

## Social Distance and the Negative Stereotype of People Who Stutter

## La distance sociale et les préjugés envers les personnes bègues

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### Abstract

Stuttering has important social dimensions, especially in how people who stutter are perceived by their listeners. Previous studies have found a negative stereotype of people who stutter but have not examined whether social distance influences attitudes. The present study examined the attitudes of significant others towards stutters in general and toward one individual who stutters. Responses from 108 relatives, friends and colleagues of six people who stutter showed they exhibited less negative stereotypical attitudes than those of the general public and show they hold differences in their perceptions about the normalcy of the speech of people with whom they interact. Findings suggest that ongoing personal and informal contact with an individual who stutters may reduce negative stereotyping, and that social distance influences the attitudes of others towards people who stutter.

### Abrégé

Le bégaiement a d'importantes dimensions sociales, notamment en ce qui concerne la manière dont les personnes bègues sont perçus par leurs interlocuteurs. Des études ont déjà fait ressortir l'existence de préjugés envers les personnes bègues mais n'ont pas examiné l'incidence de la distance sociale sur les attitudes. La présente étude analyse les attitudes des proches envers un individu qui bégaie et envers les personnes bègues en général. Les réactions de 108 parents, amis et collègues de six personnes qui bégaient indiquent moins d'attitudes empreintes de préjugés que dans la population en général. Par ailleurs, les proches portent des jugements différents vis-à-vis de ce qui constitue un langage dit normal chez leurs interlocuteurs. Ces résultats semblent montrer que liens personnels et informels continus avec une personne bègue peuvent réduire les préjugés, et que la distance sociale a une incidence sur les attitudes face aux personnes qui bégaient.

**Key words:** stuttering, fluency, social distance, speech disorders, stereotypes, self-perception

**S**tuttering, because it interferes with the ability of individuals to interact verbally, has a significant social component. Although people who stutter are committed to a smooth flow of communication, and fully understand the social norms associated with verbal interaction they often deviate dramatically from these norms (Petrunik, 1982; Petrunik & Shearing, 1983). Listener attitudes are particularly important for people who stutter because stuttering behaviour is affected by listeners' reactions (Bloodstein, 1995; Petrunik & Shearing, 1983; Sheehan, 1975; Woods, 1978). People who stutter report consistently that the attitudes and reactions of listeners influence the severity of their stuttering (Bobrick, 1995; Carlisle, 1985; Jezer, 1997; Klassen, 1995; Turnbridge, 1994). Many therapies incorporate strategies to desensitize people who

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stutter to the (re)actions and attitudes of their listeners (Johnson, 1959; Van Riper, 1982; Woods, 1978).

Studies show that people who stutter are viewed by nonstutterers as more guarded, nervous, self-conscious, tense, sensitive, hesitant, introverted, and insecure than the general population. These negative stereotypes are a constant finding of surveys over the past several decades. Populations surveyed include store clerks (McDonald & Frick, 1954), teachers (Ruscello, Lass, Schmidt, & Pannbacker, 1994; Woods & Williams, 1976), university students (White & Collins, 1984), potential employers (Hurst & Cooper, 1983), speech-language pathologists (Cooper & Cooper, 1985, 1996; Ragsdale & Ashby, 1982; Turnbaugh, Guitar, & Hoffman, 1979; Yairi & Williams, 1970) and the general public (Doody, Kalinowski, Armson, & Stuart, 1993; Hulit & Wirtz, 1994; Kalinowski, Lerman, & Watt, 1987; Woods & Williams, 1976).

Sociological labelling theory proposes that deviant behaviour, such as stuttering, will be interpreted and understood differently by diverse groups of people (Becker, 1966; Gove, 1980; Shur, 1971). In other words, the same behaviour may be interpreted in a number of different ways. Labeling theory suggests that social distance is a factor that influences the perceptions and attitudes towards those who are different, including persons with disabilities (Allport, 1954; Bogardus, 1925; Goffman, 1963). A hypothesis that follows from labeling theory is that significant others' perceptions of people who stutter should be more positive than the stereotype found for other groups including the general public. This study sought to determine whether this hypothesis is true by studying the attitudes and perceptions of groups of people who frequently interact with the *same* person who stutters.

