

Mothers of Children with Stuttering and Their Daily Concerns: A Qualitative Study

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Abstract

Background: Stuttering is one of the most important speech disorders in children, which causes anxiety and worry in parents, especially mothers. The present study sought to investigate and identify the types of anxiety experienced by mothers of children with stuttering.

Methods: This qualitative study adopted reflexive thematic analysis (Brown & Clark) to investigate the anxiety and concerns experienced by mothers of children with stuttering. The participants were 15 mothers of children with stuttering who visited speech therapy centers in Isfahan and were selected through homogenous purposive sampling. The data were collected through interviews with the participants for 45 days and analyzed by the thematic analysis method.

Results: Data analysis revealed two core categories, four organizing themes, and nineteen subthemes. The two core categories identified in this study were mother-centered anxiety (anxiety about public judgments on the mother and anxiety about the appropriateness of the mother's behavior with the child who stutters) and child-centered anxiety (concerns about public reactions to the child's stuttering and the concerns about the child's future life and treatment).

Conclusion: The findings indicated that the mothers of children with stuttering were mostly concerned about public reactions to the stuttering child and their judgments about the mother. Thus, promoting a sense of self-worth in these mothers can reduce such concerns. Moreover, raising public awareness about how to treat children with stuttering and their parents can make social life easier for such children and their mothers.

Keywords: Parent-child anxiety, Stuttering, Qualitative research, Thematic analysis

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Introduction

One of the most effective tools for expressing human thoughts is language or speech, which is considered one of the functions of the human mind. However, sometimes language skills are impaired. One of the important speech disorders is stuttering, which is characterized by sudden interruptions in speech, involuntary repetition of letters, and prolonged and slurred speech (1). Given that the severity of stuttering is associated with the fear of negative evaluation, people with stuttering experience higher levels of anxiety than normal people in social situations (2). Overall, stuttering has a greater negative impact on children (3). Research shows that children with physical and mental problems (4,5), especially those with stuttering, have stronger emotional reactions and weaker abilities compared to their normal peers, and stuttering adversely affects their beliefs and quality of life (2). According to the family systems theory, when a disease or

disorder is diagnosed in one of the family members, this disorder (disease) affects the whole family (6). A child's stuttering is one of the sources of stress and anxiety in the family and is associated with the emotional and behavioral reactions of the parents (7), especially the mother (8). The mother plays an important role as the person who provides the most important speech model for the child in the first years of his/her life (9). Studies have shown that when a child with stuttering tries to reduce the amount of stuttering, the mother develops a sense of dissatisfaction and anxiety, leading to increased anxiety and aggravation of stuttering in the child (10,11).

Anxiety is a physiological and psychological state and involves a set of cognitive, physical, emotional, and behavioral symptoms that originate from imperfect human adaptation to life problems (12). According to Freud's theory, anxiety is either caused by a potential danger or by the perception that "I" infers by considering



reality. The threat that “I” infers leads to anxiety (13). Moreover, Freud believed that anxiety is the cause of many mental disorders, and often a person feels anxious when faced with a problem that disturbs their psychological balance (13,14). Some studies have suggested mothers’ anxiety and worry increase when they observe any sign of stuttering, such as pauses and repetition of words, and they unintentionally aggravate stuttering in their children (15,16). Environmental influences can induce stress in the mother and child and cause the child with stuttering to develop anxiety, depression, and social isolation (17). Thus, one of the possible causes of stuttering is parental strictness based on social norms and conventions. Accordingly, in societies where verbal progress is not emphasized, stuttering is almost not seen. Studies have highlighted the need to teach mothers the skills to adapt to the conditions of children with stuttering, but social support and raising parental awareness can be effective in reducing anxiety, increasing resistance of mothers, and positive development of children (18-21). A review of the literature suggests that general factors underlying the transmission of anxiety of mothers to children with stuttering and the exacerbation of stuttering in them have been neglected (22,23). To this end, using a qualitative content analysis method, the present study aimed to identify the types of anxiety experienced by mothers of children with stuttering.

