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The Shaping of Motherhood: How Raising a Child Who Stutters Impacts Identity

Madeline Wagnon

Undergraduate Honors Thesis

Communication Disorders

May 3, 2017

Abstract

The ways that raising a child who stutters shapes the identity of parents, particularly mothers, has received little attention. The purpose of this study was to investigate the shaping of motherhood by the stuttering experiences of children. Three mothers who have parented children who stuttered at some point in their lives participated. A semi-structured, audio-recorded interview was used to gather data. Each interview was transcribed and read for major and minor themes, which were subsequently member checked for accuracy. Results revealed major themes of attachment, family dynamic, acceptance, empathy, and control, including control efforts and lack of control. Common emotions included anxiety, frustration, and self-blame. Other findings included the negative impact of societal pressure on the mother's self-perception, as well as the influence of spousal unity.

The Shaping of Motherhood: How Raising a Child Who Stutters Impacts Identity

Children do not come with instruction manuals. This is a common saying, as it pertains to the fact that no amount of preparation, research, or instruction could fully prepare an adult for parenthood. This belief could be applied, if not multiplied, for parents of children who stutter. Unpredictability is a part of human nature. No two persons are the same; therefore, no two children are the same. So what happens when parents discover that their child has dysfluent speech? They suddenly find themselves setting sail over uncharted waters to a land of the unknown. They arrive and are immediately greeted by decades of research leading to an infinite expanse of “proper methods” for raising their child. A river of decisions flows before them, and they realize this is only the beginning.

In the land of cultivating a child who stutters, not only is there a question of methodology but also of identity. Identity is found in both social and cultural origins, and these interactions and life experiences with various groups of people combine to produce identity complexity (Hagstrom & Daniels, 2004). This complexity is multiplied in the life of a child who stutters, particularly when considering the surrounding society of fluent speakers. What happens when the child grows older and the dysfluencies they continue to display are no longer seen as excusable due to age? The child’s speech is noticeably different from his peers. He is labeled as abnormal. The state of the child’s emotional health now lies in question.

At this pivotal discovery, researchers, speech-language pathologists, other health professionals, and teachers turn to the parent, who is presented with two options. The first is to remediate the stuttering with the hope that their child will eventually become fluent. The second option is to allow their child to stutter freely. Every parent wants to do what is best for his or her child, and so the right choice must be made with every aspect considered, especially when

contemplating how their child's identity will be affected if his dysfluencies continue into adulthood.

As the questions and decisions multiply, the parent begins a new life unknown by others in their social circle. A life focused on the wellbeing of their child. But in the sea of research on the emotional and social conditions of children who stutter, what is lacking is the evidence of how this affects the parent. When considering all aspects of the overall welfare of a child with dysfluent speech, one must consider the perspective of their primary caregiver. With this in mind, a different question must be asked: what does it mean to be the parent of a child who stutters? This is a question of identity: the identity that the parents assume in their own eyes and in the eyes of others who are part of the social groupings that surround the family.

Literature Review

In this literature review you will find information regarding the definition and origin of stuttering, as well as its occurrence. It will also explore themes of emotion, identity, and motherhood among parents of children who stutter. The review ends with the specific questions of the study.

Definition and Frequency of Stuttering

Normal and fluent speech is not easily definable, but some characteristics include less dysfluency, a normal speech rate, naturalness in quality, and less speech effort when compared to dysfluent speech such as stuttering (Ingham et al., 2009). Stuttering, on the other hand, can be defined as a speech disorder that involves frequent repetitions, prolongations, or blocks of syllables or sounds (Maguire et al., 2004). While stuttering affects one percent of the adult population, it appears in four percent of children and is three times more likely to be present in males than in females. The origin of stuttering was once thought to be psychological, however in

more recent years it has been recognized as a disorder of genetic and neurologic origins.

Primarily a developmental disorder, children who stutter typically show symptoms by around 6 years of age. While many children spontaneously recover from stuttering, some instances continue into adulthood (Yairi & Ambrose, 1999).

Parenting and Children Who Stutter

An important aspect of stuttering to consider is not only the impact it has on the individual who stutters, but also its effect on the family unit, particularly the parents. Qualitative research regarding the social impact on parents of individuals who stutter is few and far between.

