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Emotional intelligence of parents and their reaction to a child's speech disfluency

Inteligencja emocjonalna rodziców a ich reakcje na niepłynność mówienia dziecka

Abstract

Introduction. The reactions of the father and the mother to a child's speech disfluency are likely to differ. The question also arises as to what factors form their reactions.

Aim. The aim of the study was the comparison of the mothers' and the fathers' reactions to a child's speech impediment, the assessment of emotional intelligence presented by the pa-

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rents of children who stutter, as well as establishing the relationship between the emotional intelligence of the parents and their reaction to a child's speech impediment.
Material and method. The research involved 30 mothers and 30 fathers of 3-6-year-old stutterers (comprising 22 boys and 8 girls).
Results. Reactions of the mothers and fathers to a child's speech disfluency are similar, whereas the intensity of emotional reactions towards sons was statistically significantly higher ($p<0.05$) in the mothers than in the fathers. Both the overall level of emotional intelligence and the levels for individual scales were statistically significantly higher in the mothers ($p<0.05$, $p<0.01$, $p<0.001$). A positive relationship of medium strength was found between the capacity for empathy and the cognitive scale as well as between the ability to control their own emotions and the behavioural scale in the mothers. In the fathers researched in this study, a positive relationship of medium strength between the ability to empathize and the emotional scale was observed.
Conclusion. The level of emotional intelligence appears to be a factor which shapes parents' reactions to children's speech disfluency.

Keywords: stuttering, children, parents, emotional intelligence.

Abstrakt
Wprowadzenie. Reakcje na niepłynność mówienia dziecka występujące u matki i ojca są prawdopodobnie zróżnicowane. Ponadto pojawia się pytanie: Jakie czynniki je kształtują?
Cel. Celem badania było porównanie reakcji matek i ojców na niepłynność mówienia dziecka, ocena inteligencji emocjonalnej rodziców jąkających się dzieci oraz ustalenie związku między inteligencją emocjonalną rodziców a ich reakcjami na niepłynność mówienia dziecka.
Materiał i metoda. W badaniu wzięło udział trzydzieści matek i trzydziestu ojców jąkających się dzieci w wieku 3-6 lat (w tym dwudziestu dwóch chłopców i ośmiu dziewczynek).
Wyniki. Reakcje matek i ojców na niepłynność mowy dziecka są podobne, natomiast nasilenie reakcji emocjonalnych wobec synów było istotnie statystycznie wyższe ($p < 0,05$) u matek niż u ojców. Zarówno ogólny poziom inteligencji emocjonalnej, jak i poziomy dla poszczególnych skal były istotnie statystycznie wyższe u matek. Stwierdzono pozytywny związek o średniej sile pomiędzy zdolnością do empatii a skalą poznawczą oraz pomiędzy zdolnością do kontrolowania własnych emocji a skalą behawioralną matek. U ojców zaobserwowano pozytywny związek o średniej sile między zdolnością do empatii a skalą emocjonalną.
Wnioski. Poziom inteligencji emocjonalnej wydaje się być czynnikiem kształtującym reakcje rodziców na niepłynność mówienia u dzieci.

Słowa kluczowe: jąkanie, dzieci, rodzice, inteligencja emocjonalna.

Introduction

Stuttering most often begins and develops at preschool age (Ambrose, Yairi, 1999; Tarkowski, Humeniuk, & Dunaj, 2012). Zbigniew Tarkowski (2018) proposed the following formula:

$$ES = D + R$$

where:
ES – early childhood stuttering;
D – speech disfluency;
R – reaction to the speech disfluency.

Speech disfluency can be either normal or pathological, and reactions to it, individual, or societal. The former reactions are those of the child to his own disfluency of speech, and the latter refer to the reactions of those in his social environment. Individual and societal responses can be classified as cognitive, emotional, and behavioural.

