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The impact of causal attribution on stigmatizing attitudes toward a person who stutters



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ABSTRACT

Purpose: This study investigated the impact of providing low control (biological) and high control (psychobehavioral) causal explanations for stuttering on a variety of stigma related variables including blame, anger, social distance, stereotypes, dislike, sympathy, willingness to help, and perceptions of potential for recovery for a hypothetical person who stutters.

Method: One hundred and sixty-five university students read one of three vignettes describing a person who stutters with different descriptions about the cause of stuttering (low control, high control, and a control group in which no explanation was given) and answered a series of self-report measures assessing stigmatizing attitudes and perceived potential for recovery.

Results: The controllable explanation for stuttering led to more blame compared to the uncontrollable explanation and no explanation. The controllable explanation resulted in higher levels of anger and stereotypes compared to no explanation. There were no significant differences between uncontrollable explanations and no explanation on any of the stigma related variables of interest. Uncontrollable explanations increased prognostic pessimism compared to controllable explanations. Self-reported familiarity and closeness with people who stutter was significantly related to more positive attitudes toward a hypothetical person who stutters.

Conclusions: Reducing the belief that stuttering is ultimately caused by psychobehavioral factors will reduce blame toward people who stutter. However, providing biological explanations for stuttering is not effective for reducing stigma compared to no explanation at all, and could increase prognostic pessimism. Biological explanations for stuttering should be provided to inform clients and society about current research findings, however this information must be given carefully and be balanced with evidence that people who stutter can make great progress with appropriate, personalized therapy that addresses the multidimensionality of the disorder.

Learning outcomes: As a result of reading this paper, readers should be able to: (1) describe how causal attributions impact attitudes toward individuals with disabilities (2) summarize the effects of providing a biological explanation for stuttering on stigmatizing attitudes toward a person who stutters (3) summarize the effects of providing a psychobehavioral explanation for stuttering on stigmatizing attitudes toward a person who stutters, (4) discuss how familiarity and closeness toward people who stutter relates to stigmatizing attitudes toward a person who stutters.

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1. Introduction

It is well documented that people who stutter (PWS—this acronym will also stand for ‘person who stutters’) face stigmatizing attitudes from the public (Healey, 2010; Boyle & Blood, 2015). Research conducted over five decades across several countries has documented that members of the general public, educators, employers, and healthcare professionals, among others, believe that PWS possess negative/undesirable personality characteristics (e.g., nervous, shy, introverted, non-assertive, anxious) (Boyle, Blood, & Blood, 2009; Craig, Tran, & Craig, 2003; St. Louis, 2012a, 2015). PWS are also sometimes viewed as less competent and educated than their non-stuttering counterparts (Silverman & Bongey, 1997; Silverman & Paynter, 1990). These negative perceptions and stereotypes may result in discriminatory thoughts regarding employability of PWS (Gabel, Blood, Tellis, & Althouse, 2004). In addition, the media has long perpetuated the stigma of stuttering by using the condition as a shorthand for indicating moral deficiency, character weakness, or psychological disturbance (Johnson, 2008). It is also apparent that listening to stuttering produces unpleasant physiological reactions in listeners (Guntupalli, Kalinowski, Nanjudeswaran, Saltuklaroglu, & Everhart, 2006). Overall, from the documented evidence it seems that the public often reacts negatively to stuttering and believes negative things about PWS. However, it should also be mentioned that some studies have documented reduced stereotypical views about the personalities of PWS (Irani & Gabel, 2008; Swartz, Gabel, & Irani, 2009), and mixed methods research has indicated that negative descriptions of PWS might be referring to consequences of living with stuttering, rather than inherent personality characteristics (Hughes, Gabel, Irani, & Schlagheck, 2010).

Recent studies (Boyle, 2013, 2015) have documented that PWS are highly aware of negative stigmatizing attitudes from the public toward stuttering. Approximately 86% of PWS sampled feel that the public has highly stigmatizing views about PWS. Furthermore, it appears that awareness of being publically stigmatized is related to significantly higher levels of self-reported anxiety, depression, and speech disruption, and significantly lower levels of hope, empowerment, quality of life, and social support (Boyle, 2015). PWS can also internalize negative stigmatizing attitudes from the public to the detriment of their psychological well-being by experiencing decrements in self-esteem, self-efficacy, life satisfaction, and societal participation (Boyle, 2013; Bricker-Katz, Lincoln, & Cumming, 2013; Daniels, Gabel, & Hughes, 2012). It is also known that some individuals attempt to avoid the label of being a PWS altogether by trying to pass as a fluent speaker (Butler, 2013; Murphy, Quesal, & Gulker, 2007). Clearly, public stigma is related to reduced quality of life and communicative participation in PWS. Because of this, it seems urgent to discover the best ways to diminish public stigma related to stuttering. Yet, relatively little evidence exists as to the optimal ways to achieve this goal. This study will focus on the effects of causal attributions for stuttering on stigmatizing attitudes toward PWS.

1.1. Causal attributions and stigma

Social psychology research categorizes stigmatized disorders based on causal attributions. Attribution theory indicates that disorders with biological causes (i.e., physically based limitations stemming from physical, neurophysiological, and/or genetic differences) are associated with a lack of personal control and responsibility, whereas psychosocial (e.g., environment, stresses, psychoemotional maladjustment) or behavioral causes (e.g., learning and conditioning from life experiences) are associated with higher perceived controllability (Boysen & Vogel, 2008; Noone, Jones, & Hastings, 2003; Menec & Perry, 1998). It is also known that attributions for the cause of a disorder influence attitudes, emotions, and behaviors (e.g., willingness to help) toward individuals with stigmatizing conditions (Weiner, 2010). Boysen and Vogel (2008) provided participants with various readings about schizophrenia, differing by whether the cause was described as being biological (i.e., brain structure, neurotransmission, hereditary) or psychosocial (i.e., stress, expressed emotion in families). The biological explanation led to increased beliefs that people with schizophrenia are not to blame for their disorder compared to the psychosocial. Breheny (2007) also found that providing biological (low control) explanations resulted in increased willingness of participants to interact with individuals with schizophrenia compared to no explanation. Menec and Perry (1998) provided vignettes of various disorders ascribed to either controllable (e.g., behavioral problem) or uncontrollable (e.g., genetic defect) factors. Less anger toward individuals with those disorders was reported from participants receiving the uncontrollable explanation.

It should be noted however, that providing biological explanations can result in potential negative consequences as well. Bennett, Thirlaway and Murray (2008) used vignettes to provide alternative explanations to participants for the cause of schizophrenia. It was found that providing genetic attributions for a hypothetical person with schizophrenia resulted in increased associative stigma toward close relatives, increased belief that the person was dangerous, and decreased belief that recovery was possible. Similar findings were presented by Phelan (2005) describing that perceived seriousness and persistence of mental illness increased when the disorder was presented as being partly due to genetic or hereditary factors. Lam and Salkovskis (2007) provided participants differing causal explanations (biological, psychological, and control) for a person's panic disorder. Results indicated that participants who had received the biological explanation expressed significantly more pessimism about the individual's prospects for recovery, as well as higher risk of the possibility of harm to the self. Kvaale, Haslam and Gottdiener (2013) conducted a meta-analysis, involving 28 empirical studies, focusing on the effects of biological explanations on stigma toward individuals with mental illness. Results demonstrated that biological explanations reduce blame, but induce prognostic pessimism and increased

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