

Stuttering As A Socio-Psychological Problem

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Abstract: Article is dedicated to the examination of stuttering as the psychological problem: source, phenomenology, strategy of vocal behavior, the types of rendering to psychological aid. Is represented the effective method of overcoming the stuttering – family group of logopsychoterapiya.

Keywords: Stuttering, psychological problem, psychological aid, the family group of logopsychoterapiya.

Introduction: Nowadays, the importance of developing systems and comprehensive programs aimed at improving the socio-psychological adaptation of both individuals and entire social groups is determined by the fact that the presence of any physical, psychological, or psychosomatic pathology inevitably creates a heavy “psychological background” and becomes a favorable ground for the disruption of various connections with the world.

A pronounced degree of neurotic manifestations in adolescents and adults, particularly in cases of stuttering, has a deforming effect on their communication and personal development. Stuttering is defined as a complex psychophysiological condition that manifests in a disturbance of speech rhythm and fluency during situations of meaningful communication [1].

This disorder belongs to the group of functional neuroses of communicative nature and can be considered a disruption of speech communication. Stuttering, which arises in early childhood and accompanies the development of personality until maturity, significantly distorts both one’s relationship with the external environment and one’s personal development. Of particular importance in this disorder is the fixation of the individual on their speech defect (V.I. Seliverstov), which hinders not only fluent and rhythmic speech production but also the ability to fully express oneself in communication. The degree of fixation on stuttering begins to progress already in adolescence and becomes a factor that hinders not only communication but also personal growth in many areas of life.

Since stuttering affects not just the ability to generate and articulate speech, but also the capacity for full-fledged communication, people who stutter require not only (and sometimes not primarily) correction of speech as such, but also psychological support aimed at restoring impaired speech communication at all levels: communicative, perceptive, and interactive. This makes it possible to consider stuttering a psychological problem. A psychological problem (from the Greek *problema* – task, challenge) is always associated with the impossibility of satisfying a strong desire (urge, need, or motive) of the person. The reason for the unattainability of the desired outcome, as well as the desire itself, lies within the person’s psyche, their inner world, and their attitude toward themselves and the world. In this regard, a psychological problem can only be resolved through internal means, which sometimes include abandoning the original desire, and the task of those who provide help is to assist the client in changing themselves, rather than changing external life circumstances beyond their control.

Let us consider stuttering as a psychological problem. The study of the causes and mechanisms of stuttering in the form of logoneurosis shows that persistent logophobic difficulties can be viewed as the result of many incomplete speech communication situations. The concept of incomplete actions is central in Gestalt therapy and originates in Gestalt psychology of perception (B.F. Zeigarnik, F. Perls, Polster & Polster). B.F. Zeigarnik discovered the phenomenon of enhanced memory for incomplete actions, which postulated the principle of completion: a person always strives to complete an action or situation because incomplete actions and situations form a tension-

charged system that demands resolution and fulfillment. This principle became the foundation of the concept of incomplete actions (or situations) in Gestalt therapy (F. Perls) [4].

The basis of incomplete speech acts in stuttering is the incompleteness and dysfunction of the communicative act, and often its interruption, and therefore, the interruption of the satisfaction of the need for communication. In communication, the individual seeks to satisfy their active and tense communicative need, i.e., to complete unfinished communicative situations. However, in persistent stuttering, we observe the formation of the opposite tendency — the avoidance of completion, which is manifested in restricted communication or complete refusal to engage. The initially incomplete communicative situation in stuttering becomes the source of the problem. It provokes a psychological state of dissatisfaction with contact and its interruption. This also leads to the disruption of the leading communicative need at the level of resource mobilization and execution of action.

Based on psycholinguistic analysis, the presence of stuttering can be identified at all stages of speech generation, starting from the level of motivation, when motivational involvement is influenced by previous negative experiences in situations of incomplete or disrupted communication.

From the standpoint of the pathogenetic concept of neurosis, in neurotic stuttering, repeatedly occurring negative mental states begin not only to accompany but also to precede each process of verbal communication. A neurotic pathological circle emerges, characterized by the incompleteness of communicative situations and the frustration of the need for natural and full-fledged communication.

It can be stated that, with age, individuals who stutter accumulate a negative experience of verbal interaction, deprived of successful completion and associated with adverse psychological states (dissatisfaction with oneself and one's speech, heightened anxiety, irritability, a sense of hopelessness, etc.).

Phenomenologically, stuttering manifests itself at all levels of the integral personality: at the level of thoughts, feelings, and actions. We observe a whole complex of psychophysical disturbances at the levels of breathing, voice, speech tempo, bodily sensations (spasms in parts of the speech apparatus, muscle sensations from posture and motor activity, etc.), as well as on the emotional level (excitement, anxiety, fear, insecurity). Unlike many psychological problems, the problem of stuttering cannot be hidden from others. As aptly noted by Yu.B. Nekrasova, stuttering is

a “sounding psychological trauma”: it becomes apparent not only auditorily (tonic-clonic speech blocks, verbal tricks, collapse of speech programming) but also visually (muscle spasms in the face, mouth, neck, facial tics, accompanying movements—shoulder, hand, or leg twitches, tapping, foot-stamping, etc.) and physically (adoption of awkward “insecure” postures, avoidance of eye contact, inflexible speech communication strategies, etc.).