Emotional responses. An article by Starkweather, Gottwald, and Halfond (1997) addressed some of the emotional responses of parents toward children who stutter. Abundant parental concern about stuttering leads to worry, and the reaction of an anxious parent differs from that of a relaxed parent. Stressed parents often feel nervous, irritated, upset or depressed about their child's dysfluency. They might also feel badly when they see their child struggling to produce fluent speech, or even uncomfortable or painful when their child stutters. These parental reactions are described as normal responses, as they usually originate out of love and concern for the child.

While these reactions might be rooted in love, they may unintentionally make the child feel the need to avoid sounding dysfluent as much as possible. This increase in avoidance in children who stutter only worsens their fluency, as it increases their struggle to produce normal and fluent speech. As a result, a cycle between parents and children with dysfluency is created. As the child displays stuttering characteristics, parental concern and anxiety is generated, which is inevitably noticed by the child. The child then increases their speech effort, which can damage

their fluency performance even more, and thereby reintroduces negative feelings experienced by the parents.

Identity. An important aspect to consider regarding the parents of children who stutter is the social identity of the parent. Identity is derived from both cultural and social environments, and includes the multiple roles that an individual must play over the course of a lifetime (Hagstrom & Daniels, 2004). From the moment a couple discovers their pregnancy, they begin to assume the roles of a parent. This includes the expectations of a “good parent” in the eyes of medical professionals as well as grandparents, relatives, and friends.

Sociocultural construction of identity. Upon considering identity as an individual characteristic affected by social and cultural influences, it is also important to consider the narrative processes that underlie identity construction. In the sociocultural theory of narrative, narrative is connected to identity in that both are constructed by the innate mind while also influenced by the culture and social contexts of the individual (Gover, 1996). As a result, narratives generate the continuing development of personal identity. The author uses narratives and story telling as a means to display personal feelings, thoughts, and experiences through language. Applying narrative language practices as a vehicle for researching identity is necessary as it reflects an individual’s perspective in light of historical and cultural influences.

Motherhood. When specifically considering the social construction of motherhood, Marshall (1991) analyzed a number of manuals on childcare and parenting to find linguistic patterns used among medical and psychological professionals to conceptualize “motherhood.” Based on the suggestion that many mothers in the Western hemisphere consult at least one motherhood or childcare manual, the need to address the ways that motherhood is defined therein is imperative (Clarke-Stewart, 1978). The results of Marshall (1991) revealed that the

experience of motherhood described in most parenting and childcare manuals is primarily a construct of medical and psychological professionals with little to no regard to the perspective of experienced mothers. Motherhood is described in idealistic terms as the “ultimate fulfillment” in which there is excitement, joy, satisfaction, and creativity. Raising children and watching them develop into successful people is described as what gives most parents the utmost satisfaction in life, to which no other worldly accomplishment could compare (Spock, 1988). Through this perspective, the concept of motherhood is romanticized and does not consider the difficulties of parenthood that are encountered by the family unit (Marshall, 1991).

In this light, it is crucial to consider how the perspective and emotional identity of the mother is influenced if she has a child with dysfluent speech. For these women, common motherhood manuals do not address the implications of a “normal” emotional state under the given circumstances. Rather, they define any form of negative feelings as the onset of illness, which should be addressed by a visit to a psychiatrist or primary care doctor (Spock, 1988; Marshall, 1991). This response fails to consider the social circumstances of motherhood that have the potential to lead to negative feelings or depression, but rather constructs motherhood as an indisputably positive experience.

Within the discourse analysis of parenting and childcare manuals, Marshall (1991) found that most manuals describe a flexibility approach as a satisfactory approach to childrearing. While this approach appears to be useful, especially for parents of children who stutter, it also contains inherent contradictions. The first being that while parenting is a matter of ‘common sense’ with very few correct or incorrect ways of doing things, these manuals also make it clear that certain rules need to be followed by a ‘good mother’ according to the guidelines of medical professionals (National Childbirth Trust, 1987; Marshall, 1991). These manuals describe that

commonsense is no longer enough, but rather the current generation of mothers should heed the advice of experts rather than that of their own mothers (Jolly, 1986). For the mother of a child who stutters, not only is there a question of which medical viewpoint to follow but also the question of whether or not it is beneficial to speak to other mothers of children who stutter for parenting advice. In the concept of motherhood, there is no comprehensive work to which a woman can refer to alleviate stress and unanswered questions (Bourne, 1979). This is especially true for the mother of a child who stutters.

