Speech-Language Pathologists' Attitudes Towards People Who Stutter

Attitudes des orthophonistes à l'égard des personnes bègues

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Abstract

This study explored the attitudes of speech-language pathologists (S-LP) towards people who stutter (PWS). A 14-item semantic differential scale was utilized to assess the S-LPs' attitudes towards PWS and people who do not stutter (PWDS). In addition, the effect of familiarity and experiences with PWS was analyzed. The results showed that S-LPs have rather positive attitudes towards both PWS and PWDS. In addition, results of a multiple analysis of variance (MANOVA) showed that S-LPs perceived PWS more positively than PWDS on nine traits (sincere–insincere, likable–not likable, trustworthy–not trustworthy, physically normal–physically abnormal, reliable–unreliable, good sense of humor–poor sense of humor, mentally stable–mentally unstable, intelligent–unintelligent, and employable–unemployable). There appeared to be little effect for familiarity and experience with PWS on S-LPs' attitudes towards PWS.

Abrégé

La présente étude explore les attitudes des orthophonistes à l'égard des personnes bègues. Une échelle sémantique différentielle à 14 points a servi à évaluer les attitudes des orthophonistes envers les personnes bègues et les personnes non bègues. On a aussi analysé l'effet de la familiarité et de l'expérience avec les personnes bègues. Les résultats indiquent que les orthophonistes ont une attitude plutôt positive à l'égard tant des bègues que des non-bègues. Par ailleurs, les résultats d'une analyse multivariée (MANOVA) montrent que les orthophonistes perçoivent les personnes bègues de manière plus positive que les personnes non-bègues pour neuf traits (sincère–non sincère, aimable–non aimable, digne de confiance–non digne de confiance, normal sur le plan physique–anormal sur le plan physique, fiable–non fiable, doué d'un bon sens de l'humour–non doué d'un bon sens de l'humour, stable mentalement–non stable mentalement, intelligent–pas intelligent, et apte à l'emploi–non apte à l'emploi). Il semble y avoir peut d'effet de la familiarité et de l'expérience avec les personnes bègues sur les attitudes des orthophonistes à l'égard de ces personnes.

Key words: attitudes, stereotyping, speech-language pathologists, stuttering

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Introduction

Stuttering is a complex communication disorder that not only interferes with the forward flow of speech, but which also creates negative emotions and reactions by both the speaker and listener (Guitar, 2006). The negative feelings that a person who stutters experiences related to speaking are usually compounded by negative reactions expressed by listeners and the anticipation of negative reactions (Hulit & Wirtz, 1994; Silverman,1996; Yaruss & Quesal, 2004). Thus, listeners'

reactions and attitudes can have a significant impact on the self-perception of people who stutter (PWS). There is evidence that negative listener reactions affect PWS in many different ways such as socially (Guitar, 2006; Yaruss & Quesal, 2004), academically (Lass, Ruscello, Pannbacker, Schmitt, & Everly-Myers, 1989), and professionally (Hurst & Cooper, 1983a, 1983b).

Negative attitudes towards PWS can lead to the formation of stereotypes. A stereotype is "an exaggerated belief associated with a category. The function of stereotypes is to justify (rationalize) our conduct in relation to that category" (Allport, 1986, p. 191). Stereotypes are never beneficial because they create perceptions and beliefs about people with disabilities without taking into account the individual's unique abilities. According to Smart (2001), stereotyping is negative for several reasons. First, stereotypes remove a person's individuality. Second, stereotypes serve to exclude people from the general population and categorize them. Third, stereotypes cause individuals to isolate and remove themselves from various opportunities and experiences.

The literature indicates that not only does the general population stereotype, but so do speech-language pathologists (S-LPs; Kalinowski, Armson, Stuart, & Lerman, 1993; Turnbaugh, Guitar, & Hoffman, 1979; Woods & Williams, 1971, 1976; Yairi & Williams, 1970). Yairi and Williams (1970) asked 127 S-LPs from public schools in the state of Iowa to list adjectives and traits that best described boys who stutter. Out of 26 frequently mentioned traits, 17 were determined to be undesirable. Among the negative traits that were reported most frequently by S-LPs were nervous (39% of clinicians), shy (32% of clinicians), withdrawn (27% of clinicians), tense (27% of clinicians), anxious (26% of clinicians), self-conscious (24% of clinicians), and insecure (23% of clinicians). These findings suggested that S-LPs held negative perceptions about the personalities of school-aged boys who stutter.

