

## Exploring Parental Perceptions and Attitudes towards Childhood Stuttering

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### Abstract

The study's goal was to see how closely assessed stuttering attitudes on two new measures, the ASE and the POSHA-S/Child, corresponded to a known measure, the POSHA-S. Second, it intended to ascertain the extent to which parental status influenced people's assessed opinions towards stuttering. Third, the study used the new measurements to compare young children's perspectives to those of their parents. The findings clearly show that one's parental position has minimal influence on stuttering attitudes and that parents' attitudes are more favourable than their young children's attitudes.

**Keywords:** Stuttering; Individual's perspective; Parental perceptions; Speech-language pathologists; Communication

### Introduction

Attitudes toward stuttering can vary among parents and young children. It's important to remember that each individual's perspective and understanding of stuttering may differ. Here are some general points to consider regarding parents' and young children's attitudes toward stuttering:

#### Parents' Attitudes

**Concern:** Parents may initially feel concerned or worried when they notice their child stuttering. They may be uncertain about the cause, impact, and appropriate response to their child's stuttering.

**Seeking information:** Parents often seek information about stuttering, its causes, treatment options, and prognosis. They may consult healthcare professionals, speech-language pathologists, or support groups to gain a better understanding of their child's condition.

**Emotional responses:** Parents may experience a range of emotions, including frustration, guilt, or sadness, when they see their child struggling with stuttering. They may worry about their child's future social interactions, academic performance, or self-esteem.

**Support:** Many parents adopt a supportive approach and strive to create a nurturing environment for their child. They may encourage open communication, active listening, and patience while the child speaks. Seeking professional help for their child's stuttering is also a common step taken by supportive parents.

#### Young Children's Attitudes

**Limited Awareness:** Young children may have limited awareness or understanding of stuttering. They may simply recognize that they have difficulty speaking smoothly but may not grasp the reasons behind it.

**Frustration and embarrassment:** Children who stutter may feel frustrated, embarrassed, or self-conscious about their speech difficulties, especially when they face challenges in communication or when others notice and react to their stuttering.

**Peer Interactions:** Some young children may encounter teasing, bullying, or negative reactions from their peers due to their stuttering. This can impact their attitudes and emotions towards their own speech and may result in feelings of isolation or anxiety.

**Resilience and acceptance:** Many young children demonstrate remarkable resilience and acceptance of their stuttering. With supportive environments, appropriate therapy, and positive role models, they can develop confidence and a healthy attitude towards their speech.

**Individual differences:** Attitudes toward stuttering can vary widely among young children. Some may be more self-conscious or frustrated, while others may exhibit a more carefree or resilient attitude. Factors such as personality, social environment, and the severity of stuttering can influence their individual responses.

It is important for parents and caregivers to provide emotional support, seek professional guidance, and create a positive environment that fosters acceptance and understanding for young children who stutter.

Extensive study has revealed that unfavourable views towards persons who stutter exist in the majority of populations surveyed. According to [1], public stereotypes, stigma, and discrimination have been documented using several well-known procedures, such as the [2] bipolar adjective (semantic differential) scales or variants thereof, the Vocational Advice Scale [3,4], the Clinician Attitudes Towards Stuttering [4,5], and the Peer Attitudes Towards Children who Stutter [6,7]. Similar findings have been seen in other research that employed qualitative approaches. Negative public opinions exist not only among adults from many cultures and 5 groups [8-10], but also among children. Furthermore, unfavourable attitudes in youngsters have been reported using a range of measures [11-14].

Crowe and Cooper found that parents of stuttering children had higher unfavourable attitudes than parents of nonstuttering children using the Parental Attitudes towards Stuttering Inventory.

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Abali, Besikçi, Kinali, and Tüzün derived from an interview research that parents of children and adolescents in Turkey reprimanded or cautioned their children about stuttering once it was established [15,16].

