
Effect of a Videotape Documentary on High School Students' Perceptions of a High School Male Who Stutters

Effet d'un documentaire vidéo sur les perceptions d'élèves du secondaire à l'égard d'un élève bègue

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Abstract

The effect of viewing a documentary videotape (*Voices to Remember*, Bondarenko, 1992) on high school students' perceptions of a high school male who stutters was examined. Thirty-six participants, who attended high school completed a 25-item semantic differential scale (Woods & Williams, 1976) evaluating a hypothetical normal high school male and a hypothetical high school male who stutters, prior to and following viewing the videotape. Participants held a strong negative stereotype before viewing the videotape. The hypothetical high school male who stutters was perceived significantly ($p < .002$) more negatively on 11 of 25 scale items (e.g., more guarded, nervous, shy, tense, and avoiding) than the normal high school male. Following viewing the videotape, the participants' negative stereotype persisted. In addition to the 11 scale items, participants rated the high school male who stutters as more self-derogatory, fearful, and inflexible ($p < .002$). Further analysis revealed participants perceived the high school male who stutters as being more withdrawn, reticent and fearful following the videotape presentation ($p < .002$). No significant differences were found among the 25 scale items for pre- and postviewing ratings of the hypothetical normal high school male ($p < .002$). These findings suggest the videotape *Voices to Remember*, by itself, may not be an effective means to sensitise high school students toward individuals who stutter.

Abrégé

L'effet du visionnement d'un documentaire sur bande vidéo («Voices to Remember», Bondarenko, 1992) sur les perceptions d'élèves du secondaire à l'égard d'un élève bègue a fait l'objet d'un examen. Trente-six participants, inscrits au secondaire, ont rempli une échelle sémantique différentielle comportant 25 items (Woods & Williams, 1976) afin d'évaluer un élève hypothétique normal et un élève hypothétique bègue du secondaire, avant et

après le visionnement de la bande vidéo. Un stéréotype très négatif était répandu chez les participants avant le visionnement de la bande vidéo. L'élève bègue hypothétique était perçu beaucoup plus négativement ($p < 0,002$) que l'élève normal dans 11 des 25 items de l'échelle (p. ex. plus réservé, nerveux, timide, tendu et évasif). Après le visionnement de la bande vidéo, le stéréotype négatif a persisté chez les participants. En plus des 11 items de l'échelle, les participants ont jugé que l'élève bègue du secondaire était plus autocritique, craintif et inflexible ($p < 0,002$). Une analyse plus poussée a révélé que les participants percevaient l'élève bègue comme plus renfermé, réticent et craintif après la présentation de la bande vidéo ($p < 0,002$). Aucune différence significative n'a été constatée entre les 25 items de l'échelle quant aux évaluations de l'élève hypothétique normal avant et après le visionnement ($p < 0,002$). D'après ces constatations, la bande vidéo «Voices to Remember» n'est peut-être pas, à elle seule, un moyen efficace de sensibiliser les élèves du secondaire à l'égard des personnes bègues.

Past research into the stuttering stereotype has confirmed the existence of a strong and pervasive negative stereotype regarding the personalities of individuals who stutter. This stereotype was found among various populations including speech-language pathologists (Cooper, 1975; Cooper & Cooper, 1982, 1985; Cooper & Rustin, 1985; Kalinowski, Armson, Stuart, & Lerman, 1993; Lass, Pannbacker, Schmitt, & Everly-Myers, 1989; Turnbaugh, Guitar, & Hoffman, 1979), parents (Crowe & Cooper, 1977; Fowlie & Cooper, 1978; Woods & Williams, 1976), teachers (Crowe & Cooper, 1977; Crowe & Walton, 1981; Lass, et al., 1992; Yeakle & Cooper, 1986), students (St. Louis & Lass, 1981; White & Collins, 1984), employers (Hurst & Cooper,

1983a), vocational rehabilitation counsellors (Hurst & Cooper, 1983b), store clerks (MacDonald & Frick, 1954) and the general public (Kalinowski, Armson, Stuart, & Lerman, 1993). In spite of the perceived differences, "there is little conclusive evidence of any specific kind of character structure or broad set of basic personality traits that is typical of stutterers as a group" (Bloodstein, 1995, p. 226).

