

# Differential Diagnosis Between Normal Non-Fluency & Stuttering

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What differentiates stuttering from normal non-fluency is a question which still draws debates. Several authors (Davis, 1939; Johnson, 1982; Eglan, 1955; Meyers, 1989) have tried to list the features which delineate stuttering from normal non-fluency but of no avail. Till now, no consensus has been reached among the Speech Pathologists as to what features constitute stuttering and what constitute normal non-fluency.

The present study aims at differentially diagnosing the children who report to the Institute with the complaint of stuttering using the fluency test proposed and developed by Nagapoornima (1990), Indu (1990), Yamini (1990), Rajendraswamy (1991). 25 children in the age range 3-7 years, belonging to the middle socio-economic class were chosen for the study. Speech samples, were elicited from all children using the picture description task, connected pictures, cartoons and Panchatantra story pictures respectively for 3-6, 4-5, 5-6 and 6-7 year old children.

Recorded speech samples were transcribed verbatim and analyzed for the following disfluencies. Unfilled pause, filled pause, repeat, prolongation, audible inspirations, parenthetical remarks, false starts and part question repetition, broken words and hesitations. For e.g.. Ma Mara was considered as one instance of repetition while 'ma..ma..mara' was considered as two instances of repetitions.

The data obtained was compared with the normative data given by Nagapoornima (1990), Indu (1990), Yamini (1990), Rajendraswamy (1991) for the diagnosis of stuttering or normal non-fluency. Also, a comparison of the diagnosis of the child on the basis of the fluency test was made with that of a speech pathologist. Pearson's correlation test was performed to find out the correlation between the diagnosis by the test and by Speech Pathologist.

The results indicated that repeats, unfilled pauses and filled pauses to a greater extent and prolongations and audible inspirations to a lesser extent seem to guide in the diagnosis of a child as a stutterer. Unfilled and filled pauses in the younger age group and repeats and filled pauses in the older age group facilitated easy diagnosis of stuttering. The Speech Pathologist appeared to follow varied criteria in differentially diagnosing the subjects as stutterers or normally non-fluent. In the younger age group, the Speech Pathologist tended to label the child as being 'normally non-fluent<sup>1</sup>' and with increase in age, the label of 'stuttering' was used more frequently. Also, there was a positive correlation of  $r=0.505$  between the judgements of the Speech Pathologist and results of the fluency test. It was observed that a strict and uniform measure was to be followed by the Speech Pathologist to diagnose a case as stutterer or normally non-fluent.

Based on these results, the test was found to be valid and clinically useful in differentiating younger stutterers from their normally non-fluent peers. The fluency test provides a set criteria which could be used as a diagnostic tool.

However, the fluency test needs some modifications in the form of reduced length of testing, decrease in number of picture description tasks and deletion of parenthetical remarks, part question repeats, and false starts from the list of disfluencies. The validated modified form of the fluency test may be used by the Speech Pathologists to have uniformity in their diagnosis.