Attitudes of a Group of South African Speech-Language Pathologists Towards Stutterers and Stuttering Therapy

Belinda Baker, Eleanor Ross and Joan Girson

Department of Speech Pathology and Audiology
University of the Witwatersrand

ABSTRACT

The present study aimed to examine the attitudes of a group of South African speech-language pathologists towards stuttering and stuttering therapy. Further aims were to investigate whether a stereotype of stutterers was found among these speech-language pathologists, and to determine whether there was any relationship between the attitudes held about stutterers, and the therapists' training and experience. A random probability sample of respondents was selected from the population of speech therapists registered with the Interim Medical and Dental Council of South Africa (I.M.D.C.S.A.). A self-administered mailed questionnaire was employed to realise the aims of the study. The main result of this investigation indicated that almost 50% of the sample of qualified clinicians surveyed, viewed stutterers as a group characterised by specific personality traits and psychological problems. This belief held true irrespective of the number of years of experience working in the field, the time of graduation, the frequency of treating stutterers, or the training emphasis. Implications of these results are considered with respect to student training, continuing education of qualified practitioners and future research.

OPSOMMING

Die huidige navorsing is gemik om die houding van 'n groep Suid-Afrikaanse spraak-taalpatoloë te ondersoek. Verdere doelstellings was om ondersoek in te stel na 'n moontlike verwantskap tussen die opleiding en ondervinding van terapeute en hulle houding teenoor hakkelaars, asook of hulle hakkelaars stereotipeer. 'n Waarskynlikheids-toevalssteekproef van respondente is uit die Suid-Afrikaanse Tussentydse Mediese en Tandheelkundige Raad (S.A.T.M.T.R.) se geregistreerde terapeute geselekteer. 'n Selfopgestelde posvraelys is gebruik vir die doeleindes van hierdie studie. Die hoofresultaat het aangedui dat amper 50% van respondente hakkelaars as 'n groep met spesifieke persoonlikheidseienskappe, asook sielkundige probleme beskou, ongeag van die aantal jare van werksondervinding, die datum van graduering, die aantal hakkelaars behandel en die opleidingsklem. Die implikasies vir studente-opleiding, voortgesette onderrig aan gekwalifiseerde terapeute én toekomstige navorsing word bespreek.

KEYWORDS: attitudes, speech-language pathologists, stutterers, stuttering therapy

The relationship between attitudes and stuttering has long been highlighted in the literature (Peters & Guitar 1991). In fact, various authorities have found that the attitudes of speech therapists towards their stuttering patients is a crucial factor in therapy (Cooper & Cooper, 1985b; Watson, 1995). These findings highlight the need for speech therapists to approach stuttering therapy with a positive attitude (Daly, Simon & Burnett-Stolnack, 1995). In contrast with this viewpoint, other research has suggested the presence of a negative stereotype of stutterers. To stereotype a group is to think and refer to all members of that group as though they were the same (Jones, 1977). According to Ham (1990a), it is the perception of the general public that stutterers are less adequate people than non-stutterers, and non-stutterers often describe stutterers with mainly negative characteristics (Kalinowski, Lerman & Watt, 1987). Negative stereotypes may serve as self-fulfilling prophecies, influencing the stutterers' self-image and behaviour (Turnbaugh, Guitar & Hoffman, 1979). The expectations that people have, influence the behaviour of the person holding the expectation and the person about whom the expectation is held, as in most instances the latter party is aware of the stereotype (Jones, 1977).

It is not only the general public which has negative views of stutterers. Speech therapy students have been found to be prejudiced against stutterers (Barbosa, Schiefer & Chiari, 1995). Several studies have found that speech therapists use predominantly negative personality traits to describe stutterers (Yairi & Williams, 1970; Woods & Williams, 1971). Negative stereotypes of stutterers as people with psychological problems appeared to persist irrespective of the severity of the disorder (Turnbaugh et al., 1979); the age of the patient (Woods & Williams, 1971) or the clinicians' degree of exposure to stuttering clients (Woods & Williams, 1976).

In 1975 Cooper devised the Clinicians' Attitudes Towards Stuttering (CATS) Inventory as he felt that existing attitude scales did not adequately assess clinicians' attitudes (Cooper, 1996). In 1983 and 1991 Cooper and Cooper administered the CATS Inventory to a sample of American clinicians and found that 50% and 58% respec-

tively of their respondents believed that stutterers possess characteristic personality traits (Cooper & Cooper, 1985b & Cooper 1996).

The negative attitude held by clinicians could impede the stutterer in therapy (Cooper & Cooper, 1985a), and hinder the therapeutic relationship (Starkweather, 1982). Clinicians' negative attitudes may also add to the stutterers' need to hide their speech disorder, and may impede any therapy which requires patients to advertise their stutter (Woods & Williams, 1976). In addition, the therapist's reaction may add to the client's sense of guilt associated with belonging to such a negatively perceived group (Leahy, 1994). Young stutterers may also learn a negative stereotype of stutterers from the important adults in their lives (Rustin & Cook, 1995), including the therapist.

Stereotypes of stutterers contradict research which has repeatedly shown that stutterers are not a homogeneous population and that a "stuttering personality" does not exist (Andrews et al., 1983; Lass et al., 1992). Stutterers themselves have opposed the idea that they are a homogeneous group which can be stereotyped (Fransella, 1968 as cited by Ham, 1990a) and there has been no significant difference in the self-descriptions of stutterers and non-stutterers (Kalinowski et al., 1987).

In view of the reported negative attitudes of speech therapists towards stutterers, it is not surprising that stuttering has been described as one of the least favoured speech disorders to treat (St Louis & Durrenberger 1993). This finding may reflect the fact that therapists often report feeling inadequately prepared for treating stutterers (St Louis & Durrenberger, 1993); and incompetent in managing stutterers (Mallard, Gardner & Downey, 1988; Cooper & Cooper, 1985b). Therapists also mention feeling pessimistic about the outcome of stuttering therapy (Andrews et al., 1983).

Andrews et al. (1983) claim that the persistence of a negative stereotype of stutterers held by qualified clinicians may reflect the lack of assimilation of new knowledge about stuttering in training procedures, coupled with the continued use of approaches that are more than 30 years old. They state that in the past 10 - 20 years studies have shown that stutterers as people are no different to anyone else and that stuttering therapy can be highly effective (Andrews et al., 1983).