Furthermore, when exploring the identity of a mother, another pivotal characteristic discussed within most manuals is the idea that once a woman assumes the role of 'mother,' it supersedes all other roles she previously or currently holds (Marshall, 1991). As a result, she must give up other intellectual or sexual identities without resentment in order to fully embrace her responsibility as mother and wife. However, for the mother of a child who stutters, a third role of high importance is also assumed: that of the interventionist. Not only is the mother expected to raise her child following the medical professional's standards for "good parenting," but must also be a constant source of assistance and intervention for the dysfluencies displayed by her stuttering child.

The contribution of the mother in the 'normal' development of her child is crucial in the eyes of medical professionals. Therefore, mothers must meet the multitude of criteria in order to cultivate a stimulating and secure emotional environment for their children, as well as monitor progress and be constantly aware of signs of abnormalities in their child. This pressure and importance placed on the mother's role in her child's life could possibly explain why a mother would feel guilty upon discovering that her child has dysfluent speech. This is especially true when society views the parent as fully responsible for the child's development (Jolly, 1986).

The early years of a child's life are depicted as the most vital, having a long-lasting effect on the child's future and resulting personality. Under this standard, is it suggested that any abnormality found in the child could be accredited to the responsibility of the mother (Marshall, 1991). The resulting guilt experienced by the mother is the obvious consequence. However, it should not prevent her from remaining continually and actively engaged with her child.

Summary and Questions of the Study

As can be seen from this review of the literature, emotions and feelings are common issues that result from and contribute to stuttering and self-perception. This is certainly true for children who stutter as can be seen in textbooks and research articles on the development of stuttering. The ways that raising a child who stutters shapes the identity of parents, particularly mothers for whom the majority of self-help books have been written, has received little attention. The goal of this study is to investigate the shaping of motherhood by the stuttering experiences of children. The specific questions of the study are as follows:

1. What does it mean to be the mother of a child who stutters?
2. How does this meaning change as the child ages?

Methodology

Participants

Ten families who parented children who stuttered at some point in their lives were sought for this study. The goal was to include participants who are the mothers of young children (30-48 months of age), school-aged children (5-17 years of age), and young adults (18 years and above). There was no control for the sex of the children, socioeconomic status (SES), or geographical location. In addition, there was no limitation on the age of the child, whether the child is now fluent or continues to be dysfluent, or whether or not the child had received therapy.

Materials

A set of questions developed from the literature was used in an open-ended interview (See Appendix A). A Sony ICD-SX 712 Digital Flash Voice Recorder was used to audio record the interview, which was then saved in a digital file on a password-protected computer.

Procedures

A semi-structured interview was used to gather data. Participants were sought through nomination and were a convenient sample. Speech-language pathologists in private practice, clinics, and schools were contacted via email and telephone about the study. They were provided with a description that could be shared with parents that included the contact information for the researcher. Follow-up requests were made at two-week intervals over a six-week period of time. This resulted in 10 potential participant contacts, only three of whom actually followed through and participated in the study. Initial contact with participants occurred via email or telephone when a potential participant contacted the researcher using the information provided to the nominator. The goals of the research project, procedures, and time commitment was shared with the potential participant upon first contact. If they agreed to participate, a time and place was established for the data collection, i.e., recorded interview. At the conclusion of the interview, a second meeting day and time was set so each participant could member check the transcription and preliminary thematic analysis.

Analysis

The audio-recorded material was transcribed word-for-word using Dragon Speak v5. This was checked for accuracy by the researcher. Each interview was read for major and minor themes using methods described by Hagstrom and Daniels (2004). These were member-checked with the participants to clarify that what was said captured what the participant meant, and that

these comments were captured in the themes. This system of data collection was continued until no new themes emerged.

Results

Demographics

Three mothers participated in this study. The demographics reported here are based on the age of stuttering onset, sex of the child, and family consultation. The children of all three mothers became dysfluent in early childhood, at around 2.5 years of age. Two of the children, a male now in high school (M1) and a female in junior high (F2), continue to stutter. The other child, a female who is now a young adult (F3), became fluent within 3 months of the onset of dysfluency, i.e. by age 3 years. M1 is the oldest of three sons. The middle son, a freshman in high school, was also developmentally dysfluent but has not stuttered in two years. The youngest son did not stutter, but had other speech issues that are no longer present. F2 is the oldest of two daughters and the only one who stutters. F3 is the oldest of three daughters and the only one who was dysfluent.

