Effectiveness of mind simulation model of Mohammad Ehsan Taghizadeh (MSMMET) on treatment of stuttering of individuals between 20 and 39 years old

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ABSTRACT

The present research was aimed to study the effectiveness of Mind Simulation Model of Mohammad Ehsan Taghizadeh (MSMMET) on treatment of stuttering of individuals between 20 and 39 years old. The present study was in the framework of a single group semi-clinical trial design with 42 individuals between the age of 20 and 39 years old with stuttering and referred to mind empowerment clinic. The sampling method was convenience sampling method. The clients were of tonic and clonic stuttering who were divided into 5 levels of A, B, C, D and E (means very severe, severe, moderate, mild and very mild stutter) according to the clinical diagnosis of Dr Taghizadeh. These individuals were treated for 5 to 15 sessions in proportion to the level of stuttering. The extent of stuttering were classified to 5 levels based on clinical and diagnostic interview, level of stutter and diagnostic model of Taghizadeh which clinical pre-test (filming) and between-test and post-test (filming) were carried out during 3 stages. The results of Freedman Parametric test indicated that the average of scores in the stage of pre-treatment (1.02) had significant difference with the stages of post-treatment (2.42) and follow-up (2.56). Hence it can be expressed at 99% confidence level that treatment sessions have great impact on treatment of stuttering disorder. The result of the present research deemed the treatment role of Taghizadeh Model effective and promising. On other words, among 42 patients, 23.8% reached to good therapeutic level and 76.2% reached to perfect therapeutic level. This finding is astonishing all over the world.

Keywords: stuttering, mind simulation, stuttering, 20 to 39 years old individuals.

INTRODUCTION

Language is one of the most complicated processes which human beings learn during their living [1]. Stuttering is social cancer in relations between humans [2]. The main characteristic of verbal fluency disorder (stuttering) is difficulty in fluency and speech time pattern according to the person's age. The disorder's characteristics are repetition of sounds or syllables, sound stretching and other types of lack of speech fluency such as slurred speech (e.g. during expressing a word), audible or silent speech interruption (e.g. with sound or silent pauses in speech), evading expression of specific terms (i.e. substitution of another word in order to avoid problematic words), expression of words using extra physical stress, duplication of single-syllable word, and verbal fluency disorder annoying occupational or educational attainment or social communication. Comprehensiveness of this disorder is different from situation to situation and it is going to be more severe when there are specific pressure to talk or communicate (e.g. reading in school or job interview). This expressive dysfunction does not exist in loud reading, singing or talking to inanimate objects or with pets [3]. Stuttering is known as difficulty in speech fluency and speech time pattern which does not fit with the age of the person [4]. The statistics indicate that boys with this disorder are almost 3 times more than girls [5]. Verbal fluency disorder occurs before the age of six in 80 to 90 percent of cases and the age range of its initiation is from 2 to 7 years of age. It might start suddenly or quietly. Relevant researches indicated that 65-38% of children with lack of speech fluency will be improved. However,
severity of verbal fluency disorder in eight often shows its improvement or continuing in adolescence and adulthood [3]. Stress and anxiety can worsen the situation in addition to the fact that they are types of disorder. Anxiety results from this disorder might lead to defects in social work [3]. Anderson also indicated that individuals with stuttering have lower levels of adjustment [6]. Personality, language and cognition expectations are also considered as psychological pressure on speech [7]. Difficulty in speaking and speech in general could affect occupational performance of individuals and consequently lead them to social isolation [8]. Existence of normal IQ, healthy hearing, ability to move verbal organs and rich language environment are necessary for natural growth of language [9]. According to what mentioned above, the present research is going to study the effectiveness of Mind Model Simulation of Mohammad Taghizadeh (MSMMET) on treatment of stuttering of individuals between 20 and 39 years old.

MATERIALS AND METHODS

The present research was of quasi-experimental type with posttest-pretest using employment of filming system. The research was aimed to study the effectiveness of Mohammad Ehsan Taghizadeh’s therapeutic model on reduction of stuttering severity and treatment of people aged 20 to 39. The treatment program of Mohammad Ehsan Taghizadeh was based on the nature and cause of stuttering including increase of required abilities for speech fluency, reduction of psychological pressures, stress management and implementation of 25 therapeutic techniques and 25 educational techniques. The present study was based on the assumption than individuals with stuttering are different before and after the education and treatment. Trainees individually trained in 5 to 15 sessions based on therapeutic plan and schema commensurate with the level of stuttering (A, B, C, D and E). They received training, learning and speech skills for 45 to 60 minutes in each therapy session in addition to 45 to 60 minutes of psychological and speech treatment in the same session. The time interval to the next meeting was two weeks up to 4 weeks and maximum receive of training and treatment was according to the level of stuttering from A to E and based on the diagnosis of Dr. Taghizadeh. The levels of treatment consisted of very good (5), good (4), average (3), low (2), very low (1). Afterwards, the collected data were analyzed through employment of SPSS software in two parts of inferential and descriptive.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Frequency</th>
<th>Statistical indices of the number of treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.7</td>
<td>15</td>
<td>Between 3 to 6 sessions</td>
</tr>
<tr>
<td>19</td>
<td>8</td>
<td>Between 7 to 9 sessions</td>
</tr>
<tr>
<td>45.23</td>
<td>19</td>
<td>Between 10 to 15 sessions</td>
</tr>
<tr>
<td>100</td>
<td>42</td>
<td>Total</td>
</tr>
</tbody>
</table>

The data listed in table 1 is related to the number of treatment sessions. As clear, 35.7% of the subjects were received 3 to 6 sessions of treatment. Accordingly, 19% and 45.23% of them were received 7 to 9 and 10 to 15 treatment sessions, respectively.