Training may be a significant contributing factor in the development of attitudes towards stutterers, as attitudes are learnt (Triandis, 1971). Contradictory findings have been documented in the literature regarding the effects of practical experience and training on students' attitudes towards stuttering. On the one hand, St. Louis and Durrenberger (1993) found that increased practical experience in stuttering therapy may result in clinicians adopting a more positive attitude. On the other hand, increased academic training may lead to students becoming more pessimistic about their competence (St Louis & Lass, 1981).

St Louis and Lass (1981) concluded that the fear of stuttering is embedded in training programmes. There may be a fundamental problem with the basic preparation students receive. Hence, a change in the type or direction of programmes may be required if additional academic courses are unsuccessful in enhancing clinicians' confidence. The nature of peoples' attitudes towards stuttering should be amenable to change if they are exposed to the appropriate knowledge and experience regarding stuttering (Emerick, 1960). Unfortunately, Leith (1971) found that students often have limited practical experiences with stutterers in their training.

Using current knowledge about the existing stereotype of stutterers, Leahy (1994) was able to modify student clinicians' attitudes as a direct result of her training procedures. She found that experience in treating stutterers at an undergraduate level, as well as group therapy experiences, were significant contributing factors in changing negative stereotypes of stutterers.

St Louis and Lass (1981: 68) recommended that "one potentially fruitful avenue of future research would be to determine the extent to which various types of information or clinical experience influence attitudes towards stuttering. . . .Such information would assist training programs and instructors in designing programs and courses better able to shape student attitudes in healthy, productive ways". This knowledge would appear to be especially relevant to the South African context where there is a limited supply of speech therapy services and resources available to the stuttering population.

In 1987 Van der Merwe used a survey questionnaire to investigate the attitudes of South African speech therapists towards stuttering, stutterers and stuttering therapy. She found that Afrikaans clinicians, as well as clinicians with more practical experience in treating stutterers, tended to have a more positive approach to therapy and were optimistic about the efficacy of therapy.

The present study aimed to look more closely at the possible relationship between training and experience, and the personality attributes that clinicians believe stutterers to possess.

METHODOLOGY

AIMS

1. To examine the attitudes of a group of South African speech-language pathologists towards stutterers and stuttering therapy.
2. To investigate whether a stereotype of stutterers was held by these speech-language pathologists.
3. To determine whether there was any relationship between the attitudes clinicians held about the personalities of stutterers and these clinicians' training and experience.

RESEARCH DESIGN

In order to investigate the aims of the study a cross sectional survey research design was adopted which utilised a mailed questionnaire.

SUBJECTS

Subject selection criteria

Three hundred names were randomly selected from the 1024 speech-language pathologists registered with the Interim Medical and Dental Council of South Africa as at June 1995. A total of 123 subjects returned useable questionnaires, representing a response rate of 41%. According to De Vaus (1991), for purposes of analysis, a 10% response represents an adequate proportion of the total population.

Description of questionnaire [1]

A five-page questionnaire was designed by the researcher, based on questionnaires devised by Cooper (1996), Van der Merwe (1987) and Mallard, Gardner and Downey (1988).

The questionnaire comprised the following sections:-

1. The "Clinicians' Attitudes Towards Stuttering (CATS) Inventory"
2. Biographical Information
3. Experience with stuttering therapy.

Each of these sections is described separately as follows:

Clinicians' Attitudes Towards Stuttering (CATS) Inventory

The CATS Inventory consists of 50 attitudinal statements regarding eight areas of stuttering. Respondents indicate their reactions to the statements via a five point strength of agreement scale ranging from "strongly agree" through "undecided" to "strongly disagree" (Cooper & Cooper, 1996). In the analysis these responses were collapsed to form a three point strength of agreement scale, as the differences between the "strongly agree or disagree" and "agree or disagree" categories are highly subjective.

Van der Merwe's modified version of the CATS Inventory and her Afrikaans translation were used by the researcher where appropriate. Based on pre-test procedures further modifications were made. The questionnaire aimed to determine the attitudes of South African speech-language therapists towards:

a) the etiology of stuttering.
b) early intervention.
c) efficacy of stuttering therapy.
d) the personality of stutterers.
e) clinicians who treat stutterers.
f) teachers' and others' reactions to stuttering.
g) various therapy techniques.
h) parents of stutterers.

Biographical Information

A biographical section devised by the researcher was used to obtain background information on the subjects regarding their age, sex, year of qualification, training, years of professional experience and where that experience was received. This section was based largely on areas targeted by Mallard, Gardner and Downey (1988) and Van der Merwe (1987).

Experience with stuttering therapy

This section consisted of eight questions probing undergraduate and professional experience with stutterers. Two open-ended questions were included to obtain qualitatively rich information.

DATA ANALYSIS

Descriptive statistics were used as there were insufficient data in each cell of the cross tabulation table to warrant the use of inferential statistical procedures such as chi square. Frequency distributions were utilised to determine the percentage of speech-language pathologists who fell within each of the strength of agreement categories for each statement. The biographical information was summarized using these statistics. Content analysis was utilised to analyse open-ended questions. The possibility of a relationship between clinicians' attitudes towards stutterers as people and the clinicians' training and professional experience was investigated by means of cross tabulation.

RESULTS AND DISCUSSION

Attitudes towards stutterers and stuttering therapy

"Etiology"

The overwhelming majority of respondents, i.e., 86.2% disagreed with the statement that stuttering is a relatively simple disorder of dyssynchrony of the speech musculature,

TABLE 1 Biographical Profile of Respondents (n = 123)

		No.	%
GENDER	MALE	1	0.8
	FEMALE	122	99.2
AGE	UNDER 26 YRS	30	24.4
	26 - 35	59	48.0
	36 - 45	25	20.3
	46 - 55	6	04.9
	55 +	3	02.4
DATE OF GRADUATION	1990 - 1995	52	42.3
	1986 - 1990	17	13.8
	1981 - 1985	24	19.6
	1976 - 1980	11	08.95
	1971 - 1975	11	08.95
	1966 - 1970	2	01.6
	1961 - 1965	3	02.4
	1955 - 1960	3	02.4
YEARS OF EXPERIENCE	1 - 5	50	40.7
	6 - 10	26	21.1
	11 - 15	24	19.6
	16 - 20	12	09.8
	21 - 25	5	04.0
	26 - 30	4	03.2
	31 - 35	1	00.8
	36 +	1	00.8
LANGUAGE OF INSTRUCTION	ENGLISH	75	61.0
	AFRIKAANS	48	39,0
MAJORITY OF PROFESSIONAL EXPERIENCE (n = 209) *	HOSPITAL	30	14.4
	SCHOOL	51	24.4
	SPECIAL SCHOOL	37	17.7
	PRIVATE PRACTICE	71	34.0
	UNIVERSITY	12	05.7
	OTHER	8	03.8