Overview of the Data

The three interviews were collected and transcribed using the Dragon Speak program. Word by word editing was completed to check accuracy and correct errors in the transcription. The word count for the interview with M1 mother was 1596. F2 mother's word count was 865. Word count for F3 mother was 2714. Themes related to questions one and two of this study were then abstracted from the transcripts. These were subsequently member checked.

Question One

The first question of this study asked what it means to be the mother of a child who stutters. Three primary themes were found to be consistent across the interviews. These themes were control, personal involvement, and family dynamic.

Control. This theme will be broken down into two sub-themes. The first focusing on efforts to control and the second being lack of control and the resulting effects.

Control efforts. Each mom suggested moments of attempting to exercise control over the child's stuttering in efforts to fix or alleviate the dysfluency. These efforts led to overwhelming emotions, as well as feelings of caution and anxiety. M1 mother specifically reflected on putting her son in speech therapy at an early age:

When he was very young, everybody thinks it's adorable because they're two and three and they stutter and it's cute, and then you realize, "Okay well maybe that's not so cute anymore. Maybe we probably need to get that fixed..." I think probably anxiety drove a lot of that, "Let's get therapy. Let's do your practice. Let's work on this."

F2 mother described her attempts to prevent her daughter's stuttering by avoiding certain triggers, such as heightened emotions:

I'm more cautious around her...I just have to limit what I talk to her about in front of other people. [...] It becomes overwhelming for me just to kind of slow things down and my thought process is totally different now because...I have to find ways in my mind to curve it I guess so that's kind of like a big stressor for me.

F3 mother reflected specifically on the onset of stuttering and debating therapy before her daughter became fluent 3 months later:

I do remember feeling very anxious...it came on just like a whirlwind. I mean it was hard and fast...I do remember getting to a point where I was like "Okay, do I need to do something or can I let this go a little bit longer?"

Lack of control. The inability to find an immediate solution for the stuttering habits of their children led to frustration and anxiety.

M1 mother described the frustration of not being able to fix her son's stuttering:

There was no magic bullet. I think that was kind of frustrating to me as a mother.

I wanted a thing that would fix him, and that was probably very frustrating.

F2 mother shared a similar experience:

I get frustrated and upset and that's just because there's nothing that I can do to make it better.

Attachment. All three mothers described a personal attachment to their child's stuttering. This manifested in the forms of anxiety, concern, and self-blame.

M1 mother explained her concern as it related to her child's stuttering experience:

As a mother, [there is] a lot of anxiety over your child having something that's different from everybody else...it probably affects or bothers me probably more than it affects or bothers him, truthfully. Because he doesn't care...he gets past it and he moves on, whereas I'm sort of worried is there still a social issue for him and there doesn't seem to be.

F2 mother described feelings of self-blame and responsibility for F2's stuttering:

I do catch myself wondering if I do the same thing to see if maybe she did get it from me...I just wonder how I could've done things differently like maybe put her in speech therapy or something like that just to make it go away.

F3 mother also shared feelings of self-blame:

You feel inadequate as a parent, like “did I *do* something?”...I knew there were theories out there that said I caused this...I was blaming myself for her stuttering.

Family Dynamic. The moms expressed the impact of stuttering on the family dynamic, particularly spousal relationships.

M1 mother described the need for communication with her spouse and son:

[My husband and I] were always sort of very I guess open and [had] lots of communication about it, like we didn’t ever try to act like he didn’t have [a stutter]...my husband and I were always on the same page with him having therapy. We were always on the same page with talking to him about it.

F2 mother explained the personal struggle with her husband and youngest daughter’s empathy for F2:

You don’t realize how much it affects the whole family until you actually see it. Like my husband, he doesn’t realize how it stresses her out whenever they catch [F2 stuttering]...or my youngest daughter will kind of make fun of her here and there. And that stuff—like I try to stop it because I see the frustration.

F3 mother experienced spousal disunity that caused a negative emotional result:

I think I got more anxious watching my husband than I did necessarily her...he was just really, really anxious about it. [...] It hurt my feelings that my husband thought that I had this magic juice that I could pour in her mouth and she would stop stuttering.

Overall, the common themes of control, attachment, and family dynamic impacted the mothers' self-perception by generating feelings of personal responsibility and concern, as well as negative emotions such as anxiety, frustration, and guilt.

