



Parenting styles and attachment in school-aged children who stutter

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ABSTRACT

Parental input has been described as influential in early childhood stuttering yet the exact nature of this influence remains equivocal. The present study aimed to examine whether quantitative measures of parenting styles, parent and peer attachment patterns, and parent- and self-reported child behaviour could differentiate between school-aged children who stutter (CWS) ($n = 10$) and their fluent peers ($n = 10$). In addition, qualitative individual semi-structured interviews with all CWS were conducted to gain insight into their life experiences and reflections in relation to stuttering. The interviews were classified into ancillary themes of school, peers and parents. Quantitative findings revealed that CWS perceived their parents with significantly lower attachment, particularly in relation to trust, and parents of CWS perceived their children with significantly higher maladjustments than fluent counterparts. Qualitative themes emerged pertaining to attitudes, perceptions and relationships with teachers, peers and parents, with consistent experiences of teasing and bullying reported as a consequence of the stutter. The majority of participants recounted frustration with the nature in which their parents attempted to remediate their stuttering. Collectively, these findings highlight imperative management considerations for school-aged CWS and their parents. The usefulness of quantitative and qualitative research paradigms is also emphasised.

Learning outcomes: The reader will be able to: (1) identify themes associated with the impact a childhood stutter has on parent and peer relationships; (2) identify how the quality of the parent child relationship is influenced by parenting styles and attachment; and (3) discuss the clinical implications of the results for children who stutter and their families.

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1. Introduction

The development of a stuttering disorder is viewed as complex and multi-factorial, and is increasingly perceived to be influenced by environmental, genetic and constitutional factors (Guitar, 2003; Yaruss & Quesal, 2006). Parents have been recognised as influencing stuttering in some way; however the nature of this influence remains equivocal. Johnson's (1942) diagnosogenic theory proposed stuttering to be caused by parents' abnormal reactions to, and inaccurate labelling of normal dysfluencies (Bloodstein & Bernstein Ratner, 2008). As a result, therapy was aimed at modifying the interactions and responses of parents of children who stuttered (CWS) (Siegel, 1998). While this notion of causality is debatable, parental input is often considered an essential component in the amelioration of stuttering (Bernstein Ratner, 2004; Finn & Cordes, 1997). Speech pathologists working with paediatric clients often rely on parents to actively engage in the therapeutic process, in order to facilitate successful fluency outcomes.

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1.1. Parenting styles and parent–child attachment concepts

1.1.1. Parenting styles

Parenting style and parent–child attachment (PCA) are two discrete, but closely related concepts. Parenting style refers to patterns of childrearing evolved from parents' reactions towards their child. Conversely, PCA is concerned with the dyadic emotional bond that emerges between parent and child (Bell & Calkins, 2000; Desjardins, Zelenski, & Coplan, 2008). Parenting style is commonly viewed along two dimensions; *responsiveness* and *demandingness* (e.g., Desjardins et al., 2008; Gullone & Robinson, 2005; McGarvey, Kryzhanovskaya, Koopman, Waite, & Canterbury, 1999; Wilhelm, Niven, Parker, & Hadzi-Pavlovic, 2005). Responsiveness, or care, refers to the degree of warmth between parent and child, while demandingness, or control, refers to the extent of disciplinary practice and behavioural standards parents set for their child (Carlo, McGinley, Hayes, Batenhorst, & Wilkinson, 2007). Based on these two dimensions, a taxonomy of four main parenting styles has been identified which include: *authoritarian* (high demandingness, low responsiveness), *authoritative* (high on both constructs), *permissive* (low demandingness, high responsiveness) and *neglectful* (low on both constructs) (e.g., Luther, 2007; McGillicuddy-De Lisi & De Lisi, 2007; Slicker, 1998).

