between people. In the classroom, Brown (1994:33), writes that' the term conversation has always puzzled me'.

In the context of a typical language school, it is suggested that what takes place during class time is indeed conversation. This last, is used to establish self-esteem, assess feelings, and seek information. It can be difficult to structure, but it should be encouraged in the classroom.

1.1.4.2. Role play

One other way of getting learners to speak is 'role-playing'. Learners pretend that they are in various social contexts and have a variety of social roles, they supposed to imagine themselves in a situation outside the classroom." In role play activities, the teacher gives information to the learners, such as who they are and what they think or feel. Thus, the teacher can tell the learner that: you are David, you go to the doctor and tell him what happened last night, and……" (Harmer, 1984).

1.1.4.3. Reading aloud

This activity based on asking the learner to read aloud, either a passage of a text, or a part of dialogue. This activity is fit for teaching and assessing the mechanical skills of language production, such as pronunciation, intonation (words and sentences), and stress patterns.

1.1.4.4. Story telling

Learners can briefly summarize a tale or a story they heard from somebody before, or they may create their own stories to tell their classmates. Story telling fosters creative thinking. It also helps learners express ideas in the format of beginning, development, and ending; including the characters and setting a story has to have. Learners can also tell riddles or jokes. Thus, teacher will address learners' speaking ability, and also get the attention of the class.

There are many other speaking activities can be used in class such as: picture describing/ narrating, brain storming, information gap, sentence repetition….. Because of speaking is the key of communication. Teachers by considering what activity should be used, and what specific needs learners report can help learners improve their speaking and overall oral competency.

1.1.5. The role of the teacher in teaching speaking skill

The role of the teacher is of great importance, because he acts as model for language, demonstrating the standard for language use.

According to Harmer (1984:99), teachers need to play different roles when teaching speaking. Three, of these roles, have a particular importance, if we are trying to get learners to speak fluently.

a) **Promoter:**

Learners sometimes get lost, and cannot think of what to say next. The teacher can help by giving them discrete suggestions.

b) **Participant:**

The teacher could be a good animator, when asking learners to produce language,by setting up an activity clearly and with enthusiasm, or through participating in discussions sometimes, for example. This way, the teacher can help the learners and cleverly introduce new information to help the activity go along.

c) **Feedback provider:**

The role must be considered carefully, because over correction may inhibit the learners. On the other hand, helpful and gentle correction may get learners out of difficulty.

1.2. Part two: stuttering disorder

Speaking skill, like any other skills, have problems and difficulties that students may face in mastering it. One of the difficulties that students encounter when learning speaking skill, is speech disorders. In this part, we deal with one of the speech disorder, which is stuttering; definition, it is characteristics, causes, types, and end with it is impact and treatments.

1.2.1. Communication disorder

Impairs the ability to transmit or receive ideas, facts, feelings, and desires, and may involve language or speech disorder or both, including hearing, speaking, listening, and writing (Hallaham, D., Kauffman, J., Pullen, P., 2012, p.267).

A communication disorders involve language disorder that result from the delayed or impaired development of the content, form, or use of language (a communication disorder in one or more of the following areas: articulation, voice, language or fluency, which affect a person's performance). Language disorder may be further broken down into receptive and expressive language disorders.

1.2.1.1. Receptive language disorder

As Harris (1994) defines it, is the difficulty to listen to or to understand language. The difficulty may be in the word level (vocabulary/ word knowledge) and / or the sentence levels (syntax/morphology).

1.2.1.2. Expressive language disorder

According to Harris (1994), expressive language disorder is the difficulty language's production that adequately represents the child's/youth's intended message and may involve problems with word retrieval, word use, sentence formation, and/or conversational skills.

1.2.2. Definition of speech

Oxford psychology dictionary: "A verbal utterance defined in terms of its content, the intention of the speaker, and the effort on the listener".

Speech functions acts as a verbal medium of exchange and use decodable vocal sounds. Also speech acts as the manifestation of the language through verbal way.

"Speech highlights the verbal output of language, in which a numerous muscles and parts of human body serve together to produce sounds, namely: speech articulation, which involves the vocal box contains a set of muscles namely: the tongue, vocal folds, teeth, lips and the lungs".

1.2.2.1Speech production

"this ability supports the idea that children perceptual apparatus is some way 'programed' to discriminate speech sounds that they born with special features detectors that respond to the acoustic properties of speech" (crystal, 2006.p80)

1.2.3. Definition of stuttering

Most definitions are descriptions of behaviors; presented as a comprehensive list of behaviors which are common to all stutterers and differentiate stuttering from normal speech. Stuttering or stammering is not a Language Disorder according to Weis (2013),

"*stuttering reflects an underlying problem with speech production rather than a language problem. Children who stutter, know what they want to say, but they have problem saying it*" (p.150).

Van Ripper defined stuttering as a disruption of the simultaneous and successive programming of muscular movements required to produce a speech sound or its link to the next sound in a word. He also defined it *as*

"*When the forward flow of speech is interrupted by a meteorically disrupted sound, syllable, or word, or by the speaker's reaction thereto». Van Riper,p.45*

Defining stuttering is based upon clearly defined and measurable symptoms as Wingate's definition*:*

"*stuttering is (a) disruption in the fluency of verbal expression, which is (b) characterized by involuntary, audible or silent, repetitions r prolongations in the utterance of short speech elements, namely; sounds, syllables, and words f one syllable. These disruptions (c) usually occur frequently or are marked in character and (d) are not readily comfortable*".

Wingate (1946) p.29.

Guitar (2014) offer additional characteristics are not mentioned in Wingate's definition*:"stuttering consists of*

"*an abnormally high frequency and/or duration of stoppages in the forward flow of speech. These stoppages usually take the form of(a) repetitions of sounds, syllables or one-*

syllable words, (b) prolongation of sounds, or (c) blockages or blocks of airflow or voicing in speech"(p.7).

More precise definition is given by Jones (1976)" stuttering can be defined as the blockages, discordination, or fragmentations of the forward flow of speech (fluency). These stoppages referred to as disfluencies, are often excessive and characterized by specific types of disfluency. These types of disfluencies include repetitions of sounds particularly vowels and semi-vowels syllables, prolongation of sounds, and blockage of airflow".

Based on the definitions above, Stuttering is a speech problem, to stutter means having problem in production of sound or difficulty in moving from one sound to another or sometimes the production of the sound after stop. Children who stutter face difficulties in rhythm, sound, syllable, word and phrases repetition, or flow of speech cut in the form of block or extension. Stuttering result when a person exhibits frequent and/or noticeable disruptions in the smooth flow of speech as a result of behaviors such as hesitations, repetitions, prolongations, interjections, revisions, pauses, and incomplete phrases. Avoidance of words or speaking situations and secondary characteristics suggested of speech related struggle/tension may also be evidence of a fluency disorder.

1.2.4. Symptoms of stuttering

A critical fact is that disfluencies occurs not only in the speech of people who stutter but also in the speech of partically all speakers, especially young children (Johnson, 1961; Yairi, 1981), it is important to distinguish between disfluency and stuttering; although related, are not synonymous.

According to the "Diagnostic and Statistical Manual of Mental Disorder, 5th ed. (DSM-V)", stuttering or stammering classified as communication disorder that is characterized by many criteria, involving three key groups of stuttering behavior: repetition, prolongation, and blocks. In addition to other criteria such us: pausing within a word, circumlocution, and producing words with excessive physical tension. Stuttering is somewhat paradoxical because it involves both observable overt and covert symptoms. While the behavior of stuttering is often obvious and observable, symptoms are "surface indications of some condition that cannot be observed directly" (Wingate, 2002)

1.2.4.1. Overt symptoms of stuttering

Overt symptoms are the surface characteristics of stuttering involve the audible, visible, and observable features. The following sections will define the primary and secondary symptoms of stuttering.

1.2.4.1.1. Primary characteristics

The primary symptoms are the audible features, and have three main classifications: repetition, prolongation, and blocks.

Repetition: Is the earliest and most fundamental symptom of stuttering, it can be part or single syllable, or whole-word. According to Onsllow(2004), Even in normal speech, repetition of the whole-word tends to occur with most young children; only becoming a problem if they persist beyond the developmental stage. It indicates the inability to continue to the next segment in the speech sequence.

