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## Examining implicit and explicit attitudes toward stuttering

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## ABSTRACT

*Purpose:* This study assessed implicit and explicit attitudes toward people who stutter among typically-fluent young adults.*Method:* Participants completed an Implicit Association Test, a measure of implicit attitudes, to assess the strength of association between stuttered vs. fluent speech and positive vs. negative evaluative words. Participants also completed self-report ratings of their attitudes toward people who do and do not stutter (explicit attitude scales). In addition, participants completed measures of social desirability and a survey that assessed lifetime experience with people who stutter.*Results:* Results supported the existence of a negative stuttering stereotype. Participants demonstrated negative implicit and explicit attitudes toward people who stutter. Explicit attitudes toward those who stutter, but not implicit attitudes, were significantly predicted by social desirability scores. Familiarity with stuttering was significantly associated with implicit but not explicit attitudes toward stuttering.*Conclusions:* These findings indicate the importance of examining both implicit and explicit attitudes toward stuttering to fully understand the challenges faced by those who stutter.

## 1. Introduction

It is estimated that 1% of the population (68 million people worldwide) stutters. About 5–8% of children stutter for a period of 6 months or longer during their preschool years, making stuttering a common developmental disorder (Yairi & Ambrose, 2013). Stuttering is associated with negative outcomes across the lifespan. Children who stutter are more likely than their fluent peers to experience various social and emotional difficulties. For example, children who stutter may struggle to establish positive social relationships, experience higher rates of peer rejection, and be viewed as less assertive and more vulnerable than their fluent peers (Davis, Howell, & Cooke, 2002; Evans, Healey, Kawai, & Rowland, 2008). Children and adolescents who stutter are also at greater risk of being bullied than their typically-developing peers (e.g., Blood & Blood, 2004, 2007; Erickson & Block, 2013; Hugh-Jones & Smith, 1999; Langevin, Bortnick, Hammer, & Wiebe, 1998; Langevin & Prasad, 2012). For example, Blood and Blood (2004) found that 43% of stuttering adolescents said they were bullied “this week” compared to 11% of nonstuttering peers, while Blood and Blood (2007) found 61% of children who stutter were bullied versus 22% of peers.

Beginning in the preschool years, children who stutter have been found to experience decreased communicative competence, which may hinder their success in activities that require communication with others. For instance, Langevin, Packman, and Onslow (2009) found that preschool-age children who stutter have more difficulty engaging in sociodramatic play, assuming leadership roles during play with peers, and contributing to group problem solving. Adolescents who stutter reported less confidence in their communicative abilities and more apprehension toward speaking than their fluent peers (Blood & Blood, 2004; Erickson & Block, 2013).

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Specifically, children who stutter may struggle in public speaking, group discussion, and interpersonal conversation. Such deficits may significantly impact these children's success in the classroom, both in terms of academic performance and positive peer interaction, putting children who stutter at a disadvantage compared with their typically-fluent peers. Indeed, stuttering is associated with lower educational (e.g., O'Brien, Jones, Packman, Menzies, & Onslow, 2011) and vocational (e.g., Klein & Hood, 2004; Yairi, 1993) attainment later in life.

Adults who stutter are at risk for elevated levels of stress and poorer mental health as compared to those who do not stutter (e.g., Blood, Blood, Dorward, Boyle, & Tramontana, 2011; Blood, Blood, Tellis, & Gabel, 2001; Klein & Hood, 2004). Tran, Blumgart, and Craig, (2011) found elevated distress, anxiety, somatization, obsessive compulsiveness, depressed mood, hostility, psychoticism and paranoia among those who stutter as compared to typically-fluent adults. People who stutter are also at higher risk for anxiety disorders, especially Social Anxiety Disorder and Generalized Anxiety Disorder (Iverach et al., 2009). In addition, those who stutter report lower social-emotional functioning and less perceived control over life stressors than non-stuttering controls. (Craig, Blumgart, & Tran, 2009).

These findings suggest that starting early in childhood stuttering may interfere with an individual's ability to establish positive social relationships. These difficulties may interfere with the social and emotional development of people who stutter, cause them to struggle in and disengage from school, and eventually lead to poorer quality of life and overall wellbeing. This study focuses on one possible factor contributing to the social and academic difficulties faced by those who stutter; the way they are perceived and treated by others.