Methods

This qualitative study adopted reflexive thematic analysis. In thematic analysis, the content of raw data is summarized through inferences and interpretations to extract the main themes and subthemes from the data. The present study aimed to identify the types of anxiety experienced by mothers of children with stuttering. The participants were mothers of children with stuttering who visited speech therapy centers in Isfahan in 2019 and were selected through homogenous purposive sampling (24). The data were collected through interviews with the participants. The sampling process continued upon the saturation of the data (i.e. when no new information was discovered with additional interviews with the participants). Thus, the data were saturated through interviews with 15 participants. The criteria for enrollment in the study were mothers of children with stuttering; not suffering from a special disease that disrupts the interview process, willingness to participate in the study, and giving consent to record the interview. The exclusion criteria were mothers who could not answer the questions in the interviews, the willingness to withdraw from the study, and having severe family or personal problems leading to severe anxiety.

Before conducting the interviews, informed consent was obtained from the participants and they were informed of the research objectives. The participants

were also assured that their information and identities would remain anonymous and confidential, and their recorded interviews would be deleted after completing the data analysis. The participants were also told that they would receive a copy of the published article if they wished. The average age of the participants was 38 years and their education level varied from high school diploma to bachelor’s degree. Moreover, most of the participants were housewives.

The data were collected through semi-structured interviews with open-ended questions. Probing questions were also asked to encourage the participants to share their deep experiences. The interview questions were developed with a coherent format based on a review of the literature. The questions were reviewed and confirmed by subject-matter experts. Each interview started with general questions about the mother’s experience with her child’s stuttering (e.g. How your child started and continued stuttering? What aggravated the child’s stuttering? How did you and others react to your child’s stuttering?). Probing questions were also asked for further clarification (e.g. Could you explain more? Could you give an example?). The order of the questions depended on the interview process and the responses provided by each participant and was not the same for all participants. Each interview lasted 60 to 90 minutes. The time and place of the interviews were appointed by the researcher in advance upon the participant’s agreement. After the interviews, all the notes were organized. The content of the interviews was reviewed line by line and the resulting data were analyzed through thematic analysis (a method for recognizing, analyzing, and reporting patterns found in qualitative data). In addition, thematic analysis transforms diverse data into rich and detailed data. This approach focuses on the participants’ perceptions and experiences of the phenomenon in question. Thematic analysis in this study was conducted in six stages: Getting familiar with the data, generating initial codes, searching for themes, reviewing the extracted themes, defining and naming the themes, and reporting the themes (22).

The trustworthiness of the data was checked using four criteria including credibility, transferability, dependability, and confirmability (25). To ensure the dependability of the findings, they were reviewed by the participants and revised based on their feedback. To enhance the transferability of the findings, the participants were selected with maximum variation in terms of occupation, academic background, and age group. Moreover, two experts in the fields of research and counseling who had worked with children with stuttering reviewed the content of the interviews and confirmed the findings of the study.

Results

The participants’ demographic characteristics showed in

Table 1 and data analysis revealed two core categories, four organizing themes, and 19 subthemes as detailed in Table 2.

As shown in Table 2, the concerns and anxiety faced by mothers of children with stuttering can be divided into two general categories: mother-centered anxiety and child-centered anxiety.

Mother-centered anxiety

The findings showed that mothers themselves are the main sources of anxiety related to their child's stuttering. The types of anxiety induced by the mother were anxiety about public judgments and anxiety about the appropriateness of the mother's behavior with the child who stutters.

The mothers in this study were extremely concerned about people's judgment of their stuttering children which included concerns about other people's curiosity, fear of being noticed by others because of the child's stuttering, concerns about others' judgment, fear of being accused by others, and concerns about other people's blames: "People do not know stuttering well and they show different reactions. Sometimes they are curious and want to know if my husband and I had any problem that led to the child's stuttering" (Participant 3). "I always wonder if I did all the necessary things to solve the problem. When I argue with my child, I blame myself a lot afterward" (Participant 4).