Prolongation: Prolongation of sound can rarely occurs in normal speech, in contrast, in stuttering, it forms a characteristic part of the abnormality. Prolongation tends to occur on the vowels and continuance consonants when the stutterer face difficulty and cannot end the extension of the sound. It involves a sound or letter being drawn out until the speaker is either able to complete the word or runs out of breath (Montgomery, 2006; Ramig & Dodge, 2010).

Blocks: The most severe difficulty of stuttering is the inability to utter any sound at all. As Van Riper (1989) stated, blocks can be seen as a special type of prolongation where one or more articulators (the velum, lips, or glottis) are "locked" in an obstructive position, virtually prohibiting air flow and preventing speech. It is an abrupt stop in the smooth flow of speech associated with difficulty moving forward. The mouth may be held in one position without sound coming out. Blocks occur when airflow appears to be obstructed and the articulators freeze mid-word, while the speaker attempts to push the word out. (Onslow, 2004; Ramig & Dodge, 2010).

1.2.4.1.2. Secondary characteristics

Secondary symptoms include visible physical behavior, body movements that occur in conjunction with a child's disfluencies. For example, a child may tilt his head back, tap his

hand or foot, or blink repeatedly when he becomes "stuck". According to many definitions, secondary behaviors includes" blinking, closing the eyes, movement of the forehead, grimacing, moth distortion, jaw tremors, gritting the teeth, forcible inhalation or exhalation, nodding the head, clenching a fist, tapping or stamping hands or feet". People who stutter use secondary behaviours in order to avoid saying particular sounds or words, certain talking situation, or having to speak at all. Secondary features can also be largely hidden processes such as visualizing the letters of a word and reading it out loud, speaking to a rhythm, variations in breathing, or word avoidance (Panico, Daniel, & Claflin, 2010). There are also verbal secondary behaviours, including excessive use of the reduced schwa ("uh")vowel, variable pitch and loudness, extraneous and unusual sounds, the frequent use of fillers, interjected words, hard onsets of phonation, and excessive vocal fry (Fogle, 2012;Ramig & Dodge, 2010; Wingate, 2002). However, the secondary symptoms also reinforce the stutter.

1.2.4.2. Covert symptoms

In contrast to the overt symptoms which are generally visible and audible, the covert symptoms are a hidden side and largely invisible features but can have devastating consequences for the person who stutters. These are covert symptoms; including cognitive and psychological processes, and avoidance behaviours. According to Fogle (2012) covert symptoms include thoughts and feelings such as "frustration, anxiety, anger, guilt, hostility, shame, and expectation of difficulty of talking, which leads to inhibitory and avoidance behavior" (p.206). Covert symptoms seemed as debate, whether it should be referred to as covert symptoms or reactions, because they are the result from the response of the person who stutters or other people who listen to the overt symptoms.

To sum up, the symptoms of stuttering fall into two broad categories: overt and covert. There are primary and secondary overt symptoms, which are visible and audible behaviours. A moment of stuttering can also be hidden or covert, such as avoidance behaviours and word substitutions. Covert symptoms of stuttering can have the most significant effect on the person who stutters. People who stutter have a distinctive combination of overt and covert symptoms which, together with the personality traits of the individual who stutters, form a unique set of behaviours.

1.2.5. Types of stuttering

Concerning the stuttering types, there are two types which maintained in the following statements:

1.2.5.1. Developmental stuttering

Developmental stuttering is the common form, which starts in childhood between three and eight years of age while children are still learning speech and language skill. With this type, stuttering occurs at the beginning of words in addition to the secondary behaviors which are more obvious. Research has shown that more than 80 percent of stuttering cases are classified as developmental problems. Some scientists believe that developmental form occurs when children's speech and language capacities are unable to meet the child's verbal demands.

1.2.5.2. Acquired stuttering

Acquired stuttering, and it called also neurogenic stuttering occur rarely, start in adulthood and it has relation with secondary causes, is a result of medications, brain trauma, or stroke. The dominant feature of neurogenic stuttering is repetition of sounds or syllables, sometimes in conjunction with prolongations of sounds, and blocks with struggle seem to be less common.

Acquired stuttering might be more or less similar to developmental stuttering depending on the location of the lesion.

1.2.6. Onset of age

Who stutters…..?

According to (Wingate, 2002) Stuttering is often classed as a disorder of childhood, which is accentuated by the fact that most people who stutter are children. It occurs most in childhood between the age of two and five years; in the early stage of speech acquisitions as children are developing their language skills.

Concerning sex, boys are twice as likely to stutter as girls; stuttering occurs more in males than females, even in young children. Sixty-six percent of preschool children who stutter are male (Onslow, 2004; Wingate, 2002). In contrast, in adulthood stuttering

appears to affect girls more than boys. The female to male ratio of stuttering is nearly 1:2 in children and is much as 1:5 in adults.

1.2.7. Etiology of stuttering (causes)

Stuttering: (1) its causes is unknown, (2) its essential

nature is not understood, and (3)there is unknown cure"

(Wingate, 2002, p.11)

Psycholinguistics theories and several other theories attempt to explain causes of stuttering, but no single approach, theory, or model is able to explain all causes of stuttering(Nye, at al,.2013;Weis, 2013). Although is still a lot that is unclear about the condition and causes of stuttering. A variety and combination factors are probably causes and influence stuttering events, such as: genetic, neurologic, environmental…There have been a limited number of individuals who have related the causes of stuttering to one or more symptoms such as a breathing problem or rapidity in speech.

1.2.7.1. Genetic theories

Genetic is believed to play a part because stuttering tends to run in families. Most children that stutter have a family member that also stutters or stuttered as a child. Studies involving twins have established familiar links, through evidence suggesting that one twin is more likely to stutter if their twin does too(Ambrose, Yairi, & Cox, 1993). The family history of stuttering; uncles, cousins, and grandparents should all be considered. It is likely that the genetic contribution to the etiology of stuttering is a genetic diathesis that is exacerbated by other factors, resulting in the disorder (Kraft & Yairi, 2012; Wingate, 2002). That is, some people stutter because they are genetically predisposed to the disorder, and it develops due to contributions from other features, such as environmental or neurological dynamics.

1.2.7.2. Neurologic theories

The nervous system resolve around the controller and the responsible for functioning a various muscles that serves speech language perception and production. However, speech language input and output influences negatively by any deficit in the nervous system or

other motor skills impairments. A side from brain injuries classified into several kinds. Neurologic stuttering can probably occurs as a result of brain injury like stroke, head trauma…or any other type. After such as injury, brain has difficulty to coordinate the different components involved in speech production because of signaling problems between the brain and nerves or muscles. Brain injury can result the inability to process a verbal message or decrease verbal fluency and lead to stuttering.Some scientists have claimed that stuttering may be due to such cases as cerebral dominance, confusion, metabolic imbalance or delayed auditory feedback.

As far as, the severity of brain injury is more the chance of language recovery is unaccomplished most behavioral, cognitive, and speech language functions. Importantly, mothers using drugs, alcohol, an unusual illness and the psychological harsh conditions during pregnancy may run the risk of child's neurological health as well as his speech language functions later on. "Alcohol and other drugs play a significant role in the onset of neurological disorder. As toxic agents, these substances directly affect nerve cells and muscles, and therefore have an impact on the structure and functioning of both the central and peripheral nervous systems".(world health organization, 2006, p120)

Despite of many theories that have been advanced to explain the nature and causes of stuttering, but none of these theories has been proven at this time. This theory based on focusing on stutterer's personal characteristics, mood and factors affecting these, social adaptation and subconscious through observations, interviews and various tests in order to explain the causes of stuttering. According to this theories based on Sigmund Freud's theory, psycho-sexual obsessions lie behind some symptoms and it is asserted that as a result of these stuttering occurs. Obsessions in speech and speaking arise as a result of the conflicts occurring in early periods such as meting the baby's special psychological needs like oral and anal erotism, trust aggressiveness, self-assertion. The source of these problems are conflicts between child and parents, mother's weaning early during childcare, early toilet training, parental pressure or parent's own neurotic conflicts(Bloodstein, 1995).

1.2.7.3. Learning and conditioning theories

Based on these theories, stuttering is explained with behaviorism; learning, motivation, stimulus and reinforcement are focused upon. According to **learning and behaviorist theories**, stuttering is accepted as a learned behavior. When child's disorders

in speech fluency are remarked by the people around, stuttering is reinforced (Cangi, M.2008). According to Steehan(1958), stuttering is a conflict of converging-avoiding. This theory suggests that stuttering occurs as a result of the conflict between willingness to speak (tendency to converge) and restraining from speaking (tendency to avoid). Based on this theory, if converging tendency is dominant, the person speak fluently; if avoiding tendency is dominant the person does not speak and stays silent; however, if both tendencies are equal, the person stutters and has problems in fluency (Bloodstein, 1993).