Findings

Describing the demographic characteristics of patients

According to table 1, all the subjects were 42 individuals which 26.2% of them were women and the rest of them (73.8%) were men.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Number</th>
<th>Number and percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.2</td>
<td>11</td>
<td>Women</td>
</tr>
<tr>
<td>73.8</td>
<td>31</td>
<td>Men</td>
</tr>
<tr>
<td>47.6</td>
<td>20</td>
<td>Diploma and Associate Degree</td>
</tr>
<tr>
<td>42.9</td>
<td>18</td>
<td>Bachelor</td>
</tr>
<tr>
<td>7.1</td>
<td>3</td>
<td>Master</td>
</tr>
<tr>
<td>2.4</td>
<td>1</td>
<td>Doctorate</td>
</tr>
<tr>
<td>83.3</td>
<td>35</td>
<td>Bachelor</td>
</tr>
<tr>
<td>16.7</td>
<td>7</td>
<td>Married</td>
</tr>
<tr>
<td>42.9</td>
<td>18</td>
<td>Tehran</td>
</tr>
<tr>
<td>57.1</td>
<td>24</td>
<td>Other cities</td>
</tr>
<tr>
<td>23.8</td>
<td>10</td>
<td>Employed</td>
</tr>
</tbody>
</table>

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According to table 2, most of the patients (47.6%) had diploma or associate degree and least of them (2.4%) had doctorate degree. The data listed in the above table indicates that 83.3% of the patients were bachelor and 16.7% of them were married. In addition, 42.9% of them were living in Tehran and 57.1% were living in other towns and cities which 23.8% of them were employed and the rest of them (76.2%) were unemployed.

**Main question:** was the therapeutic method of Dr. Taghizadeh effective in the treatment of 19 to 39 years old individuals with stuttering disorder?

### Table 3: frequency and percentage related to stuttering disorder in the stages of pre-treatment, treatment and follow-up

<table>
<thead>
<tr>
<th>Severity of disorder</th>
<th>Pre-treatment</th>
<th>Treatment</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Mild</td>
<td>9 (21.4%)</td>
<td>10 (23.8%)</td>
<td>4 (9.5%)</td>
</tr>
<tr>
<td>Mild</td>
<td>13 (31%)</td>
<td>32 (76.2%)</td>
<td>38 (90.5%)</td>
</tr>
<tr>
<td>Moderate</td>
<td>12 (28.6%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Severe</td>
<td>8 (19%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Very Severe</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Information mentioned in table 3 is related to the statistical indices of frequency and percentage of individuals with stuttering in three stages of pre-treatment, post-treatment and follow-up. As it is obvious, from 42 individuals referred to the center, 9 of them (21.4%) had very severe disorder, 13 of them (31%) had severe disorder, 12 of them (19%) had moderate level of disorder and finally, 8 of them (19%) had mild level of disorder. According to the results, 10 individuals (23.8%) reached to a good treatment level and 32 individuals (76.2%) reached to a very good treatment level. In addition, after three month of tracking the patients, 4 individuals (9.5%) reached to a good treatment level and 38 individuals (90.5%) reached to a very good treatment level.

### Table 4: results of freedman test

<table>
<thead>
<tr>
<th>Sig.</th>
<th>DOF</th>
<th>Chi square</th>
<th>Average of scores</th>
<th>Statistical indices</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.000</td>
<td>2</td>
<td>75.8</td>
<td>1.02</td>
<td>Pre-treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.42</td>
<td>Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.56</td>
<td>Follow-up</td>
</tr>
</tbody>
</table>

Information mentioned in table 4 is related to the results of Freedman nonparametric test. Obviously, the results of average of scores show that the average of scores in the stages of pre-treatment, post-treatment and follow-up are 1.02, 2.42 and 2.56, respectively. Hence it can be expressed with 99% confidence level that the treatment sessions were considerably successful in treatment of individuals with stuttering disorders.

**CONCLUSION**

According to the findings of the research, it can be expressed that most of the patients (47.6%) had diploma or associate degree and least of them (2.4%) had doctorate degree. The data listed in the above table indicates that 83.3% of the patients were bachelor and 16.7% of them were married. In addition, 42.9% of them were living in Tehran and 57.1% were living in other towns and cities which 23.8% of them were employed and the rest of them (76.2%) were unemployed. Furthermore, from 42 individuals referred to the center, 9 of them (21.4%) had very severe disorder, 13 of them (31%) had severe disorder, 12 of them (19%) had moderate level of disorder and finally, 8 of them (19%) had mild level of disorder. According to the results, 10 individuals (23.8%) reached to a good treatment level and 32 individuals (76.2%) reached to a very good treatment level. In addition, after three month of tracking the patients, 4 individuals (9.5%) reached to a good treatment level and 38 individuals (90.5%) reached to a very good treatment level. Finally, it was deduced that the average of scores in the stages of pre-treatment, post-treatment and follow-up are 1.02, 2.42 and 2.56, respectively. Hence it can be expressed with 99% confidence level that the treatment sessions were considerably successful in treatment of individuals with stuttering disorders.

**REFERENCES**