In an extension of the work by Yairi and Williams (1970), Woods and Williams (1971) surveyed the perceptions of 45 S-LPs toward stuttering. The S-LPs were asked to list five adjectives to describe an adult male who stuttered. The authors found that 16 of the 24 adjectives reported were negative. The adjectives most often reported were anxious, self-conscious, perfectionistic, apprehensive, and tense. These findings were similar to those in the Yairi and Williams study.

Woods and Williams (1976) developed a 25-item semantic differential scale, which has been used often in the stuttering literature, including in the present study. This scale, about the concept of "stutterer" was completed by 25 S-LPs, 20 elementary school teachers, 21 parents of children with communication disorders, 22 people who stuttered, and 20 college students. The purpose of the study was to survey the adjectives used by these groups to evaluate four hypothetical constructs (typical 8-year-old male, typical 8-year-old male who stutters, typical adult male, and typical adult male who stutters). Results indicated that 23 of the 25 items for the constructs of PWS were significantly more negative than those applied to the constructs of people who did not stutter (PWDS). Among the negative adjectives reported to describe people who stuttered were nervous, tense, shy, anxious, fearful, reticent, and guarded.

Other studies support the notion that S-LPs report negative attitudes and stereotypes of PWS.

Ragsdale and Ashby (1982) asked 206 S-LPs to report their perceptions of seven variables related to stuttering including: (a) stuttering, (b) stuttering therapy, (c) boys who stutter, (d) adult males who stutter, (e) girls who stutter, (f) adult females who stutter, and (g) parents of children who stutter. The S-LPs used a 30-item semantic differential scale to report their perceptions of these seven variables. The 30 items on the semantic differential scale were grouped into five factors including (a) evaluation (good–bad, pleasant–unpleasant); (b) potency (strong–weak, hard–soft); (c) activity (tense–relaxed, hot–cold); (d) understandability (familiar–unfamiliar, clear–confusing); and (e) anxiety (anxious–calm, afraid–unafraid). The researchers studied the relationship between reports of perceptions toward these seven categories and individual characteristics of the S-LPs. The characteristics of the S-LPs studied included age, whether the S-LP held the certificate of clinical competence, gender, academic degrees, coursework in stuttering, and clinical experience. The study findings suggested that increasing age, higher degrees, more coursework, or more clinical experience did not significantly produce more positive evaluations by the S-LPs. S-LPs who held the certificate of clinical competence reported significantly more positive evaluations of the seven variables of stuttering examined in this study than S-LPs who did not have the certificate. For the individual variables of stuttering, the variable *stuttering* was judged significantly more positively than all others. *Stuttering therapy* was judged significantly less positively than all of the other variables studied. S-LPs did not judge adults who stuttered, children who stuttered, males who stuttered, and females who stuttered significantly different from each other. The variable *parents of stutterers* was judged more positively than the concepts of children who stuttered, adults who stuttered, males who stuttered, and females who stuttered.

From 1973 to 1983, Cooper and Cooper (1985) studied changes in the knowledge and attitudes of 674 S-LPs toward PWS. The purpose of the study was to explore whether or not S-LPs' attitudes improved during this time. S-LPs completed the Clinician Attitudes Toward Stuttering Inventory (Cooper, 1975). During that study period, there was a greater than 20% decrease in the number of clinicians who reported beliefs that people who stuttered had a psychological disorder, had misperceptions of their problems, and had difficulties with personal relationships. Despite these trends, 67% of clinicians continued to hold beliefs that most people who stuttered had psychological problems, 50% of clinicians reported that people who stuttered shared stereotypical personality traits, and 66% of clinicians believed that people who stuttered had feelings of inferiority. From 1983 to 1991, this study was replicated

to explore changes in S-LPs' attitudes towards stuttering (Cooper & Cooper, 1996). Although S-LPs were less likely to stereotype in the 1983 to1991 era than from 1973 to 1983, there were still negative attitudes. Over half (58%) of the S-LPs continued to believe that PWS exhibit characteristic personality traits and 36% of S-LPs continued to believe that most PWS have psychological problems.