According to the **classical conditioning theory** presented by Wolpe (1950), it can be stated that interruption occurring during speaking due to any reason may cause the person to be anxious about his speech. If this situation happens often, there may be a classical conditioning towards stuttering (cited in shames and others, 1990).

According to **demands and capacities model**, when the child could not meet the speech demand of society, stuttering and fluency disorders occur (Starkweather, 1993; Shapiro, 1999). It is reported that the speech fluency performance expected from the child by the society results in stuttering if the child is not mature enough in view of cognitive, linguistic, motor and affective skills (Starkweatherr, 1993; Shapiro, 1999).

1.2.7.4. Psychologist theory

According to many psychologists, the reason behind stuttering may be due to an emotional conflict. When child and adult face with anxiety, anger, being prevented, abstaining from speaking in social environment, they confront with negative feelings. These reasons lying behind them are psychological factors and they are thought to cause stuttering. On the other hand, it is revealed with the studies that stutterers do not have specific personal characteristics making them different from normal people (Kehoe, 1996)

Van Ripper (1992) expresses in his theory of 'Primary Stuttering' that children are not aware of stuttering at first, but stuttering becomes chronic over time due to the reaction of listeners resulting from fears and negative expectations. In Bloodstein's (1970) Communication Failure Theory, he states that stuttering result from pressure of communication and reactions shown in the moments of hesitations which normally cannot be separated from normal fluent speech errors.

In addition to other theories which suggest different causes for stuttering, among them, *The repressed Need Theory* suggests that people who stutter have a repressed emotional need, and stuttering behaviours are symbolic expression of that unfulfilled need(Bloodstein & Bernstein Ratner, 2008). *The Anticipatory Struggle Behaviour Theory* opines that the causality of stuttering is linked to the penalties imposed by parents as a result of normal disfluencies, or to pressures extending to previous oratory failures. As a result, stuttering is a learned behavior which is triggered by the anticipation and fear felt by the child and, while the struggle is to avoid stuttering, the struggle in avoiding stuttering becomes the stutter (Bloodstein & Bernstein Ratner, 2008).

The demands and Capacities Model which outlined by Manning (2010), suggests that stuttering begins when a child who is genetically predisposed for stuttering finds out that their capacity for language is surpassed by environmental demands(such as parental speaking rate, interruptions, and complexity of languages) or internal demands, such as the level of complexity of thoughts they wish to express.

In the *Dynamic-Multifactorial Model,* stuttering is viewed as a complex, variable and dynamic disorder with several basic processes behind the obvious behaviours (Ambrose, 2004). This model suggests that full exploration of each process is necessary before the likely reason behind an *individuals'* stutter is discovered.

The *Neurophysiological Model* looks at the three influences on human behaviour-neurological processing, output, and environment-and how the combination of these factors varies between and within individuals over time my explain the diversity in the expression of stuttering(De Nil, 1999).

In summary, it is still the reasons and causes for stuttering unknown and misunderstanding. Concerning the present finding; according to linguists, stuttering caused by the combination of different factors that had been mentioned above.

1.2.8. Stereotypes about stuttering

Stereotypes can be positive, negative, or impartial, and every stereotype about a group affects the way they are perceived by others. The normal persons who do not stutter typically look to those who stutter in negative and stereotype ways. According to many studies which have been done in order to investigate stuttering stereotypes and how a

person who stutter is perceive, results stated that stutterers characterized by trait including: anxious, passive, tense, shy, introverted, withdrawn, guarded, sensitive, insecure, nervous, self-conscious, and quiet.

1.2.9. Impact of stuttering

Children who stutter are more likely to have a concomitant speech or language disorder for several reasons. A young person who stutters who has an additional disorder will find the process of learning to effectively communicate has added complications, and may start to believe that communication is difficult. The result may be the demands placed-on the child at that time exceed his or her current capabilities (Blood et al., 2003). Likewise, for those who subscribe to motor theories of stuttering, concomitant disorders not only disrupt the development of fluent speech, but also contribute to the development of stuttering (Blood et al., 2003). According to (Blood et al., 2003), people who stutter may have a speech encoding and language production system which is predisposed to be more susceptible to disruption. Starkweather and Givens-Ackerman (1997), also maintain that speech is so closely related to one's self-identity that to be a "poor" speaker is like being an incompetent person.

Covert behaviors such as anxiety and low self-esteem can affect academic progression and development of children who stutter in negative way. The social effect of discrepancies in the development of socio-emotional skills also can be affected by stuttering. Panico et al. (2011) suggest that children who stutter could struggle to make friends or interact with peers. According to Montgomery (2006), is when a previous negative speaking experience interferes with the mind of a person who stutters, impacting their present speaking experience. One negative speaking experience example for many people who stutter is saying their own name; the struggle is possibly due to the inability to substitute another word for their name and heightened anticipation. The speaker recalls previous difficulties in saying their name along with the associated negative thoughts and emotions.

The majority of children who stutter have negative feelings associated with talking; they may feel frustrated, anxious, embarrassed, or even ashamed. Those negative feelings about talking can make a child unwilling to raise his hand, pretend that he does not know

an answer when called on, or withdraw from social situations such as sitting with others at lunch or playing with a group on the playground.

According to Blood et al. (2011), children who had been bullied because of their stutter were more likely to have increased anxiety, lower self-esteem, and poorer life orientation than children who did not stutter. This knowledge is important in the context of school to enable teachers to advocate for and understand bullied children who stutter.

1.2.10. Treatments of stuttering

Stuttering has no cure, but there is a different of treatments available which can help stutterer in at least reducing stuttering. Stuttering treatment can be traced back to the 4th century when Demosthenes tried to overcome stuttering by speaking with pebbles in his mouth (Bloodstein, 1995). After 1930, stuttering therapy was significantly influenced by the work of three protégés of Travis: Bryng Bryngelson, Wendell Johnson, and Charles Van Riper. Although they differed in their opinions regarding the cause of stuttering, the primary focus of their therapeutic methods was to reduce the fear associated with stuttering ad to eliminate avoidance behaviors. The treatments vary from a child to adult, based upon a stutterer's age. It is important to work first with a speech-language pathologist to test the child and determine the best treatment options. Concerning the case of very young children, early treatment may prevent developmental stuttering from becoming a lifelong problem.

Conclusion

Speaking is a mean of communication; people use it to transfer message or express their ideas. People, especially children face many problems and difficulties in mastering their speaking skill outside and inside school. In order to be skillful in speaking, they need techniques and available help of people surrounded them, most help needed is of teacher and themselves in facing their difficulties and doing better.

Introduction

The present chapter highlights the methodology applied in this research paper. The size and characteristics of the participants are described altogether with the settings, instruments, as well as data analysis obtained from teachers' questionnaires of secondary school in Relizane. This aims at finding out how this category of children (Strutting children) acquires language and if this problem effect on their personality and their educational level especially on their oral skill. We also aim to know how they interact and how teachers treat them.

2.1. Educational Setting

This research was conducted in Chebira abou abd Allah's secondary school in Oued Rhiw, Relizan, to describe and investigate the stuttering disorder.

2.2. The samples

2.1.1.1. Teachers

The sample consists of ten (10) teachers, most of them are in this field for many years, and the others are newer teachers. To achieve this goal, 10 teachers participated in the current study (07 females and 03 males).

2.1.1.2. Student

The sample is boy has twelve years, has stuttering disorder.

2.1.2. Methods and Materials

This chapter aims to describe the tools which comprise the basic part of the research study. This study is based on the data collection that has been gathered through the principle research in the aim of achieving a reliable data which concerns this research study. It consists of a questionnaire for teachers and observation of student. So, we have opted for two main gathering tools which are a questionnaire and observation.

2.3 Instrument

The study was supported by nine items of questionnaires for the teachers of the middle school.

2.4. Research Tools

2.4.1. Description of the Teachers' Questionnaire

The teacher's questionnaire aims at collecting data about stuttering disorder and its impact on mastering speaking skill. The questionnaire was given to ten (10) teachers in secondary school in Relizane. The questionnaire consists of nine questions which are arranged in a logical way. They are either closed questions requiring from the teachers to choose "Yes" or "No" answers, or to check the appropriate answer from a number of choices or open questions. The other questions picking up the right answer are about the skills and the problem that these children find in the class, also if this problem effects their achievement. Additionally, questions about how their teachers deal with them when they participate and speak, and at the end, question about the reason behind this problem according to their families.