As several research have pointed out, it is difficult to compare outcomes across investigations since these studies did not employ a standard metric. As a result, the first author created a standard instrument that could give comparable data across different studies. The current study discusses the original and two companion measures in detail in order to compare nonstuttering children's public perceptions towards stuttering with those of their parents.

In 1999, St. Louis and colleagues launched the International Project on Attitudes about Human Attributes (IPATHA), a global endeavour to explore public attitudes about stuttering and other stigmatising diseases [17,18]. After a decade and a half of comparative research on adult stuttering attitudes, IPATHA's focus has shifted to investigate negative stuttering attitudes in young children and to create clinical applications of public attitude assessment for stuttering clients. This report serves three functions. First, it sought to document the extent to which a new measure of stuttering attitudes among friends and family members (the Appraisal of the Stuttering Environment (ASE)) [19] and a new measure of stuttering attitudes among young children (the Public Opinion Survey of Human Attributes-Stuttering/Child (POSHA-S/Child) [20-22] correspond with the widely used measure for adults, namely the POSHA-S [15]. Second, it tried to ascertain if people's parental position influenced their assessed opinions towards stuttering. Third, by comparing young children's views to those of their parents, the study aimed to expand current attitude research with young children to their environs.

We first discuss the POSHA-S and the new measures, the ASE and the POSHA-S/Child, in this work that merges current and new research findings. Following that, we compare the new measures to the POSHA-S in terms of summary score similarity. In support of that endeavour, we present relevant studies on similarity comparisons, as well as a recent investigation of novel comparisons of the adult and child versions of the POSHA. After that, we summarise the motivation, methods, and findings of a research of parents and nonparents. Finally, taking into account the findings of this research of parents and prior studies of young children, we address the problem of parental views' effect on children's attitudes.

POSHA-S: Since 1999, the majority of IPATHA efforts have been focused on the Public Opinion Survey of Human Attributes-Stuttering (POSHA-S) [15], a written survey instrument designed primarily for adults but also suitable for older children and adolescents. Numerous studies have shown that the instrument has acceptable properties for user-friendliness [18], test-retest reliability, construct and discriminative validity [16], internal consistency, translations to different languages, and adaptability to different sampling strategies. The POSHA-S was used in 138 public samples (excluding samples utilising early versions of the instrument and samples completely consisting of speech-language pathologists (SLPs) or stutterers). The 21 POSHA-S database includes 41 nations and almost 11,000 people who responded in 26 different languages (roughly). The POSHA-S was used in 138 public samples (excluding samples utilising early versions of the instrument and samples completely consisting of speech-language pathologists (SLPs) or stutterers). The 21 POSHA-S database (approximately December 2015) covers 41 nations and nearly 11,000 persons answering in 26 different languages, and it provides an empirically-based standard against which unique samples can be

evaluated. The POSHA-S begins with a demographic portion, then moves on to a general section that compares stuttering to four different "anchor" traits ranging from positive (i.e., intellectual) to neutral (i.e., left handed) to negative (i.e., fat and mentally ill), before concluding with a comprehensive stuttering section. Traits/personality, Help From, Cause, Potential, Accommodating/Helping, Social Distance/Sympathy, Knowledge, and Knowledge Source are the eight components based on ratings on 45 stuttering items. The first four are combined to provide belief subscore, while the second four form a Self-Reactions subscore. The Overall Stuttering Score (OSS) is the mean of these two stuttering subscores. To facilitate identification between near means, all POSHA-S ratings produced from 3 or 5 point scales are translated to a -100 to +100 scale (with 0=neutral). For example, on a 1-3 scale, 1.55 vs. 2.55 would be transformed to -45 vs. +55, respectively. Some items are flipped such that higher scores consistently indicate more accurate and sensitive judgements, and vice versa. It is worth noting that POSHA surveys have been updated to look into attitudes other than stuttering. Although most research have focused on cluttering, isolated studies have been conducted to study public views towards mental illness, obesity, and other communication problems. This paper does not take these instruments into account.