The mothers in this study also stated that they were concerned about whether they behaved appropriately with their stuttering child. They also showed concerns

about their behavior with the child, the adequacy of their efforts to solve the child's problem, loss of opportunities, doubt in choosing an effective treatment and therapist, and doubt about their parenting styles: "One of my most important concerns about myself is whether my behavior and the things I do are effective in improving my daughter's condition" (Participant 8).

The data in this study also showed that the second source of anxiety for mothers with stuttering children was child-oriented anxiety. The mothers reported that they were concerned about people's interaction with the stuttering child and the child's future life and treatment of his/her stuttering. Accordingly, the mothers' concerns about public reactions to their children included concerns about the child being ridiculed by others, the child's ability to convey his/her intention to others, the violation of the child's rights in the community, how teachers interact with the child, and how the child makes friends in school or other places in the community: "I'm afraid that students won't understand what he's saying at school and they ridicule him. He doesn't like others make fun of him and reacts if they do so" (Participant 4).

The participants in this study also reported their concerns about their children's future lives and treatment of their stuttering, showing that the mothers were concerned about the possible problems that may occur for their children in the future, especially concerns about the child achieving a position he/she deserves, the treatment and exacerbation of the child's stuttering in certain

Table 1. The participants' demographic characteristics

Row	Child age	Child gender	Father's education	Mother's education	Father's occupation	Mother's occupation	Number of children	Notes
1	7	Male	Bachelor's degree	Bachelor's degree	Employee	Housewife	1	
2	8	Female	Master's degree	Diploma	Employee	Housewife	1	
3	7.5	Male	Not specified	Not specified	Turner	Housewife	1	The mother stuttering
4	8	Male	Diploma	Bachelor's degree	Self-employed	Housewife	2 children (The second child stuttering)	
5	8	Male	Diploma	Diploma	Self-employed	Housewife	2 children (The first child stuttering)	
6	11	Male	Not specified	Not specified	Worker	Housewife	3 children (The first child stuttering)	Afghan migrant
7	10	Female	Bachelor's degree	Bachelor's degree	Employee	Housewife	2 children (The second child stuttering)	The first child had speech problems
8	8	Female	Diploma	Associate's degree	Self-employed	Housewife	2 children (The first child stuttering)	
9	9	Male	Associate's degree	Diploma	Employee	Housewife	3 children (The last child stuttering)	
10	8	Male	Not specified	Not specified	Bakery Assistant	Handmaid	1	
11	11	Male	Not specified	Bachelor's degree	Not specified	Teacher	2 children (The second child stuttering)	The father stuttering
12	7.5	Male	Diploma	Diploma	Self-employed	Housewife	1	
13	8.5	Male	Associate's degree	Associate's degree	Employee	Housewife	2 children (The second child stuttering)	
14	10	Female	Not specified	Not specified	Not specified	Not specified	1	Separated parents
15	10.5	Female	Bachelor's degree	Bachelor's degree	Self-employed	Housewife	2 children (The second child stuttering)	

Table 2. Types of anxiety faced by mothers of children with stuttering

Core categories	Categories	Initial codes	Row
Mother-oriented anxiety	Anxiety about public judgments	Concerns about other's curiosity	1
		Concerns about being noticed by others because of the child's stuttering	2
		Concerns about others' judgment	3
		Concerns about being accused by others	4
		Concerns about others' blame	5
	Anxiety about the appropriateness of the mother's behavior with the child who stutters	Concerns about the mother's behavior with her child	6
		Concerns about the adequacy of efforts	7
		Concerns about missing opportunities	8
		Doubts about choosing treatment and therapist	9
		Doubts about parenting	10
Child-oriented anxiety	Concerns about public reactions to the child's stuttering	Concerns about the child being ridiculed by others	11
		Concerns about the child's ability to convey his/her intention to others	12
		Concerns about the violation of the child's rights in the community	13
		Concerns about how teachers interact with the child	14
		Concerns about how the child makes friends	15
	Concerns about the child's future life and treatment	Concerns about the child achieving a position he/she deserves	16
		Concerns about the treatment and exacerbation of the child's stuttering in certain circumstances	17
		Concerns about the child's ability to communicate properly for employment	18
		Concerns about the child's ability to communicate properly for marriage	19

circumstances, the child's ability to communicate properly for employment, and the child's ability to communicate properly for marriage: *"With this stuttering, she is always behind others. I don't know if she can get married and find a job. What if her stuttering does not get well?"* (Participant 2)