The study by Lass et al. (1989) examined the attitudes of 81 S-LPs toward a *typical adult male who stutters*, a *typical adult female who stutters*, an *8-year-old male who stutters*, and an *8-year-old female who stutters*. The S-LPs were required to list adjectives they used to describe each construct. The researchers divided the adjectives into three categories: personality, physical appearance, and intelligence. The authors then evaluated the adjectives that were used to describe each type of person who stuttered. Ninety-three percent of the responses were categorized as negative personality characteristics. Among the adjectives used to describe PWS were nervous, shy, frustrated, and anxious. These adjectives were similar to those reported in other studies (Woods & Williams, 1971, 1976; Yairi & Williams, 1970). This study provided further evidence that S-LPs held negative perceptions about people who stuttered.

Research conducted over the past several decades has repeatedly found that S-LPs report negative attitudes towards and stereotypes of PWS (Cooper & Cooper, 1985, 1996; Lass et al., 1989; Ragsdale & Ashby, 1982; Woods & Williams, 1971, 1976; Yairi & Williams, 1970). S-LPs characterized PWS as having negative, stereotypical personality traits. People who stuttered were described as nervous, shy, frustrated, anxious, tense, and guarded. S-LPs reported similar perceptions of children, adults, males, and females (Lass et al., 1989; Woods & Williams, 1976). Despite the improvement in attitudes over a 20-year period, S-LPs continued to report negative perceptions of PWS (Cooper & Cooper, 1985, 1996). Since there have been no studies that have explored S-LPs' attitudes and stereotypes of PWS in the past decade, it is unclear whether S-LPs continue to report negative attitudes and stereotypes of PWS.

The purpose of this study was to evaluate S-LPs' current attitudes and beliefs about PWS. In addition, characteristics of the S-LPs, including familiarity with stuttering and educational experience, were explored in a similar manner as was done in a study by Ragsdale and Ashby (1982). It was hypothesized that more familiarity with PWS and more extensive educational experiences would have a positive effect on attitudes towards PWS. The following research questions guided this study:

1. Do S-LPs exhibit more negative, stereotypical attitudes towards PWS as compared to PWDS?
2. Does familiarity with PWS or educational experiences in stuttering affect how S-LPs perceive PWS?

Methods

Participants

Six hundred S-LPs, representing each of the 50 states in the United States, were randomly chosen from the membership list of the American Speech-Language-Hearing Association (ASHA). From this list, names and mailing addresses were obtained. A survey packet containing instructions for the study (including an explanation of their rights as research participants), a short demographic questionnaire, and a 25-item semantic differential scale was mailed to each of the 600 S-LPs.

Instrument

Each participant was mailed a questionnaire with a demographics section and a semantic differential scale. In the demographic section, participants were asked to provide general information such as age, gender, and ethnicity. Furthermore, participants were asked about their knowledge (education) of stuttering and experience with PWS. The semantic differential scale consisted of 14 traits (adjectives) separated by a 7-point Likert scale (Burley & Rinaldi, 1986; Collins & Blood, 1990). On the semantic differential, the adjectives were randomly listed on the left side of the questionnaire and their matched antonyms were listed on the right side. The participants were directed to circle the number that best reflected their description of either a PWS or PWDS. The adjective pairs were equally distributed so that the positive and negative adjectives were evenly distributed on both the left and right sides of the questionnaire. The adjective pairs were:

- sincere – insincere
- likable – not likeable
- trustworthy – not trustworthy
- decisive – indecisive
- physically normal – physically abnormal
- reliable – unreliable
- good sense of humour – poor sense of humour
- mentally stable – mentally unstable
- sociable – unsociable
- friendly – hostile
- strong character – weak character
- intelligent – unintelligent
- employable – unemployable
- emotionally adjusted – emotionally maladjusted

The participants were asked to respond to one of two scenarios. The first scenario asked the participants to respond to an adult male who stutters (AMWS). Instructions for this scenario were to "circle the number of the scale that is closest to the adjective that you feel best identifies what you think are traits of this adult male who stutters." The second scenario required the participants to respond to the semantic differential scale for an adult male who does not stutter (AMWDS). Instructions for this group of respondents were to "circle the number of the scale that is closest to the adjective that you feel best identifies what you think are traits of this adult male who does not stutter."