They carefully reviewed the POSHA-S development, detailing the evolution of experimental versions beginning with a quasi-continuous 0-100 scale (POSHA-E1), progressing to a version using a 1-9 scale (POSHA-E2), and finally to the final version that uses a 1-5 scale for general items and "yes," "no," and "not sure" choices for stuttering items that are converted to a 1-3 scale. It should be emphasised that the main rationale for switching from the 1-9 scale to the more basic scales/options was to make the POSHA-S as user-friendly as possible while requiring less time and effort. This simplification was demonstrated not to impair the findings of epidemiological research, which focus on populations rather than individuals. St. Louis, Kuhn et al. made an additional comparison that St. Louis did not perform [23]. They compared summary ASE ratings (as summarised) with POSHA-S item estimates from the four populations studied: stuttering people, family members, friends, and controls. Self-Reactions on the ASE were consistently 9-10 units higher than on the POSHA-S values. The ASE values had OSSs that were just 2-6 units higher. The Obesity/Mental Illness subscores were similar since they are equivalent in both instruments. As the authors point out, there is no reason to expect these summary values to be so close considering that the ASE contains more than twice as many elements as the POSHA-S. Despite the similarities, the authors concluded that "because subscores and OSS on the ASE correspond quite closely to parallel values on the POSHA-S, it would be possible to compare clients' stuttering environments using the ASE with those of the surrounding community using the POSHAS" [19]. Another way to view these findings is that the two measures show concurrent validity. The following unpublished investigation was conducted to compare the POSHA-S/Child with the POSHA-S. The avatar video always came before the POSHA-S/Child. The adults were not asked to rate anything about "their child" (i.e., all demographic items belonged to themselves), and they only evaluated the demographic part at the beginning of the first instrument encountered. The sample's average age was 35.5 years, with 14.9 years of schooling. Sixteen percent were ladies, and sixteen percent were males. Fifty percent were married, 44% had children, 68% worked, and 33% were students. Their relative income scores were 14, which was higher than the norm for adults. In the POSHA-S database (approximately December 2015), the median for 138 public samples was 1.

## Discussion

The study's objectives were to (a) determine whether summary attitude ratings towards stuttering from two new measures, the ASE and POSHA-S/Child are comparable to summary attitude ratings from the widely used POSHA-S, (b) determine whether parental status has any effect on stuttering attitudes, and (c) compare attitudes of parents with those of young children on the two new measures. According to the research reported, the forerunner of the ASE (the POSHA-E2) was equivalent to the POSHA-S. Kuhn et al., St. Louis, expanded those findings to indicate that the ASE is a legitimate clinical tool that identifies stuttering adults from family members or friends as well as the general population.

## Conclusion

A variety of predictor factors for adults' stuttering attitudes, such as educational performance, relative income, and stuttering experience, were discovered, but none accounted for more than a little percentage of the variation. Parents' views towards problems that their children have encountered, such as childhood illnesses, may alter as a result of parenthood, however the parents in this study did not have children who stammered. Close family members or acquaintances of individuals who stutter exhibited higher positive attitudes than a control group, study utilising the ASE, suggesting that raising a kid who stutters may result in improved attitudes.

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## Conflict of Interest

Author declares no conflict of interest.