Discussion

This qualitative study aimed to identify the dimensions of the anxiety experienced by mothers of children suffering from stuttering. The findings revealed two sources of anxiety: mother-centered anxiety (anxiety about public judgments on the mother and anxiety about the appropriateness of the mother's behavior with the child who stutters) and child-centered anxiety (concerns about public reactions to the child's stuttering and concerns about the child's future life and treatment). No qualitative study has yet addressed the types of anxiety experienced by mothers of children with stuttering. However, some studies have examined the anxiety experienced by children with stuttering and their mothers. A study compared the anxiety of normal and stuttering children and found that these two groups have significant differences in terms of social anxiety (26). A case study showed that a decrease in self-confidence and self-esteem caused by anxiety and low mood associated with stuttering led a child to commit suicide (27). Studies have also reported some strategies to reduce anxiety among children (28).

The findings from the present study showed that

the mothers of stuttering children are worried about the judgment of others about themselves, and the appropriateness of their behavior with their children. Furthermore, given the common belief in the Iranian community that all people should be physically and mentally normal, mothers are worried about other people's reactions to their children's stuttering. The mothers also reported that they were concerned if they had appropriate behavior with their stuttering children and whether they did their best to treat the children. They were also concerned about their inability to manage their children's conditions and issues. Likewise, other studies have suggested that the child's stuttering leads to a disruption in the child's relationship with the mother and other people, a feeling of failure in maintaining peace, and futile attempts to treat the child (16,17).

The findings also indicated that the mothers' concerns and anxiety were induced by their stuttering children's interaction with other people and they were worried about the impact of other people's reaction on the aggravation of the child's interaction, ridicule of the child, and the violation of his/her rights in the community. The findings also suggested that the mothers were anxious about the treatment and the future lives of their stuttering children, the low chance of recovery, the worsening of stuttering, and the future of their child. They were worried if their child could achieve the positions they deserved, the effectiveness of speech therapy, the exacerbation of their

child's stuttering in certain circumstances, and whether their child would have the ability to communicate properly to find a job and marry. Indeed, mothers, knowing that many human accomplishments depend on people's communication with each other, worry about the negative impact of stuttering on their children's achievements in the community. However, the findings of the present study and other studies have highlighted the need to raise awareness of mothers and support them to adapt to their child's conditions.

Conclusion

Overall, the findings indicated mothers of stuttering children experience fears and concerns about their children and pass these concerns on to them, and the children's stuttering worsens because they probably feel such concerns. The concerns and anxiety experienced by mothers of stuttering children are rooted in the community and social environment, and the way these children are accepted and understood by the public can play an important role in the severity of anxiety experienced by the mothers. Besides, if the mother-child relationship leads to the understanding and acceptance of stuttering by the parents, it can play an important role in reducing the mother's anxiety and possibly reducing the child's stuttering (29).

One of the limitations of the present study was that the participants were selected only from Isfahan. Thus, the findings should be generalized with caution. Accordingly, future studies can examine mothers from other cities. This study was carried out only on mothers. Thus, similar studies can address the fathers of stuttering children. In addition, counselors and speech therapists can develop training interventions for mothers of children with stuttering using the insights from this study.

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Authors' Contribution

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Competing Interests

The authors reported no conflict of interest, and this study did not receive any financial or spiritual support from any agency or institution.

Ethical Approval

The protocol for this study was confirmed with the code of ethics IR.IAU.KHUISF.REC.1398.051 received from Islamic Azad University, Isfahan (Khorasgan) Branch.

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