2.5. Data Collection

For the data analyses, we assembled data collected from different sources. Examination of data collected took an amount of time, and then we started categorizing answers which in turn were interpreted to make sense of the meaning of the data.

2.5.1 Analysis of the Questionnaire

To come up with reasonable answers to the research questions, data analysis shows that:

Question one: have you ever taught a student who stutters?

Option	Number	Percentage
Yes	02	20
No	08	80
Total	10	100

Table .2. 1 Number of teachers that teach stuttering students
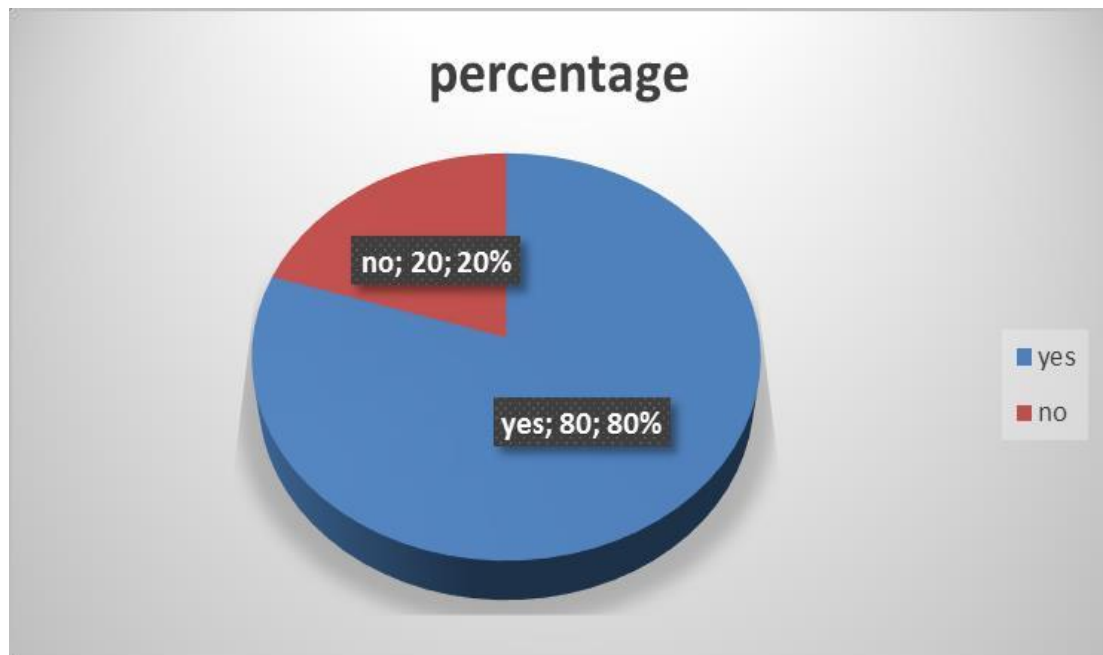
Figure 2.1. Number of teacher that teach stuttering students.

Question two: if yes, why do you categorize them as stuttering?

Options	Number	Percentage
Because they stopped so many times when they speak	01	50
They have problem with breathing	01	50
Total	02	100

Table2.2: Reasons behind categorize these as stutterers.

The aim of question one is to know whether the teachers deal with stutters children or not. It is obvious in the table above that the majority of the teachers did not teach stuttering children (80%).
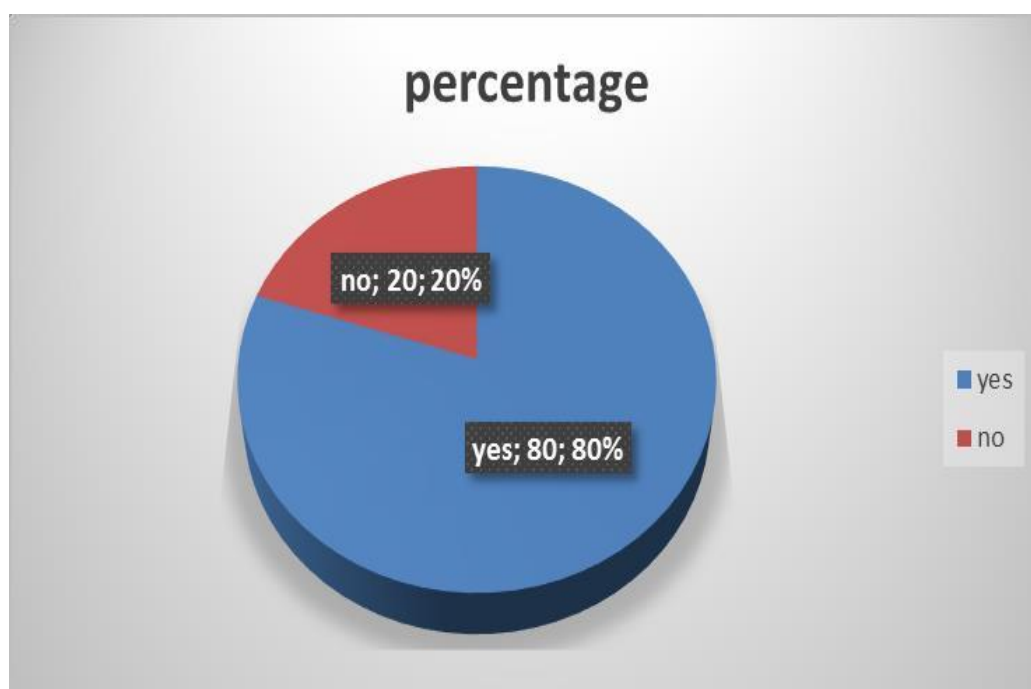
Figure 2.2: Reasons behind categorize these students as stutterers.

The aim of question two is to know why teacher consider these learners as stuttering. We can notice that 50 % of the teacher claimed that because they stopped a lot of when they speak, the other 50 % of teacher said they thought they have problem in breathing because of that they consider these students as stutterers.

Question tree: how do you identify them at first time?

Options	Number	Percentage
Using observation	02	20
Ask a language pathologist help?	02	20
Don't identify them	06	60
Total	10	100

Table 2.3.How teachers identify them.

The highest percentage of the teachers (60٪) claimed that they do not identify their learner. Others said that they ask a help of language pathologist and (20%) they just using their observation to know if these learner has a stuttering problem
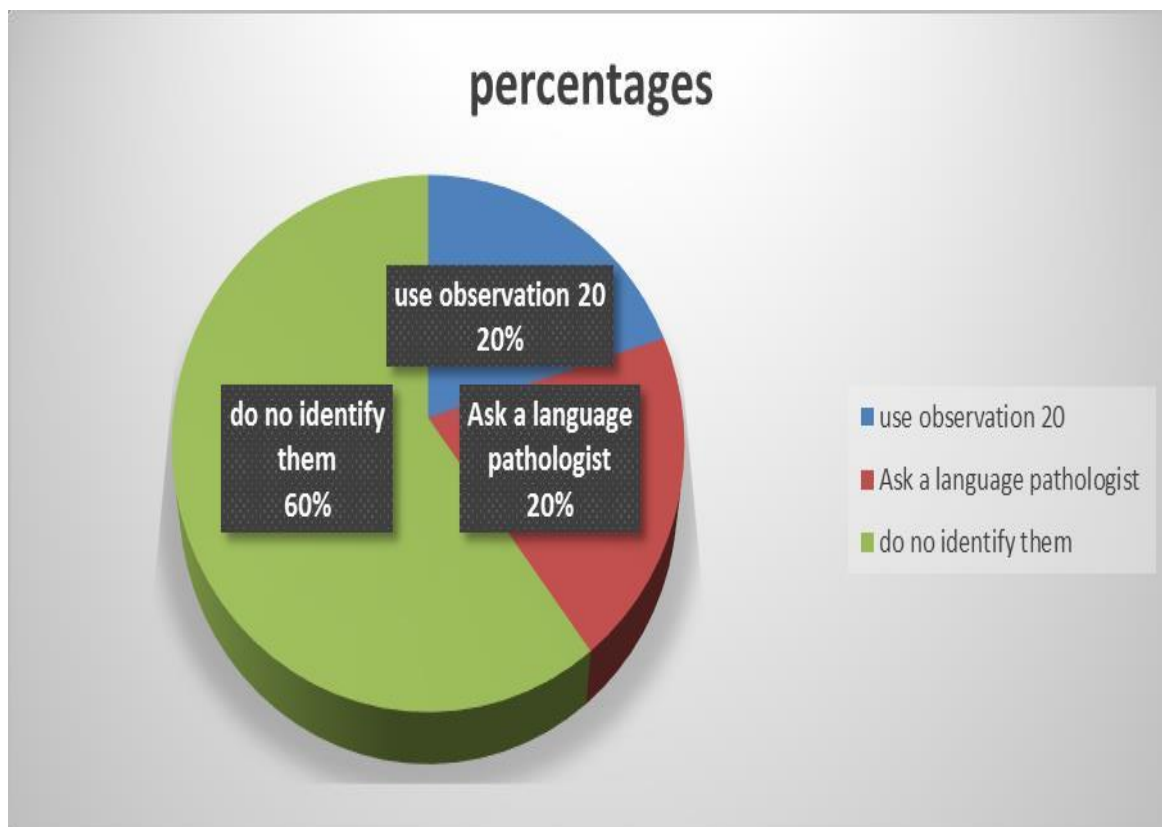
Figure 2.3. How teachers identify them.

