

Acquired stuttering with differential manifestation in different languages: A case study

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Abstract

The case is reported of a bilingual (Dutch English) speaking woman who started to stutter after a whiplash trauma. Although the pattern of dysfluency was quite similar in both languages (more dysfluencies in propositional speech than in non-propositional speech; function words and monosyllabic words more affected than content words and polysyllabic words, respectively), stuttering severity differed significantly. The patient had more dysfluencies in her native language. Contrary to what is commonly seen in bilinguals with developmental stuttering, language proficiency was apparently not a determining factor for stuttering severity.

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1. Introduction

It is estimated that nowadays over 50% of the world's population is bilingual (De Houwer, 1998) and it has even been claimed that bilingualism is the rule rather than the exception in many

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countries worldwide (Crystal, 1987; Grosjean, 1982). In spite of this, the overlarge majority of studies on stuttering and fluency disorders continue to have monolingual speakers as participants or do not take into account that the participants master more than one language (see for instance Millard, 2003). This is even more true for fluency disorders other than developmental stuttering.

With regard to developmental stuttering, Nwokah (1988) suggested that in bilingual speakers the stuttering may theoretically manifest itself in three different ways. An individual may stutter in one language and not in the other. He/she may stutter in both languages showing similar patterns of dysfluency in each language. Or stuttering may occur in both languages but with stuttering behavior that varies from one language to another. A review of the literature (Van Borsel, Maes, & Foulon, 2001) shows that bilingual persons who stutter in one language and not in the other, are very exceptional. By far the most common pattern seems to be that stuttering occurs in both languages with one language being affected more than the other. It should be admitted though that conclusion should be taken with caution. The overlarge majority of studies has a limited number of participants and there may moreover be a selection bias.

It is not clear to what extent a similar picture holds for other forms of dysfluency, and more specifically acquired stuttering. Lebrun, Bijleveld, and Rousseau (1990) reported the case of a right-handed French-Dutch speaking male who began to stutter following a penetrating brain lesion. The authors mention that the speech impediment fluctuated but never disappeared and “affected his French and Dutch equally” (p. 255). Apparently this is a case that defies the common pattern seen in developmental stuttering. There is some suggestion in the literature that acquired stuttering is more pervasive and in contrast to developmental stuttering tends to occur across all speech tasks (Ringo & Dietrich, 1995). Perhaps, the equal manifestation of stuttering in both languages in this case is a further illustration of this pervasiveness. It should also be added, however, that Lebrun et al. (1990) did not provide formal measurement data to support their clinical impression that both languages were affected equally.

The purpose of this paper was to present another case of acquired stuttering in a bilingual speaker. The fluency failures are documented in a Dutch-speaking woman who was highly proficient in English and who started to stutter after a whiplash trauma.

2. Case history

MT is a right-handed woman whose native language is Dutch. She studied classical philology (Greek and Latin) but after a few years of teaching at a secondary school, at the age of 26 years, she changed her job for a career as a business consultant in an American IT company. From that time onward, she started to use English on a daily basis, being the primary language for her professional activities. MT initially learned English at the age of 13 years when she entered secondary school. At the age of 35 years MT became the victim of a motor vehicle accident, suffering a whiplash trauma without cranial trauma or cerebral concussion. Following this event she had concentration and word-finding problems for which she had speech language therapy. About half a year later her condition had improved significantly and was nearly normal. Four years after the accident, she suffered a second whiplash trauma in another motor vehicle accident, again without cranial trauma or cerebral concussion. Again the accident caused concentration and language problems for which MT was enrolled in speech language therapy. This time, however, she also presented with speech dysfluencies. It is unclear when exactly these dysfluencies manifested themselves for the first time. MT had been following speech language therapy for 7 months when, at the age of 39.9 years, she consulted at the University clinic for an extensive evaluation. Immediately after the accident she had been

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