In a derivation of the aforementioned studies, Kalinowski, Lerman, and Watt (1987) asked people who stutter and normal speakers how they perceived themselves and how they perceived each other. Somewhat surprisingly, both groups had remarkably similar self-perceptions. However, the participants who stutter viewed normal speakers significantly more positively than themselves, whereas, the normal speakers viewed individuals who stutter significantly more negatively. Kalinowski et al. suggested that the participants who stutter may have used their stuttering behaviour as a referent when assessing normal speakers. They hypothesised that the participants who stutter might be saying "if I as a stutterer stand here then you as a nonstutterer should stand in a different place for I stutter and you don't" (p. 227).

It also is known that the negative stereotype is held regardless of exposure or familiarity with individuals who stutter or knowledge of the disorder. For example, Doody, Kalinowski, Armson, and Stuart (1993) examined perceptions of individuals who stutter and individuals who do not stutter among members of three outport fishing communities in Newfoundland. Participants rated a normal adult male and a hypothetical adult male who stutters. It was found that a negative stereotype towards the hypothetical adult male who stutters existed in spite of the fact that 85% of the participants had personal contact with an individual(s) who stutters and 39% were related to one. Doody et al. concluded that "simple exposure to the disorder, familial relationships, and/or educational background (e.g., speech clinicians) is not sufficient to have an impact on modifying the negative stuttering stereotype" (p. 371).

There is a paucity of research exploring the extent to which this stereotype can be modified. It is reasonable to suggest that exposure to information about the experiences of people who stutter and the disorder itself may result in a more positive perception toward individuals who stutter. This was not the case, however, with speech-language pathology students in clinical training (Leahy, 1994). A modified pretest-posttest design was employed in an attempt to alter speech-language pathology students' negative attitudes toward persons who stutter following their first year of study. It was revealed that tutorials and lectures exploring personal attitudes and past research in the area of stuttering, clinical experience involving different therapeutic

interventions, and simulated stuttering were not effective in producing an attitudinal change. The explanation proposed by Leahy was that the students' experience confirmed their previously held negative stereotype.

The meagre amount of research investigating the alteration of negative stereotyping of individuals who stutter leads us to the present investigation. It was intuitive to us that exposure to individuals with various pathologies and increased awareness of the disorder could foster a positive attitudinal change (e.g., Rounds & Zevon, 1993). It was further speculated that a positive change may be achieved with individuals at a younger age who may not have such entrenched attitudes. It was also postulated that an audio-visual presentation may be an effective means to achieve an attitudinal change. This latter speculation was based on the findings of Mizumachi (1983) who studied the effect of presentation mode on attitudes toward individuals who stutter. One hundred and twenty-four college students rated children who stutter with a semantic differential scale before and following either an audio, video, or audio-visual presentation of a nine-year-old boy with severe stuttering. The author reported the greatest positive change in attitude among participants who received the audio-visual presentation.

An audio-visual presentation that may foster a positive attitudinal change is *Voices to Remember* (Bondarenko, 1992). This 60-minute documentary videotape is narrated by an 11-year-old girl and focuses on a number of adults who stutter. The videotape outlines the impact of stuttering on the quality of life and how the person who stutters uses various coping mechanisms. Emotional and realistic aspects of stuttering from the point of view of the individual who stutters as well as comments from their spouses, children, co-workers, and/or speech-language pathologist are presented. Information regarding the possible nature of stuttering is also incorporated into the videotape. *Voices to Remember* has been suggested as a possible tool for modifying the negative stereotype of individuals who stutter. In his recent review, St. Louis (1994) concluded that the "film could be used effectively in community agencies to sensitise otherwise uninformed lay people to the problems encountered by people who stutter" (p. 291) and further that the film is expected "to have a significant positive impact on the general awareness and understanding of stuttering all across North America" (p. 293).

The purpose of the present investigation was to explore the above speculation. Specifically, would the presentation of the videotape *Voices to Remember* (Bondarenko, 1992) have a positive impact on individual's attitudes toward individuals who stutter, following its viewing. Toward this end, we sought to determine if a negative stereotype of

individuals who stutter existed among high school students (a previously unexplored population) and if so, what effect would the videotape have on any existing preconceptions of those who stutter.

