

PERCEPTIONS OF PEOPLE WHO STUTTER: RE-ASSESSING THE NEGATIVE STEREOTYPE¹

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Summary.—A common finding of past research is that people who stutter are stereotyped as being more guarded, nervous, self-conscious, tense, sensitive, hesitant, introverted, and insecure than nonstutterers. Using an innovative survey method, two questions studied were (1) whether individuals who have on going contact with the same stuttrer share the negative stereotype identified by past research, and (2) whether there are differences in perceptions of speech fluency between stuttrers and their listeners. Responses of 114 friends and colleagues of stuttrers found those who had on-going contact with at least one stuttrer have less stereotypical attitudes than the general population, and significant differences in perceptions about normalcy of speech were noted for people who stutter and those with whom they interact.

Stuttering is a puzzling disorder, involving involuntary repetitions or prolongations of sounds along with blocking or other interruptions to the flow of speech that affects one percent of American adults, with men being four times more likely than women to stutter (Bloodstein, 1995). People who stutter are viewed by nonstutterers as more guarded, nervous, self-conscious, tense, sensitive, hesitant, introverted, and insecure than the general population. This negative stereotype has been a consistent finding in surveys of many samples during the past several decades including store clerks (McDonald & Frick, 1954), teachers (Woods & Williams, 1976; Ruscello, Lass, Schmidt, & Pannbacker, 1994), university students and professors (White & Collins, 1984; Dorsey & Guenther, 2000), potential employers (Hurst & Cooper, 1983), speech clinicians (Yairi & Williams, 1970; Turnbaugh, Guitar, & Hoffman, 1979; Ragsdale & Ashby, 1982; Cooper & Cooper, 1985, 1996), and the general population (Woods & Williams, 1976; Kalinowski, Lerman, & Watt, 1987; Naidoo & Pillay, 1990; Doody, Kalinowski, Armson, & Stuart, 1993; Kalinowski, Armson, Stuart, & Lerman, 1993; Hulit & Wirtz, 1994).

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Although negative stereotypes are common, the above studies have three shortcomings that may incompletely present the attitudes of nonstutterers. First, the studies typically survey the attitudes of nonstutterers towards a hypothetical, usually male, stutterer. In doing so, they assume that respondents are exposed to a range of stutterers from whom they can create a representative construct. However, Ham (1990) found that only 73% of respondents from a general population claimed to have known a stutterer. Second, because descriptions in studies usually are not of typical or hypothetical stutterers, each respondent is answering a different question. In fact, when asked to describe stuttering, respondents in the general population are largely unable to do so (Ham, 1990). Third, by eliciting responses to an hypothetical individual—whose only characteristic is stuttering—the studies do not consider that perceptions of individuals and groups are based on more than one characteristic. As a result of these problems, it is unclear the extent to which the negative stereotype is a consequence of the research method and to how much stereotypic response there is.

This study investigated the attitudes and perceptions of four groups—family and friends, colleagues, teachers, and students who had long-term and often intimate contact with the *same* stutterer. The study was designed to answer two interrelated questions, do people who have on-going contact with the same stutterer share the attitudes identified in past research and are there differences in perceptions of speech fluency between stutterers and their listeners.

METHOD

Three males and three females who stutter, ranging in age from 18 to 56 years, volunteered to participate on being approached at meetings of self-help organizations in Canada and the United States. One was a high school student, while the others were employed in a variety of full-time occupations (accounting clerk, computer analyst, professor, researcher, and writer). Each stutterer was asked to provide the names and mailing addresses “of 12 to 20 people whom you consider to be your closest family members and friends, and the 12 to 20 people whom you consider to be your closest colleagues or coworkers.” Two provided the names of other people with whom they had significant verbal interaction. One submitted the names of 14 of her high school teachers, another the names of 20 of his university students. On total, 169 names and addresses were obtained (ranging from 14 to 60 per stutterer). These 169 individuals, along with the six stutterers, were mailed a questionnaire of which 114 were returned after one follow-up mailing, for an overall response rate of 67%. The response rate varied from 55% for colleagues to 100% for teachers and the six stutterers who were also asked to complete the questionnaire.

