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Changing adolescent attitudes toward stuttering

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ABSTRACT

Purpose: Live oral or recorded video presentations on stuttering were delivered to high school students in order to determine the extent to which their attitudes toward stuttering could be improved.
Methods: A classroom teacher administered the *Public Opinion Survey of Human Attributes-Stuttering* (*POSHA-S*) to two health classes before and after an oral live presentation by a person who stutters. She also gave the *POSHA-S* to two other similar classes before and after a *True Life®: I Stutter* video presentation. The stuttering person in the oral condition was one of three people featured in the video. Also, following the video condition, students filled out the *POSHA-S* a third time after a short oral presentation by the same person who stutters.
Results: Measured attitudes improved overall on the *POSHA-S* and on selected items.
Conclusions: High school students hold similar attitudes toward stuttering and stutterers as adults, and these attitudes can be improved, at least temporarily, by a presentation on stuttering but more via a live presentation than a professionally prepared video.
Educational objectives: (1) The reader will identify different ways to improve attitudes toward stuttering in high school students. (2) The reader will list advantages and disadvantages of live oral presentations and recorded video presentations as strategies to change attitudes toward stuttering. (3) The reader will identify characteristics of a speaker that can assist in attitude changes of high school students.

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1. Introduction and rationale

Goffman (1963) is credited to have advanced a view of stigma as a source of legitimate study. He viewed stigma as the universal manifestation of a "spoiled identity." A voluminous and rapidly growing literature now deals with stigma and stuttering. Those who do not stutter typically view those who do in stereotypic and negative ways, such as assuming that a person who stutters is nervous, shy, introverted, passive, and prone to psychological problems (e.g., Craig, Tran, & Craig, 2003; Gabel, Blood, Tellis, & Althouse, 2004; Hughes, Gabel, Irani, & Schlagheck, 2010; Langevin, 2009). Growing evidence of the so-called "stuttering stereotype" has even been found in 3–5 year-old and 6–13 year-old children (Griffin & Leahy, 2007; Hartford & Leahy, 2007). It has also been documented in adolescent students (Evans, Healey, Kawai, & Rowland, 2008; Kirsch, 2006).

As the ubiquity of negative attitudes toward stuttering has been established internationally, calls for public awareness and education campaigns to diminish stigma associated with stuttering have been advanced (e.g., Gabel et al., 2004; St. Louis,

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2005). The assumption underlying such calls is that a public with current and accurate information will be more empathetic, and ultimately behave in less discriminatory ways toward those who stutter. This is especially relevant for adolescents since teasing and bullying are commonplace among this age group (Blood & Blood, 2004; Langevin, 2009) and for adults who stutter who often recall negative memories related to their stuttering in high school (Hughes et al., 2010; St. Louis, 2001).

Few investigations have actually dealt with changing attitudes toward stuttering, and their results have not been consistently encouraging. Using the Woods and Williams (1976) 25-item seven-point *Bipolar Adjective Scale* (*BAS*), Leahy (1994) found that over the course of one year, student speech–language pathology clinicians who had exposure to individual therapy, group therapy, and/or pseudostuttering recorded more negative attitudes for a hypothetical stutterer on the traits of nervousness, tension, and reticence than before the experiences. Positive changes were observed for pleasantness, quietness, and extroversion.

McGee, Kalinowski, and Stuart (1996) asked nonstuttering adolescents to fill out the Woods and Williams (1976) *BAS* regarding a hypothetical male who either stuttered or did not stutter before and after watching a one-hour dramatic presentation, *Voices to Remember* (Bondarenko, 1992b). The video features stories of a number of adults who stutter, most with positive outcomes. Attitudes toward stuttering were much worse for the hypothetical stutterer; moreover, after watching the video, the already negative attitudes became more negative. Specifically, a hypothetical male who stutters was rated as being significantly more withdrawn, reticent, and fearful with trends for more negative results for guarded, nervous, shy, tense, quiet, avoiding, hesitant, and insecure. The authors hypothesized that the videotape reinforced stereotypes rather than changed them.