* Numbers do not total 123 as respondents had worked in more than one setting. Percentages are given in terms of the percentage of responses in this category.

while 89.4% agreed that stuttering results from multiple co-existing factors. As many as 83% disagreed with the view that parents are the primary cause of stuttering in their children, suggesting a decline in support for Johnson's diagnosogenic model of etiology which states that a child's normal speech pattern becomes abnormal through the anxious reaction of parents (Peters & Guitar, 1991). Although there is a dearth of literature to support Johnson's theory (Andrews et al., 1983), 8.9% of the South African sample of clinicians still held parents primarily responsible for stuttering in their children. This belief is maintained despite the literature over the past 20 years which suggests that the parent-child relationship of a stutterer is no different from that of a non-stutterer (Andrews et al, 1983). In fact, Onslow (1996) advocates counselling parents and providing them with literature on the physiological nature of stuttering, in an attempt to alleviate the guilt which has plagued the parents of stutterers for years. Despite the small proportion of clinicians in the present study holding the view regarding parents' responsibility for their childrens' stuttering, it would appear to have important implications for the continuing education of speech therapists.

"Early Intervention"

The results suggest that when it came to helping preschool stutterers, 96% of respondents felt that counselling parents was the critical factor, and 76.4% felt that therapy should focus on the parents. According to Onslow (1996), while counselling may not be the primary means to eliminate stuttering, counselling techniques which teach parents the correct behavioural response to stuttering represent an indispensable component in managing this disorder. According to Cooper and Cooper (1985a) it is an almost universally held belief of clinicians that parent counselling is the critical factor in therapy with pre-school stutterers. Most clinicians (86.2%) disagreed with the statement that no matter what the age of the child, clinicians should make him/her aware of his/her stuttering behaviours. Respondents agreed that clinicians should avoid using words like "stutterer" and "stuttering" when working with patients in grade one or two (62.6%). This kind of finding may represent the impact of Johnson's diagnosogenic theory and does not reflect the current literature (Cooper & Cooper, 1985a). The majority of the sample of clinicians disagreed with the notion that children between 4-7 years of age should not be enrolled in therapy (82.1%) while 73.2% of respondents did not agree that most young stutterers will outgrow the problem without intervention. This finding supports literature which claims that as soon as a child shows signs of abnormal, persistent disfluencies, he or she should be enrolled in therapy (Prins & Ingham, 1983 as cited by Cooper & Cooper, 1985a; Onslow, 1996).

Despite the previous findings, over 50% of respondents appeared reluctant to initiate therapy with young children as soon as their disfluent behaviour became apparent. Prins and Ingham (1983) suggest that this viewpoint may be the result of clinicians not wanting to draw the child's attention to his/her speech behaviours, for fear of "causing" stuttering (as cited by Cooper & Cooper, 1996). This fear may reduce the efficacy of therapy. Although therapists felt strongly that young stutterers needed speech therapy, there was a prevailing attitude of fear about handling a young stutterer. In theory, therapists appeared to agree that young stutterers should have therapy, but they felt apprehensive about accepting this type of patient for fear of causing further harm. There was a definite contradiction between what therapists reportedly believed and how they reportedly acted.

"Therapy Techniques"

One of the strongest responses came from 96.8% of therapists who disagreed that speech therapists should avoid counselling parents of stutterers. A further 75.6% agreed with the statement that parent counselling is still a critical factor in treating adolescent stutterers. However, clinicians seemed divided as to whether or not psychotherapy for stutterers should be left to the psychologist. This finding may indicate that although clinicians are aware of the crucial role of counselling parents of stutterers, as discussed in the previous section, they do not feel adequately skilled to assume the role of psychotherapist. No specific handling techniques were probed by the questionnaire, but approaches to therapy were discussed. Just over half, i.e., 51,2% of respondents disagreed with the method of getting stutterers to force themselves to speak in situations where they find fluency difficult. Seventy nine (79.7) per cent of clinicians also disagreed that it was in stutterers' own interests to be called to recite in front of a class.

"Parents of Stutterers"

The majority (80.5%) of clinicians agreed that parents' misperceptions of stuttering frequently impede the child's progress. A further 58.6% of respondents believed that parents resent the speech behaviour of their stuttering child. Almost 50% of the respondents did not believe that parents of stutterers tend to possess identifiably similar personality patterns. This finding is in agreement with research that has shown that the parents of stutterers are no more, nor less neurotic than parents of non-stutterers (Andrews et al., 1983).

"Clinicians Who Treat Stutterers"

The majority (87.8%) of clinicians, reported disagreeing with the statement that clinicians are more comfortable with stutterers than with articulation disordered children. This finding is hardly surprising, as stuttering has been described as one of the least popular disorders to treat (St. Louis & Durrenberger, 1993). Of concern, yet not unexpected, is the fact that 62.6% of respondents disagreed with the notion that most speech therapists are adept in treating stuttering. Clinicians generally reported being effective in modifying the self-concept of stutterers (60.2%) while 99.2% were opposed to the idea of counselling of school-aged stutterers not being the domain of the speech therapist. In fact, 44.7% of respondents disagreed that psychotherapy for stutterers should be left to the psychologist. In support of these findings, 98.4% of clinicians felt that counselling techniques are important skills in treating stutterers. This notion is reinforced by the results found in a previous section, namely, that counselling of parents is a very important therapy technique. This result has important implications for the training of speech therapists, as students in some training institutions often receive no formal instruction in counselling (Watson, 1995).

"Teachers' and Others' Reactions to Stuttering"

The results suggest that the majority of clinicians surveyed believe that while teachers are generally accurate in identifying stutterers in the classroom (69.9%), they are usually unaware of the psychological ramifications of stuttering (74%), and are not knowledgeable about handling stutterers (87%). If teachers are handling stutterers inappropriately, this behaviour may result in the child's educational performance deteriorating (Gottwald & Starkweather, 1995). The majority of respondents (69.1%) also believed that the general public reacts more negatively to stuttering than to other speech abnormalities.

