Effects of perceived causality on perceptions of persons who stutter

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Abstract

This study examined the effects of the perceived cause of stuttering on perceptions of persons who stutter (PWS) using a 7-item social distance scale, a 25-item adjective pair scale and a 2-item visual analogue scale. Two hundred and four university students rated vignettes which varied on describing a PWS with different causalities for stuttering (psychological, genetic, or unknown). Ratings differed significantly according to assigned causality. The vignette with the stuttering due to psychological causes was rated more negatively on 14 adjective pairs and the Social Distance Scale Index when compared to the ratings of vignettes with stuttering caused by either genetic or unknown causes. Interestingly, there were no significant differences between ratings of the vignettes attributing stuttering to either genetic or unknown causes. Neither familiarity with PWS nor the perceived curability of stuttering had any significant association to the ratings. Implications of findings regarding negative stereotypes, stigmatization and perceived causality for PWS are discussed.

Educational objectives: Readers will be able to describe and explain: (1) research regarding negative stereotypes and stigma associated with stuttering, (2) research about attribution theory and stigma, (3) two methods used to evaluate stereotypes and stigma in adults, and (4) the negative effects on ratings of PWS due to psychological causality.

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1. Introduction

Although the most visible aspects of stuttering are behavioral, it is now widely accepted that the disorder is multi-dimensional in nature and includes cognitive, linguistic, affective, and social factors that may play a role in stuttering development and maintenance (Bloodstein & Bernstein-Ratner, 2008; Healey, Trautman, & Susca, 2004). Social pressures and demands elevate the susceptibility of people who stutter to stigmatization in the form of negative stereotypes and discrimination (Craig, Tran, & Craig, 2003). This introduction will review (a) social stigma and its consequences, (b) the stuttering stigma, (c) the impact of causal attribution on stigma, (d) the possible relationship between the stuttering stigma and causal attribution, and (e) the purpose of the current study.
1.1. Social stigma and its consequences

The word stigma originates from the Greek meaning “branded or marked” (Goffman, 1963). Individuals and/or groups who are stigmatized are perceived as possessing attributes that are less desirable and different from the societal norm. These perceptions are based on physical attributes, religious beliefs, personality, intelligence, social circumstances, social class and disability (Towler & Schneider, 2005). A description of social stigma provided by Crocker, Major, and Steele (1998) states that “stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular context” (p. 505). Link and Phelan (2001, 2006) conceptualized the “stigma process” as the result of a logical ordering of four interrelated components that are applicable to all kinds of stigmatized groups. They include: (1) a human difference is identified and labeled; (2) the negative stereotyping process begins with linking the labeled person with undesirable characteristics according to current societal norms; (3) the stigmatized group becomes the “out-group”; (4) as members of the out-group they experience rejection, exclusion, discrimination, and loss in status by the non-stigmatized population. Before proceeding, a quick note on terminology used in this article will be addressed. For the sake of clarity, the term “stigma” will often be used in this article and should be interpreted as a broad, overarching term that encompasses several more specific components including stereotypes and discrimination. Stereotypes and discrimination are both elements of social stigma, and so any discussion related to the combined elements of negative stereotypes and discrimination will use the broader terms “stigma,” “stigmatized,” or “stigmatization.”

There is evidence that many negative consequences can result from having a stigmatized condition. First, there is strong evidence suggesting that stigmatization is a concern to those in the “out-group” regarding discrimination in academic, work and social situations (Crandall & Eshleman, 2003; Crocker et al., 1998; Goffman, 1963; Major & O’Brien, 2005; Sidanius & Pratto, 1999; Tajfel & Turner, 1986; Uleman, Saribay, & Gonzalez, 2008). Second, the literature suggests individuals who are stigmatized may be less likely to seek and participate in treatment for their disability (Harris, Milich, Corbitt, Hoover, & Brady, 1992; Heatherton, Kleck, Hebl, & Hull, 2000; Jussim, Palumbo, Chatman, Madon, & Smith, 2000; Major & O’Brien, 2005; McKown & Weinstein, 2002). Third, stigmatization contributes to lower self-esteem, stress, social isolation, poorer psychological well-being, and increased physical problems (Abe & Zane, 1990; Hinshaw, 2006; Link & Phelan, 2006; Major & O’Brien, 2005; Rockloff & Schofield, 2004; Smart & Wegner, 1999; Steele, Spencer, & Aronson, 2002). Finally, individuals who are stigmatized may actually begin to believe and incorporate these negative attributes assigned by the non-stigmatized groups into their own identities (Crocker et al., 1998; Major & Eccleston, 2004; Major, Gramzow, et al., 2002; Major, Quinton, & McCoy, 2002; Schmitt & Branscombe, 2002; Spencer, Steel, & Quinn, 1999; Stangor, Swim, Van Allen & Schrirst, 2002; Steele, 1997; Steele & Aronson, 1995; Weiner, Perry, & Magnusson, 1988). Stigmatization is a major quality of life issue for persons in “out-groups” including individuals with disabilities (Craig, Blumgart, & Tran, 2009).

The general process of stigmatization can be analyzed by measuring its specific components, including stereotypes and discrimination. Perceptions of personal characteristics, obtained from adjective descriptors, can be used in order to investigate the existence of negative stereotypes of a group of individuals. In addition, the existence and degree of discriminatory behaviors resulting from negative stereotypes can be measured indirectly through social distance scales (Angermeyer, Beck, & Matschinger, 2003; Angermeyer, Link, & Majcher-Angermeyer, 1987; Angermeyer & Matschinger, 2005a, 2005b; Angermeyer, Matschinger, & Corrigan, 2004; Hayward & Bright, 1997; Link & Phelan, 2001, 2006; Phelan, 2002; Saetermoe, Scattone, & Kim, 2001). Identifying and measuring the existence of negative stereotypes and practices of discrimination are critical for creating, implementing, and evaluating programs to reduce stigmatization.

1.2. The stuttering stigma

Negative judgments of PWS have been reported by numerous groups including lay people (Craig et al., 2003; Craig, Tran, & Craig, 2008; Crowe & Cooper, 1977; Doody, Kalinowski, Armson, & Stuart, 1993; Ham, 1990), educators (Crowe & Walton, 1981; Dorsey & Guenther, 2000; Hurst & Cooper, 1983a, 1983b; Lass et al., 1992, 1994; Ruscello, Lass, Schmitt, & Panbacker, 1994; Woods, 1978; Yeakle & Cooper, 1986), speech-language pathologists (Cooper & Cooper, 1996; Hulit & Wirtz, 1994; Lass, Ruscello, Panbacker, Schmitt, & Everly-Myers, 1989; Ragsdale & Ashby, 1982; Turnbaugh, Guitar, & Hoffman, 1979; Yairi & Williams, 1970), healthcare professionals (Silverman & Bongey, 1997), employers (Hurst & Cooper, 1983a), vocational counselors (Hurst & Cooper, 1983b), college students (Betz,
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