Method

Participants

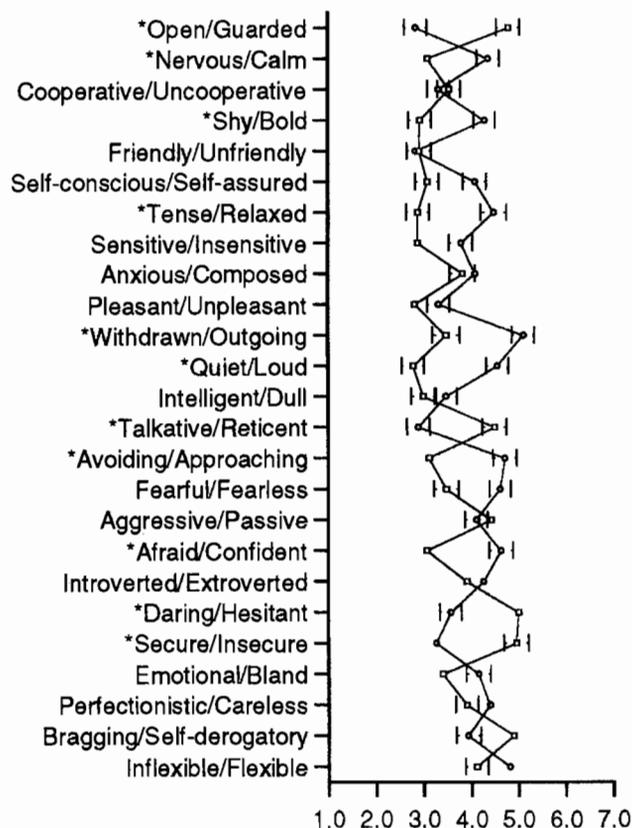
Thirty-six high school students, 18 males and 18 females, served as participants. Their mean age was 18.2 years with a range from 16 years to 21 years of age. Fifteen participants were enrolled in the eleventh grade, with the remaining enrolled in the twelfth grade. Twenty-six of the 36 participants attended a public high school while the remainder were enrolled in a private school. Twenty-five (69%) of the participants indicated knowing someone who stutters.

Apparatus and Procedure

Test sessions were conducted in typical high school classrooms of the students' respective public or private high school. The experimental sessions were approximately one hour and thirty minutes in length. Participants were instructed to complete two sets of a semantic differential scale developed by Woods and Williams (1976). This 25-item seven-point bipolar scale contains adjectives used to describe individuals who stutter and antonym counterparts (see Figure 1).

Participants were instructed to evaluate a typical normal high school male speaker and a typical high school male who stutters. Presentation of the instruction sets (see Appendix) were counter-balanced across participants. Participants were also instructed to seal the first set of scales in a provided envelope prior to completing the second set of scales in an effort to prevent comparison of responses. Upon completion of the first two sets of scales, participants viewed the videotape *Voices to Remember* (Bondarenko, 1992) projected from a videocassette recorder (General Electric VHS-HQ Model VG-7500 or Citizen VHS Model JVHS 3961) to a .53 metre colour television monitor (Scott Model HTS 2691 DG or JVC Mastercommand Model C-20 CL4) situated at the front of the classroom. Projected listening volume to the centre of the classroom was approximately 70 dB SPL. Following the videotape presentation, participants were again instructed in the same manner to complete a second set of two semantic differential scales assessing the typical normal high school male speaker and the typical high school male who stutters, in order to determine any possible attitudinal change.

Figure 1. Mean Likert scale item values reflecting participants' perceptions of the hypothetical normal high school male and the hypothetical high school male who stutters before the videotape presentation. Error bars represent plus/ minus one standard error. Note: Open circles and squares represent the hypothetical normal speaker and individual who stutters, respectively. Asterisks on the ordinate represent scale item pairs that were statistically different ($p < .002$).



Results

Means and standard errors for each of the 25 scale items are presented for the participants' ratings of the hypothetical high school male who stutters and the hypothetical normal high school male speaker, collectively, before and after the videotape presentation in Figures 1 and 2, respectively. It was of interest first to determine if a negative stereotype of the hypothetical high school male who stutters was present prior to viewing the videotape. Toward that end, multiple paired *t*-tests for dependent samples were undertaken to evaluate differences between participants' mean Likert score ratings of the 25 scale items for the hypothetical normal high school male speaker versus the male who stutters prior to the videotape presentation. A Bonferroni correction was undertaken for this and subsequent analyses to maintain a type I familywise error of .05. A per comparison signi-

ificance level of $\alpha = .002$ was therefore adopted. The analysis of participants' ratings confirmed the existence of a negative stereotype toward the hypothetical high school male who stutters as compared to the normal male speaker with statistically significant difference on 11 of the 25 scale items ($p < .002$). Those scale items that reached statistical significance are marked with asterisks on the ordinate in Figure 1. Specifically, the male who stutters was rated as being more guarded, nervous, shy, tense, withdrawn, quiet, reticent, avoiding, afraid, hesitant and insecure. The fluent and disfluent high school males were not perceived differently in terms of being cooperative, friendly, self-conscious, sensitive, anxious, pleasant, intelligent, fearful, aggressive, introverted, emotional, perfectionistic, bragging or flexible.

