

Let us now turn to the research findings and clinical observations for which these views of stuttering must account. It is as if our imaginary bicycle factory described earlier in this chapter had been producing old style bikes with pedal brakes and no gears (the one-word stage) but is now being asked to produce bicycles with hand brakes and two sets of gears (multiword stage), even as customer demand is requiring faster work on the production line (speech rate increases with longer utterances). Stuttering is a Low-Incidence Disorder The fact that the prevalence of stuttering is relatively low may be a consequence of chronic stuttering resulting from a combination of at least two biological predispositions, the co-occurrence of which does not happen frequently. Perhaps the task of coordinating all the phonetic, phonological, syntactic, and semantic components of longer utterances is too much for inefficient neural circuitry under stress. Stuttering is a Low-Incidence Disorder The fact that the prevalence of stuttering is relatively low may be a consequence of chronic stuttering resulting from a combination of at least two biological predispositions, the co-occurrence of which does not happen frequently. Perhaps the task of coordinating all the phonetic, phonological, syntactic, and semantic components of longer utterances is too much for inefficient neural circuitry under stress. Stuttering is a Low-Incidence Disorder The fact that the prevalence of stuttering is relatively low may be a consequence of chronic stuttering resulting from a combination of at least two biological predispositions, the co-occurrence of which does not happen frequently. Perhaps the task of coordinating all the phonetic, phonological, syntactic, and semantic components of longer utterances is too much for inefficient neural circuitry under stress. This demand for complex prosody at the multi-word stage at the same time that phonological, syntactical, Let us now turn to the research findings and clinical observations for which these views of stuttering must account. This demand for complex prosody at the multi-word stage at the same time that phonological, syntactical, Let us now turn to the research findings and clinical observations for which these views of stuttering must account. Many other disorders, such as dyslexia and specific language impairment, as well as such personality differences as sensitive temperament, are associated with atypical activity of the central nervous system and are also universal. Many other disorders, such as dyslexia and specific language impairment, as well as such personality differences as sensitive temperament, are associated with atypical activity of the central nervous system and are also universal. Many other disorders, such as dyslexia and specific language impairment, as well as such personality differences as sensitive temperament, are associated with atypical activity of the central nervous system and are also universal. This demand for complex prosody at the multi-word stage at the same time that phonological, syntactical, and lexical demands are added is likely to be a time when an inefficient speech and language system cannot keep up with the demands for rapid and complex speech production. My view is that stuttering emerges first from disruptions caused by a child's inefficient neural networks for speech and language processing. Just like normal disfluency, the neural processing circuitry of children who stutter may be adequate to handle one-word utterances. But once children begin to reorganize their language functions from a lexical to a grammatical-rules basis and try out more complicated syntax, their inefficient neural organization breaks down. My view is that stuttering emerges first from disruptions caused by a child's inefficient neural networks for speech and language processing. Just like normal disfluency, the neural processing circuitry of children who stutter

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