Snyder (2001) asked graduate students enrolled in a fluency class to complete the *Clinicians Attitudes Toward Stuttering* (*CATS*) inventory (Cooper, 1975) before and after watching two short videos of similar durations. The first was a segment taken from *Speaking of Courage*, another dramatic Bondarenko (1992a) film, and the second one was a clinic video entitled *Effects of Altered Auditory Feedback at Fast and Normal Speaking Rates* (Keith & Kuhn, 1996). The first film was shown to evoke emotional responses from the participants while the second film was shown to evoke factual responses. The purpose was to determine if either type of video was capable of changing attitudes in a positive manner. After the *emotional* segment, only one *CATS* item changed significantly, while after the *factual* clip, three different items changed. Even though limited evidence was presented that a factual video might be more effective in changing attitudes, it can be argued that the *CATS* is not sensitive to changes in public attitudes since it was designed for clinicians.

Reichel and St. Louis included personal interactions with people who stutter and training in emotional intelligence in graduate level courses in fluency disorders from two universities (Reichel & St. Louis, 2004; St. Louis, Reichel, Yaruss, & Lubker, 2009). Students completed three different questionnaires at the beginning and end of the semester: (a) the *Emotional Intelligence Scale* (*EIS*), which is a self-report instrument measuring the ability to identify and express regular emotions in oneself and in others (Schutte & Malouff, 1999); (b) an experimental edition of the *Public Opinion Questionnaire of Human Attributes-Stuttering* (*POSHA-S*) (St. Louis et al., 2008), a questionnaire designed to measure knowledge, beliefs, reactions, feelings, and comparative attitudes toward stuttering along with several other human conditions; and (c) the *BAS* (Woods & Williams, 1976). Reichel and St. Louis showed a number of positive changes in attitudes on the *POSHA-S*, but also several nonsignificant negative changes. Positive changes were also observed for overall pre and post ratings for the *EIS* and *BAS* (Reichel & St. Louis, 2004; St. Louis, Reichel, et al., 2009).

In a 2006 pilot study that preceded the current investigation, an experimental version of the *POSHA-S* utilizing 9-point scales (St. Louis, 2005; St. Louis, Hancock, & Remley, 2010) was administered to 39 high school students from two health classes before and after a presentation on stuttering (Flynn & St. Louis, 2007). The first author (TF), a moderate-to-severe stutterer, delivered the 45-minute presentations. Forty-eight of 59 items showed changes toward more "positive" attitudes after the presentation (eight of them statistically significantly so) compared to 11 showing "negative" changes.

The foregoing suggests that providing information about stuttering may or may not change public attitudes, or may not change them in the desired direction. Clearly more research is needed. Yet, even with more research, different change strategies and/or different measures of attitudes will quite likely yield different results (Bohner & Dickel, 2011). The strategies in the studies herein summarized have included classroom presentations, various personal experiences with people who stutter, and watching videos or films as potential change agents. Each has pros and cons. For example, presentations by people who stutter or in vivo experiences are likely to generate more intense and personal impact, but it is difficult to replicate the experiences in future investigations. By contrast, videos are easier to replicate, but they intuitively lack the potential impact of an effective speaker or interacting stutterer.

The literature reviewed also documents wide differences based on the measure of attitudes utilized (e.g., Hughes et al., 2010). If a science of changing attitudes is to advance, we submit that, whatever else might be included in future investigations, there is a need for a "standard" instrument, results of which that can be compared across investigations. The *Public Opinion Survey of Human Attributes-Stuttering* (*POSHA-S*) was designed as such an instrument which, like nearly all studies in the area of stuttering, measures attitudes explicitly, i.e., from self report or questionnaires (Bohner & Dickel, 2011). Recently completed, the *POSHA-S* (St. Louis, 2011a, 2011b, 2011c) has been shown to manifest satisfactory readability and user-friendliness (St. Louis et al., 2008), test–retest reliability (St. Louis, Lubker, Yaruss, & Aliveto, 2009), concurrent and construct validity (St. Louis, Reichel, et al., 2009), internal consistency (Al-Khaledi, Lincoln, McCabe, Packman, & Alshatti, 2009), translatability to other languages (St. Louis & Roberts, 2010), sensitivity to differences between convenience and probability sampling (Özdemir, St. Louis, & Topbaş), and sensitivity to stuttering attitudes among diverse populations and ages (St. Louis, 2005; St. Louis, Andrade, Georgieva, & Troudt, 2005).

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