Data Analysis

Descriptive statistics

Means and standard deviations were calculated for each of the 14 items and overall mean score on the semantic differential scale using SPSS. A scoring system was utilized in which lower mean scores were indicative of positive attitudes and higher mean scores were indicative of negative attitudes. The higher the mean score was on the semantic differential scale, the more negative the attitude was.

Between group comparisons

The 14 items on the semantic scale were analyzed using a Multivariate Analysis of Variance (MANOVA) to compare the first scenario (AMWS–AMWS) and the second scenario (AMWDS–AMWDS). The alpha level was set at .05, but a Bonferroni adjustment was made to account for the 14 comparisons. The use of SPSS accounted for these adjustments, thus a .05 level of significance was used in all post hoc analyses.

Influence of familiarity and educational experiences

Four separate MANOVAs, also using an alpha level of .05, were conducted to determine how various variables (professional readings, number of stuttering courses, familiarity with PWS, and caseload with PWS) influenced the participants' responses to the first condition. The effects of education and familiarity factors on participant responses were determined with the following demographic questions:

1. How many PWS are on your present caseload stutter?
2. How many PWS have you worked with in your career?
3. How many courses (undergrad or masters) have you had that focused solely on stuttering?
4. Have you ever done any professional reading about stuttering?

For the purposes of statistical analysis, the answers to the questions were recoded as levels of the independent variable. The first question had four levels to the independent variable (0, 1–2, 3–5, or 6+ people on the caseload). The second question also had four levels to the independent variable (number of PWS worked with during his/her career: 0, 1–5, 6–10, or 10+). For questions 1 and 2, the post-hoc comparisons utilized an alpha level of .0008 to account for the 60 different comparisons. The third question had three levels to the independent variable (0, 1–2, or 3+ courses taken on stuttering). For question 3, the post-hoc comparisons utilized an alpha level of .001 for the 45 different comparisons. The fourth question was answered with yes/ no answers. For this MANOVA, the post-hoc comparisons utilized a .025 alpha. The use of SPSS accounted for these adjustments, so an alpha of .05 was used in all comparisons.

Results

Demographic data

Of the 600 mailed survey packets, 169 participants responded. Fifteen male (8.9%) and 154 female (91.1%) S-LPs participated in this study. The average age of the participants was 41.7 years (SD = 10.4 years) with an age range of 25 to 75 years. A large percentage of participants (84.0%) reported knowing someone who stutters, most typically as a client (32.5%) or as a friend (24.3%). The vast majority of participants (98.2%) held ASHA's Certificate of Clinical Competence (CCC). Ninety-six percent of respondents held a master's degree and 6% reported holding a doctoral degree. Two respondents indicated that they were fluency specialists and 12.4% of participants reported that they belonged to professional organizations related to stuttering. Although the majority of participants had taken at least one course related to stuttering, 4.7% had never taken a course on stuttering. The respondents years of professional experience as an S-LP ranged from 1.4 to 42 years with an average of 15.8 years. Participants' caseloads ranged from 0 to 159 clients with an average of 34.6 clients. Only a small percentage of participants (3.6%) reported never having a client who stutters on their caseload. On average, participants had 3.3 clients who stutter on their caseload and had treated an average of 9.2 PWS over the course of their career. This data is summarized in Table 1.

Descriptive Statistics

Table 2 lists the mean score and standard deviation for each of the 14 adjectives on the semantic differential scale. For AMWS, the range of means for the individual items was 2.02 to 3.26. For the AMWDS group, the range for the individual items was from 2.73 to 3.33.

Between Group Comparisons on the Semantic Differential

To analyze whether there were significant differences in the attitudes participants reported toward the AMWS (n = 87) and AMWDS (n = 82), a MANOVA was conducted to compare the participants' responses for each item on the semantic differential scale and the overall mean score. The result of the MANOVA was significant (F = 2.88; df = 1, 15; p = .001), suggesting that the AMWS received more positive ratings than the AMWDS. The results for the comparisons of each item appear in Table 2. There were nine adjectives in which the difference between the AMWS and AMWDS was significant. The nine adjectives included: sincere–insincere, likable–not likable, trustworthy–not trustworthy, physically normal–physically abnormal, reliable–unreliable, good sense of humour–poor sense of humour, mentally stable–mentally unstable, intelligent–unintelligent, and employable–unemployable. For each of these traits, the AMWS was perceived more positively than the AMWDS.