The primary interest of the study was to determine whether different perceptions existed between the fluent and disfluent hypothetical high school males following the videotape presentation. Consequently, multiple paired *t*-tests for dependent samples were undertaken to evaluate dif-

ferences between post-videotape presentation participants' mean Likert score ratings of the 25 scale items. Those scale items that reached statistical significance are marked with asterisks on the ordinate in Figure 2.

Participants' ratings of the high school male who stutters compared to a normal speaker following the videotape presentation differed significantly on 14 of the 25 personality dimensions ($p < .002$). Along with the 11 scale items that the participants rated the two males as being different prior to viewing the videotape, they additionally rated the high school male who stutters as being more self-derogatory, fearful, and inflexible following the videotape presentation. Participants still viewed the hypothetical high school male who stutters and the normal male speaker similarly with respect to being co-operative, friendly, self-conscious, sensitive, anxious, pleasant, intelligent, aggressive, introverted, emotional, and perfectionistic.

A further analysis was undertaken to evaluate differences between the pre- and postvideotape presentations mean

Figure 2. Mean Likert scale item values reflecting participants' perceptions of the hypothetical normal high school male and the hypothetical high school male who stutters following the videotape presentation. Error bars represent plus/minus one standard error. *Note:* Closed circles and squares represent the hypothetical normal speaker and individual who stutters, respectively. Asterisks on the ordinate represent scale item pairs that were statistically different ($p < .002$).

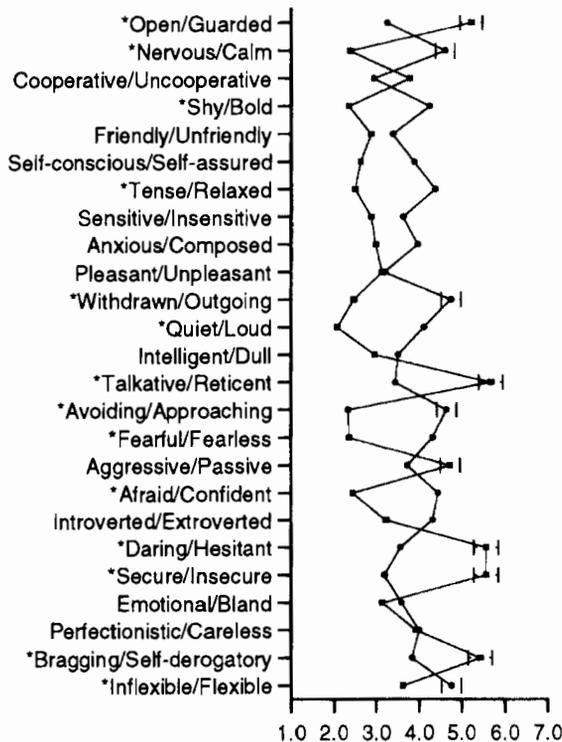
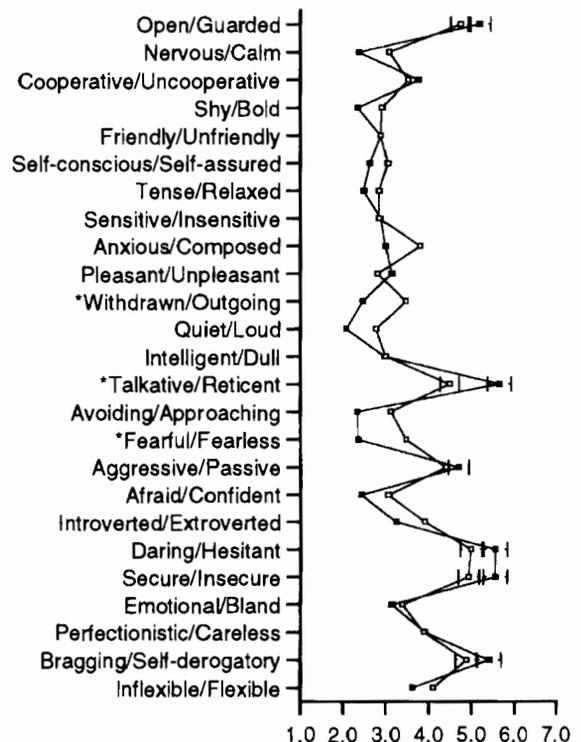


