



## Understanding perceptions of stuttering among school-based speech–language pathologists: An application of attribution theory



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### ABSTRACT

**Introduction:** The purpose of this study was to investigate whether attribution theory could explain speech–language pathologists (SLPs) perceptions of children with communication disorders such as stuttering. Specifically, it was determined whether perceptions of onset and offset controllability, as well as biological and non-biological attributions for communication disorders were related to willingness to help, sympathy, and anger toward children with these disorders. It was also of interest to determine if blame for stuttering was related to perceived controllability of stuttering and negative attitudes toward people who stutter (PWS).

**Method:** A survey was developed to measure perceived onset and offset controllability, biological and non-biological attributions, willingness to help, sympathy, and anger toward middle school children with developmental stuttering, functional articulation disorders, and cerebral palsy. In addition, a scale was developed to measure blame and negative attitudes toward PWS in general. Surveys were mailed to 1000 school-based SLPs. Data from 330 participants were analyzed.

**Results:** Supporting the hypotheses of attribution theory, higher perceived onset and offset controllability of the disorder was linked to less willingness to help, lower sympathy, and more anger across conditions. Increased biological attributions were associated with more reported sympathy. Increased blame for stuttering was linked to higher perceived controllability of stuttering, more dislike of PWS, and more agreement with negative stereotypes about PWS.

**Conclusions:** Educating SLPs about the variable loss of control inherent in stuttering could improve attitudes and increase understanding of PWS. Reductions in blame may facilitate feelings of sympathy and empathy for PWS and reduce environmental barriers for clients.

**Learning outcomes** Readers should be able to: (1) identify the main principles of Weiner's attribution theory (2) identify common negative perceptions of people who stutter (3) describe how disorders of stuttering, articulation disorders, and cerebral palsy are differentiated in terms of perceived onset and offset controllability, and biological and non-biological attributions (4) describe relationships between perceived onset and offset controllability of disorders and sympathy, anger, and willingness to help.

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## 1. Introduction

Stuttering is experienced as an intermittent and unpredictable loss of control over the speech production process (Quesal, 2010; Perkins, 1990). Improving speech fluency can be a beneficial and worthy treatment goal for PWS (Herder, Howard, Nye, & Vanryckeghem, 2006; Nye et al., 2013). However, it is also known that maintenance of these efforts over time and situations is very difficult for PWS, especially in anxiety provoking situations (Craig, 1998). Due to the chronic nature of stuttering, attaining completely normal and lasting fluency may be an unrealistic goal for many PWS, despite the noticeable benefits of learning speech modification strategies for improved fluency (Cooper, 1993). Because stuttering involves a variable loss of control over speech production that can result in social penalties (Blood et al., 2011), PWS experience challenges such as negative communication attitudes and emotions, social anxiety, reduced quality of life, activity limitations and participation restrictions (Bricker-Katz, Lincoln, & Cumming, 2013; Bricker-Katz, Lincoln, & McCabe, 2009; Craig, Blumgart, & Tran, 2009; Daniels, Gabel, & Hughes, 2012; Iverach & Rapee, 2013; De Nil & Brutten, 1991; Plexico, Manning, & Levitt, 2009; Vanryckeghem & Brutten, 1996).

In order to increase feelings of control over speech production, improve overall communication skills, and reduce the negative life impact of stuttering in PWS, speech–language pathologists (SLPs) need to be trained to deliver quality services that address cognitive and affective domains, in addition to speech modification (Cooper, 1993; Yaruss, Coleman, & Quesal, 2012). Unfortunately, research has shown that SLPs and students in communication disorders are uncomfortable, unconfident, and often unprepared to work with PWS (Brisk, Healey, & Husk, 1997; Kelly et al., 1997; St. Louis & Lass, 1980; St. Louis & Lass, 1980; St. Louis & Durrenberger, 1993; Tellis, Bressler, & Emerick, 2008). Furthermore, SLPs and classroom teachers tend to hold negative stereotypical views about personality characteristics (e.g., that they are nervous and non-assertive) of PWS regardless of their age (Abdalla & St. Louis, 2012; Cooper & Cooper, 1996; Horsley & FitzGibbon, 1987; Lass, Ruscello, Pannbacker, Schmitt, & Everly-Meyers, 1989; Maviş, St. Louis, Özdemir, & Toğram, 2013; Ragsdale & Ashby, 1982; Turnbaugh, Guitar, & Hoffman, 1979; Woods & Williams, 1976).