"Efficacy of Stuttering Therapy"

In view of the current emphasis on intensive therapy programmes such as the Successful Stuttering Management Program (Breitenfeldt and Lorenz 1989) at certain academic institutions, it is of interest to note that 69.1% of respondents believed that this type of programme is the most effective way to treat stutterers. When it came to therapy, 64.2% of respondents disagreed with the statement that stuttering behaviour is relatively easy to modify. Almost half (49.6%) of the respondents agreed that the type of programme followed in therapy was a significant factor in the success of therapy, and 67.5% believed that self-evaluative type therapies, or a combination of self-evaluative type therapy and operant therapy was most effective. This approach to therapy is endorsed by Onslow (1996) who advocates the behavioural management of stuttering.

"Therapists' Feelings about Working with Stutterers"

The open-ended questions were analysed into two broad categories, according to whether respondents disliked or liked stuttering therapy, and each of these categories was further subdivided according to the themes which emerged. These themes were based on the reasons which therapists provided to explain why they liked or disliked stuttering therapy. The majority of responses fell into one of the following categories.

1. Long-term success with stutterers (or the lack thereof).
2. Training (adequate or inadequate).
3. Practical experience with stutterers (adequate or inadequate).
4. Therapy programmes (unstructured or challenging).
5. Stutterers' personalities (psychologically unstable or not).
6. Other (no specific reason stated).

It is of interest that an almost equal number of therapists fell within the *"dislikes stuttering therapy"* (62) category as within the *"likes stuttering therapy "* (61) category. Of those who fell within the *"dislikes stuttering therapy"* category, 32.3% attributed their aversion to a lack of long-term success with stutterers. This finding is not surprising as 85.4% of the sample disagreed that stuttering is the speech disorder most amenable to therapy. This lack of success may be attributable to what Cooper and Cooper (1996) referred to as the *"frequency fallacy"*, i.e., the erroneous assumption that the number of disfluencies is the only measure of success of therapy. They claim that therapy should aim at a feeling of fluency control rather than actual fluency. However, this is only one approach and many programmes are based on attaining actual fluency. Within the *"dislikes stuttering therapy"* group, 24.2% of respondents expressed the view that their training was inadequate; 17.7% felt that their lack of experience with stutterers at both an undergraduate and professional level was responsible for their negative attitude towards stuttering therapy. A further 17.7% felt that the type of therapy was to blame. They maintained that stuttering therapy is often unstructured and therefore frustrating and stressful. These results suggest that an improvement in training programmes might result in a more positive outlook among clinicians on stuttering therapy. Only 8.1% of the sample of therapists attributed their dislike of therapy to the individual stutterer, claiming that stutterers have severe psychological problems which speech therapy cannot address, or that they disliked stutterers. It is of interest that while 48.8% of respondents believed that stutterers have psychological problems, only 8.1% attributed their dislike of stuttering therapy to this factor. This finding may indicate that although therapists may not enjoy working with stutterers, their reasons may have little to do with their reaction to stutterers as people. On the other hand, therapists may also be reluctant to admit that their dislike of stuttering therapy stems from their view of a stutterer's personality.

Of the 61 respondents who claimed to *"enjoy stuttering therapy"*, 29.5% reported feeling comfortable with stutterers for no apparent reason; others reported adequate success in therapy (19.7%) or feeling challenged and rewarded by stuttering therapy (18%). Only 9.8% said that their training had adequately prepared them for treating stutterers, which highlights the need for improved training methods, while 11.5% claimed that their positive attitudes were the result of their practical experiences with stutterers. This result supports Van der Merwe's (1987) and Leahy's (1994) findings that experience with stutterers yields more positive attitudes. A further 11.5% of therapists claimed that they only enjoyed stuttering therapy because of the counselling aspect. This finding highlights the need to incorporate counselling skills into the training of speech therapists at an undergraduate level.

Stereotypes of Stutterers

Almost half of the sample (48.8%) agreed that most stutterers are likely to have psychological problems. The same percentage of respondents agreed that there are personality traits attributable to stutterers. An even greater percentage of respondents (56.1%) believed that stutterers have feelings of inferiority. These self-reported beliefs of clinicians contradict findings reported in the literature which show that stutterers are generally not psychologically abnormal, nor do they have characteristic personality traits (Andrews et al., 1983). The majority of respondents (66.7%) believed that stutterers have a distorted perception of their stuttering behaviour, and 43.1% agreed that they have a distorted perception of their social relationships. Over 70% of clinicians felt that stuttering was the most psychologically devastating of all speech disorders.

The Relationship between Clinicians' Attitudes regarding the Personality of Stutterers and their Training and Experience

An aim of the study was to investigate whether there was any relationship between the attitudes clinicians hold about the personalities of stutterers and their training and experience. In order to investigate this aim, the results of

questions concerning the personality attributes of stutterers were cross-tabulated with the year of graduation, years of professional experience, training approaches emphasised, and frequency of therapy with stutterers. The first area investigated was year of graduation and years of professional experience.

Distribution of Personality Stereotypes by Year of Graduation

The majority of respondents graduated during the time span extending from 1991-1995; the minority of respondents between 1955 and 1980. Due to the small number of respondents graduating during the latter period, this was treated as one category. Findings represented in Table 3 suggest that the time of graduation did not affect clinicians' attitudes towards stutterers. This result was supported by cross-tabulating years of professional experience with personality attributes of stutterers. The findings shown in Table 2 suggest that young, newly graduated clinicians did not differ noticeably in their attitudes towards stutterers from those who had years of professional experience. This is a surprising result as previous research (van der Merwe 1987) has shown that clinicians with more experience were more optimistic about the efficacy of stuttering therapy. One might have expected younger graduates to be more progressive and liberal in their approach as they should have been exposed to more current literature on stuttering and stutterers. A possible explanation for this finding is that the greater the degree to which a group has previously been stereotyped, the less likely it is that any new information or knowledge will change the stereotype (Triandis 1971). Thus, stereotypes tend to persist over time (Triandis 1971). White and Collins (1984) provide another explanation by suggesting that the stereotype people have of stutterers is justified to some extent. They claim that when fluent speakers experience moments of disfluency, they feel shy, embarrassed and anxious. Fluent speakers then logically conclude that stutterers experience these same feelings when they are disfluent, and they translate these feelings into nega-

TABLE 2 Distribution of Personality Attributes by Years of Experience (n = 123)