The purpose of this study was directed at answering two interrelated questions:

1. To what extent do people who have ongoing contact with the same individual who stutters share the negative stereotypes of the general public identified by past research?

2. To what degree do the perceptions of different groups of respondents toward one individual who stutters match each other and the perception of the person who stutters?

## Method

### Participants

Three male and three female adults who stutter, ranging in age from 18 to 56, volunteered to participate in this study. All were

members of stuttering self-help groups in North America who replied to a request placed with the self-help groups for participants to volunteer in a study. One was a high school student; the other five were employed full-time in a variety of occupations (accounting clerk, computer analyst, self-employed writer, researcher, and professor). Two of the six described their stuttering as severe, the other four as moderate. All six had received professional stuttering therapy at some time in their lives.

Each of these volunteers was asked to provide the names and mailing addresses "... of the 12 to 20 people whom you consider to be your closest family members and friends, and the 12 to 20 people whom you consider to be your closest colleagues or coworkers". Two also offered the names of two additional groups of people with whom they had significant verbal interaction. One submitted names of 14 of her high school teachers, another the names of 20 of his university students. In total, 169 names and addresses were obtained, ranging from 14 to 60 per participant.

### Procedure

Questionnaires were mailed (to the home addresses of family/friends, and business addresses of colleagues) with a stamped and addressed return envelope (see Appendix). A cover letter on university letterhead explained that the questionnaire was part of a general survey on human communication. The questionnaires for the 20 university students whose names were provided by a university instructor who stutters were distributed and collected by a research assistant prior to a lecture. A total of 175 questionnaires were distributed including questionnaires for the six individuals who stutter, of which 51% initially were returned. A follow-up mailing, eight weeks after the first, yielded a total response rate of 65% (114 questionnaires). The response rate for each of the five groups surveyed – family/friend, colleague, teacher, student, person who stutters – is shown in Table 1.

**Table 1**  
Response Rate by Relationship to the Person Who Stutters

Relationship	<i>n</i>	%
Family/friend	84	58
Colleague	51	55
Teacher	14	100
Student	20	85
Person who stutters (self)	6	100
<b>Total</b>	<b>175</b>	<b>65 (N = 114)</b>

The first part of the questionnaire assessed the attitudes of respondents toward people who stutter in general using the methodology employed in previous surveys. Specifically, six semantic differential scales – shy-bold, friendly-unfriendly, secure-insecure, withdrawn-outgoing, anxious-composed, cooperative-uncooperative – were selected from the bi-polar adjectives pairs used by Woods and Williams (1976). The negative pole of the first five scales – shy, unfriendly, insecure, withdrawn and anxious – are among those most frequently reported traits by nonstutterers in the general public when describing people who stutter (Doody et al., 1993; Kalinowski et al., 1987; Ruscello et al., 1994; Turnbaugh et al., 1979). The last scale, cooperative-uncooperative, was included because past research showed few differences on this trait in the attitudes of nonstutterers from the general public (Doody et al., 1993; Kalinowski et al., 1987; Ruscello et al., 1994; Turnbaugh et al., 1979).

The second part of the questionnaire asked respondents in each of the different groups – family/friends, colleagues, teachers, and students – to select, respectively, a close family member or friend, a colleague, a student, or an instructor who stutters and to record his/her name and answer all subsequent questions with reference to that individual. This was necessary because the objective of this survey was to obtain perceptions held by a number of people about the same individual who stutters. This part of the questionnaire also contained questions designed to assess the perceptions of respondents towards one person who stutters. The six individuals who stuttered also were asked to complete

the questionnaire using themselves as the referent in the second part.