Question four: do your students who stutter have problem with all languages?

Options	Numbers	Percentages
Yes	04	40
No	06	60
Totals	10	100

Table 2.4. Does stutter students have problem with all languages.

The table above shows that 60% of the teachers said that these stutter students do not have this problem in the others languages because they did not notice them , but 40% of them claimed that yes these students have the same problem with the others languages

according to them observation.
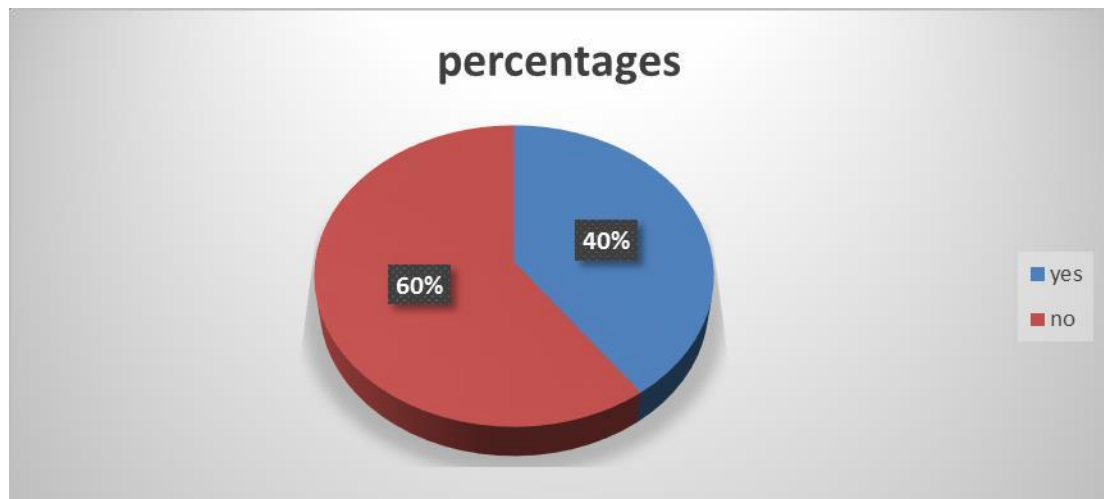
Figure 2.4. Does stutter students have problem with all languages.

Question five: what is the stutters' main difficult skill that you have observed as a teacher?

Options	Number	Percentage
Writing	00	00
Listing	00	00
Speaking	10	100
Reading	00	00
Total	10	100

Tale 2.5. The stutters' main difficult skills .

Question five intended to know what the main stutters' difficult skills are. The statistics reveals that the majority of the teachers (100%) claimed that main skill is the speaking skill.
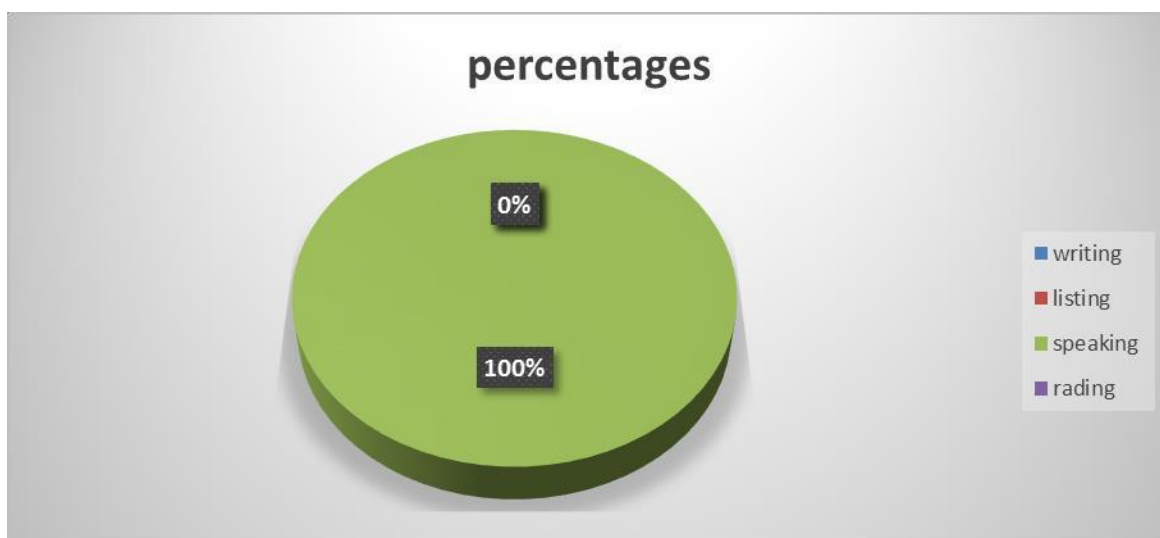
Figure 2.5. The stutters' main difficult skills.

Question six: what do you think of the reasons behind the students who stutter?

Options	Number	Percentage
Shyness and fearless	04	40
Problems of breathing	03	30
Psychological problem	03	30
Total	10	100

Table 2.6.The reasons behind stutters students.

The aim behind question five is to examine the Most reason behind stutter students, 40% of the teachers said that the reason is because they feel shy and sometimes because of their fear speak in front of the others, Others said (30٪) that the problems of breathing is the main reason behind students whom stutter, and 30% tought that psychological problems are the reason behind this difficulty.
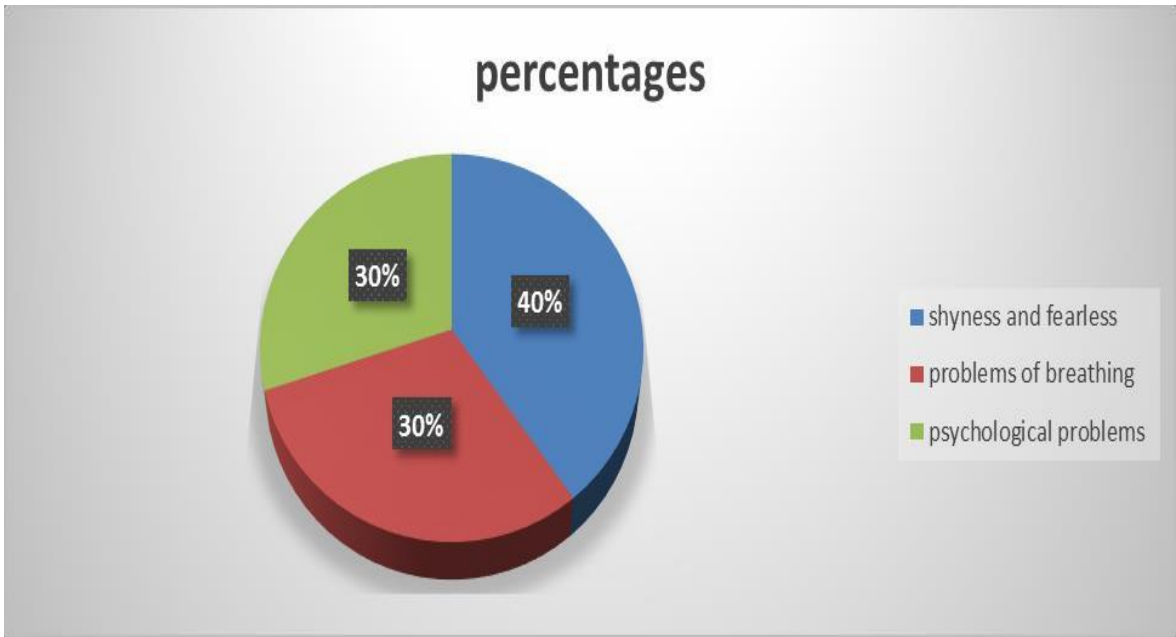
Figure 2.6. The reasons behind stutters students.