Stigmatizing attitudes and unfavorable perceptions held by SLPs toward individuals who stutter represent an environmental barrier to optimal service delivery (American Speech-Language-Hearing Association (ASHA), 2007) and may limit therapy gains experienced by PWS. Qualitative data from interviews of PWS suggest that some SLPs can be perceived as judgmental, annoyed, and not understanding of the unpredictable and intermittent loss of control experienced during stuttering and this contributes to the perception of ineffective therapy (Plexico, Manning, & DiLollo, 2010). Furthermore, awareness of negative public perceptions of stuttering is very high among PWS and this is significantly correlated with internalization of negative stigmatizing thoughts (Boyle, 2013). From this evidence, environmental factors (e.g., listener perceptions) do appear to be relevant for the psychological well-being of the individual and the effectiveness of therapy. These negative public perceptions of PWS should be eradicated.

### 1.1. Attribution theory

One potentially useful lens through which to look at negative stigmatizing attitudes toward PWS and their possible mitigation is Weiner's (1985, 1986) attribution theory. Attribution theory states that the more controllable a stigmatizing condition is perceived, the more anger and blame it will create in the public, and the less willingness to help and sympathy will be demonstrated (e.g., blindness will receive more sympathy and willingness to help, and less anger and blame compared to alcoholism) (Menec & Perry, 1998; Weiner, 1995; Weiner, Perry, & Magnusson, 1988). Attribution theory has been supported in previous research with several different stigmatized conditions and disorders including schizophrenia and depression (Boysen & Vogel, 2008; Jorm & Griffiths, 2008; Lincoln, Arens, Berger, & Rief, 2008), eating and weight disorders (Crandall, 1994; Ebnetter, Latner, & O'Brien, 2011), challenging behaviors (Dilworth, Phillips, & Rose, 2011), drug addiction (Corrigan, Kuwabara, & O'Shaughnessy, 2009), autistic behaviors (Ling, Mak, & Cheng, 2010), mental disorders (Mukolo & Heflinger, 2011), and self-harm (Law, Rostill-Brookes, & Goodman, 2009).

Two of the most frequently mentioned concepts in attribution theory include dimensions of onset controllability and offset controllability. Onset controllability refers to beliefs about how much the person, compared with external forces (e.g., biological or environmental factors), is responsible for the onset of a specific condition or disability that is stigmatized. Offset controllability refers to beliefs about how much a person is held responsible for the offset, or solution, of the condition. Biological attributions (e.g., genetic and neurological explanations of conditions) are related to less onset and offset controllable deficits whereas non-biological attributions are related to higher perceived onset and offset controllability (Phelan, 2002, 2005). Physically based conditions (e.g., paraplegia, blindness, Alzheimer's disease) are generally perceived as having more biological attributions and therefore less onset and offset controllability than disorders that are perceived as mental-behavioral (e.g., drug abuse, obesity, mental illness) (Corrigan et al., 2000; Weiner et al., 1988).

Applying this model to speech–language pathology, it has been noted that disorders such as cerebral palsy are perceived as being more onset and offset uncontrollable whereas disorders like functional articulation disorders are on the opposite end of the continuum in terms of being perceived as more controllable (i.e., more amenable to change) (Murphy, Quesal, & Yaruss, 2012). These disorders would then theoretically serve as useful anchors and points of comparison to other disorders on the continuum of controllability and biological attributions. It should be noted that some research studies have not entirely supported Weiner's attribution theory (Jones & Hastings, 2003). In some cases higher offset controllability is

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