## Results

### *Attitudes of Nonstutterers Towards a Typical Adult Stutterer*

The analysis began by examining if the attitudes of the respondents (all of whom knew at least one person who stutters) towards a person who stutters differed from those of the most recent surveys of the general public (Kalinowski et al., 1987; Doody et al., 1993). Table 2 presents the ratings of the respondents and the ratings of the general public. The scale moves left (“shy” for the first word pair) to right (“bold”), from 1 to 9.

For the shy-bold, secure-insecure, withdrawn-outgoing and anxious-composed scales, the ratings from the sample are more positive than those from the two previous studies of the general population. The greatest differences in means (>1.5) between the respondents and the general population is on the withdrawn-outgoing scale, where the respondents rated the typical adult stutterer closer to the outgoing end at 5.35, while the general public believed that stutterers are more withdrawn ranking them at 3.81 (Kalinowski et al., 1987) and 3.3 (Doody et al., 1993). Large differences in means (>1.3) are evident on the shy-bold and anxious-composed scales for both previous studies, and for the secure-insecure scale for the with Kalinowski et al. study only. The differences in ratings for these four scales are statis-

**Table 2**  
Means (*M*) and Standard Deviations (*SD*) for Ratings of a Typical Stutterer Using the Bipolar Adjective Scale

Scale (1-----9)	Respondents <i>n</i> = 99		General Public (Doody et al., 1993) <i>n</i> = 106		General Public (Kalinowski et al., 1987) <i>n</i> = 138		<i>p</i> < 0.05
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Shy-Bold	4.60	1.48	2.4	1.3	3.21	1.64	*D *K
Friendly-Unfriendly	3.17	1.68	2.6	1.5	3.76	1.68	*D *K
Secure-Insecure	4.78	1.68	4.8	1.3	6.27	1.64	*K
Withdrawn-Outgoing	5.35	1.74	3.3	1.5	3.81	1.73	*D *K
Anxious-Composed	4.64	1.84	3.0	1.5	3.23	1.74	*D *K
Cooperative-Uncooperative	3.25	1.57	3.1	1.6	3.55	1.63	

\* Two-tailed t-test results significant at *p* < 0.05; \*D = comparison with Doody et al.; \*K = comparison with Kalinowski et al.

**Table 3**  
Means (*M*) and Standard Deviations (*SD*) for Ratings of a Typical Adult Stutterer Using the Bipolar Adjective Scale

Scale (1-----9)	Respondents <i>n</i> = 99		Persons Who Stutter <i>n</i> = 5	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Shy-Bold	4.60	1.48	4.2	1.30
Friendly-Unfriendly	3.17	1.68	3.0	1.0
Secure-Insecure	4.78	1.68	4.6	1.14
Withdrawn-Outgoing	5.35	1.74	5.2	0.44
Anxious-Composed	4.64	1.84	5.2	0.83
Cooperative-Uncooperative	3.25	1.57	2.8	1.30

tically significant using a two-tailed t-test comparing the ratings of this study to the past studies.

There is no statistically significant difference on the cooperative-uncooperative scale. Such a result is in keeping with past research that found no statistically significant differences in how nonstutterers rate people who stutter on this (Doody et al., 1993; Kalinowski et al., 1987). On the friendly-unfriendly scale, one of the past studies (Doody et al., 1993) found people who stutter were more friendly than the current findings, while the other study (Kalinowski et al., 1987) found the opposite.

Table 3 presents the ratings of the respondents and of the individuals who stutter. The ratings of the individuals who stutter are, in four of the six categories, more positive than those with whom they interact. For example, in the anxious-composed category, the individuals who stutter ranked the typical adult person who stutters closer to the composed end at 5.2, while the respondents' rating was at 4.64 and the general public's rating, as shown in Table 2, was at 3.0 and 3.23. On two scales – withdrawn-outgoing and shy-bold – the individuals who stutter rated themselves slightly less positively than their listeners.

### **Perceptions of the Same Individual Who Stutters**

The innovative methodological aspect of this study was to determine the perceptions of groups of respondents toward one individual who stutters, and to compare their perceptions to one another and to those of the person who stutters. This part of the analysis excludes 18 respondents who, in the second part of the questionnaire, designated a referent other than one of the six individuals who stutter.