PERSONALITY ATTRIBUTES		YEARS OF EXPERIENCE			
QUESTION		1 - 5	6 - 10	11 - 15	16 +
3. Chances are that most stutterers have psychological problems	AGREE	27	10	10	13
	UNDECIDED	3	4	4	5
	DISAGREE	21	11	11	4
7. Most stutters have distorted perception of their own stuttering behaviour	AGREE	32	19	15	16
	UNDECIDED	9	3	2	2
	DISAGREE	10	3	8	4
22. Most stutterers could be described as possessing a feeling of inferiority	AGREE	32	15	12	10
	UNDECIDED	9	8	7	5
	DISAGREE	10	2	6	7
26. There are some personality traits characteristic of stutterers	AGREE	25	8	14	13
	UNDECIDED	15	8	4	6
	DISAGREE	11	9	7	3
30. Most stutterers display a distorted perception of their own social relationships	AGREE	21	11	11	10
	UNDECIDED	17	9	9	7
	DISAGREE	13	5	5	5
47. Stutterers are generally more intelligent than those with other kinds of speech handicaps	AGREE	6	0	4	2
	UNDECIDED	19	8	7	11
	DISAGREE	26	17	14	9
49. Clinicians must be more understanding of the feelings of stuttering clients than non- stuttering clients	AGREE	15	9	9	7
	UNDECIDED	3	1	0	2
	DISAGREE	33	15	16	13

tive personality attributes about stutterers. This explanation would account for the finding that the year of graduation or years of professional experience did not appear to influence clinicians' attitudes towards stutterers to any great extent.

Distribution of Personality Attributes by Frequency of Therapy with Stutterers

The results indicated in Table 4 suggest that the frequency with which clinicians treated stutterers did not appear to shape their attitudes in general. The exception to this finding was in relation to question 3, namely clinicians who treated stutterers some of the time, most of the time, or all of the time, were more inclined to agree that stutterers have psychological problems. While most clinicians agreed that stutterers possess feelings of inferiority and have certain personality traits which characterise them, clinicians who treated stutterers all of the time were more likely to disagree with these statements. While these findings may appear to be contradictory, they reveal an interesting trend. Clinicians who treat stutterers all of the time may be inclined to disagree that there are personality traits characteristic of stutterers because they have been exposed to a variety of different stutterers each of whom was unique. This finding is supported by literature which shows that clinicians who work more with stutterers have a more positive attitude towards them (St. Louis & Durrenberger 1993; Leahy 1994) as well as by the respondents who reported a positive attitude towards stuttering therapy as a result of numerous years of experience with stutterers. Conversely, clinicians who hold more positive attitudes towards stutterers might be more willing to work with them all of the time.

The fact that clinicians who work with stutterers are more likely to agree that stutterers have psychological problems supports the "kernel-of-truth" hypothesis. Proponents of this theory would claim that the stereotype that stutterers have psychological problems contains an element of truth. According to Triandis (1971), many stereotypes origi-

TABLE 3 Distribution of Personality Stereotypes by Year of Graduation (n = 123)

PERSONALITY ATTRIBUTES		YEAR OF GRADUATION			
QUESTION		1991 - 1995	1986 - 1990	1981 - 1985	1955 - 1980
3. Chances are that most stutterers have psychological problems	AGREE	26	8	10	16
	UNDECIDED	3	3	5	5
	DISAGREE	19	11	8	9
7. Most stutters have distorted perception of their own stuttering behaviour	AGREE	30	17	15	20
	UNDECIDED	8	3	2	3
	DISAGREE	10	2	6	7
22. Most stutterers could be described as possessing a feeling of inferiority	AGREE	30	14	11	14
	UNDECIDED	7	8	6	8
	DISAGREE	11	0	6	8
26. There are some personality traits characteristic of stutterers	AGREE	21	10	12	17
	UNDECIDED	15	6	5	7
	DISAGREE	12	6	6	6
30. Most stutterers display a distorted perception of their own social relationships	AGREE	18	12	9	14
	UNDECIDED	15	7	10	10
	DISAGREE	15	3	4	6
47. Stutterers are generally more intelligent than those with other kinds of speech handicaps	AGREE	5	1	4	2
	UNDECIDED	17	7	7	14
	DISAGREE	26	14	12	14
49. Clinicians must be more understanding of the feelings of stuttering clients than non-stuttering clients	AGREE	14	8	8	10
	UNDECIDED	3	1	0	2
	DISAGREE	31	13	15	18

nate in this way. So, while certain stutterers may display psychological problems, these are not an integral part of the stuttering syndrome (Andrews et al., 1983).

The finding that clinicians who never treat stutterers or who only treat them occasionally, tend to agree with stereotypical phrases to describe stutterers, suggests that these stereotypes may result directly from clinical training, as opposed to emanating from direct contact with stutterers.

Distribution of Personality Attributes by Training Approach Emphasised

When training emphasis (theory; therapy approaches or both) was cross-tabulated with questions relating to personality attributes of stutterers, the majority of respondents fell within the "both" category. From the respondents whose training emphasised either theory or therapy, it would appear that the training emphasis did not influence attitudes to a large extent. These results must, however, be interpreted with caution as the number of respondents in the "Theory" and "Therapy" cells was very small, as can be seen in Table 5.

Distribution of Personality Attributes by Training Approach Emphasised

When data were cross-tabulated to compare which method of stuttering therapy was emphasised in training, there appeared to be no difference in the attitudes of clinicians who were taught the "stutter-fluently" approach versus the "speak-fluently" approach, as demonstrated in Table 6. Again, clinicians who were taught a combined approach versus choosing a therapy depending on the patient, showed no great differences in attitudes. This finding, when coupled with the results from Table 5, lends credence to researchers who propose that a change in the type of training is required for student clinicians, as teaching different approaches does little to ameliorate the stereotype clinicians have of stutterers.