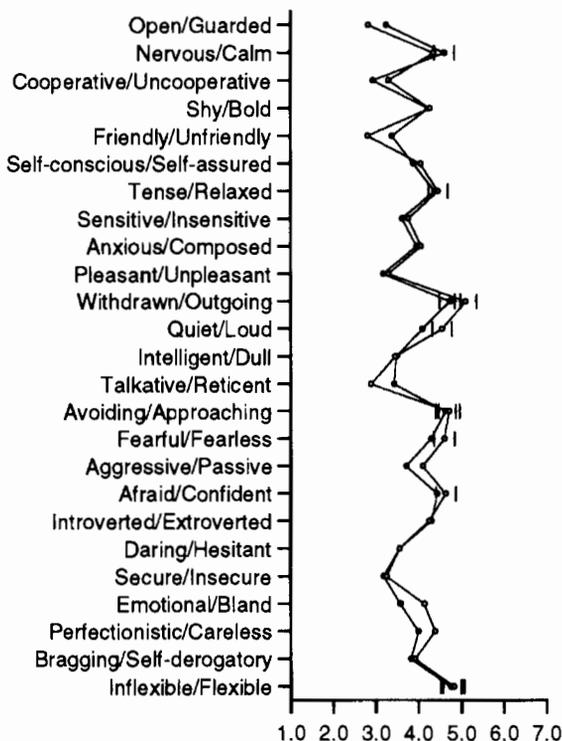
Figure 3. Mean Likert scale item values reflecting participants' perceptions of the hypothetical high school male who stutters before and after the videotape presentation. Error bars represent plus/minus one standard error. *Note:* Open and closed squares represent the pre- and postratings, respectively. Asterisks on the ordinate represent scale item pairs that were statistically different ($p < .002$).



Likert score differences among scale items for the hypothetical high school male who stutters. The means and standard errors taken before and after viewing the videotape for each of the 25 scale items for the hypothetical high school male who stutters are redrawn in Figure 3. Multiple paired *t*-tests for dependent samples revealed participants' perceptions of the high school male who stutters differed significantly from the pre-test to the post-test for 3 of the 25 scale items ($p < .002$). Those scale items that reached statistical significance are marked with asterisks on the ordinate in Figure 3. The hypothetical high school male who stutters was perceived as being more withdrawn, reticent and fearful following the videotape presentation as compared to ratings before viewing the videotape.

A similar analysis was conducted to evaluate the pre- and postvideotape presentation perceptions from participants of the hypothetical normal high school male speaker. These pre- and postvideotape presentation data are redrawn in Figure 4. Not surprisingly, participants' ratings before and after viewing the videotape did not differ significantly on 25 of the 25 scale items ($p > .002$) as revealed by multiple paired *t*-tests for dependent samples.

Figure 4. Mean Likert scale item values reflecting participants' perceptions of the hypothetical normal high school male before and after the videotape presentation. Error bars represent plus/minus one standard error. Note: Open and closed circles represent the pre- and postratings, respectively.



Discussion

The findings of the present study are twofold. First, the negative stereotype of a high school male who stutters as compared to a high school male who does not stutter existed among the high school population prior to viewing the videotape. Second, most perceptions of the high school male who stutters were not altered by the videotape presentation that highlighted the experiences of individuals who stutter. As expected, perceptions of a normal high school male did not change following the videotape presentation. These results suggest that the videotape *Voices to Remember* (Bondarenko, 1992) may not be, by itself, an effective means of altering the negative stereotype toward individuals who stutter as suggested by St. Louis (1994), at least for high school students. In fact, the information provided in the videotape documentary served to reinforce, if not instill, more negative attributes upon individuals who stutter among high school students.