1.1.2. Parent–child attachment

According to Bowlby's (1969) ethological–evolutionary attachment theory (e.g., Bowlby, 1969, 1970, see also Ainsworth, 1979) human beings possess an adaptive system in which infants seek proximity with their caregivers for survival and protection. When danger recedes, infants explore the environment freely to gain new knowledge and experiences. Over time, an “internal working model” (Leveridge, Stoltenberg, & Beesley, 2005, p. 578) is formed so that the child develops knowledge about self and attachment figures. This model forms the foundation from which the child interprets and anticipates the behaviours of others. This inner representation is thought to be flexible in childhood, but becomes increasingly resistant to change in adulthood (Leveridge et al., 2005).

Four main attachment styles, based on infants' responses to their caregivers, have evolved from Ainsworth's Strange Situation Assessment (Ainsworth, Blehar, Waters, & Wall, 1978; Ainsworth, 1979). These include: *secure*, *avoidant*, *ambivalent-resistant* and *disorganised/disoriented*. Secure attachment results when the child is able to use significant attachment figures as a safe base to explore their environment, yet are comforted by physical contact when upset. Avoidant attachment is characterised by the child's lack of distress when separated from the attachment figure. The child also *avoids* interacting with their caregiver. Ambivalent-resistant infants tend to cry when separated from their caregivers, yet continue to cry and are unlikely to be easily soothed even when comforted. Disorganised/disoriented infants do not respond systematically to their caregiver. These infants tend to seek proximity yet lean away from their attachment figure at the same time (Ainsworth, 1979; Waters, Hamilton, & Weinfield, 2000; Yoo, Kim, Shin, Cho, & Hong, 2006).

Motivated by the research into infant attachment, Mary Main and colleagues (1985) addressed adult attachment which led to the development of the Adult Attachment Interview (AAI). The language and coherence of recounted relationships reflected by the adult in the assessment is said to reveal mental representations of attachment experiences (Van Ijzendoorn, 1995). Building on Bowlby's theory, Bartholomew and Horowitz (1991) derived a two-dimensional model to systematically describe adult attachment. The two dimensions are models of self (degree of positivity towards self) and models of others (degree of positive towards others), giving rise to four attachment patterns: *secure/autonomous*, *preoccupied*, *dismissive*, and *unresolved/disorganised*. Autonomous adults view their attachment experiences as influential and have a positive viewpoint of themselves and others. These adults are comfortable with intimacy. Preoccupied attachment results when adults hold positive viewpoints of others, but not of themselves. These individuals are confused about their past experiences and they tend to strive for self-acceptance through continuous attempts to please others such as their parents. Dismissive adults are characterised by positive viewpoints of themselves, however are dismissive of others and tend to avoid intimacy by maintaining independence. Lastly, unresolved or disorganised attachment is characterised by negative viewpoints of both self and others. Such adults are fearful of intimacy and tend to avoid social situations (Bartholomew and Horowitz, 1991; Griffin & Bartholomew, 1994; Yoo et al., 2006). These terminologies have also been described in Target, Fonagy, and Shmueli-Goetz (2003) Child Attachment Interview, an attachment measure in middle childhood (8–13 years), derived from the AAI.

Previous research in stuttering disorders has emphasised facets of PCA, such as temperament, parental speech characteristics, communicative styles, attitudes and knowledge regarding stuttering (e.g., Crowe & Cooper, 1977; Fowlie & Cooper, 1978; Langlois, Hanrahan, & Inouye, 1986; Meyers & Freeman, 1985). These facets of PCA may reflect complex associations between the stuttering behaviours and PCA constructs (Seery, Watkins, Mangelsdorf, & Shigeto, 2007).

1.2. Nature and evidence of current research for children who stutter

School-aged children (typically aged 6–12 years old) have unique psychosocial, affective and behavioural developmental patterns that are distinct from preschoolers and adolescents. Moving towards adolescence, these children show increasing independence from their parents, and simultaneously, increasing dependence on their peers for social, emotional and academic development (Conture & Guitar, 1993). School-aged children also begin to demonstrate preliminary notions about their sense of self and personal identity, as a reflection of their growing awareness of future socialisation roles. To achieve this successfully, social competence, or skilled communication in social behaviours, plays a substantial role (La Greca & Lopez, 1998). Consequently, the disruptive nature of stuttering may encumber the way some school-aged CWS participate in

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