Question seven: Do these reasons affect their achievement?

Options	Number	Percentage
Yes	03	30
No	07	70
Total	10	100

Table 2.7. Reflection of the students' academic qualifications.

Question seven aimed to know the students' academic qualification. This table shows that (70٪) of the teachers said that the stuttering problems do not affect the student's academic qualifications. But (30٪) of them claimed that their results or qualifications do affect it because of this difficulty
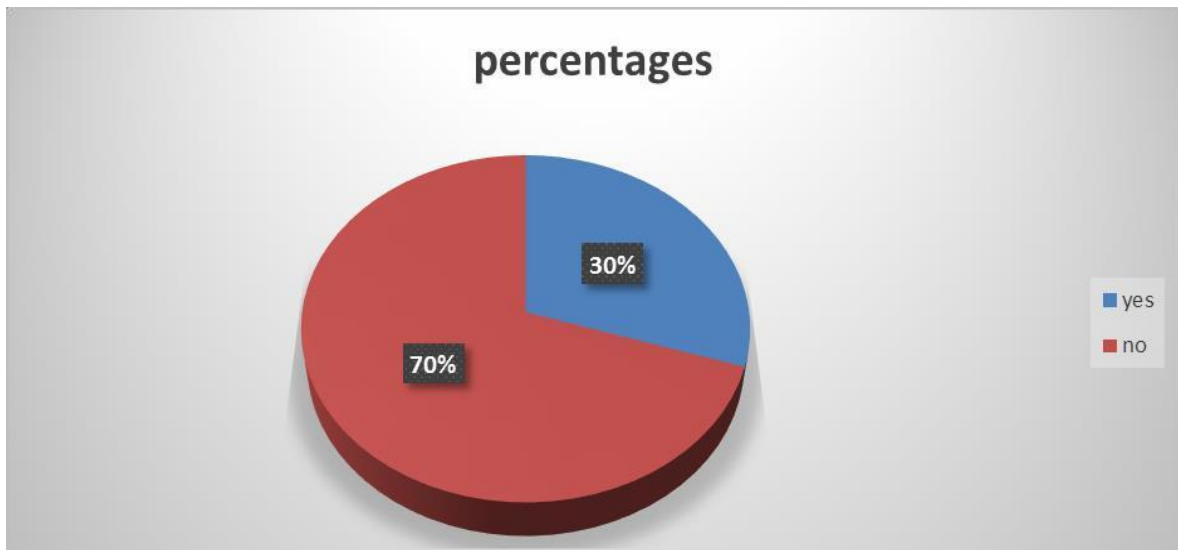
Figure.2.7. Reflection of the students' academic qualifications.

Question eight: do you give stutter students extra attention or help as compared other students?

Options	Number	Percentage
Always	02	20
Sometimes	06	60
Rarely	02	20
Total	10	100

Table.2.8 How did teachers help stutters students

In question eight, we wanted to know how much teachers helps this kind of students. Consequently, 20٪ of the teachers divide between who always helped them and who said that rarely do that, it's me when they speak they give them more time to talk. Bu 60٪ of them claimed that sometimes not always give them more time to talk.
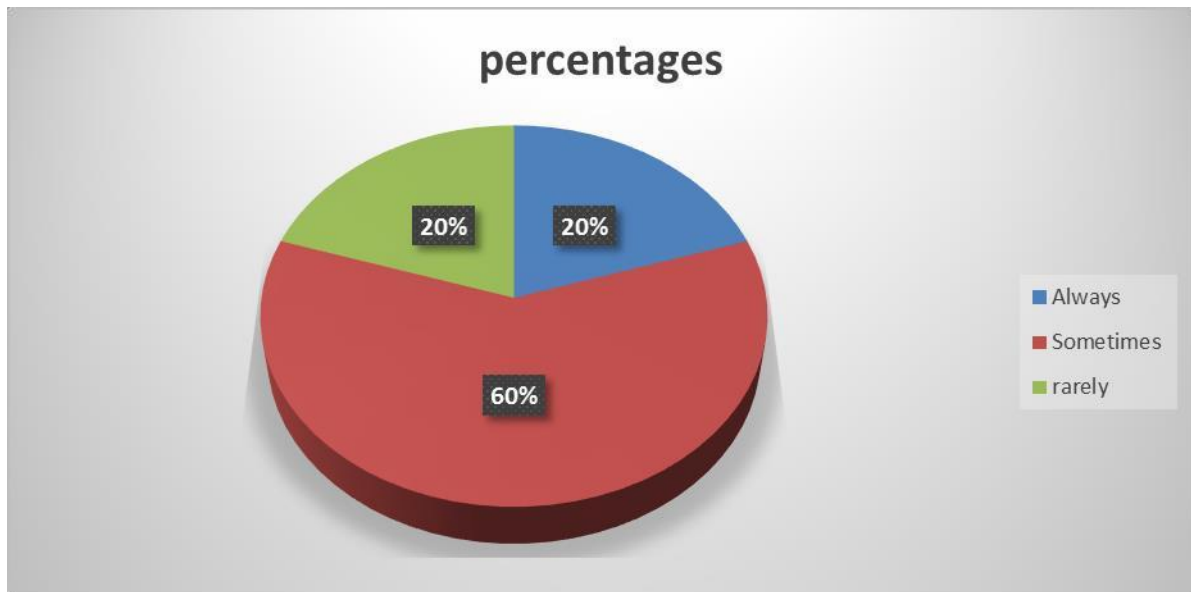
Figure 2.8 How did teachers help stutters students.

Question nine: do you meet their parents to discuss their children's' stuttering?

Options	Number	Percentage
Yes	02	20
No	08	80
Total	10	100

Table.2.9 Did teachers meets stutterers' parents.

The aim of question nine is to know if teachers contact their parents to discuss their difficulty. It is obvious in the table above that almost of the teachers are contacting their parents to discuss the problem of their children (80٪) However, (20٪) claimed that they do not contacting their parents
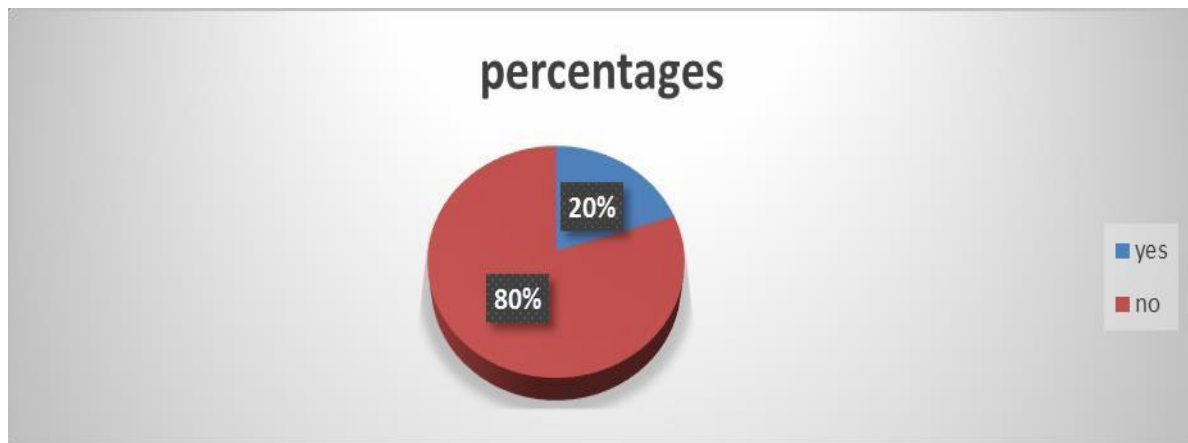
Figure 2.9 Did teachers meets stutterers' parents.