The first part of the questionnaire measured the attitudes of respondents towards stutterers in general using the method employed in previous telephone and mail surveys. Respondents were asked to reply to attitudinal statements using a strength-of-agreement scale with anchors of strongly agree, moderately agree, undecided, moderately disagree, and strongly disagree and also to respond to questions utilizing a 9-point bipolar adjective-pairs scale, e.g., shy-bold. This part of the questionnaire borrowed 11 questions and scales from three tests and inventories (with the kind permission of one of the authors, Dr. E. B. Cooper), specifically the bipolar adjective-pairs test (Woods & Williams, 1976), the Clinician Attitudes Toward Stuttering Inventory (Cooper & Cooper, 1985, 1996), and the Parental Attitudes Toward Stuttering Inventory (Crowe & Cooper, 1977).

The second part of the questionnaire asked respondents to select and record the name of one stutterer they knew and to answer all questions with reference to that individual. Respondents in each of the different groups surveyed, family or friends, colleagues, teachers, and students, each received a questionnaire requesting them to select, respectively, a close family member or friend, a colleague, a student, or an instructor who stuttered. The forced-choice of the individual who could be designated as the referent in the questionnaire was meant to ensure that the same stutterer was chosen as often as possible because the objective was to obtain perceptions of the same stutterer held by many people. This part of the questionnaire contained 14 questions developed specifically for this assessment of the perceptions of respondents toward the stutterer.

With the exception of the students, all questionnaires were mailed to the home addresses for friends and to business addresses for colleagues and teachers with stamped and addressed return envelopes. A covering letter on university letterhead explained that the questionnaire was part of a survey on human communication. The questionnaires for the 20 university students whose names were provided by one stutterer were distributed and collected by a research assistant prior to a lecture. The six stutterers in the study were also asked to complete the questionnaire using themselves as the referent in the second part.

RESULTS

Attitudes of Nonstutterers Towards Stutterers in General

The attitudes of the respondents (all of whom knew at least one stutterer) differed substantially from those found in the most recent survey of a general population (Hulit & Wirtz, 1994) by exhibiting less stereotyping. For example, as shown in Table 1, 53% of the general population strongly or moderately agreed that stutterers are more shy and withdrawn than other people, while only 26% of those who knew at least one stutterer well held

TABLE 1
ATTITUDES TOWARD STUTTERERS IN GENERAL: PERCENT

Study	N	Rating				
		Strongly Agree	Moderately Agree	Undecided	Moderately Disagree	Strongly Disagree
Stutterers are more shy and withdrawn than other people						
Klassen (Present Study)	108	3.5	22.8	14.0	31.9	27.4
Hulit & Wirtz (1994)	203	7.4	45.3	19.2	19.2	8.8
Stutters tend to possess similar personality traits						
Klassen (Present Study)	108	1.8	10.6	20.4	22.1	45.1
Hulit & Wirtz (1994)	203	5.4	23.2	30.0	29.1	12.3

this attitude. Moreover, 45% of the sample strongly disagreed that stutterers tend to possess similar personality traits, while only 12% of the general population held this attitude. There were considerable differences between the responses of the six stutterers and those of the nonstutterers. For example, with regard to whether stutterers should be encouraged to pursue careers that demand little speaking, all stutterers disagreed, while only two-thirds of the sample held this view.

Analysis of the ratings on the 9-point bipolar scale questions also showed less stereotypical attitudes than found in the most recent survey of a general population using this scale (Kalinowski, *et al.*, 1987). Table 2 shows the ratings of the respondents, the self-ratings of the stutterers, and the ratings of the general population. The scale is anchored by 1: "cooperative" and 9: "uncooperative" for the first word pair.