Question Two

The second question of this study asked how the meaning of mothering a child who stutters changes as the child ages. Two themes were prevalent in all three interviews. These themes were acceptance and empathy.

Acceptance and Empathy. Both themes were prevalent as the children aged and resulted in positive feelings of understanding and thankfulness.

M1 mother explains how empathy for her son allowed a change in perspective in response to her son's acceptance of his stuttering:

It probably hasn't affected my self-esteem because it hasn't affected *his*. [...] And then probably as he got older and I didn't see any ill effects socially for him...I started sort of changing how I felt about it. Like, "well maybe it's just part of him and it's okay and if it doesn't bother him, it's not going to bother me." [...] And I mean it sort of is what it is, and I think knowing that that's okay has been the best part. It's okay. It's okay that he does what he does.

F2 mother shared how her daughter's stuttering has become a normal part of her life and has influenced her perspective on those who share the disorder:

I think as I see her stutter then it kind of makes me redirect my thinking with other people when they stutter...it doesn't bother me as much if I hear someone else do it now because I kind of see where they're coming from. I guess in general

it just becomes, you know, just a normal thing for me so I'm just more aware in general.

F3 mother reflected on her experience during the months F3 stuttered with both acceptance and thankfulness that the dysfluency did not continue:

Like I said, all of a sudden one day it's just gone, and she thank goodness was miraculously cured. [...] I would encourage every parent out there to just take your child for what they are, and be loving, be accepting, and if you do have a happy ending be very grateful for it, and then if you don't have the outcome that you anticipated, to accept them for whatever they are and wherever they are.

F3 mother also reflected on the empathy that resulted from her experience:

I felt like it made me a better speech therapist because I truly could say to parents "I've been where you are." [...] It makes me more empathetic towards that population of people. It makes me want to show them patience.

As the children aged, the mothers described a sense of acceptance of their child's dysfluency, as well as empathy towards their child and other people who stutter. Overall, these results indicate that regardless of age or how long the child was dysfluent, there are common themes and key words the mothers used to describe their experience with raising a child who stutters. As is reflected by the word web constructed to capture key words used by all three mothers, excluding words used only once, knowing was the most prominent theme. Knowing if it was stuttering; knowing what to do about it; knowing it wasn't the mother's fault (See Appendix B).

Discussion

The purpose of this study was to understand the social and emotional impact of mothering a child who stutters. The specific goals were to investigate what it means to be the mother of a child who stutters and examine how that meaning changes over time. The results indicated that regardless of age or how long the child was dysfluent, there are common themes that emerge as the mothers described their experience with raising a child who stutters. The prevalent themes found in this study were control, attachment, family dynamic, acceptance, and empathy.

The pivotal choice regarding stuttering, to remediate or not to remediate, was presented in the narratives of each mother. M1 mother was the only participant who sought therapy for her child, while F2 and F3 did not, although F3 spontaneously recovered within three months. All three mothers reacted with concern at the onset of their child's stuttering. The results confirmed the notions put forth by Starkweather, Gottwald, and Halfond (1997) regarding parental concern that leads to anxiety and frustration about their child's stuttering. The mothers described the frustrations of not having a "magic bullet" or "easy fix" for stuttering. They also confirmed the anxiety they experienced in response to their child's stuttering. Although fourteen years have passed since the onset of her son's dysfluency, M1 mother described how she still feels anxiety when her son begins to stutter in a room full of people, causing her to "look around the room" to see if anybody is "looking at him weird."

Starkweather, Gottwald, and Halfond (1997) also suggested that a mother's anxiety in response to her child's stuttering might cause the child to increase in avoidance, leading to further dysfluency. There was evidence of this in F2 mother's narrative. She described how efforts to prevent her daughter's stuttering can be "overwhelming" and a "big stressor." She also

explained her daughter's "emotional issues" that occur when people catch her stuttering, so her daughter "slows down a lot whenever she speaks to us [F2 mother and husband]." Despite efforts to limit the dysfluent speech, her daughter continues to stutter, thus supporting the concept of a cycle involving parental response, child avoidance, and continued stuttering. However, it was unclear as to whether each element directly influenced its successor.