TABLE 4 Distribution of Personality Attributes by Frequency of Therapy With Stutterers (n =123)

PERSONALITY ATTRIBUTES	FREQUENCY OF THERAPY WITH STUTTERERS					
QUESTION		NEVER	ONCE IN A WHILE	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
3. Chances are that most stutterers have psychological problems	AGREE	3	19	29	5	4
	UNDECIDED	1	5	8	2	0
	DISAGREE	5	22	16	1	3
7. Most stutterers have a distorted perception of their own stuttering behaviour	AGREE	5	27	38	5	7
	UNDECIDED	3	8	5	0	0
	DISAGREE	1	11	10	3	0
22. Most stutterers could be described as possessing a feeling of inferiority	AGREE	4	28	30	5	2
	UNDECIDED	3	10	14	1	1
	DISAGREE	2	8	9	2	4
26. There are some personality traits characteristic of stutterers	AGREE	3	19	31	5	2
	UNDECIDED	4	16	9	2	2
	DISAGREE	2	11	13	1	3
30. Most stutterers display a distorted perception of their own social relationships	AGREE	3	20	24	4	2
	UNDECIDED	4	19	18	0	1
	DISAGREE	2	7	11	4	4
47. Stutterers generally are more intelligent than those with other kinds of speech handicaps	AGREE	0	6	5	0	1
	UNDECIDED	3	16	21	3	2
	DISAGREE	6	24	27	5	4
49. Clinicians must be more understanding of the feelings of stuttering clients than non-stuttering clients	AGREE	1	14	21	3	1
	UNDECIDED	1	1	3	1	0
	DISAGREE	7	31	29	4	6

CONCLUSIONS

In summary, many strongly held beliefs emerged among the therapists surveyed. Some of these beliefs were reflected in the responses pertaining to the etiology of stuttering. Most clinicians appeared to be in agreement that stuttering is caused by multiple co-existing factors. Therapists also felt strongly about the positive role of counselling in stuttering therapy as well as about the benefits of early intervention. In direct contrast to the latter belief, therapists also mentioned experiencing extreme trepidation when approaching young stutterers and expressed the view that they might unwittingly harm the stutterer. There still appeared to be a widespread belief among clinicians that stutterers have a different psychological profile from other young children who need speech therapy, and that stutterers are more susceptible to being harmed by intervention. Therapists did, however, see themselves as having a very important role in the counselling of parents of stutterers, as they believed that parents' misperceptions of stuttering frequently impedes the child's progress. One of the most disconcerting results was that over 60% of therapists did not think that speech therapists were adept at treating stutterers and almost 50% of the sample of qualified clinicians surveyed, viewed the term "stutterer" as denoting a certain personality type as opposed to a description of a speech symptom. This belief held true irrespective of the number of years working in the field, the time of graduation, the frequency of treating stutterers, or the training emphasis. Very similar results have been found in Great Britain and the United Kingdom by Cooper and Rustin (1985). The results are therefore not uniquely South African. Nevertheless, the findings have important implications for training and future research.

Implications for Student Training and Continuing Education

- Negative attitudes may reduce the effectiveness of stuttering therapy (Lass et al., 1989). It is therefore neces-

TABLE 5 Distribution of Personality Attributes by Training Approach Emphasised (n = 123)

PERSONALITY ATTRIBUTES	TRAINING APPROACH EMPHASISED			
QUESTION		THEORY	THERAPY APPROACHES	BOTH
3. Chances are that most stutterers have psychological problems	AGREE	7	0	53
	UNDECIDED	0	1	15
	DISAGREE	8	1	38
7. Most stutterers have a distorted perception of their own stuttering behaviour	AGREE	11	1	70
	UNDECIDED	3	0	13
	DISAGREE	1	1	23
22. Most stutterers could be described as possessing a feeling of inferiority	AGREE	11	1	57
	UNDECIDED	1	1	27
	DISAGREE	3	0	22
26. There are some personality traits characteristic of stutterers	AGREE	8	0	52
	UNDECIDED	6	1	26
	DISAGREE	1	1	28
30. Most stutterers display a distorted perception of their own social relationships	AGREE	5	1	47
	UNDECIDED	4	1	37
	DISAGREE	6	0	22
47. Stutterers generally are more intelligent than those with other kinds of speech handicaps	AGREE	0	0	12
	UNDECIDED	10	0	35
	DISAGREE	5	2	59
49. Clinicians must be more understanding of the feelings of stuttering clients than non-stuttering clients	AGREE	3	0	37
	UNDECIDED	1	0	5
	DISAGREE	11	2	64

sary for educators to increase the clinician's awareness of areas in which they feel secure as well as the areas of insecurity as "the more realistic clinicians are about themselves, the more able they are to respond positively and constructively to their clients" (Gregory, 1982: 17).

- Open discussions should be held during the training of speech therapists on the issue of stereotypes. Lass et al., (1989) believe that this approach may reduce the negative impact of holding stereotypes.
- Van Riper (1977) advocated the training of specialists in the field of stuttering in an attempt to improve speech therapists' attitudes towards stuttering. The fact that 98.4% of respondents agreed that clinicians working with stutterers need to be skilled in counselling techniques may strengthen the case for training fluency specialists (Cooper & Cooper, 1996). These specialists could receive special training, not only in fluency disorders, but in counselling techniques (Cooper & Cooper, 1985a).
- Specialized training beyond initial qualifications may also overcome the problem of a lack of practical experience with stutterers at an undergraduate level. This area which needs to be addressed as 17.7% of the present sample of South African speech therapists who disliked stuttering therapy claimed that the reason for their attitudes stemmed from a lack of practical experience.
- Competency-based educational strategies may overcome the negative attitudes of speech therapists working with stutterers. If a list of specific competencies was incorporated into clinical training, clinicians could graduate with a basic foundation to which additional skills and qualifications could be added (Culatta & Harris, 1976). This system is advantageous for tutors as well, as it is likely to be easier to provide specific feedback and suggestions for improvements when one is working from a specific list of competencies (Culatta & Harris, 1976).
- Within a South African context where resources are limited, group therapy experiences in treating stutterers during training may be a realistic solution. These expe-

TABLE 6 Distribution of Personality Attributes by Training Approach Emphasised (n = 123)

PERSONALITY ATTRIBUTES	APPROACH EMPHASISED				
QUESTION		STUTTER FLUENTLY	SPEAK FLUENTLY	COMBINED	DEPENDS ON PATIENT
3. Chances are that most stutterers have psychological problems	AGREE	10	7	26	17
	UNDECIDED	3	3	6	4
	DISAGREE	10	10	18	9
7. Most stutters have distorted perception of their own stuttering behaviour	AGREE	14	15	35	18
	UNDECIDED	3	2	7	4
	DISAGREE	6	3	8	8
22. Most stutterers could be described as possessing a feeling of inferiority	AGREE	8	10	31	20
	UNDECIDED	6	6	14	3
	DISAGREE	9	4	5	7
26. There are some personality traits characteristic of stutterers	AGREE	9	10	29	12
	UNDECIDED	8	5	11	9
	DISAGREE	6	5	10	9
30. Most stutterers display a distorted perception of their own social relationships	AGREE	12	7	23	11
	UNDECIDED	7	8	15	12
	DISAGREE	4	5	12	7
47. Stutterers are generally more intelligent than those with other kinds of speech handicaps	AGREE	1	1	10	0
	UNDECIDED	11	7	15	12
	DISAGREE	11	12	25	18
49. Clinicians must be more understanding of the feelings of stuttering clients than non-stuttering clients	AGREE	5	5	21	9
	UNDECIDED	1	3	1	1
	DISAGREE	17	12	28	20

riences have been found to effectively reduce the negative stereotypes that clinicians hold in respect of stutterers (Leahy, 1994). This strategy may also enable more student clinicians to treat stutterers at an undergraduate level (Mallard et al., 1988).