TABLE 2
MEANS AND STANDARD DEVIATIONS OF RATED PERCEPTIONS OF AN HYPOTHETICAL STUTTERER

Continuum 1-9	Respondents (<i>n</i> = 99)		Stutterers (<i>n</i> = 5)		General Population* (<i>N</i> = 138)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Cooperative-uncooperative	3.3	1.6	2.8	1.3	3.6	1.6
Shy-bold	4.6	1.5	4.2	1.3	3.2	1.6
Friendly-unfriendly	3.2	1.7	3.0	1.0	3.8	1.7
Secure-insecure	4.8	1.7	4.6	1.1	6.3	1.6
Withdrawn-outgoing	5.4	1.7	5.2	0.4	3.8	1.7
Anxious-composed	4.6	1.8	5.2	0.8	3.2	1.7

*Kalinowski, *et al.* (1987)

For every scale, the ratings of the sample were more positive than those of the general population, with little divergence in the standard deviation. The greatest difference in the means (< 1.5) between the respondents and the general population is on the withdrawn-outgoing item, on which the respondents rated stutterers closer to the outgoing end at 5.4, while the gen-

eral population believed that stutterers are more withdrawn by ranking them at 3.8. Differences of <1.3 were also evident on the items, shy-bold, anxious-composed, and secure-insecure.

The self-ratings of the stutterers were, in most cases, somewhat more positive than those with whom they interact. For example, on the anxious-composed item, the stutterers ranked themselves closer to the composed end at 5.2, while the respondents placed them at 4.6, and the general population placed them at 3.2. On two items, withdrawn-outgoing and shy-bold, the stutterers rated themselves slightly less positively than did their listeners.

Perceptions of the Same Stutterer

The innovative methodological aspect of this study was to examine the perceptions of groups of respondents toward one stutterer and to compare their perceptions with one another and with those of the stutterer. This part of the analysis excluded 18 respondents who, in the second part of the questionnaire, designated a referent other than one of the six stutterers in the study.

There were different perceptions among groups of respondents who were asked to rate the normalcy of the stutterers' speech on a 9-point scale with anchors of 1: normal and 9: abnormal. Table 3 illustrates that family or friends (and, for one stutterer, also students) rated the speech of the stutterers as closer to normal, while colleagues (and, for one stutterer, also teachers) rated the speech as closer to abnormal. There were also diverse rankings of the same stutterer. Two stutterers received rankings that encompassed the entire scale from 1: normal to 9: abnormal, and two others received rankings from 1 to 7.

TABLE 3
MEANS AND STANDARD DEVIATIONS OF RATED NORMALCY OF SPEECH BY RELATIONSHIP

Relationship	<i>M</i>	<i>SD</i>	<i>n</i>
Family/friends	4.7	2.4	38
Colleagues	5.1	2.1	19
Teachers	6.4	2.1	14
Students	4.3	2.2	16
Stutterers' self-rating	6.4	1.5	5

In rating the normalcy of the stutterers' speech, there was a striking discrepancy between the respondents' and the stutterers' ratings. Stutterers rated themselves at 6.4 whereas the listeners ranked them as closer to the normal end. In fact, only four of 10 or 42% of the respondents ranked the stutterers' speech higher than 5, while four of the five stutterers who responded did so. In effect, the stutterers rated their speech as more abnormal than all the groups, except teachers, with whom they interacted. Although it

might be expected that listeners with long acquaintance might rate the stutterers' speech as more normal, this was not the case. In fact, the opposite was found as respondents who had known stutterers between 2 and 10 years rated their speech at 4.2, while those who had known stutterers for more than 10 years rated the speech at 5.0.

The difference between the number of stutterers in the study (6), the number of listeners (108), and the larger samples of the general population requires that caution be exercised in drawing comparisons between these groups. Furthermore, since some questions were borrowed from other tests, differences in administration of the instruments are relevant. No statistics have been applied to these valuations, in part because there were differences in sample size and differences in the administration of the scales.

