Measuring and Changing Negative Stuttering Stereotypes in Adolescents

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Background

- Frequently replicated research findings: "Stuttering stereotype"
  - Belief that stutterers are shy, nervous, introverted, fearful, weak, etc.
  - Belief that stuttering reflects psychological difficulties
- Uncertainty about cause
- Inaccurate information about the nature of stuttering
- Evident in virtually all populations and ages studied
- Little published information available on changing public attitudes toward stuttering
  - After watching a video of stuttering video attitudes of adolescents more negative than before the video (McGee, Kalinowski & Stuart, 1996)
  - After a graduate course in fluency disorders, students' attitudes changed in positive directions, but most changes were not statistically significant (Reichel & St. Louis, 2004)
  - After a presentation by a stutterer, high school students had significant positive improvements in stuttering attitudes (Flynn & St. Louis, 2007)
- Conventional wisdom that attitudes hard to change

Purpose

- To compare attitude change in high school students after presentations about stuttering by a stutterer (1st author [TF])
  - Oral presentation by TF (40 minutes)
  - True Life® video presentation featuring 3 stutterers, including TF (40 minutes)
  - Oral presentation by TF (20 min) following MTV True Life® video presentation
- To compare attitudes & attitude changes of boys vs girls
- To compare attitudes & attitude changes of regular vs honors students

Method

- Adaptation of near-final version of *Public Opinion Survey of Human Attributes* (*POSHA*)
  - Several items added
  - 65 items to rate + 13 biographic items on questionnaire
  - General items: Respondents circled number from 1-5 or ?. For example…
    - E.g., "I would want to be a person who…has a stuttering disorder."

    - Stuttering items: Respondents circled “yes,” “no,” or “not sure”
        - E.g., “People who stutter…can lead normal lives.”
- Arrangements made to speak to 4 high school health classes by TF (first author having moderate-severe stuttering)
- IRB-approved parent consent / child assent forms developed & given to teacher to send home with students
    - Those returning forms given *POSHA* by teacher
- Subjects
    - 83 high school students in 4 classes filled out *POSHA*
        - 45 regular students (53% M; 47% F; 15.8 yr)
            - 12 Fr; 33 So; 0 Jr; 0 Sr
        - 38 honors students (24% M: 76% F; 16.9 yr)
            - 3 Fr; 18 So; 13 Jr; 4 Sr
- Class presentations
    - Oral or Video presentations
        - TF talk on stuttering or video
        - Immediately followed by filling out 2nd POSHA + open-ended questions
    - Post-Video Oral presentations
        - Immediately followed by filling out 3rd POSHA + open-ended questions
    - After Oral and Post-Video Oral presentations
        - Finished with oral question-answer session
        - Respondents rated the speaker on 1-9 scale
- Oral presentations (delivered conversationally in a positive manner) included:
    - Facts about stuttering
    - TF’s personal experiences & stories about stuttering
    - Some of TF’s coping mechanisms for stuttering
    - TF’s personal insights about stuttering
    - Mean ratings (1-9, Very Poor—Excellent)
        - Oral: 8.7
        - Oral (Post Video): 8.6
    - Surprising finding: 70% of respondents thought TF was “faking” his stuttering
- Video presentation (True Life: I Stutter) included:
    - Featured 3 stutterers
        - TF dealing with stigma in seeking a job as a bartender
        - Woman going through therapy
        - Woman competing in a beauty pageant
    - Mean ratings (1-9, Very Poor—Excellent)
        - Video: 7.6
    - 4.6% thought TF was “faking” stuttering
- Converted mean data to -100 to +100 scale
    - -100 = 1(Lowest rating)
    - 0 = 5 (Neutral rating)
    - +100 = 9 (Highest rating)

- T-test of pre- & post-test scores applied
    - Significant differences accepted when $p < .005$ (Bonferroni Correction)

Overall *POSHA* Results

- Before scores very similar
- Before vs after oral presentation: largest positive change
- Before vs after video presentation: moderate positive change
- Before vs after video+oral presentation: large positive change

Notable Changes

- Oral presentation alone
    - 15 significant positive changes
    - Including stuttering due to physical or emotional abuse (not in graph)
    - Largest positive changes
- Video presentation alone
    - 11 significant positive changes
    - 1 negative change (stuttering caused by genetic inheritance)
- Video+Oral presentation
    - 17 significant positive changes
    - Majority of items: oral presentation after video
        - Further positively impacted attitudes
        - Reversed negative changes
            - E.g., “People who stutter are nervous or excitable.”
            - E.g., “Stuttering is caused by genetic inheritance.”
- General section: stuttering vs 4 “anchor” attributes
    - Overweight viewed more negatively than stuttering
    - Knew least about stuttering pre oral & video
        - Knowledge of stuttering increased after oral & video presentations, but more after oral
    - Source of knowledge
        - Pre: Highest: TV/radio/films
        - Post: Highest: Personal experience from other stutterers (TF); Next: TV/radio/films
- Oral vs Video Comparisons
    - Talk had a greater positive impact than video
    - Both had predictable areas more affected
        - Talk specifically discussed cause of stuttering
            - Greater positive change for cause items
        - Video specifically showed a stutterer (TF) being hired & working successfully as a bartender
            - Greater positive change for work-related items
                - E.g., “People who stutter should have jobs where they have to correctly understand and decide important things.”
                - E.g., “People who stutter can do any job they want.”
- Males vs Female Comparisons
    - Males & females had comparable pre-questionnaire scores

    - Females slightly more likely to change attitudes in a positive direction than males
    - Both changed more after talk than video
- Honors Class vs Regular Class Comparisons
    - Honors: more positive attitudes towards stuttering before & after both oral & video
    - Regular: also showed smaller positive attitude changes after both the oral & video
    - Both changed more after talk than video
- Class type interacted with sex
    - Difference in gender ratio between class type
        - Honors: 9 males & 29 females
        - Regular: 24 males & 21 females

Implications

- High school students show evidence of “stuttering stereotype”
- A talk by a person who stutters can improve attitudes toward stuttering their attitudes
- A video about stuttering can also improve attitudes towards stuttering of high school students
- But less than a live oral presentation
- POSHA has promise to measure changes in attitudes of adolescents

References

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