- The need for continuing education in stuttering is evidenced by the response of over half the sample who disagreed with the view that they currently have at their disposal, adequate therapy techniques with which to treat stutterers.

Implications for Further Research

- Due to time constraints, it was beyond the scope of the present study to consider more of the possible contributing factors in training which may influence clinicians' attitudes. Of particular interest may be to ascertain whether there is a difference in attitudes between speech-language therapists who were exposed to intensive group training at an undergraduate level with those who were not. It would be of interest to see if results supported Leahy's (1994) findings that group therapy yielded more positive attitudes.
- An interesting area of research would be to attempt to consciously ameliorate the stereotype which undergraduate students may have of stutterers.

In conclusion, it is hoped that this study may raise the awareness of clinicians and educators regarding the prevailing attitudes which exist with regard to stutterers. Holding on to certain attitudes may cause clinicians to neglect their clients' individual attitudinal and behavioural responses, and may impede therapy.

If clinicians feel that they are not competent in handling stutterers, they may look for convenient ways to circumvent their lack of confidence. Onslow (1996) believes that Australian therapists may have adopted this strategy by referring stutterers to intensive treatment centres and/or programmes, instead of handling them themselves. The same may hold true in South Africa, as many of the respondents in this survey specifically mentioned referring patients to Breitenfeldt and Lorenz's (1989) Successful Stuttering Management Program. This tendency may, as Onslow (1996) believes, perpetuate a cycle of ignorance as therapists deprive themselves of personal experience in treating stutterers. A way to break this cycle may be through workshops for therapists who wish to learn the latest therapy techniques for stutterers.

REFERENCES

Andrews, G., Hoddinott, S., Craig, A., Howie, P., Feyer, A., & Neilson, M. (1983). Stuttering: A review of research findings and theories circa 1982. *Journal of Speech and Hearing Disorders,* 48, 226 - 246.

Barbosa, L., Schiefer, A., & Chiari, B. (1995). How students of speech therapy perceive stuttering: A matter of prejudice. *Proceedings: First World Congress on Fluency Disorders,* Munich, 1994.

Breitenfeldt, D.H. and Lorenz, D.R. (1989). *Successful Stuttering Management Program*, Eastern Washington University, Cheney, Washington.

Cooper, E. (1996) : Personal Communication.

Cooper, E.B. & Cooper, C.S. (1985a). *Cooper Personalised Fluency Control Therapy - Revised.* Allen, TX: DLM.

Cooper, E.B. & Cooper, C.S. (1985b). Clinicians' attitudes towards stuttering: A decade of change (1973 - 1983). *Journal of Fluency Disorders,* 10, 19 - 33.

Cooper, E.B. & Cooper, C.S. (1996 - In Press). Clinicians' attitudes towards stuttering: Two decades of change. *Journal of Fluency Disorders.*

Cooper, E.B. & Rustin, L. (1985). Clinicians' attitudes towards stuttering in the United States and Great Britain: A cross cultural study. *Journal of Fluency Disorders,* 10, 1 - 17.

Culatta, R. & Harris, A. (1976). A competency-based system for the initial training of speech pathologists. *ASHA,* 18, 10, 733 - 738.

Daly, D.A., Simon, C.A. & Burnett-Stolnack, M. (1995). Helping adolescents who stutter focus on fluency. *Language, Speech, and Hearing Services in Schools,* 26, 2, 162 - 168.

De Vaus, D.A. (1991). *Surveys in Social Research*, London, Allen & Unwin.

Emerick, L.L. (1960). Extensional definition and attitude toward stuttering. *Journal of Speech and Hearing Research,* 3 , 2, 181 - 185.

Gottwald & Starkweather C.W. (1995). Fluency intervention for preschoolers, and their families in the public school *Language, Speech and Hearing Services in Schools*, 26, 117 - 127.

Gregory, H.H. (1982). The clinician's attitudes. In Gruss, J. (Ed) *Counselling Stutterers.* Memphis, T.N.: Speech Foundation of America.

Ham, R.E. (1990a). What is stuttering: Variations and stereotypes. *Journal of Fluency Disorders,* 15, 259 - 273.

Jones, R.A. (1977). *Self-Fulfilling Prophecies - Social, Psychological, and Physiological Effects of Expectancies.* New Jersey: Lawrence Erlbaum Associates Publishers.

Kalinowski, J.S., Lerman, J.W., & Watt, J. (1987). A preliminary examination of the perceptions of self and others in stutterers and non-stutterers. *Journal of Fluency Disorders,* 12, 317 - 331.

Lass, N.J., Ruscello, D.M., Schmitt, J.F. , Pannbacker, M.D., Orlando, M.B. , Dean, K.A., Ruziska, J.C. & Bradshaw, K.H. (1992). Teachers' perceptions of stutterers. *Language, Speech and Hearing Services in Schools,* 23, 78 - 81.

Leahy, M. (1994). Attempting to ameliorate student therapists' negative stereotype of the stutterers. *European Journal of Disorders of Communication,* 29, 39 - 49.

Leith, (1971) *Clinical Training in Stuttering Therapy : A Survey ASHA,* 13, 1, 6 - 8.

Mallard, A., Gardner, L. & Downey, C. (1988). Clinical training in stuttering for school clinicians. *Journal of Fluency Disorders,* 13, 253 - 259.

Onslow, M (1996). *Behavioural Management of Stuttering*, San Diego: Singular Publishing Group.

Peters, T. & Guitar, B. (1991). *Stuttering : An Integrated Approach to its Nature and Treatment,* Baltimore, MD: Williams and Wilkins.