2.6. Interpretation of the result

As the analysis showed the participants in the current study are ten teachers from Relizane's secondary school, which indicate that a few of them taught some stutter students. We revealed that these teachers are observing and noticing their students in the class in which they categorize them, they noticed that these stutter students stopped so many times when they want to speak. According to them these students have problems in breathing. Additionally, teachers categorized them as stutter students this means that there are some teachers who are professional in their job and they care about their students. To emphasis, that the majority of these teachers depend on their observation and they ask help of specialist people like the language pathologist to deal with this kind of students or to identify them if they are stutter students or not, and how they can help them more. In the other hand, seemed that other teachers do not identify these students as stutter students and they think that they just have a simple problem in participating or speaking in front of the people. Moreover, teachers think that these students do not have stuttering problem with other languages; this is caused like we mentioned before that the majority of the teachers do not identify them as stutter students. However, most of the teachers agree that the main difficult skill that they face is in speaking skill, may be because that this problem appear more on them just when they want to speak or when they speak.

According to the analysis, teachers they predict that the real reasons behind this problem that students face due to psychological problems and breathing problem at the birth, or to shyness and fearless, in which they don't have the ability to speak in front of people because they fear they will laugh on them or embarrass themselves if they say

something wrong in public. Although, these students have this difficulty but their qualification' result on their learning are good as the other students, may be its due to that most technique use in evaluation depend on the writing skill.

Furthermore, we realized that in the class teachers most of the time gives this kind of student more time to offer their opinions or to speak because of their difficulty in speaking this means that teachers are helping as much as they can this category to be like the others learners. Finally, according to the data analysis, the majority of the teachers do not contact the parents of these category of learners, because they think that their parents know about their children's' problem or like we said previously, they are not considering these students who stuttering as stutter students.

On the whole, the efforts those theses teachers are making to be good in what they are doing. Besides, the analyses showed that teachers notice their students but they do not take care as much as they must to do. According to them, there is no problem on these students. The finding study deduces, that all the teachers agreed that this category of children or learners have problem in speaking more than in the others skills. At the end, we can say that this category need more care and must provide more branches and factors to face and overcome their difficulties.

5.2.2. Observation

Observation was a helpful method we used to complete this study, we attended a session in secondary school in order to gather more available data through observation .The observation was based on attending in secondary class in which there is a child who stutter ,and observing how he act and speak ,and how he behave .

The case study is a boy has 12 years. We have observed at first that the SWS sit in the back alone.

We consist to attend a lecture which includes oral and reading activities. The first activity was to read a paragraph from the book, we have observed that when the teacher ask to rise hand to choose someone to read, SWS does not rise his hand in contrast, he try to vail his head as he do not want the teacher to see him. But the teacher asks him to read because we have asked the teacher in the beginning to include him in the activity in order to do our observation.

When the SWS was reading we have hear repetitions of such words, including pauses and prolongations; it seems that the SWS face difficulty with those words that he repeat and cannot pronounce it fluently. Those are core behaviors accidental disfluencies that a person who stutters cannot control.

We observe

Repetitions of a sound, syllable, or one syllable word more than once or twice.

Examples:

- ✓ F-f-f-f-f-f-friendship(sound)
- ✓ So-so-so-something(syllable)
- ✓ ………that you can-can-can describe (word)
- ✓ ……………you are-you are-you are talking…..(phrase repetition)

Prolongation- requires of holding out a speech sound but the mouth/ lips/ tongue has stopped moving.

Example:

- ✓ frieeeeeeeeeeeeeeendship

Blocks- we feel that sound or air is stopped in the lungs, throat, or mouth /lips /tongue.

Example:

- ✓ Friend…………………..ship.

In addition to some interjections such as: um, uh.

Another observation was concerning with hidden symptoms such fear and anxiety was so clear in vibration in student's voice.

The second activity was to write a paragraph about preferable thing in life and read it in front of the other classmates. The student was included in the presentation although he does not try to participate, but the teacher asked him to read. When he stand up in front of thee other classmates, we had remark some negative feelings and attitudes were so obvious such as fear, shame, and guilty.

When the SWS is interrupted by other classmates, we observe that he become a shy, some of hidden characteristics were so obvious; audible and observable symptoms: the stutter use to blink, closing his eyes, moving of the forehead, and even tapping feet.

Another different observation was based on the environment including the teacher and the other students, how they act when there classmate start stuttering, we observed that other students help him in finishing the word that he cannot pronounce it fluently , they try to fill the gap when the student who stutter has blocked or cannot get words out. They do not give him time he needs in order to pronounce the difficult word, and express his ideas comfortably. As a reaction, student feel unsafe and because he is interrupted by his classmates, he stutters more and more till he blocked and cannot get the words he wants to say out.

The teacher are limited by time and the course, so he cannot give much time to SWS to talk, thus, SWS do not feel relaxed and he stutters more, and become so shy and anxious.

Most important is that the student does not stutter always, he use to speak fluently some of the time, sometimes, he stutter a lot, and sometimes he speak so fluently.

Conclusion

After analyzing teachers' responses and stutterer's observation, we found out that most of teachers are not aware of the stuttering disorder, its difficulties that may prevent stutterers and affect negatively in the level of SWS especially speaking skill as had showed and confirmed by the stutterer's observation.

Introduction

Stuttering as a term used to describe people with disfluency in speaking; those who generally have problem in speaking fluently or reading, requires more awareness and care from both parents and teachers. Students who stutter surely need more attention, more help and encouragements from their teachers as well as more parents' support. Most importantly, is understanding the reasons behind stutters' difficulties with speaking, and looking for solutions to such problem regard as challenge, involving regular strategies and techniques.

This chapter involves discussion of the findings have been done in the previous chapter including teachers' questionnaire and observation of one stutterer case. In the other hand, it attempt to suggest a number of technical strategies for teachers to help stutterers students, in addition to some advices for parents that may help in supporting their children's stuttering.

3.1. Discussion of the result and the findings

Our research examined teachers of secondary school toward stuttering disorder which has an impact on the student's level. To examine those theoretical beliefs, we have conducted a questionnaire which has been administrated to teacher in addition to observation of case study that has stuttering.

Considering the result we got from analyzing the questionnaire and the observation, we confirm our hypothesis which emphasis that stuttering has an impact on the oral performance of students.

3.1.1. Discussion of the teachers' questionnaire

According to the questionnaire was distributed to teachers at secondary school, we attempt to find different result which were developed based on the literature review. The analysis of teachers' answers show that majority of them are not aware of the disorder what is, or how is characterized. Because of the stuttering disorder is not an obvious term by the majority of the teachers; they are less experienced about how to deal with students who stutter, and which helps must be given to those case of students.

Teachers are limited by time; they are not able to give the stutterer the time he needs to feel relaxed and to be ready to speak. Majority of them do not try even to meet stutterers' parents to speak about the students' problems and difficulties.

3.2. Discussion of the findings concerning the impact of stuttering

Concerning the observation we have done, we notice that students who stutter, struggle in academic area of reading and speaking; they face difficulties in both of the reading and speaking skills, thus, both of them need student's voice. Speaking, stutterer have trouble to find the suitable word to communicate or to convey message in order to express their ideas. In contract, reading is more difficult than speaking; because when speak, students are free to use any word they find it simple and easier to pronounced it with less disfluency, but when reading, students who stutter are obliged to pronounced the word as it is written (so, if there are difficult words which are hard to pronounce, students will stutter more).

In some cases, students who stutter, are unable to form some speech sounds; that because they feel afraid to stutter or block. So they do not like to participate in large group or any social interaction, in general they avoid speaking in class.

Because of the difficulties that they face when speaking, stuttering affect students' self-confidence and self-esteem, which lead students to avoid interacting with peers or even with adults.

In general, students who stutter, experience their difficult and worst times under conditions of stress or emotional tension. Situations that are generally associated with increased stuttering include speaking in front of a group, answering questions in class, and social interaction. True stuttering might result because of the anxiety and tension around communication created between student and the environment's members surrounded him.

3.3. Treatments

Stuttering has no cure, but there is a different of treatments available which can at least help stutterer in reducing stuttering. The treatments vary from a child to adult, based upon a stutterer's age. It is important to work first with a speech-language pathologist to test the child and determine the best treatment options.

Concerning the case of very young children, early treatment may prevent developmental stuttering from becoming a lifelong problem.

3.4. Recommendations

After analyzing the data collections concerning teachers' questionnaire and student's observation, we found that stuttering disorder is an …. Term for the majority of people even

teachers and students, they are not aware of its impact on the student who stutters. So to achieve good results, teachers and parents must be ready to encourage their stutterers and to help them in working on improving their speaking skill.