The six individuals who stutter and those they interact with generally agreed on the severity of impairment. A majority (90%) of respondents concurred with the perception of the six individuals who stutter that their

stuttering was severe or moderate, rather than mild. However, different perceptions among the five groups of respondents were apparent when they rated the normalcy of the speech of the six individuals who stutter on a nine-point Likert scale, with 1 being "normal" and 9 "abnormal." To ensure that normalcy was not as a reification by respondents, the questionnaire stated: "A rating of 1 means that his/her [the individual who stutters] speech is perfectly normal (like the weather being hot in July), while a rating of 9 means the speech is very abnormal (like having snow in July)."

In rating the normalcy of speech, there was a striking discrepancy between the respondents and the individuals who stutter. The persons who stutter rated their speech as quite abnormal at 6.4 (*n*=5) whereas the listeners ranked them closer to the normal end of the scale, with family/friends at 4.7 (*n*=38) and colleagues at 5.1 (*n*=19). In fact, only 42% of respondents ranked the speech at 5 or greater, compared to 80% of the individuals who stutter. In effect, the individuals who stutter rated their speech as being more abnormal than the groups with whom they interacted. There was also dramatic diversity in the rankings of the same individual who stutters. Two individuals who stutter received rankings that encompassed the entire scale from normal (1) to abnormal (9) and two others received rankings that ranged from 1 to 7. Five of the six people who stutter were ranked by at least one respondent as having completely normal speech.

### **Discussion**

The design of the study sought to address some of the theoretical and methodological challenges posed by Quesal (1989) to conduct more research from the stutterer's perspective. Theoretically, the study placed the attitudes of people who stutter, and those who listen to them, at the forefront. Methodologically the study sought to demonstrate that an innovative survey design can yield findings that illustrate the complexity of the attitudes surrounding people who stutter.

The findings suggest that distinct sets of attitudes may exist among three groups: the general public, people who have on-going contact with at least one person who stutters, and those who stutter. The generally less negative stereotypical attitudes of those who know at least one person who stutters, when compared to the attitudes

of the general public, bolster the view that intimate, rather than superficial, contact decreases stereotyping in a variety of contexts (Deutsch & Collins, 1951; Dunning & Sherman, 1997; Omoto & Borgida, 1988). Hence the findings support the view that negative stereotypical attitudes about people who stutter are formed through inference, and that increased contact with people who stutter will decrease these attitudes. Specifically, White and Collins (1984) proposed that people who do not stutter believe that those who do are hesitant, shy, etc., because the majority of people occasionally exhibit disruptions in speech when in stressful situations that resemble stuttering. Accordingly, it is through exposure to people who stutter that nonstutterers come to discover that this not the case for people who stutter (White & Collins, 1984).

That listeners rated the speech of those who stutter as more normal than the self-rating of the individuals who stutter suggests five possible explanations. First, it may be that persons who stutter have higher expectations of their speaking abilities than their listeners. Second, those who stutter may be aware of more stuttering episodes than the listeners perceive. Third, persons who stutter may misinterpret the attitudes of listeners and thus believe they are under-performing. Fourth, people who stutter may have internalized the negative societal views associated with the disability and, therefore, may devalue their speaking abilities, ranking their speech as more abnormal than those who know them well. Fifth, that people who stutter may use their feelings in addition to their behaviour in making judgments about their speech. In any case, it appears that the subjective reality of those who stutter is at variance with the reality of the listeners. The discrepancy between the ratings of the listeners and the individuals who stutter reinforces the notion that the two groups may have different attitudes and perceptions. The variation in perception of what is perceived as normal speech reinforces the work of Davis (1997), Goffman (1963), Oliver (1990) and Thomson (1997) who have shown that normalcy is an ambiguous and contested concept relying upon unexamined assumptions and values.