In regards to the motherhood experience as described by Marshall (1991), there was indication that confirmed the idealistic and romanticized perception of motherhood. F3 mother described the emotions she felt in response to her unmet expectations for motherhood. She remembered thinking "as long as [F3] survived birth everything was going to be great." However, after discovering that her daughter stuttered, she experienced a brief period of sadness because she expected "this perfect, very bright little two and a half year old and now look what I've got." Her experience supports the evidence that the social construction of motherhood provides false pretenses for mothers.

Marshall (1991) also mentioned that the romanticism of motherhood lacks consideration for the parenting difficulties that impact the entire family unit. There was a surprising amount of evidence in the narratives that upheld this concept, specifically within the prevalent theme of family dynamic. The mothers discussed the importance of spousal communication and unity in regards to therapy decisions and empathy. M1 mother described her and her husband as always being "on the same page," which may suggest that their unity was what allowed important decisions, such as therapy for her son, to be less of an issue. She often used the pronoun "we" when recounting placing her son in therapy and communicating with her son and his teachers. This is particularly contrasted with L3 mother's description of her relationship with her husband at the onset of their daughter's stuttering. She described the anxiety she felt because of her

husband's "really really anxious" reaction to their daughter's stuttering. This may suggest that the shared emotions between spouses cause those responses to become amplified. Unlike M1 mother, L3 mother's narrative did not include the word "we" in direct reference to her and her spouse.

The anxiety and frustration felt by the mothers was also a result of the lack of an easy fix for stuttering. Bourne (1979) described that there is no perfect instruction manual to fix the uncertainty and stress that come from raising a child. This proved to be expressly true for the mothers in this study. Each mother described the frustrations that surfaced as a result of not having a perfect cure for stuttering. This concept was described by M1 and F3 mothers as being particularly difficult in comparison to other speech disorders that have clearer strategies for remediation.

Societal influences and pressure concerning a mother's role in the life of her child was also present in the narratives, supporting Jolly's (1986) assertion that the parent is viewed by society as wholly responsible for child development. This could be linked to the theme of attachment found in each of the narratives. As personal attachment to the child's stuttering revealed feelings of anxiety, concern, and self-blame, the pressures of society additionally created negative feelings and self-consciousness regarding the child's stuttering.

F3 mother specifically shared how she felt like people were "criticizing my child" and it lowered her self-esteem, making her "feel inadequate as a parent." She described the more difficult interactions as moments when "you want to kind of hide her in a corner" which suggests feelings of self-consciousness concerning her child's stuttering. F2 mother indicated similar feelings when she described having to "limit what I talk to her about in front of other people" to prevent triggering her daughter's stuttering. Combined with the evidence of self-blame found

from the theme of attachment that surfaced from the narratives, these responses confirm the influence of society on the mother's sense of responsibility in raising her child.

Limitations of the Study

While there were several themes and commonalities that emerged from the narratives, generalization is restricted by the limited number of participants. A greater number of participants may open the possibility for more thematic and demographic exploration. The questions used in the semi-structured interview were useful in answering the questions of the study; however, more questions regarding the family unit, specifically spousal relationships, may be useful to further examine the influence of stuttering on parental unity.

Future Directions

Based on the findings of this study, future research could further explore whether the emotions and feelings experienced from raising a child who stutters vary based on the length of stuttering, marital status, and/or number of children. This would allow for specific investigations such as comparing responses among mothers of children with developmental dysfluency versus mothers of people who stutter. Similar studies could also explore the emotional impact of raising a child who stutters from the perspective of the father.

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Appendix A

Semi-structured Interview

1. Tell me about your son or daughter who is or has experienced stuttering?
 - a. Age
 - b. Current speech status
2. In what ways has your child's stuttering affected your important relationships? For example:
 - a. Family (spouse, your other children, relatives)
 - b. Friends
 - c. Teachers
 - d. Members of the opposite sex
 - e. Employers
 - f. Co-workers
3. In what ways has your child's stuttering affected your sense of self-esteem?
4. In what ways has your child's stuttering affected the way you look at your future?
5. In what ways has your child's stuttering had positive effects on the way you live your life?
6. What emotions do you experience more frequently after discovering that your child stutters?
7. Is there anything else you would like to share with me?

Appendix C

December 22, 2016

MEMORANDUM

TO: Madeline Wagnon
Fran Hagstrom

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 16-11-287

Protocol Title: *The Shaping of Motherhood: How Raising a Child who Stutters Impacts Identity*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date:12/21/2016 Expiration Date: 12/20/2017

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<https://vpred.uark.edu/units/rscp/index.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 20 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.