The onset of stuttering: A narrative study
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Knowledge regarding the onset of stuttering is of great interest to practicing speech-language pathologists and researchers. The pioneers of our field contributed a great deal of data related to onset, development, and spontaneous recovery of stuttering (e.g., Van Riper, 1971). More recently, our knowledge of the onset of stuttering was greatly enhanced by the epidemiological studies of Yairi and colleagues (e.g. Ambrose and Yairi, 1999; Yairi and Ambrose, 1999; Yairi and Ambrose, 2005). These studies revolutionized onset data, but could be enhanced by personal stories.

A recent phenomenon in the social sciences has been the incorporation of qualitative data into the research literature (e.g. Tetnowski and Damico, 2001). These methodologies have allowed for greater insights into our knowledge of stuttering through techniques that allow for a richer description of the data. One of these methodologies makes use of the narrative. Narrative research is a form of inquiry where the lives of individuals are retold by the primary researcher from the onset of stuttering. The child (E) is one year old, 11 months at the beginning of the data collection. The mother, (S) is a person who stutters, and the primary supplier of the data. The speech-language pathologist (J) is a stuttering specialist who was contacted by the mother at the onset of stuttering. There are four primary sources of data for this study include (a) e-mail correspondence between S and J, (b) a diary kept by S and shared with J, (c) telephone conversations between S and J, and (d) video segments of E, analyzed by J. This triangulation of data provided a rich source of data for the narrative.

Results:
The narrative (in the voice of the mother) is as follows: E began to stutter just before her second birthday. She began with easy repetitions. At first I thought she was simply imitating me or "mocking me". A few days later it started freaking me out and I told her “don’t do that”. I soon realized that she could not stop it and I really began to worry.

Since I have some connections with the stuttering community, I contacted some of the “expert” speech-language pathologists that I know. All three of them told me that it was a bit early to be “really scared”, but I was nonetheless. My sister mentioned to me that she heard E stutter and I began to wonder, "Did it just pop up overnight?”. I cried almost the whole next day. “How could this stuttering appear so quickly and progress so much in one week?”

I began to question myself. I know it’s not my fault, but I wonder what I did? Maybe it’s the new vitamins that she has been taking. I know that this didn’t make sense, but I began to question everything I did. So did others when I began talking with them. E’s babysitter thought it may be her fault because she was really busy and ignored E last week. I called several speech pathologists that I know and asked them what I should do. One of them told me that her daughter stuttered for 18 months and then suddenly stopped. This didn’t help much. I would wake up thinking about her speech. It brought me back to my own therapy as a child-it made me a better person. Why wouldn’t it be the same for her.

I began to wonder about myself and E. How will this change the way I mother? What do I tell her teachers? People will look to me for answers and how to respond. I wonder what mom’s who don’t stutter do. I did tell the people at her day care how to respond (patience, model slow talking, etc.). I began to see more signs and others confirmed them. My cousin babysat E last week. She explained to me how she already began substituting words. She wanted m-m-m-m-m-m-m-m-macaroni, but couldn’t finish it, but switched the word to gnocchi (what a good little Italian baby!).

There are still some people that I avoid telling. I do talk to my husband about it. He is less concerned than me, but supports my decisions. After all this thought and effort (worrying, talking to expert speech pathologists, reflecting on my early years, and getting my mother to supply information on how she dealt with my stuttering), I finally had some peace of mind.

The stuttering did begin to get worse. Some time I counted about 15 repetitions. I was really worried. From panic to peace, and then back to panic in just a few weeks. It was what I went through for 15 years before I finally accepted my own stuttering. I continue to be “super-tuned-in” to her speech, in spite of my own busy-ness. But then I think, “mom’s are really tuned into their kids”. If their kid is hurt, they know right away. This is the same gift that I have with stuttering.

Stuttering stopped the week after her second birthday. The only thing I changed was that I stopped giving her the vitamins. “Could this be the reason?”. I know that there will be many ups and downs on this roller coaster ride. The one thing I know is that I will get support. I get great information from the speech pathologists I know and I also regularly log in to the National Stuttering Association’s on-line parent group.

Discussion and Summary:
The rich description of stuttering onset and how the mother reacted is documented in this narrative study. Although the stuttering did spontaneously resolve itself, the mother described her fears and anxieties about her daughter’s stuttering. These fears are authentic, even though the stuttering resolved.

The fact that this mother is a person who stutters herself may have heightened her awareness. Her connections to local and national self-help organization may have also made her hyper-alert to her daughter’s nonfluencies. Finally, her “connections” to qualified SLPs allowed her to follow a reasonable course of action. In retrospect, the steady decrease in stuttering and weighted stuttering-like disfluency score (WSLD) is consistent with known data and indicates that E will likely continue to spontaneously recover. However, the parent’s real-life fear is also documented.

In summary, this narrative documents what stuttering looks like from the view of a parent within one week of onset and over the next 10 months. The richness of the data can serve as a guide for intervention with potential children who stutter.