The existence of a strong and pervasive negative stereotype toward individuals who stutter is not novel. These individuals have been judged in previous reports to be guarded, nervous, shy, tense, withdrawn, quiet, reticent, avoiding, fearful, afraid, hesitant, insecure, self-derogatory, and inflexible. These are the same personality traits that were found to be held among the participants in this study. The novel component is that the negative stereotype has been demonstrated to be held in a younger population of students (cf. St. Louis & Lass, 1981; White & Collins, 1984).

It may have been naive to believe that high school students' perceptions of individuals who stutter could be altered given the findings of Leahy (1994). That is, speech-language pathology students' perceptions of individuals who stutter could not be altered with increased exposure, experience, and related coursework even when attitude was the focus of change. One could assume that those who aspire to work in the field of speech-language pathology would, through their training, become more sensitive to or at least aware of, the human side of those with communication disorders. If one recognizes that this is not the case with aspiring speech-language pathologists, and, for that matter, practising speech-language pathologists with extensive exposure (Cooper, 1975; Cooper & Cooper, 1982, 1985; Cooper & Rustin, 1985; Kalinowski et al., 1993; Lass et al., 1989; Turnbaugh et al., 1979), then one should hardly be surprised that positive attitude change would not be the case with high school students following minimal exposure to stuttering.

At first glance, it appears somewhat surprising that attitudes toward the hypothetical high school male who

stutters were perceived in a more negative trend for an additional 3 of the 25 scale items following the videotape presentation. That is, individuals who stutter were judged to be even more withdrawn, fearful, and reticent after the presentation of the videotape. One possible reason is that the videotape presentation reinforced these dimensions of the negative stereotype that existed prior to the videotape presentation. On closer examination of the videotape, there appears to be reason for this speculation. For example, during the videotape a speech-language pathologist states that "when a child can't communicate fluently, they tend to withdraw and sometimes they just can't get anything out and when they can't communicate, they can't show people their personality". A more powerful example occurs during an exchange between a husband who stutters and his wife when he reveals, "If you want it in a few words, I'm hiding behind other people and I have for an awfully long time". One may speculate that these vignettes and others served to buttress previously held negative perceptions.

The notion of reinforcing previously held stereotypes was first put forth by Yari and Williams (1970). They suggested that speech-language pathologists' negative attitudes toward individuals who stutter may be influenced by their clinical experience. That is, "a speech clinician who has grown up in an environment in which stutterers were considered 'nervous' would probably expect nervous behaviour from a stutterer. Stutterers, as well as nonstutterers, may at times manifest behaviour which the particular clinician evaluates as 'nervousness'. The clinician may find 'confirmation' of his expectation" (p.168). It is interesting to note that in the present study and with Doody et al. (1993), a large majority of participants were exposed to individuals who stutter (69% and 85%, respectively). It appears that this exposure may provide the genesis and/or serve to enforce negative stereotypes as opposed to sensitise individuals and instill positive attitudes.

Since a negative stereotype of persons who stutter has been consistently demonstrated in many diverse populations, it appears warranted to shift our focus from attempting to determine which individual or groups of individuals hold the negative stereotype to concentrating on possible means of altering or even preventing the negative stereotype from developing. Although it has been suggested that information and experience are essential components for changing attitudes toward individuals with certain pathologies (see Rounds and Zevon, 1993) that was not the case in the present study. This does not imply that the videotape *Voices to Remember* (Bondarenko, 1992) may not induce a positive attitude change in another population. It may have been the case that the high school participants in this study may not have felt an emotional attachment with the disfluent adults presented in the videotape. Perhaps a more powerful

identification and hence empathy may have developed had the sample of individuals who stutter been of high school age. That being the case a different outcome (i.e., a positive change in perceptions) may have been derived. More research in this area is warranted given the findings of the present study.

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Appendix. Participants' instructions (derivations of those described by White and Collins, 1984).

Below you will see some rating scales each with seven points. I would like you to evaluate a typical, NORMAL HIGH SCHOOL MALE speaker, someone who has normal speaking capacities when talking. On the scales provided below circle the number which best identifies what YOU THINK the traits are of a NORMAL HIGH SCHOOL MALE speaker.

Below you will see some rating scales each with seven points. I would like you to evaluate a typical, HIGH SCHOOL MALE STUTTERER, someone who has difficulty when trying to speak. On the scales provided below circle the number which best identifies what YOU THINK the traits are of a HIGH SCHOOL MALE STUTTERER.