### 1.1. Beliefs about and attitudes toward people who stutter

An attitude is an evaluation of a person, object, or event that is represented in memory, includes an emotional component, and influences the way an individual interacts with the world (e.g., Eagly & Chaiken, 1993). Attitudes become stigmatizing when certain characteristics are linked with negative attitudes or stereotypes about a class of individuals, resulting in social distance from or discrimination toward those individuals (Goffman, 1963). Once formed, stigmatizing attitudes tend to endure across context and time (Olson & Zanna, 1993), making negative stereotypes difficult to counteract.

Prior research has suggested that individuals may hold stigmatizing attitudes toward and beliefs about people who stutter (e.g., St. Louis, 2011; St. Louis & Lass, 1981; St. Louis, Myers, Bakker, & Raphael, 2007; St. Louis & Roberts, 2010), which may account for some negative psychosocial outcomes of stuttering. For example, Dorsey and Guenther (2000) found that both college students and professors held more negative beliefs about the personality of a hypothetical college student who stutters than about a non-stuttering student. St. Louis (2011) documented negative beliefs held by non-stuttering adults about the personality traits and potential of those who stutter (e.g., "People who stutter are nervous or fearful," "People who stutter cannot do any job they want"). Many of these negative beliefs appear to develop early in life (e.g., Evans et al., 2008; Langevin, 2009; Weidner, St. Louis, Burgess, & LeMasters, 2015). Speech clinicians and teachers have been shown to rate children who stutter less favorably, as well (e.g., Arnold, Li, & Goldt, 2015; Woods, 1978; Yeakle & Cooper, 1986).

Such negative beliefs about those who stutter may be damaging. It has been suggested that beliefs associated with a salient attribute of an individual, such as negative beliefs about stuttering, may bias further judgments about other aspects of the individual's personality, resulting in an overall stereotype based on the salient trait (e.g., Dorsey & Guenther, 2000; Greenwald & Banaji, 1995). Furthermore, beliefs about and attitudes toward stuttering predict intended behavioral and affective responses to people who stutter (Arnold & Li, 2016). These results suggest a plausible link between the negative stuttering stereotype and the challenges faced by those who stutter.

### 1.2. Implicit and explicit attitudes

Nearly all research about attitudes toward stuttering has focused on explicit measures of attitudes, which typically involve self-reporting (c.f., Palasik, Gabel, & Rusnak, 2009). These measures are widely used, likely because of their simplicity and directness. However, self-reports are fallible. Their validity is directly dependent on the degree to which respondents are introspective and honest. When the attitudes being assessed are socially sensitive in nature, respondents may try to appear to have or not have certain attitudes, and may consciously respond in a socially-acceptable manner to avoid social disapproval. This type of self-presentation bias is called social desirability bias (Crowne & Marlowe, 1960).

Furthermore, direct measures such as self-reporting assess only one type of attitude. According to Greenwald and Banaji (1995), attitudes (indeed, most cognitions) exist at two levels, both implicit and explicit, and there are important differences between these two types of attitudes. Explicit attitudes are at the conscious level, deliberately formed, and easy to self-report. In contrast, implicit attitudes may operate outside of conscious awareness and are formed involuntarily. Explicit attitudes can readily be assessed with direct measures of attitudes, but implicit attitudes are not as easily measured. Greenwald and Banaji (1995) argued that implicit attitudes may not be available to introspective access, even if people are motivated to retrieve and express them. Therefore, they must be assessed using more indirect measures.

Studying both types of attitudes is critical because there is mounting evidence that implicit and explicit cognitions form and change through different mechanisms. Dual-process models of cognition propose that there are two distinct processing modes, those that exist at an explicit level and those at an implicit level (e.g., Kahneman, 2011). These models have been applied to many aspects of cognition, including memory, judgment, and attitudes. Explicit attitudes are thought to be under high conscious control, formed and expressed through deliberation and reasoning. They are prone to cognitive distortions and reporting biases (e.g., social

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