That disabled people are often labeled as deviant and acquire a stigma is a common finding of attitudes toward disabled populations (Bryant, 1990; Stiles & Kaplan, 1996; Susman, 1994). The labeling and stigma associated with stuttering results in reactions being experienced by people who stutter, such as pity, condescension, ridicule and exclusion (Ahlbach & Benson, 1994; Carlisle, 1985; Pertrunik & Shearing, 1983). However, the findings of this study suggest that those who stutter may face fewer negative sanctions from persons with whom they have had long-term and intimate relationships than from

strangers or acquaintances. This may be because the equal status of many intimate relationships reduces stereotyping (Stiles & Kaplan, 1996), and as such, intimate relationships allow for more opportunities to manipulate the perceptions of the listeners (Petrunik & Shearing, 1983) and decrease the likelihood of generalizations that can result in stereotypes (Doosje, Spears, & Koomen, 1995). For example, past research shows that individuals who acknowledge a disability will be less stigmatized (Hastorf, Wildfogel, & Cassman, 1979). Collins and Blood (1990) found that individuals who disclosed or acknowledged their stuttering received more favourable ratings on intelligence and personality traits than those who did not. Although the extent to which the six persons who stutter in this study disclosed their stuttering disability in unknown, they did join self-help groups, which suggests a degree of acknowledgement and disclosure.

Three major limitations to this study warrant restraint in drawing sweeping conclusions and point to further research. First, the comparison of these data with past studies raises concerns about data collection techniques and the possibility that attitudes change over time. Doody et al. (1993) utilized a mail survey, while and Kalinowski et al. (1987) employed a telephone survey. These two studies of the reactions of the general public to people who stutter are eight and 14 years old, and it may be that shifts in societal attitudes have occurred over that time. However, the attitudes of clinicians with respect to the personality of those who stutter have changed only slowly over two decades (Cooper & Cooper, 1985, 1996) suggesting that the stereotypes among clinicians are relatively stable.

A second limitation of this study is that the six participants who stuttered were drawn from self-help groups. As a result, they may have adjusted differently to their stuttering than individuals who have not joined such organizations. The third limitation of the study is the small, possibly unrepresentative, sample of persons who stutter.

Even if the findings of this study only apply to some persons who stutter, they nonetheless have clinical importance. For both speech-language pathologists and persons who stutter, managing the disability of stuttering on a day-to-day basis involves dealing with the reactions of listeners. As the central finding of this study indicates that people stereotype differently depending on social distance, attitudes toward those who stutter may not be uniform. Further research is required to confirm if the perceptions and attitudes of people who stutter and of the general public are more negatively stereotypical than those of significant others. If such a difference is widespread, then people who stutter may

need to be encouraged to reexamine their perceptions of their disability and their reactions to others.

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8. Have you ever discussed the individual's stuttering with others?

no  yes

If YES, with whom (*check ONE or MORE*)?

your family  your friends

your colleagues  others, please describe: \_\_\_\_\_

9. Have you ever felt that the individual wanted you to finish a word for him/her that he/she was having difficulty saying?  no  yes

10. Have you ever finished, or tried to finish, words for the individual when he/she was stuttering?

yes  no

If YES, what was your primary reason for finishing words (*check ONE only*)?

I felt embarrassed for myself  I felt embarrassed for the stutterer

I felt sorry for the stutterer  I wanted the conversation to continue

I felt other listeners wanted the conversation to continue

other, please describe: \_\_\_\_\_

11. What do you think is the primary feeling of the individual when he/she stutters when speaking to you (*check ONE only*)?

frustration  impatience  anger

acceptance  no particular feeling  other, please describe: \_\_\_\_\_

12. How would you rate the individual's speaking abilities on the scale below (*circle ONE number*)?

*A rating of 1 means that his/her speech is perfectly normal (like the weather being hot in July), while a rating of 9 means the speech is very abnormal (like having snow in July).*

1—2—3—4—5—6—7—8—9  
normal abnormal

13. Would you like to receive a copy of the findings of this study?

yes  no

*If YES, please enclose a separate piece of paper with your mailing address.*

14. Based on your experiences, what suggestions or advice do you have for non-stutterers when they communicate with people who stutter?