DISCUSSION

Attitudes of Nonstutterers Towards Stutterers in General

The findings provide evidence for distinct attitudes among the three groups examined: the general population, people who have on-going contact with at least one stutterer, and stutterers. The sample of persons who interacted extensively with at least one stutterer exhibited less pronounced negative attitudes toward stutterers in general than was found in previous studies on all categories measured. This suggests that informal, nonclinical, and long-term personal contact with one stutterer may alleviate the negative stereotype previously identified in the general population.

The differences in attitudes between those who know at least one stutterer and the general population bolster the view that intimate rather than superficial contact decreases stereotyping in a variety of contexts (Deutsch & Collins, 1951; Omoto & Borgida, 1988; Dunning & Sherman, 1997). With respect to stutterers, White and Collins (1984) proposed stereotypical attitudes are formed through inference and increased exposure to people who stutter will decrease these attitudes. In other words, nonstutterers believe that stutterers are hesitant, shy, insecure, etc. because nonstutterers occasionally exhibit disruptions in fluency that resemble stuttering when in stressful situations. Consequently, only through exposure to people who stutter do nonstutterers usually learn that this inference is inaccurate for stutterers. However, it may well be that the exposure must be to the same stutterer, which could be one factor in explaining why some groups continue to hold stereotypical attitudes (Cooper & Cooper, 1985, 1996).

Although stutterers face negative sanctions (pity, condescension, ridicule, exclusion, etc.) because they deviate, often markedly, from the norms of communication, these findings suggest such sanctions are less from persons with whom they have long-term and intimate relationships than from strangers and acquaintances. This may be because status in many intimate

relationships reduces stereotyping (Stiles & Kaplan, 1996) and because intimate relationships allow for more opportunities to manipulate the perceptions of listeners (Petrunik & Shearing, 1983). For example, researchers have stated that stutterers who disclosed or acknowledged their disability received more favorable ratings on intelligence and personality than those who did not (Collins & Blood, 1990). Finally, intimate and long-term relationships decrease the likelihood of generalizations that can be expressed in stereotypes (Doosje, Spears, & Koomen, 1995). This may occur because with higher frequency of contact, stuttering recedes into the background for listeners, while with occasional contact, stuttering remains in the foreground.

Perceptions of the Same Stutterer

The findings that listeners rate the speech of stutterers as less abnormal than do the stutterers themselves can be explained in several ways. First, stutterers may have higher expectations of their speaking abilities than listeners, or they may misinterpret the attitudes of listeners and thus believe they are under-performing. Second, individuals who stutter have a better knowledge of the subtleties of their dysfluency, and perhaps, are more aware of the components of stuttering behavior than a listener. Third, according to labeling theory, people with disabilities tend to internalize the negative societal views associated with the disability (Petrunik, 1982; Socal & Holtgraves, 1992). In any case, the discrepancy between the ratings by listeners and stutterers reinforces the notion that the two groups have different attitudes and perceptions. The wide variation in the rated normalcy of speech of the same stutterer is surprising since the research design forced respondents to rate the speech of one individual with whom they had extensive interaction. The variation suggests that the process of making judgements about a stutterer's speech is a complex process.

To elucidate further how perceptions of individual stutterers are formed has important clinical implications because people who stutter consistently report that the (perceived) attitudes of listeners influence the severity of their stuttering (Carlisle, 1985; Turnbridge, 1994; Bobrick, 1995; Klassen, 1995; Jezer, 1997). Further, although listeners' reactions are no longer thought to be the sole basis for causing and maintaining stuttering, most stuttering therapies incorporate strategies to desensitize stutterers to the (re)actions and attitudes of listeners, suggesting that these are important in improving fluency (Johnson, 1959; Woods, 1978; Van Riper, 1982). Given the importance of the perceptions of listeners' attitudes for people who stutter in influencing the severity of their stuttering behavior, a further reassessment, utilizing innovative research methods, of the negative stuttering stereotype seems warranted.

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