



A comparison of three strategies for reducing the public stigma associated with stuttering



Michael P. Boyle*, Lauren Dioguardi, Julie E. Pate

Department of Communication Sciences and Disorders, Montclair State University, United States

ARTICLE INFO

Article history:

Received 23 May 2016

Accepted 28 September 2016

Available online 30 September 2016

Keywords:

Stuttering advocacy

Public stigma

Stereotypes

Anti-stigma programs

Empowerment

ABSTRACT

Purpose: The effects of three anti-stigma strategies for stuttering—contact (hearing personal stories from an individual who stutters), education (replacing myths about stuttering with facts), and protest (condemning negative attitudes toward people who stutter)—were examined on attitudes, emotions, and behavioral intentions toward people who stutter.

Method: Two hundred and twelve adults recruited from a nationwide survey in the United States were randomly assigned to one of the three anti-stigma conditions or a control condition. Participants completed questionnaires about stereotypes, negative emotional reactions, social distance, discriminatory intentions, and empowerment regarding people who stutter prior to and after watching a video for the assigned condition, and reported their attitude changes about people who stutter. Some participants completed follow-up questionnaires on the same measures one week later.

Results: All three anti-stigma strategies were more effective than the control condition for reducing stereotypes, negative emotions, and discriminatory intentions from pretest to posttest. Education and protest effects for reducing negative stereotypes were maintained at one-week follow-up. Contact had the most positive effect for increasing affirming attitudes about people who stutter from pretest to posttest and pretest to follow-up. Participants in the contact and education groups, but not protest, self-reported significantly more positive attitude change about people who stutter as a result of watching the video compared to the control group.

Conclusion: Advocates in the field of stuttering can use education and protest strategies to reduce negative attitudes about people who stutter, and people who stutter can increase affirming attitudes through interpersonal contact with others.

© 2016 Elsevier Inc. All rights reserved.

1. Introduction

Stuttering is a disorder that is often misunderstood and stigmatized by society (St. Louis, 2015). People who stutter (PWS) are often stereotyped as possessing undesirable personality traits (St. Louis, 2012), reacted to with discomfort (Guntupalli, Kalinowski, Nanjudeswaran, Saltuklaroglu, & Everhart, 2006), and discriminated against for jobs that require speaking (Gabel, Blood, Tellis, & Althouse, 2004). PWS are highly aware of these stigmatizing views of the public, and sometimes endorse these negative views and internalize them (Boyle & Blood, 2015; Boyle, 2013). Mere awareness of stigmatizing public attitudes

* Corresponding author at: Department of Communication Sciences and Disorders, Montclair State University, 1515 Broad St. Building B – 2nd Floor, Bloomfield, New Jersey, United States.

E-mail address: boylemi@mail.montclair.edu (M.P. Boyle).

is related to significantly higher levels of anxiety and depression among adults who stutter (Boyle, 2015). The anticipation of negative societal reactions is a well-known aspect of the stuttering disorder and is hypothesized to be related to the substantially elevated levels of trait and social anxiety found in many PWS (Craig & Tran, 2014; Iverach & Rapee, 2014). Anticipation of negative reactions due to stuttering can result in avoidance of speaking in certain situations, and therefore negatively affect quality of life and the ability to achieve life goals (Butler, 2013; Plexico, Manning, & Levitt, 2009a). Therefore, stigmatizing attitudes and reactions from the public represent environmental barriers to the communicative participation of PWS (American Speech-Language-Hearing Association, 2016; World Health Organization, 2014).

Many professional and self-help organizations across the world include in their mission statement objectives of influencing the environmental barriers faced by PWS through education, outreach, and advocacy efforts at various levels from local to international (American Speech-Language-Hearing Association, 2016; British Stammering Association, 2014; International Fluency Association, 2016; International Stuttering Association, 2016). Organizations often focus on improving public awareness, dispelling common myths, and protesting against unfair treatment of PWS in society through press releases and public service advertisements (e.g., National Stuttering Association, 2016; Stuttering Foundation, 2016).