Parents have varying reactions to the speech disfluency of a small child. They are not sure whether this is a normal occurrence or a sign of pathology. They might therefore make light of the speech disfluency, consider it a display of childish babble, or treat it as actual stuttering. Most often they wait for it to go away on its own, without need for therapeutic intervention. When it subsides, they hope it will never come back. When it does, however, return, they are confused, worried, irritated, or continue to live in the hope that the speech disfluency will disappear of its own accord. Generally, they do not punish it, but they may give various signs of dissatisfaction. They try to correct the child when he does not speak fluently. But they are not sure whether they are proceeding correctly, since the stuttering persists. They usually delay visiting a specialist, who is, most often, firstly the family doctor rather than a speech pathologist (Langevin et al., 2010; Millard, Davis, 2016; Plexico, Burrus, 2012).

The reactions of the father and mother to a child's speech disfluency are likely to differ. The question also arises as to what factors form their reactions. It can be assumed that they are determined by factors external to the family: economic conditions, level of health care, societal stereotypes of those who stutter, and what support they might receive in their difficult situation (Alyanak et al., 2013). Parents' reactions to stuttering are also determined by internal factors such as their own personality traits, their level of emotional intelligence, and their methods for coping with stress.

Against the backdrop of a child's disfluency of speech, conflicts may arise between the parents. A conflict can come up when one of the parents (more often the mother) maintains that the child stutters, while the other parent takes the opposite opinion. There can also be an emotional conflict when the parents differ significantly in the expression and strength of their emotions. A behavioural conflict might also become apparent, where the mother intervenes when the child speaks with disfluency and the father is against doing so, or vice versa.

The question arises of whether, when, and to what degree, disfluency of speech is a stressor and having a child with speech disfluency constitutes a stressful situation for parents (Plexico, Burrus, 2012). It has been observed that disfluency, in itself, can be a type of stressor for listeners (Abali et al., 2005; Guntupalli et al., 2007). It has been shown that listening to people who stutter causes emotional agitation, observed in the form of increased skin conductance and a drop in heart rate. According to those studied, anxiety was their dominant emotion while listening to a person who stutters. Greater changes in skin conductance were found when the disfluency was increased (Guntupalli et al., 2007).

There is no doubt that caring for a child with a stutter exposes parents to many burdens, but they are not all affected in the same way. Their quality of coping with permanent stress and its consequences plays a key role here. Some parents deal well with tension, while for others it is associated with health and adaptation problems. Also, taking into consideration information on the effect that the parents' psychological state has on the child, it can be assumed that an analysis of this interdependence is justified (Kelman, Nicholas, 2008).

It is a popular concept to regard a disease or disorder as a stressful situation, and parents' behaviour associated with the illness and treatment of a child as coping behaviours which affect the whole family. Parents generally find it hard to come to terms with the idea that their child is not fully proficient. Arie Rimmerman and Varda Stanger (1992) have demonstrated that having a child with an illness, disorder, or dysfunction can bring about in parents' feelings of loss, low self-esteem, and a sense of immutability. Characteristic reactions also include: not admitting the fact of the disorder; belief in the possibility of recovery; seeking help from various persons; grief and feelings of guilt. Regret, anger, feelings of helplessness, rebellion, and aggression also appear. A person experiencing such emotions may not be able to form warm and loving relationships. The mother or father begins to run out of resilience, patience, tolerance, and understanding (Beilby, 2014; Sanders, Mazzucchelli, 2013).

Parents' individual characteristics, including emotional intelligence, play a decisive role in coping with a child's disorder. In the opinion of Peter Salovey and John D. Mayer (1997), emotional intelligence consists of the following skill set: a) accurate perception of one's own emotions and those of others; b) using them constructively in thought and action; c) understanding emotions and emotional signals; d) managing emotions in such a way that they do not hinder one's ability to function, but promote adaptation and development (Mayer, Salovey, 1997; Mayer, Salovey, & Caruso, 2008). Emotional intelligence is also the ability to verbally describe emotions and to mimic or pantomime expressions using common cultural expressions. The emotionally intelligent person is aware of the emotions he is

experiencing and understands what he feels, and is also able to enter empathetically into the emotional experiences of others. He is able to draw specific knowledge from the emotions he observes in himself and in others (Fiori et al., 2014). He is also able to evoke within himself emotions conducive to achieving the goals he pursues and to silence ones that are detrimental to this. He is acquainted with cultural rules and emotional norms. Research on emotional intelligence shows, among other things, that it helps to maintain, or regain, feelings of well-being (Baudry et al., 2018). For example, it is easier for people with high emotional intelligence to induce a positive mood, and in the situation of a bad mood induced for experimental purposes, it improves more quickly. It should therefore be assumed that the case will be the same for real-life events: emotionally intelligent people will be more influenced by positive events, and less (and for a shorter time) by negative ones (Goleman, 1997).