Table 1
Summary of responses to the demographic questionnaire

	Group responding about fluent speakers (*N* = 82)	Group responding about people who stutter (*N* = 87)
1. Age of participants (years)	*M* = 42.83	*M* = 40.71
	Range = 25–75	Range = 25–63
	SD = 10.43	*SD* = 10.33
2. Gender	Male = 9	Male = 6
	Female = 73	Female = 81
3. Ethnicity	Caucasian = 79	Caucasian = 80
	Asian = 1	African-American = 3
	N/A = 1	N/A = 3
	Latino = 0	Latino = 1
4. Do you stutter?	Yes = 1	Yes = 1
	No = 81	No = 86
5a. Do you know someone who stutters?	Yes = 65	Yes = 77
	No = 17	No = 10
5b. Who is this person?	Client = 25	Client = 31
	Friend = 21	Friend = 20
	No one = 15	No one = 13
	Colleague = 5	Other relative = 10
	Student = 5	Other professional = 8
	Other relative = 4	Colleague = 2
	Other professional = 3	Neighbour = 1
	Neighbour = 2	Student = 1
	Self = 1	Self = 0
6. Number of years as an S-LP	*M* = 17.02	*M* = 14.58
	Range = 1.4–42	Range = 1.5–36
	SD = 10.54	*SD* = 10.54
7. How many PWS on your present caseload stutter?	0 = 43	0 = 38
	1–2 = 29	1–2 = 30
	3–5 = 9	3–5 =13
	6 or more = 1	6 or more = 4
8. How many people who stutter have you worked with in your career?	0 = 5	0 = 1
	1–5 = 27	1–5 = 32
	6–10 = 27	6–10 = 36
	More than 10 = 21	More than 10 = 18
9. Number of courses taken in stuttering?	0 = 4	0 = 4
	1–2 = 64	1–2 = 75
	3 or more = 14	3 or more = 8
10. Have you ever done any professional reading about stuttering?	Yes = 71	Yes = 69
	No = 11	No = 18

Note: *M* = Mean; *SD* = Standard deviation; N/A = Not applicable.

Table 2
Comparison of participants' responses for AMWS (*N* = 87) and AMWDS (*N* = 82) on the semantic differential scale.

Adjective	AMWS Mean (SD)	AMWDS Mean (SD)	*F*-value	*p*-value
Sincere–insincere	2.43 (1.27)	3.10 (1.33)	10.83	.001*
Likable–not likeable	2.49 (1.19)	2.95 (1.38)	5.05	.026*
Trustworthy–not trustworthy	2.39 (1.18)	3.02 (1.42)	9.53	.002*
Decisive–indecisive	3.10 (1.27)	3.33 (1.37)	1.10	.295
Physically normal–physically abnormal	2.02 (1.46)	2.86 (1.42)	13.54	.000*
Reliable–unreliable	2.39 (1.43)	2.89 (1.33)	5.27	.023*
Good sense of humor–poor sense of humor	2.62 (1.34)	3.06 (1.16)	4.89	.028*
Mentally stable–mentally unstable	2.11 (1.28)	2.73 (1.49)	8.02	.005*
Sociable–unsociable	3.26 (1.47)	3.02 (1.26)	1.42	.235
Friendly–hostile	2.48 (1.18)	2.84 (1.41)	3.01	.085
Strong character–weak character	3.07 (4.59)	2.99 (1.35)	.031	.860
Intelligent–unintelligent	2.55 (1.59)	3.14 (1.48)	6.02	.015*
Employable–unemployable	2.24 (1.30)	2.83 (1.60)	6.60	.011*
Emotionally adjusted–emotionally maladjusted	2.79 (1.14)	2.89 (1.40)	0.19	.665

Note: * = significant at .05

Comparisons for responses made as a result of certain variables

Another MANOVA was conducted with the 87 participants who completed the AMWS semantic differential scale in order to determine the effect of educational experiences and familiarity with PWS on participant perceptions. To account for educational experiences and familiarity with PWS, four MANOVAs were run to determine whether any significant effects were present for the 14 items and the overall mean score. The results for all four MANOVAs were non-significant.