We recommended in general, schools must be connected with speech language pathologists; thus, to help in knowing if students may face any disorder that can affect their level. Also, teachers must be aware of such disorders; reason, effect, and treatment, by taking special courses to be well experienced and to know how to deal with. Then, teachers should meet the students' parents to talk about their children; their difficulties, behaviors….

3.4.1. Recommendations for parents

3.4.1.1. Acceptance

The most powerful message you can convey to your child is that you accept him as he is whether he stutter or not, this will make him feel supported and encourage him. When the child brings up the stuttering subject, talk openly and honestly, let the child know that it is okay for some disruptions to occur.

3.4.1.2. Interact with your child

Try as much you can to increase those times of interacting with your child, give your child the message that you are listening and he has plenty of time to talk. Try in addition to decrease criticism, rapid speech patterns, interruptions, and questions.

3.4.1.3. Give your undivided attention to your child

Set aside a few minutes at a regular time each day when you talk with your child, use slow, calm, and relaxed speech with plenty of pauses. You may also choose an activity that does not require talking, in order to have a quiet time in which you create a "no pressure" atmosphere.

3.4.1.4. Speak in relaxed way

When your child is talking, wait a few seconds after your child finish speaking then start to talk. Do not forget to talk in unhurried way in conjunction with frequently pauses. Your own slow, relaxed speech will be far more effective than any criticism or other advice such as" slow down" or "try it again" which may draw attention to a child's speech.

3.4.1.5. Reduce the number of questions

In order to help your stutterer child, reduce your questions. Instead of asking questions, you should just comment of what your child has said to let him know that you are hearing him.

3.4.1.6. Using of body language

When your child is stuttering use your facial expression and other body language to convey to your child that you are listening to the content of his message and not to how he is talking.

3.4.1.7. Take turn talking

Help all members of the family learn to take turns talking and listening, this will help a child who stutters to find it easier to talk when there are a few interruptions and he has the listener's attention.

3.4.2. Recommendations for teachers

As a teacher, you play a big role in helping students who stutter or face any problem disorder. So before trying to help the student who stutter, it is important to learn as much as you can about stuttering. You should become aware of the types of conditions in the classroom that promote stuttering and should understand the types of conditions In the student's environment that promote fluent speech.

3.4.2.1. Practice patience

Turner says:

"Keep eye contact, be patient, and just let them knew you are there with

them and that you are not in hurry"

The student who stutters should be given much time needed to talk. Instead of focusing on the time it takes to have a conversation or to answer a question, according to **Turner**, you should focus on the importance of the conversation. Thus, the students who stutter may need a little more time to say what they have to say.

3.4.2.2. Refrain from giving speaking advice

According to Millager, the best policy is to be honest. Say something like; I am sorry, I did not catch the idea, can you say it again?

3.4.2.3. Do not try to fill in words

When stutterer cannot catch the word out, people feel that gap, and want to fill it. In contract, it is essential to become comfortable with silence. If student you are speaking to, pauses for a prolonged period, do not jump in with assumptions of want they want to say. Give them the right to their own though alone.

Focus attention on content rather than the production: listen to what is being said "meaning", not how is being said "form". Let the student take all the time needed to make a point. Show acceptance of what the child expresses rather than focusing on how it is said.

Ask the student to repeat only the parts of the utterance that were not understood instead of those that were nonfluent. This show that you were listening and that the message is important.

3.4.2.4. Others additional advices

➢ Children are very sensitive from adult reactions, and a negative reaction (verbal or non verbal) from you could result in increased disfluency on the part of the student
➢ If everyone in the class is going to answer a question, call on the child who stutters fairly early. Tension and worry can build up the longer he /she has to wait.

Do not:

➢ Supply words or finish sentences for the students.
➢ ask the student to slow down or relax you will only draw attention away from the topic to the speech difficulty.
➢ Excuse a stutterer from oral presentations.
➢ ask questions that require lengthy or complex oral responses
➢ ask for repetition of the sentence to stop and start again, or to take a deep breath.

3.4.3. Recommendations for a stutterer

"The stutterer must conquer his own problems.
No one else can do it for him."

Van Riper

Yes, it is hard for you to stutter. But you must know that you are not the only stutterer in the world. Although stuttering cannot be completely cured, but there are some things that you can do to improve your speech.

When you stutter, you know what want to say but you may find it hard to get the words out. You may feel like as the words get stuck, or you find yourself repeating words and sounds over and over. Don't sit around waiting for the right time for inspiration to come to you, you must go to it.

There is no quick and easy way to tackle stuttering, but with the right approach, self-therapy can be effective. The following tips are some advices for stutterer that may help in reducing stuttering.

3.4.3.1. Slow down

It is so effective, in order to prevent stuttering, you should speak slowly. Talking, expressing your though and ideas, or answering a question can lead you to stutter, thus, you will speed up your speech or have trouble getting the words out. So, you should take a few deep breaths and start talk slowly, this may help you to control your stuttering.

3.4.3.2. Practice

Practice your speech in a safe environment; talk with your close friends or family members, this may help you feel more at ease with yourself and the way that your speech sounds. Sit in front of a mirror and try to talk and to feel more confident. Close your ears in order to not hear your voice and your disfluency that may help you in preventing stuttering.

Conclusion

Stuttering disorder affect so much the level of students who stutter. The chapter present is entirely devoted to some possible recommendations and suggestions regarding the stuttering disorder prevent. Students who stutter need to be encouraged and motivated by the

environment especially there teachers and parents. We also present some advices for students who stutter aimed at help them to reduce or stop stuttering as much as they can.

General conclusion

The main value of this research is to maintain the stuttering difficulties that may students face in class. This dissertation has presented how can stutterers confront their disfluency, in addition to the teachers' role in helping the students who stutter. The research contains three chapters. The first chapter represents the theoretical part of the dissertation in which a wide range of definitions and information about stuttering are involved. The second chapter deals with practical part of the study, in which a detailed description of the means of data collections, results and their analysis are provided. The third chapter is entirely devoted to some possible recommendations and suggestions regarding to prevent the stuttering and improve the speaking skill as much as the can.

After analyzing the results of questionnaire and the observation we have done, it is found out that the stuttering disorder affects the students' level especially in the oral performance. In addition to that, teacher plays an important role in helping their stutterer's students in facing their disfluency. Also, self-therapy is so effective for stutterers to guide them in order to control their stuttering. Stutterers like to enhance their speaking skill through self therapy methods which is challenging and motivating them to face their disfluencies. So, the research findings have confirmed our hypothesis. Stuttering has to affect negatively the level of the students who stutter. In addition to that, the role of both teachers and stutterers students exist inside the classroom and this motivate SWS in improving speaking skill in general and stopping stuttering in particular. Teacher through teaching speaking can guide stutterers to face speaking difficulties and to control their stuttering. So, to achieve good results, teachers must use different methods to encourage stutterers. This study can be considered as introduction to tapping into the teacher and stutterers the importance of speaking fluently in the classroom. Through this work, the researcher hopes to give more ideas and suggestions for everyone interested in the subject matter.

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Website

http:// www.asha The American Speech-language-Hearing Association.

http:// www. Stuttering help org/ Stuttering Foundation's website.

http://www. Stuttering help org/ Special-education-low-children-who-stutter.

Teachers' Questionnaire

Dear teachers,

This questionnaire is a data collection tool, on the stuttering disorder, in order to prepare a master dissertation. It aims at taping into your experiences and ideas. Your contribution will be of great help to make the research work achieve its objectives. We would be grateful if you could answer the following questions by ticking (√) the appropriate box, or by making a full statement wherever needed.

Questions:

1-Have you ever taught a student who stutters?

Yes ☐   no   ☐

2-Why do you categorize them as stutterers?

……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………………………………………………………………………

3-How do you identify them at the first time?

   a-Using observation

   b-Ask of language pathologist help

   c-Don't identify them

4-Do your students who stutter have problem with all languages?

Yes ☐   no   ☐

5-what is the stutterers 'main difficult skill that you have observed as a teacher?

a- Writing   ☐

b- Listening   ☐

c- Reading   ☐

d- Speaking ☐

6-what do you think of the reasons behind the students who stutter?

………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………

7-Does these reasons affect their achievement?

Yes ☐   no   ☐

8-As a teacher, do you listen to them when they are speaking?

Do you give stutterer students extra attention or help as compared to other students?

Always ☐   sometimes ☐   never ☐

9-Do you meet their parents to discuss their children' stuttering?

Thank you for your collaboration.