The literature on the subject includes research reports on the relationship between emotional intelligence and various determinants of the effectiveness of an individual's functioning in various areas of life. It has been confirmed that highly emotionally intelligent people experience greater satisfaction with life (Austin et al., 2005), have better-developed social skills (Schulte et al., 2004), and have better relationships with others (Austin et al., 2005; Gannon, Ranzijn, 2005; Spence, Oades, & Caputi, 2004). Emotionally intelligent people not only cope well with the difficulties of life but also provide support for other family members and cope better with raising children (Berqueza, Kelmana, 2018).

Since contemporary therapies for children who stutter (Kelman, Nicholas, 2008; Langevin, Packman, & Onslow, 2010) involve parents to a great extent and attach importance to the influence of their emotions and behaviour on both the development of the disorder and its treatment, it seems important to search for factors that modify this influence.

Purpose

The aims of the study were:

- assessment of the emotional intelligence of parents of children who stutter;
- comparison of the reactions of mothers with those of fathers to a child's speech impediment;
- establishing the relationship between the emotional intelligence of parents and their reaction to a child's speech impediment.

Subjects

Participating in the study were 23 mothers aged from 28 to 39 years old (M = 32.25; SD = 3.04) and 23 fathers aged from 30 to 44 years old (M = 35.39; SD = 3.29). More than half of the mothers had higher education (52.18%) and 21.73% had secondary education. Among the fathers, 39.14% had higher education and 30.43%, secondary. The parents being researched had preschool-age children with stutters (in Poland, preschool age is from three to six years old); 17 boys and six girls. The age of boys who stuttered ranged from 4.2 to 6.0 (M = 4.7; SD = 0.9), and the age of girls who stuttered was from 3.0 to 5.9 (M = 5.81; SD = 1.02).

The respondents were recruited through personal contacts and through collaboration with regional aid and therapy centres in south-eastern Poland. The study was given approval by the Bioethics Commission, and each of the parent-respondents gave his or her informed written consent to the study.

This study is part of a larger project entitled "Stuttering in preschool age," which examines the characteristics of speech disfluency of preschool age children, the reactions of their parents and teachers to disfluency (also depending on the characteristics of the disfluency), and determinants of parents' reactions to the child's disfluency (their personality traits, emotional intelligence, and stress management).

Measures

Reaction to Speech Disfluency Scale (RSDS)

This scale was constructed on the basis of already-existing literature on parents' reactions to a child's speech disfluency as well as of the therapeutic experience of the authors of the present study. Individual and social responses to speech disfluency can be grouped into both cognitive and emotional responses, as well as by behaviour when disfluency appears.

Cognitive-level reactions include such parameters as the concept of the nature of the child's speech disfluency (causes, degree of severity, possibility of spontaneous resolution), but also the determination as to whether it is normal or pathological, and how it compares against the child's peers.

Emotional reactions reveal feelings and physical conditions which accompany listening to disfluent speech: anger, increased tension, guilt, regret, anxiety, embarrassment, irritation, physiological changes, and stress.

Behavioural reactions are revealed in specific verbal and non-verbal behaviours towards a child who stutters, such as over-careful listening to the child's enunciation, calling attention to the disfluency, correcting manifestations of the disfluency, slo-

wing the speed at which the child speaks, giving signs of impatience, disorientation in behaviour, avoiding eye contact, finishing a disfluent sentence (for the child), and speaking for the child.

The cognitive, behavioural, and emotional reactions listed above together constitute a syndrome of responses to speech disfluency which forms the matrix of this instrument. The Reaction to Speech Disfluency Scale is composed of 30 statements, proportionately grouped into three subscales. At the end of the scale, there is one additional statement (number 31) for assessing the child's overall speech deficiency (mild, average, considerable, deep). The raw results were converted to Sten scores. The reliability of the scale is 0.74 Cronbach α, and the standard error of measurement is 0.02 (Tarkowski, 2010).

