

Case Study: Managing Depression and Stuttering in a 13-Year-Old Boy

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Abstract

This case study examines the diagnostic process of a 13-year-old boy suffering from depression and stuttering. The study explores the emotional and psychological factors contributing to his stuttering, including early separation from his mother, social isolation, and suicidal ideation. The diagnostic process included interviews, projective tests (e.g., Rorschach test, House-Tree-Person drawings), and exploration of suicidal thoughts. Findings suggest that the boy's stuttering is deeply intertwined with his emotional struggles, particularly separation anxiety and depression. The study concludes that psychotherapy should precede speech therapy to address the underlying emotional issues.

Keywords: childhood depression, stuttering, separation anxiety, speech therapy, psychotherapy

Introduction

In clinical practice, a recurring issue is determining who is competent to treat stuttering. Speech therapists often believe that stuttering, due to its emotional underpinnings, should be addressed through psychotherapy. Conversely, psychologists view stuttering as a speech problem and refer patients back to speech therapists. While speech therapy can improve fluency, communication, self-expression, and self-competence, children who stutter may also have significant emotional problems. This case study presents the diagnostic process of a 13-year-old boy who stutters and suffers from depression, highlighting the role of emotional factors in stuttering and the need for a multidisciplinary approach to treatment.

Childhood Depression

Depression affects individuals of all ages, including children and adolescents. Among school-aged children, depression is increasingly common and often goes unnoticed. Symptoms include feelings of worthlessness, anxiety, irritability, hopelessness, loss of interest in activities, changes in appetite, sleep disturbances, and difficulty concentrating. Freud (1917) suggested that depression involves guilt and self-criticism, often related to childhood loss. Bowlby (1982) emphasized the importance of secure relationships with caregivers for healthy emotional development. Early separation from caregivers can lead to developmental delays and depression, as observed by Spitz (1945) in infants separated from their mothers.

The Role of Separation in the Etiology of Stuttering

Research indicates that early separation from the mother can contribute to the development of stuttering. In a study of 80 children who stutter, 39 had experienced separation from their mothers before the onset of stuttering. Wilkinson (1988) argued that stuttering arises from a conflict between the child's need for symbiotic fusion with the mother and the need for independence. Early separation can create anxiety and a fear of losing access to the mother, which may manifest as stuttering. This case study explores how early separation and emotional trauma contribute to stuttering in a 13-year-old boy.

Case Study Analysis

Background: The subject, a 13-year-old boy, was referred to speech therapy for stuttering, which began at age three. He also experienced bedwetting at age four. During the diagnostic process, it became evident that he had significant emotional problems, including moodiness, sadness, irritability, and social withdrawal. He lost interest in school and expressed suicidal thoughts.

Diagnostic Methods:

First Interview: The boy appeared moody, spoke softly, and had difficulty expressing emotions.

Mother's Report: Early childhood separation from his mother led to significant distress.

Projective Tests: House-Tree-Person drawings, family drawings, and the Rorschach test revealed underlying emotional struggles and conflict.

Findings:

- The boy's drawings indicated insecurity, fear of separation, and unresolved emotional trauma.
- The Rorschach test showed signs of anxiety and ambivalence towards his mother.
- He expressed suicidal thoughts linked to bullying and a sense of social isolation.

Intervention Considerations

Given the severity of his symptoms, a multidisciplinary approach was recommended. While speech therapy could aid in improving fluency, psychotherapy was deemed essential to address his emotional distress. The following interventions were proposed:

- 1. Psychotherapy:-** Cognitive Behavioral Therapy (CBT): To help the subject reframe negative thoughts and develop coping strategies.
Trauma-Focused Therapy: Addressing early separation anxiety and emotional trauma.
- 2. Speech Therapy:-** Gradual exposure to speech situations to build confidence.
Fluency techniques to reduce tension and improve speech flow.
- 3. Social Skills Training:-** Encouraging interaction and reducing avoidance behaviors.
- 4. Parental Counseling:-** Educating family members on the emotional impact of separation and fostering a supportive home environment.

5. Crisis Intervention:- Immediate mental health support to ensure safety regarding suicidal thoughts.

Conclusion

This case study illustrates the critical role of early intervention in childhood mental health. Stuttering, often perceived solely as a speech disorder, can be deeply connected to underlying emotional struggles. The subject's history of separation, bullying, and emotional dysregulation contributed to his distress, necessitating an integrated treatment plan. This study highlights the importance of recognizing emotional factors in speech therapy and ensuring access to appropriate psychological care.

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