Discussion

The purpose of this study was to evaluate the attitudes and beliefs that S-LPs exhibit towards PWS. The first research question asked whether S-LPs had more negative, stereotypical attitudes towards PWS compared to PWDS. Based on the results, it appears that the S-LPs had overall positive attitudes towards both PWS and PWDS, however, PWS were viewed slightly more positively than PWDS. The second question asked whether familiarity with PWS or educational experiences in stuttering affect how S-LPs perceive PWS. In general, there was no evidence that familiarity or different educational experiences had an impact on S-LPs' attitudes towards PWS.

S-LPs' attitudes towards PWS

The results from the current study were in disagreement with previous research on attitudes towards stuttering (Cooper & Cooper, 1985; Lass et al. 1989; Ragsdale & Ashby, 1982), which had demonstrated that S-LPs viewed PWDS more positively than PWS. Historically, S-LPs have been found to have negative attitudes and stereotypes towards PWS (Lass et al., 1989; Ragsdale & Ashby, 1982; Woods and Williams, 1971; Yairi and Williams, 1970). The difference between the results of the current study and its predecessors may be indicative of a trend toward improvements in attitudes towards PWS. Such a tendency for an improvement in attitudes of S-LPs towards PWS had been noted by Cooper and Cooper (1996). Other recent studies of attitudes of students and lay people have found that participants reported relatively positive attitudes towards PWS. Gabel (2006) found that college students reported positive attitudes. Similarly, Healey, Gabel, Daniels, and Kawai (2007) found that their group of lay persons (general population) did not identify negative characteristics for PWS. Future research is warranted to corroborate such a positive trend in the attitudes of professionals and non-professionals towards PWS.

Another possible explanation for the S-LPs' self-report of positive attitudes towards PWS could be that the S-LPs were providing socially desirable responses. It is a weakness of the semantic differential scale that there is no way of determining if respondents are self-censoring and providing socially desirable responses. Semantic differential scales are commonly used for measuring attitudes. Any measurements of self-reported attitudes may tempt the participants to idealize themselves in their responses and to understate socially undesirable attitudes. It would be worthwhile in future research to develop new questionnaires to

study attitudes towards PWS, including direct and indirect measures. Ideally, these new questionnaires should be well standardized with a representative population.

Another way in which researchers might account for some potential weaknesses of survey designs is to measure the psychophysiological responses (heart rate and skin conductance) of participants. Guntupalli, Kalinowski, Nanjudeswaran, Saltuklaroglu, and Everhart (2006) found that physiological responses to listening to stuttered speech suggested that listeners had increased attention (decrease in heart rate and increased skin conductance) to stuttered speech compared to fluent speech. It could be argued that this kind of physiological response offers the possibility of bypassing the participants' thoughts and verbal answers. While a physiological reaction cannot be used as a sole indicator of a participations emotional valuation of a stimulus, it may be possible to utilize measurements of the physiological responses in combination with a questionnaire to obtain a richer and more detailed profile of a listener's reaction towards PWS.

Effects of familiarity and education

None of the familiarity and education variables affected the S-LPs' attitudes towards PWS. This finding is comparable to those of Ragsdale and Ashby (1982) who also found that clinicians' personal and professional characteristics did not affect their attitudes towards PWS. For this study, the group of S-LPs' positive attitudes appeared to be consistent despite their exposure to stuttering.

Of 600 surveys mailed, 169 (28.2%) semantic differential scales were completed and returned. The return rate was deemed satisfactory, considering that the participants were randomly selected and that they were not offered any incentive for completing and returning the questionnaires. However, the return rate may limit the conclusions that can be drawn from the study. Future research on this topic should aim for a higher return rate. This might be achieved by conducting face-to-face surveys or by using online survey tools.

The results of the study should not be generalized to females and children who stutter. Given past research (Lass et al., 1989; Woods & Williams, 1976), it could be argued that there will be relatively stable attitudes towards PWS, irrespective of gender and age. To improve upon the findings of this study, future research should include a comparison of S-LPs' attitudes towards different types of PWS.

Despite these caveats, the present study found that S-LPs reported positive attitudes towards PWS. The study, similar to other recent studies of attitudes, suggests an improvement in S-LPs' self-reported attitudes towards PWS. Future research should study this important phenomenon and confirm whether S-LPs are truly developing more positive attitudes towards all groups of PWS.

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