Although professional and self-help organizations worldwide implement education and stigma reduction efforts to improve attitudes toward PWS, very little empirical evidence exists regarding the effectiveness of these efforts. If organizations are spending time and resources on education and advocacy programs, it will be optimal to focus those efforts on anti-stigma strategies that are empirically validated. This study attempted to document evidence for some of the most common anti-stigma strategies currently used. The following sections will briefly review evidence of benefits of certain anti-stigma strategies from the field of psychology, stigma reduction studies that have been conducted in the area of stuttering, and the purpose of the current study.

1.1. Approaches to reduce public stigma

The psychology literature provides a thorough discussion and classification system for various stigma reduction strategies. One of the most extensively researched areas related to stigma is mental illness (Corrigan & Kosyluk, 2013). Although mental illness is certainly different from stuttering, individuals with mental illness and PWS have been documented as experiencing public stigma that can be internalized and applied to the self (Boyle, 2013; Corrigan, Rafacz, & Rüschi, 2011). The public also often misunderstands the causes of both of these conditions, particularly through underestimating the extent to which biological factors play an important role in onset (Kvaale, Gottdiener, & Haslam, 2013; Van Borsel, Verniers, & Bouvry, 1999). In addition, the public stigma that both groups face includes similar features (e.g., assumptions of negative personality attributes, prejudiced emotional reactions, discriminatory intentions) (Link & Phelan, 2006). Therefore, even though the disorders are distinct, it is useful to review the literature in mental illness to provide a framework for classifying and operationalizing anti-stigma strategies in the area of stuttering.

A review by Corrigan and Kosyluk (2013) outlined three major anti-stigma strategies that have been used for individuals with mental illness. One method is interpersonal *contact* with a person with a stigmatized condition. In this approach, the individual tells a personal story about the lived experience of having that condition to members of the public. This strategy relies on a person disclosing the condition to others. The contact approach relies on grassroots efforts from people with disabilities to enact public attitude change. An example might be a PWS from a local self-help support group coming to speak to members of the public at an event or class in that individual's town. The *education* approach focuses on separating myths from facts. In this strategy, inaccuracies or myths about a certain condition are presented and then contrasted with facts from current research. Some examples of the education approach are groups like the Stuttering Foundation producing and distributing brochures to the public (or specific groups such as pediatricians) that contrast myths with facts (e.g., "There is a common misconception that people who stutter are nervous. Nervousness does not cause stuttering, and people who stutter have the same full range of personality traits as everyone else") (Stuttering Foundation, 2015). The *protest* approach responds to injustices and unfair treatment of individuals by society. There is a tone of righteous anger and moral indignation toward the offenders, who are chastised for their words or actions. An example of protest would be the Stuttering Foundation issuing a press release condemning the U.S. comedy show *Saturday Night Live* after a sketch aired that made light of stuttering, stating that "...they chose to overlook the pain felt by many who stutter and their families for just a cheap laugh... Not funny SNL. Not funny at all." (Stuttering Foundation, 2012). The vehicles used to transmit these strategies to the public can be media-based (e.g., videos), or in vivo (Corrigan & Kosyluk, 2013).

Corrigan, Morris, Michaels, Rafacz, and Rüschi (2012) conducted a meta-analysis of 72 articles focusing on the effects of the anti-stigma approaches described above on public stigma related to mental illness. Outcomes of interest were categorized into areas of attitudes (e.g., stereotypes), affect (e.g., emotional reactions), and behavioral intentions (e.g., avoidance), representing the most common types of outcomes measures for anti-stigma research. The data reported came from over 38,000 research participants across 14 countries. The results of the meta-analysis revealed that, on average, education and contact both improved attitudes, affect, and behavioral intentions toward individual with mental illness (mean effect size for each strategy was significantly different from zero), and these effect sizes ranged from small to medium across different outcomes. Contact seemed to be more effective with adults, whereas education was more effective with adolescents. The results also suggested that contact led to greater effects for attitudes, whereas education led to greater effects for affect and behavioral intentions. However, when only randomized controlled trials were analyzed, contact yielded the largest effects

Download English Version:

<https://daneshyari.com/en/article/5039181>

Download Persian Version:

<https://daneshyari.com/article/5039181>

[Daneshyari.com](https://daneshyari.com)