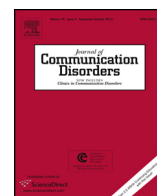




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Public attitudes toward stuttering in Europe: Within-country and between-country comparisons



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ABSTRACT

Introduction: Epidemiological research methods have been shown to be useful in determining factors that might predict commonly reported negative public attitudes toward stuttering. Previous research has suggested that stuttering attitudes of respondents from North America and Europe (i.e., “The West”), though characterized by stereotypes and potential stigma, are more positive than those from several other regions of the world. This inference assumes that public attitudes within various regions characterized by “The West” are similar.

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Purpose: This study aimed to determine the extent to which public stuttering attitudes are similar or different both within regions of three different European countries and between or among five different European countries or similar geographic areas. It also aimed to compare these European attitudes to attitudes from 135 samples around the world using a standard measure.

Material and methods: Using convenience sampling, 1111 adult respondents from eight different investigations completed the *Public Opinion Survey of Human Attributes-Stuttering (POSHA-S)* in the dominant language of each country or area. In Study I, the authors compared attitudes within three different regions of Bosnia & Herzegovina, Italy, and Norway. In Study II, the authors compared attitudes between combined samples from Bosnia & Herzegovina, Italy, and Norway (with additional respondents from Sweden), and two other samples, one from Germany and the other from Ireland and England.

Results: Attitudes of adults from the three samples within Bosnia & Herzegovina, Italy, and Norway were remarkably similar. By contrast, attitudes between the five different countries or area were quite dramatically different. Demographic variables on the *POSHA-S* did not predict the rank order of these between-country/area differences. Compared to the *POSHA-S* worldwide database, European attitudes ranged from less positive than average (i.e., Italians) to more positive than average (i.e., Norwegians and Swedes).

Conclusion: Factors related to national identity appear to play a significant role in differences in public attitudes in Europe and should be explored in future research.

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1. Introduction

Scientific inquiry into public attitudes toward stuttering (beliefs, reactions, or perceptions regarding stuttering) began four decades ago in the USA with the work of Dean Williams and his colleagues (Woods & Williams, 1971, 1976; Yairi & Williams, 1970) and has continued steadily for a generation. Hundreds of studies have converged on the conclusion that the public holds attitudes about people who stutter that are biased, negative, stigmatizing, or discriminatory (e.g., Bloodstein & Ratner, 2008; Boyle & Blood, 2015; Manning, 2010; Shapiro, 2011). The rationale for this research has been (a) to document differences in public attitudes toward stuttering around the world in order to identify factors responsible for differences observed and (b) to inform efforts to mitigate negative attitudes toward people who stutter.

1.1. Geographic studies of stuttering attitudes

St. Louis (2015a) called for additional studies that could identify variables that might be responsible for differences in public attitudes toward stuttering in various countries or geographic regions. Research has shown that, despite consistent evidence of ignorance about or negative attitudes toward stuttering in so-called Western cultures (“the West”), i.e., North America, Western Europe and Australia, Western public attitudes are typically more positive than in other parts of the world (e.g., Przepiórka, Błachnio, St. Louis, & Wozniak, 2013; St. Louis, 2012a; St. Louis, Sønsterud, Carlo, Heitmann, & Kvenseth, 2014; St. Louis, Przepiórka et al., 2014). For example, non-Western attitudes were found to be less positive than Western attitudes in the Middle East (Abdalla & St. Louis, 2012, 2014; Alshdifat, Mayo, & St. Louis, 2013; Özdemir, St. Louis, & Topbaş, 2011a; Özdemir, St. Louis, & Topbaş, 2011b), South America (St. Louis, Andrade, Georgieva, & Trout, 2005), Asia (Ip, St. Louis, Myers, & An Xue, 2012), and Africa (St. Louis & Roberts, 2010). Nevertheless, there have been exceptions to this generalization (e.g., Elsidig, Haynes, Atwood, & St. Louis, 2015; St. Louis et al., 2011; St. Louis, Sønsterud et al., 2014). In his discussion of the epidemiology of public attitudes toward stuttering, St. Louis (2015a) drew attention to this fact and called for additional exploration of the effects of living in specific geographic regions on public attitudes.

Several investigators have advanced the notion that North American and European stuttering attitudes are similar (e.g., Daly & Leahy, 2014; Preus, 1981; Valente, Jesus, Leahy, & St. Louis, 2014). Before definitive studies confirming that living in different parts of the world are associated with better or worse public attitudes toward stuttering than others, it must be shown that attitudes *within* various regions are reasonably similar. Thus, if the aforementioned assumption that Western attitudes are most positive is to be supported, it must be shown that attitudes in “The West” (i.e. within Europe and between Europe and North America) are similar.

Almost all of the aforementioned studies have sought to document differences between countries. Only a few investigations permit comparisons across two or three countries (e.g., de Britto Pereira, Rossi, & Van Borsel, 2008; St. Louis, Abdalla, Burgess, & Kuhn, 2015; St. Louis, LeMasters, & Poormohammad, 2015; St. Louis, Przepiórka et al., 2014; Van Borsel, Verniers, & Bouvry, 1999; Xing Ming, Jing, Yi Wen, & Van Borsel, 2001). To our knowledge, only one study has systematically investigated public attitudes toward stuttering within an entire country, i.e., Portugal (Valente et al., 2014); however, a few studies – or groups of studies – permit comparisons of differences within countries, e.g., among Native American adults (Indians) in the USA (Beste-Guldborg, St. Louis & Campanale, 2015), adults in Turkey (Maviş, St. Louis, Özdemir, & Toğram, 2013), and adults in Poland (Błachnio, Przepiórka, St. Louis, Węsierska, & Węsierska, 2015). In these studies, greater

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