## References

1. Abali O, Beşikçi H, Kinali G, Tüzün UD (2005) Parental attitudes at the beginning of child's stuttering. *J Ear Nose Throat* 15:19-21.
2. Cooper EB (1975) Clinician attitudes toward stuttering: A study of bigotry? *Annu Conven Am Speech Lang Hearing Assoc*, Washington, DC.
3. Cooper EB, Cooper CS (1985) Clinician attitudes towards stuttering: A decade of change (1973-1983). *J Fluency Disord* 10:19-23.
4. Crowe TA, Cooper B (1977) Parental attitudes toward and knowledge of stuttering. *J Commun Disord* 10:343-357.
5. Davis S, Howell P, Cooke F (2002) Sociodynamic relationships between children who stutter and their non-stuttering classmates. *J Child Psychol Psychiatry* 43:939-947.
6. Douglass JE, Schwab M, Alvarado J (2018) Covert stuttering: Investigation of the paradigm shift from covertly stuttering to overtly stuttering. *Am J Speech Lang Pathol* 27:1235-1243.
7. Flynn T W, St Louis KO (2011) Changing adolescent attitudes toward stuttering. *J Fluency Disord* 36:110-121.
8. Gabel RM, Blood W, Tellis GM, Althouse MT (2004) Measuring role entrapment of people who stutter. *J Fluency Disord* 29:27-49.
9. Weidner M, Węsierska K, Laciková H, Sønsterud H, Skogdal S, et al. (2022) Personal Appraisals of Support from the Perspective of Polish, Slovak, and American Children Who Stutter.
10. Langevin M (2009) The Peer Attitudes Toward Children who Stutter scale: Reliability, known groups validity, and negativity of elementary school-age children's attitudes. *J Fluency Disord* 34:72-86
11. Yaruss JS, Reeves N, Herring C (2018). How speech-language pathologists can minimize bullying of children who stutter. *Semin Speech Lang* 39:342-355.
12. Langevin M, Kleitman S, Packman A, Onslow M (2009) The Peer Attitudes Toward Children who Stutter (PATCS) Scale: An evaluation of validity, reliability, and the negativity of attitudes. *Int J Lang Commun Disord* 44:352-368.
13. Langevin M, Packman A, Onslow M (2009) Peer responses to stuttering in the preschool setting. *Am J Speech Lang Pathol* 18:264-276.
14. Özdemir R S, St Louis KO, Topbas S (2011) Stuttering attitudes among Turkish family generations and neighbors from representative samples. *J Fluency Disord* 36:318-333.
15. Panico J, Healey EC, Y Knopic J (2015) Elementary school students perceptions of stuttering: A mixed model approach. *J Fluency Disord* 45:1-11.
16. Cooke K, Millard SK (2018) The most important therapy outcomes for school-aged children who stutter: An exploratory study. *Am J Speech Language Pathol* 27:1152-1163.
17. St Louis KO (2011) The Public Opinion Survey of Human Attributes—Stuttering (POSHA—S): Summary framework and empirical comparisons. *J Fluency Disord* 36:256-261.
18. St Louis KO (2012) POSHA-S public attitudes toward stuttering: Online versus paper surveys. *Can J Speech Lang Pathol Audiol* 36:116-122.
19. St Louis KO (2012) Research and development for a public attitude instrument for stuttering. *J Commun Disord* 45:129-146.
20. St Louis KO (2015) Epidemiology of public attitudes toward stuttering. Stuttering meets stereotype, stigma, and discrimination: An overview of attitude research, West Virginia University Press, West Virginia.
21. Mallick R, Kathard H, Thabane L, Pillay M (2021) A scoping review of the school-aged stuttering intervention literature. *Evidence Commun Assess Interven* 15:194-206.
22. St Louis KO, Filatova Y, Coskun M, Topbas S, Özdemir S, et al. (2011) Public attitudes toward cluttering and stuttering in four countries. Nova Science Publishers, New York.
23. Louis KOS, Przepiórka AM, Beste-Guldborg A, Williams MJ, Blachnio A, et al. (2014) Stuttering attitudes of students: Professional, intracultural, and international comparisons. *J Fluency Disord* 39:34-50.
24. St Louis KO, Lubker BB, Yaruss JS, Adkins TA, Pill JC (2008) Development of a prototype questionnaire to survey public attitudes toward stuttering: Principles and methodologies in the first prototype. *Internet J Epidemiol* 5.
25. Louis KOS, Węsierska K, Przepiórka A, Blachnio A, Beucher C, et al. (2020) Success in changing stuttering attitudes: A retrospective analysis of 29 intervention studies. *J Commun Disord* 84: 5972.