Rustin, L. & Cook, F. (1995). Parental involvement in the treatment of stuttering. *Language, Speech, and Hearing Services in Schools,* 26, 2, 127 - 137.

Starkweather, C.W. (1982). Talking with parents of young stutterers. In Gruss, J (Ed) *Counselling Stutterers.* Memphis, T.N.: Speech Foundation of America.

St. Louis, K.O. & Durrenberger, C.H. (1993). What communication disorders do experienced clinicians prefer to manage? *ASHA,* 35, 12, 23 - 31.

St. Louis, K. & Lass, N. (1981). A Survey of communicative disorders students' attitudes toward stuttering. *Journal of Fluency Disorders,* 6, 49 - 79.

Triandis, H.C. (1971). *Attitude and Attitude Change.* U.S.A.: John Wiley and Sons Inc.

Turnbaugh, K., Guitar, B. & Hoffman, P. (1979). Speech clinicians' attribution of personality traits as a function of stuttering severity. *Journal of Speech and Hearing Research,* 22, 37 - 45.

Van der Merwe, K. (1987). *The attitudes of South African speech clinicians towards stuttering.* University of Cape Town: Unpublished Research Report.

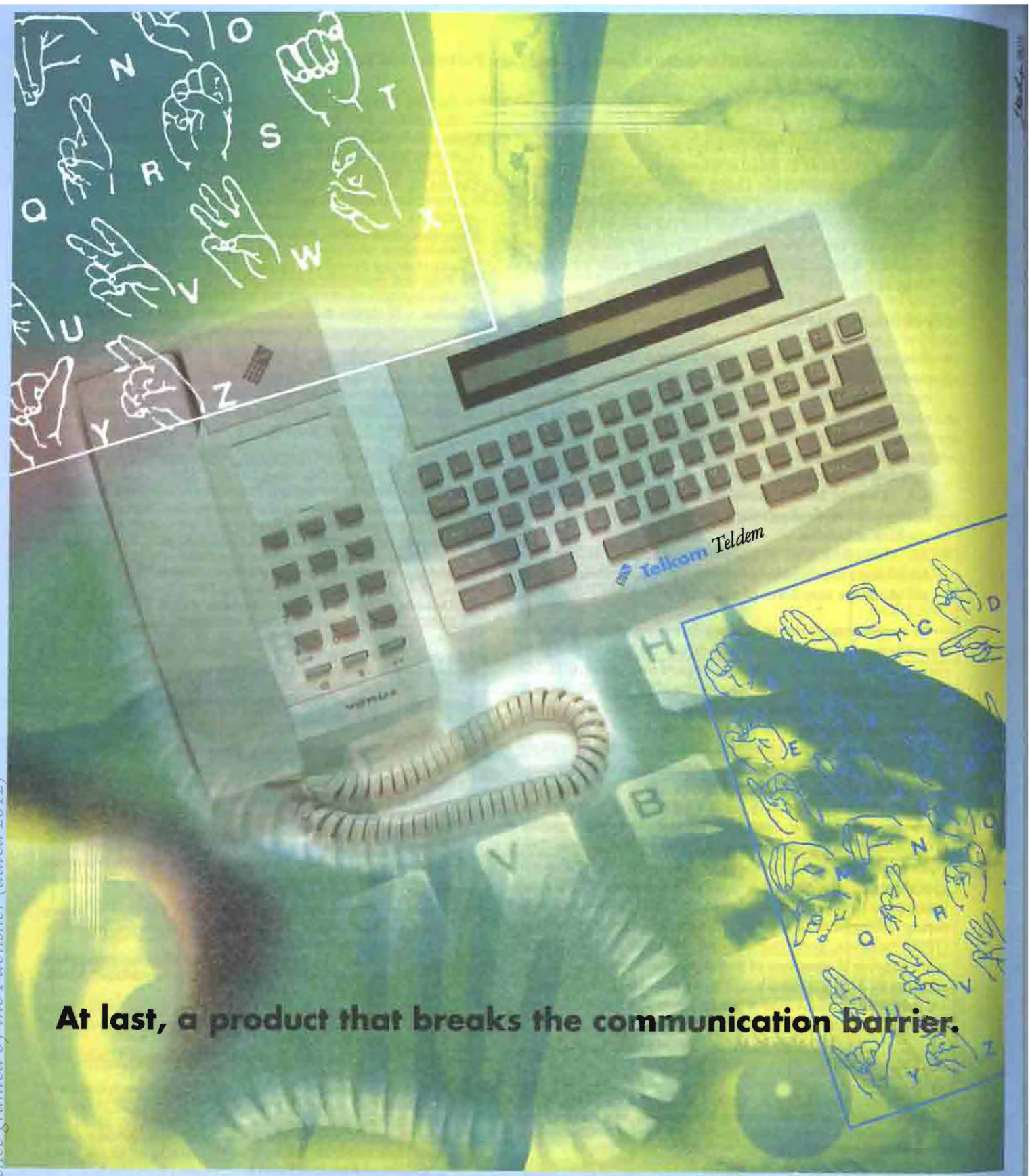
Van Riper, C. (1977). The public school specialist in stuttering. *ASHA,* 19, 7, 467 - 469.

Watson, J.B. (1995). Exploring the attitudes of adults who stutter. *Journal of Communication Disorders,* 28, 143 - 164.

Woods, C.L. & Williams, D.E. (1971). Speech clinician's conceptions of boys and men who stutter. *Journal of Speech and Hearing Disorders,* 36, 225 - 235.

Woods, C.L. & Williams, D.E. (1976). Traits attributed to stuttering and normally fluent males. *Journal of Speech and Hearing Research,* 19, 267 - 278.

Yairi, E. & Williams, D. (1970). Speech clinician's stereotypes of elementary - schoolboys who stutter. *Journal of Communication Disorders,* 3, 161 - 170.



At Telkom, we believe that everyone has the right to better communication. That's why we've developed the Teldem - a portable terminal designed for the deaf. Thanks to Teldem, your business is your own - you no longer need to rely on a third party for telephone messages. Face to face communication is easier too, since Teldem replaces a paper and pen. At only R11.40 (including VAT) a month, Teldem is much cheaper than imported communication terminals. And of course, you get all the benefits of Telkom's service and maintenance facility. For more information, ask a friend to call this toll-free number: 0800 11 95 96

Telkom Teldem