Another feature of stuttering as a psychological problem is its masking as a purely medical condition. For some individuals who stutter, as well as their parents, stuttering is still perceived as a disease that should be treated primarily with medical methods. While the necessity of therapeutic interventions in severe forms of stuttering is undeniable, this does not diminish the significance of psychological difficulties experienced in communication by those who stutter. Although the questions of providing psychological support to people who stutter have been thoroughly addressed, the need for such support is not always recognized.

According to the dictionary edited by A.V. Petrovsky and M.G. Yaroshevsky, psychological assistance is defined as “a field of practical application of psychology aimed at enhancing individuals’ socio-psychological competence and providing psychological support to individuals, groups, or organizations” [5, p. 306]. The same source lists the main methods of psychological support: individual counseling and group forms of psychological work, such as psychocorrection, psychoprevention, as well as psychotherapy, including group therapy. As Carl Rogers, the founder of client-centered therapy, emphasized, psychological help consists of creating special “helping” relationships between the specialist and the client; these are “relationships in which at least one party intends to contribute to the personal growth, development, improved functioning, maturity, and interpersonal skills of the other” [6]. Helping relationships are expressed primarily through empathy toward a person experiencing difficult moments in life, and in encouraging them to become aware of those experiences. This can be done without active intervention—simply by being present. As a result of such relationships, the Other becomes “a more integrated personality, a person with a more pronounced individuality, capable of expressing themselves.” Help can be given to someone who needs it—someone experiencing behavioral or communicative difficulties that require resolution, i.e., a problem. To solve a problem and provide support when a person cannot cope alone, three things are required from another person: to possess specific

resources; to know how to resolve the problem; to take action toward its resolution. The third component is central, since only the person's own actions lead to problem resolution and the satisfaction of the frustrated need. This is why it is impossible to help someone without their participation, even with the best intentions. Analyzing the experience of individual counseling and group work with people who stutter, we conclude that recognizing stuttering as a psychological problem is often difficult for them. Very often, it is simply denied, and all their attention is focused solely on speech training. Individuals who stutter more often offer themselves as objects of influence and less frequently allow themselves to be authentic subjects of psychological support. There are two models for addressing psychological problems: relying on the client's own strengths – the "together with the client" model; relying on the therapist – the "instead of the client" model. It is important to note that both approaches are valuable in their own way, they complement each other, and can be useful and effective. The choice of a particular type of support depends on the situation, the needs, and the capabilities of the individual. However, the first type of help is more strongly associated with subject-subject relationships, whereas the second corresponds more to subject-object relationships. Experience shows that the effectiveness of overcoming stuttering as a psychological problem of communication is determined by the personal involvement of the individual who stutters, and by their gradual personal growth through self-development. The table shows the distinctions between the two types of psychological support [2].

F. Perls created a practical model of personal growth by defining its conditions, specific techniques, and technologies, emphasizing that personal growth cannot be forced, it cannot be taught—it can only be facilitated. The effectiveness of the social rehabilitation process always depends on the extent to which the individual perceives themselves as the subject of personal transformation. Person-centered (psychological) psychotherapy is always directed toward the subject component of the client's personality—this is a part of its fundamental philosophy. Psychotherapist N.D. Linde identifies the following six differences between a person in the position of a subject and a person in the position of an object [2, pp. 16–18]:

The subject exhibits free activity, which is expressed in three main types of actions: a) Initiative, i.e., spontaneous, independent undertakings and proposals; b) Decision-making, i.e., choosing the most appropriate option from a range of alternatives; c) Self-

realization, i.e., autonomous actions to implement one's decisions and intentions (autonomy and responsibility).

The subject possesses a rich, multifaceted inner world and makes decisions based on their own understanding of the situation, personal interests, and the consequences of their actions. The subject is capable of change, meaning they can develop new qualities within themselves, change their behavior, and be open and spontaneous toward new qualities and new experiences. The subject is capable of self-development and self-improvement, meaning that today they can solve more complex tasks than they did yesterday, and tomorrow they will handle even more difficult problems. This applies to intellectual abilities, creative capabilities, and personal growth. The latter is especially important for psychotherapy, because on the path of development, a personality constantly faces increasingly complex problems, and by solving them, becomes more refined. The subject builds a personal perspective, meaning that their current actions and decisions are guided by some vision of their future. Understanding stuttering as a psychological issue that manifests in difficulties in verbal communication allows the principles and methods of psychological practice to be extrapolated to the sphere of its resolution—namely, family group logopsychotherapy. This provides an opportunity to enrich existing approaches, explore new directions, and identify new points of application in organizing psychological interventions and psychological interaction. The use of psychological counseling (both individual and group) in family group logopsychotherapy adds new opportunities and productivity to the process of restoring impaired speech communication.

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