



## Coping with a child who stutters: A phenomenological analysis

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### ARTICLE INFO

#### Article history:

Received 17 August 2011  
Received in revised form 12 June 2012  
Accepted 14 June 2012  
Available online 23 June 2012

#### Keywords:

Parenting  
Coping  
Stress  
Stuttering

### ABSTRACT

Qualitative methods were used in the form of a phenomenological analysis to explore how families cope with having a child who stutters. Twelve participants, 2 men and 10 women, who have children who stutter participated in this study. The participants were asked to consider their experiences with being the parent of a child who stutters. Analysis of these data resulted in 3 primary categories. The results indicate that parents experience and cope with stresses associated with being the parent of a child who stutters. The participants described feelings of uncertainty and concern as well as the desire to do what is best for their children. Results highlight the importance of providing information and avenues of support that will help parents more effectively cope with having a child who stutters.

**Educational objectives:** The reader will be able to: (a) describe, from the perspective of a parent of a child who stutters, the themes associated with the process of coping with a child who stutters, (b) describe types of coping resources, (c) describe the factors that influence the choice to use emotion-focused and problem-focused coping strategies, and (d) describe four specific areas to consider when providing resources for families of children who stutter.

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### 1. Introduction

Past research on parents of children who stutter has focused on goal-setting behaviors, parental reactions to stuttering and parental environment (e.g., Bloodstein, Jaeger, & Tureen, 1952; Goldman & Shames, 1964; LaFollette, 1956; Meyers & Freeman, 1985). There is currently no research to indicate the degree or nature of stress experienced by parents of children who stutter. We do not have a clear understanding of the extent to which the symptomatology of stuttering itself, the diagnostic process, a concomitant disorder, or any associated problems (e.g., bullying) result in parental stress. There is some evidence to suggest that parents can experience some stress when they are involved in the therapeutic process (Goodhue, Onslow, Quine, O'Brian, & Hearne, 2010; Hayhow, 2009; Packman, Hansen, & Herland, 2007). The paucity of stress and coping research is unfortunate because the experience of parenting a child who stutters could be stressful or challenging for many parents. And if stress is experienced, our understanding of how parents cope with that stress is limited.

Research has demonstrated that families of children with disabilities experience higher levels of stress or distress when compared to the families of typically developing children (Bailey & Smith, 2000; Kazak & Marvin, 1984). They have also been found to encounter a variety of challenges such as overcoming the disappointments associated with diagnosis, managing health and educational networks, and guiding their children toward being a successful adult (Floyd, Singer, Powers, & Costigan, 1996; Glidden, 1989). Further difficulties encountered by parents of children with disabilities include feelings of

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anxiety, tension, isolation, anger, overprotection, resentment, and sadness, as well as the need to increase control within the family unit (Lardieri, Blacher, & Swanson, 2000). The parents of children with disabilities face the challenge of coming to terms with a problem of which they most likely have a poor understanding, whether illness or disability, and learning how to manage or cope with the problem. Research has shown that when faced with a challenge or stressor individuals use a variety of different coping strategies to manage the stressor.

### 1.1. Models of coping

Models of coping are commonly used in research to understand the coping processes or strategies associated with a particular phenomenon or stressor. The process or transactional model of stress and coping emphasizes the way in which individual's cope with stressors in an effort to maintain well-being (Lazarus & Folkman, 1984) and is recognized as the most thorough model for understanding the processes of stress and coping (Beresford, 1994; Coyne & Smith, 1991). Lazarus and Folkman (1984) defined coping as "the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person" (p. 283). Within this model, coping is viewed as a recurrent and ongoing process. Coping is evaluated in terms of how a stressful event is appraised by the individual, and then in terms of the way in which one manages the problem. Appraisal refers to how a stressor is perceived or judged by the individual. The way in which a stressor is appraised will influence the coping strategy used. Therefore, within the transactional model the efficacy of a coping strategy is evaluated in terms of the match between the stressor, its appraisal and the chosen coping strategy rather than in terms of mastery of a problem (Lazarus & Folkman, 1984).

Coping strategies, or any cognitive or behavioral effort used to manage a source of stress, may be one way parents of children who stutter adapt to the stresses associated with stuttering. Coping strategies can be *problem-focused* or *emotion-focused* in nature (Lazarus & Folkman, 1984). The type of coping strategy used is influenced by whether the source of stress is appraised as chronic (i.e., requiring endurance) or manageable. If an individual thinks they can constructively manage a stressor, problem-focused coping is often used to reduce the impact of the stressor, whereas emotion-focused coping is used more often for stressors appraised as chronic (Carver & Scheier, 1994; Carver, Scheier, & Weintraub, 1989; Folkman, 1992). Problem-focused coping efforts are associated with efforts to actively control or modify internal or external stressors, while emotion-focused coping efforts are often more defensive and avoidant in nature (Lazarus & Folkman, 1984).

Generally speaking, problem-focused coping strategies such as problem solving, confronting the source of stress, and seeking support are more effective and associated with less psychological distress, greater adjustment, and more positive outcomes. Conversely, emotion-focused coping strategies such as denial, avoidance, and minimization are generally viewed as less effective and associated lower levels of adjustment and more negative outcomes. This trend has been demonstrated in research on parents of children with disabilities (Essex, Seltzer, & Krauss, 1999; Gavidia-Payne & Stoneman, 2006; Glidden & Natcher, 2009; Hastings, Kovshoff, Brown, Ward, & Espinosa, 2005; Judge, 1998; Kim, Greenberg, Seltzer, & Krauss, 2003; Sloper, Knussen, Turner, & Cunningham, 1991). An exception to this outcome is that coping strategies such as positive re-appraisal and reframing, which are considered emotion-focused in nature, can increase well-being and generate positive outcomes (Glidden, Billings, & Jobe, 2006; Glidden & Natcher, 2009; Hastings, Allen, McDermott, & Still, 2002). Generally speaking, coping efforts cannot be compartmentalized into a good-bad dichotomy. The effectiveness of a given coping effort, whether problem-focused or emotion-focused, needs to be evaluated in terms of its appropriateness in the face of a given stressor.

It is important to understand the stressors that parents of children who stutter face and the ways in which parents have coped. This work has implications for understanding and improving parent training and the therapeutic process. The purpose of this phenomenological study was to focus on a group of parents who are coping with having a child who stutters, with the goal of describing *in detail* the underlying factors that may be relevant to this phenomenon. The primary question to be investigated in this study was stated as: What is the essential structure of coping with being the parent of a child who stutters? The specific goals of this study were to:

- (1) Develop an understanding of what parents of children who stutter actually think or do to cope with their child's stuttering.
- (2) Develop a perspective on the functions that the coping strategies serve.
- (3) Develop a perspective on the impact that coping choices have on the child who stutters and the parent.

## 2. Methods

A phenomenological qualitative research approach was used as the method for understanding the coping experience for parents of children who stutter (Cresswell, 1998; Moustakas, 1994). Questions formed from a phenomenological perspective are aimed toward developing a description of the essence of the experience being investigated. The essence is a core meaning derived through the evaluation of shared experience over time and across several different situations (Moustakas, 1994). The researcher arrives at this essence by studying the everyday lived experiences of persons who have experienced the phenomenon of interest. The essence should capture how the participants make sense of the events and accounts being explored (i.e., being the parent of a child who stutters) and should convey an empathic understanding of how the participants were making sense of their experiences (Smith & Osborn, 2008). The participants' views and experiences are paramount

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