We have published the complete Reaction to Speech Disfluency Scale in a previous article (Humeniuk, Tarkowski, 2015).

Emotional Intelligence Questionnaire (EIQ)

Emotional intelligence was determined using the Emotional Intelligence Questionnaire (EIQ) by Aleksandra Jaworowska and Anna Matczak (2001), based on the concept of emotional intelligence developed by P. Salovey and J. Mayer (1997). This questionnaire makes it possible to calculate the results of four scales as well as an overall result. The overall score (which is the sum of the points obtained in the individual scales) measures the overall level of emotional intelligence, by which a person uses his own emotions in solving problems. The scales comprising the EIQ measure the more specific aptitudes forming emotional intelligence. These are ACC—accepting, expressing, and using emotions through actions; EMP—empathy, i.e., understanding and identifying the emotions of others; CON—control, including cognitive, over one's own emotions; and UND—understanding and being aware of one's own emotions. The results are given as Sten scores, with a score of 1-3 seen as low, 4-6 as average, and 7-10 as high.

Results

The results of research with both tools were presented using arithmetic means, which were then compared between groups (mothers/fathers) using the Student's t-test for independent trials. The level of statistical significance was $p<0.05$. The parents' Emotional Intelligence Questionnaire results were then correlated with their results on the Reaction to Speech Disfluency Scale. The correlation was verified by using the Pearson "r" linear correlation coefficient.

Table 1
Comparison of average results obtained by mothers and by fathers in the EIQ.

EIQ Scale	Mothers		Fathers		t	p
	M	SD	M	SD		
ACC	5.9	1.5	4.2	1.8	3.479	<0.001
EMP	5.2	1.2	4.1	1.4	2.860	<0.01
CON	6.0	1.6	5.2	1.4	1.804	NS
UND	5.5	0.9	4.8	1.2	2.238	<0.05
Overall Result	6.3	1.6	5.2	1.7	2.259	<0.05

Source: Authors' own study.

The result for the overall level of emotional intelligence among mothers is in the high-result range, and in the individual scales, the upper limit of average. In terms of the overall level of emotional intelligence, the fathers obtained average results, and in the individual scales the results are at the lower limit of average results.

In the research group of parents of children who stutter, both the overall level of emotional intelligence and the levels for individual scales were, statistically, significantly higher in mothers. Although mothers also had a better ability to control their emotions, this value did not have statistical significance. This indicates that parents consciously control their emotions to a similar degree (upper average). Parents of children who stutter are, therefore, characterized by a quite high level of an ability to control their emotions. They know what emotional states are conducive to, and which are not conducive to, effective action, and they are able to put this knowledge into practice.

Mothers of children who stutter have a decidedly higher ability to understand and be aware of their own emotions (UND), which probably causes them to also have a greater ability to accept, express, and use, their emotions in their actions (ACC). They are better able to describe their feelings and to show both positive and negative emotions. They also have a greater capacity for empathy, for understanding and recognizing the emotions of other people. Thanks to this ability, they can recognize what other people are going through, and also imagine the feelings their behaviour will bring about in others.

Table 2
Comparison of average results obtained by mothers and by fathers in the RSDS.

Scale	Mothers		Fathers		T	P
	M	SD	M	SD		
Children						
Cognitive	12.62	2.27	12.30	2.33	0.83	NS
Behavioural	10.59	5.19	10.43	4.56	0.19	NS
Emotional	8.49	5.10	7.62	4.0	1.12	NS
Comprehensive	31.70	10.78	30.35	10.13	0.81	NS
Boys						
Cognitive	12.92	2.17	12.23	2.29	1.53	NS
Behavioural	10.42	5.83	9.69	4.20	0.71	NS
Emotional	8.96	5.33	6.88	3.27	2.32	<0.05
Comprehensive	32.31	11.60	28.81	7.65	1.76	NS
Girls						
Cognitive	11.91	2.43	12.45	2.54	0.68	NS
Behavioural	11.00	3.46	12.18	5.10	0.84	NS
Emotional	7.36	4.54	10.36	2.12	1.29	NS
Comprehensive	30.27	8.88	34.00	10.83	1.17	NS

Note: NS - the difference between the averages was not statistically significant.

Source: Authors' own study.

Analysis of the reaction profile of parents to a child's speech disfluency indicates the highest intensity of reactions being on the cognitive level. Parents are strongly convinced that their child stutters, they see it as a serious problem, but hope that it will go away on its own and therefore believe that it is as yet too early for a specialist. Reactions such as correcting, impatience, or finishing the child's sentences for him can be observed in the behaviour of parents of a child who does not speak fluently. The least reaction to a child's speech disfluency among the parents studied was on the emotional level; reactions such as anger, tension, shame, guilt, anxiety, or embarrassment. It is, however, worth noting that the reactions of the parents depended on the sex of the child with the speech disfluency. There was a greater intensity of cognitive, emotional, and behavioural reactions of mothers in relation to sons with disfluent

speech; and for fathers in relation to their daughters. However, this was a statistically insignificant tendency. Only the intensity of emotional reactions towards sons was statistically significantly higher ($p < 0.05$) in mothers than in fathers.

Table 3
Values of the correlation coefficient for emotional intelligence level and the reaction of parents to a child's speech disfluency.

	Cognitive Scale	Behavioural Scale	Emotional Scale	Comprehensive Scale
ACC	-0.09	-0.21	-0.03	-0.13
EMP	0.47*	0.08	0.32	0.26
CON	-0.29	-0.63*	-0.33	-0.50*
UND	-0.33	-0.27	-0.21	-0.28
Overall Result	0.00	-0.30	-0.04	-0.16

Note: *medium strength correlation, **strong correlation.

Source: Authors' own study.

In the mothers researched in this study, a positive relationship of medium strength was found between the capacity for empathy and the cognitive scale. This means that the greater their ability to understand and recognize emotions, the greater the intensity of cognitive reactions will be in mothers of children who stutter. In addition, a negative relationship was found between the ability to control their own emotions and the behavioural scale, which means that the greater the ability of mothers to control their own emotions, the more seldom reactions such as correcting, impatience, and finishing sentences are to be seen in relation to a child who stutters.

Discussion

The most frequent emotional reaction to the illness or disability of a child is anxiety. This becomes a barrier to communication in contacts with children, and can also change previous attitudes of parents. It has been shown that anxiety can last for many years. Helping parents to overcome it improves their relationship with their child, ensures better psychosocial functioning, and also facilitates therapy for the child. Such correlations are found more often in mothers than in fathers (Best et al., 2001; Willingham et al., 2008).

The question arises as to what are the most characteristic reactions of parents of children who stutter. Research shows that from among 77 parents who answered the question of how their child's stuttering affected them, 70 (90%) stated that it had a negative effect on them. Only seven (9.1%) of the parents did not observe this effect. The level of disfluency of the children of this group of parents ranged from mild to moderate (Langevin et al., 2010). A study by Kerianne Druker et al. (2019) shows that parents experience feelings of anxiety, guilt, frustration, sadness, stress, and exhaustion. They also feel a lack of control and insecurity as to how to deal with the disorder.

In our own research, it was observed that the reactions of parents are the most intense on the cognitive level. Parents perceive that their child has a serious problem. This results in a constant focus on the way the child speaks. This observation is confirmed by a study by Nan Bernstein Ratner and Stacy Silverman (2000) in which it was shown that parents of children with speech disfluency are able to, much more precisely, predict how their child will speak in various situations. Parents of children who speak fluently were shown to have decidedly less accuracy in this respect.

Such a strong focus on the way the child speaks can cause such behaviours as helping the child, finishing his statements for him, correcting, reminding him to speak slowly (Einarsdóttir, Ingham, 2009). Osman Abali et al. (2005), who assessed attitudes towards children in the initial stages of stuttering, report that more than half of parents (54.5%) punish and reprimand their children when they speak disfluently. Parents communicating with a child who stutters behaved more conventionally, and had a negative attitude (Meyers, 1990). In a study by Marylin Langevin et al. (2010), the behaviours appearing most often were: asking the child to speak more calmly, clearly, and slowly; asking him to take a deep breath and stop and think about what he wants to say. Behaviour much less frequently mentioned by parents was to devote extra time to the child in order to patiently, without helping, listen to what the child had to say. In the group of parents we researched, it was possible to observe such reactions to a child's stuttering as correcting him, becoming impatient, and finishing the child's sentences for him. The parents we studied felt negative emotions, such as anger, tension, shame, guilt, anxiety, and embarrassment, the least frequently. On the other hand, in the research of M. Langevin et al. (2010), the majority of parents (71.4%) noticed the appearance of negative emotions. They began to feel anxiety, uncertainty, frustration, annoyance, irritation, and impatience. They also had feelings of guilt that they had caused the stuttering to come about. When a child begins to stutter, they feel helplessness, despair, fear, and sadness. A comparison of families of children who stutter, to ones of children who speak fluently, shows that children who stutter live in families with a less favourable emotional atmosphere and with worse communication (Simić-Ruzić, Jovanović, 2008).

In the study, parents' reactions to a child's speech disfluency were associated with gender. Reactions at all levels were more intense among mothers. Although the resul-

ting differences were not statistically significant, a similar trend was observed regarding other health problems in children. Mothers reacted more emotionally and did not cope as well with stress. It is estimated that there is a 50% increase of risk of serious emotional consequences in mothers of children who are sick. Such problems were not observed in fathers (Emerson, Llewellyn 2008; Wade et al., 2010). In Susan C. Meyers' study (1990), children with a stutter had more a positive relationships with their fathers. In a study by Sara Ashencaen Crabtree (2007) of Arab parents of children who stutter, fathers had greater feelings of shame and disappointment than did mothers, and the burden of support and therapy for the child fell upon the mother. In research by Margaret Moore and Michael Nystul (1979), fathers of children who stutter were more conventional, less tolerant, and suppressed the natural curiosity of the child. The mothers were similar to mothers of children who do not stutter. In research by Maram Al-Khaledi et al. (2009), it was mothers to a greater degree who supported their children and protected them from negative influences and reactions of others. Their research also showed that the reactions of parents of children who stutter are linked to their age and education. The younger age group (under 39 years old) as well as the group with the lowest level of education, had more intense negative reactions. A child's stuttering should always be assessed within the context of the family, in order to understand how the problem develops and manifests, and how it affects the members of the family. As early as 1946, Anderson wrote that there was a relationship between the behaviour within his peer group of a child who stutters and the behaviour and attitudes of his parents. It is the opinion of Gordon Blood (1999), that faulty attitudes of society and of parents are factors contributing to the development and continuation of stuttering. However, the influence of the parents is paramount (Biggart et al., 2007; Douglas, 2005). They should know how to recognize the child's needs, present a proper attitude, and cooperate with therapy (Simić-Ruzić, Jovanović, 2008). The results of therapy for a child who stutters depends to a significant degree on the attitude of the parents (Yaruss, Quesal, 2004). This fact is taken into account in many therapeutic programs which additionally provide parents with supplementary skills helping them to cope with the problem (Conture, 2001; Conture, Melnick, 1999; Kelman, Nicholas, 2008; Yaruss et al., 2006).

Because the reactions of parents to a child's speech disfluency play such an important role, it is necessary to seek out the factors that determine these reactions. In our study, it was established that emotional intelligence may be such a factor. Mothers have a higher level of emotional intelligence (overall, and in particular competencies). They are decidedly better than fathers at perceiving, understanding, and identifying their own emotions and those of others. The more empathetic mothers are, the more intense are their cognitive reactions. On the other hand, the better they control their emotions, the less frequent are reactions such as correcting, impatience, or finishing

the child's sentences for him, observable in relation to a stuttering child. Among the fathers researched, the intensity of emotional reactions (anger, stress, shame, guilt, anxiety, embarrassment) is lower, given the greater their ability to empathize.

Parents' ability to control their own emotions and their behaviour towards the child turns out to be a key factor in the success of the child's therapy and in the further prognosis of the development of the disorder (Druker et al., 2019; Sanders, Mazzucchelli, 2013). It is, therefore, necessary to take into account the diagnosis and potential training of parents' emotional intelligence before undertaking treatment programs.

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