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PERSONAL PERCEPTION AND PERCEIVED PUBLIC OPINION ABOUT STUTTERING AMONG CHILDREN AND ADULTS IN KARACHI

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Abstract

Purpose: *The purpose is to obtain quantitative data on both personal perceptions and perceived public opinion about stuttering in order to identify topics to include in anti-stigma campaigns/programs for stuttering.*

Method: *Twenty adults living in Karachi, Pakistan completed a written questionnaire that assessed knowledge about stuttering and attitudes toward people who stutter (PWS) with questions addressing personal perceptions (direct questions) and perceived public opinion (indirect questions).*

Results: *Many participants reported favorable personal perceptions of PWS regarding their intelligence, competence, and potential for success. However, most participants did not personally believe PWS were confident, and most believed they were shy. Perceived public opinion was more unfavorable as a majority agreed that the public is uncomfortable talking with PWS and that the public would recommend PWS avoid jobs requiring high speech demands and avoid talking to large audiences. A minority of participants agreed PWS are perceived publicly as capable or mentally healthy.*

Conclusions: *The survey demonstrated misunderstandings and negative perceptions of PWS, especially when measured with perceived public opinion. Results can increase our understanding of content areas that should be included in anti-stigma programs for stuttering and highlight different methods for analyzing public perceptions of stuttering.*

INTRODUCTION

t is critical that the public stigma associated with stuttering be challenged, reduced, and prevented through various anti-stigma strategies, including education, protest, and interpersonal contact with people who stutter (PWS; Boyle, Dioguardi, & Pate, 2016). Link and Phelan (2006) explained that stigmatization is a process in which some condition or trait (e.g., stuttered speech) becomes linked to a negative social identity, and so stereotypes are formed. The conditions or traits then create negative emotional reactions in members of the public, and individuals with those conditions are separated from the non-stigmatized group through avoidance, segregation, or discrimination. Stigmatized individuals experience loss of status in society and limitations in their ability to achieve life goals due to reduced opportunities in social, academic, or vocational realms. Using the framework for understanding stigma provided by Link and Phelan (2006), it is clear that PWS experience both public stigma and self-stigma (some-times referred to as private stigma; Boyle & Blood, 2015).

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Public Stigma and Its Implications for PWS

Spanning several decades, dozens of research studies conducted in the United States have indicated PWS experience negative public attitudes and responses (St. Louis, 2015). To be specific, many studies have shown that PWS are rated as having undesirable personality characteristics, such as being timid, anxious, nonassertive, and shy (Boyle, Blood, & Blood, 2009; Cooper & Cooper, 1985; Ham, 1990; Kalinowski, Stuart, & Armson, 1996; Turnbaugh, Guitar, & Hoffman, 1981; Woods & Williams, 1976); are reacted to with physiological and emotional discomfort (Guntupalli, Kalinowski, Nanjundeswaran, Saltuklaroglu, & Everhart, 2006); are perceived as being less employable than people who do not stutter (particularly for jobs in which there are high speech demands; Gabel, Blood, Tellis, & Althouse, 2004; Hurst & Cooper, 1983; Irani, Gabel, Hughes, Swartz, & Palasik, 2009); and are perceived as less intelligent or competent in a variety of jobs in which communication is highly valued compared with fluent coworkers (Silverman & Bongey, 1997; Silverman & Paynter, 1990).

Because PWS live in environments in which many members of the public react negatively to them, these social penalties can be expected to affect their personal well-being and communicative participation. It has been shown that

PWS are highly aware of negative societal attitudes about themselves, and these negative views can be internalized (Boyle, 2013). Awareness and internalization of negative attitudes about stuttering among PWS has been shown to be significantly related to higher anxiety and depression and lower quality of life, hope, self-esteem, and self-efficacy (Boyle, 2015). It has also been suggested that the elevated levels of social anxiety often observed in PWS are related to anticipate social penalties for stuttering (Iverach & Rapee, 2014). Several qualitative research studies have also documented that PWS are acutely aware and often afraid of potential negative reactions from listeners, which can substantially reduce their social participation and activity (e.g., Corcoran & Stewart, 1998; Plexico, Manning, & Levitt, 2009). These research findings illustrate that PWS are aware of unfavorable societal reactions and are negatively affected by them.

Relevance of Public Stigma to Speech-Language Pathologists

Even though it is clear that PWS experience negative public reactions, it is important to discuss the relevance of these findings to the work of speech-language pathologists (SLPs). Taking an individual's environment into account is a critical aspect of services provided by SLPs. The American Speech-Language-Hearing Association uses the International Classification of Functioning developed by the World Health Organization (2002) to describe the role and scope of practice of the SLP. According to this framework, the scope of practice of SLPs includes improving quality of life and communicative participation of individuals with communication disorders (American Speech-Language-Hearing Association, 2016). It is important to note that this can be achieved not only through treatment of the physical condition, but also by addressing barriers created by contextual factors, such as environmental barriers (e.g., attitudes of members of the public and communication partners) and personal factors (e.g., the client's own attitudes about his or her communication). Removing environmental barriers to improve the quality of life of PWS is a major goal of several professional and advocacy organizations, and considerable time and resources are used in these efforts (American Speech-Language-Hearing Association, 2016; British Stammering Association, 2014; International Fluency Association, 2016; International Stuttering Association, 2016; National Stuttering Association, 2016; Stuttering Foundation, 2016b). A clear under-standing of public attitudes toward stuttering is relevant for SLPs, researchers, and advocates because this information could be used to create focused anti-stigma approaches that improve public attitudes.

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Research on other stigmatized disorders provides some helpful information for professionals in speech-language pathology to consider when attempting to modify public stigma for individuals with communication disorders. McManus, Feyes, and Saucier (2010) found that quality of interpersonal contact with individuals with intellectual dis-abilities was related to more positive attitudes. In addition, it appears that attitudes toward individuals with disabilities improve when participants complete attitudinal surveys in the presence of an individual with a disability (Meyer, Gouvier, Duke, & Advokat, 2001). Volunteering with children with disabilities has been shown to increase comfort and reduce social distance desired from individuals with disabilities (Fichten, Schipper, & Cutler, 2005). Researchers in the area of mental illness have identified three major anti-stigma approaches, including interpersonal contact (the public hearing personal stories directly from individuals with the condition), education (presentation of myths related to the condition compared with current scientific knowledge), and protest (condemnation of negative reactions toward stuttering with a tone of moral indignation and righteous anger; Corrigan & Kosyluk, 2013). Corrigan, Morris, Michaels, Rafacz, and Rüsch (2012) conducted a meta-analysis of 72 articles describing experimental studies in the area of mental illness that used the strategies of con-tact, education, and protest. The results of the meta-analysis demonstrated that both contact and education seemed to be effective in producing small-to-moderate improvements in attitudes, affect, and behavioral intentions toward individuals with mental illness. Protest strategies were only re-ported on in four studies in that review, and on average, they did not lead to any significant changes in attitudes.

There is growing evidence regarding the impact of anti-stigma programs to reduce the stigma related to stuttering. For example, Boyle et al. (2016) randomly assigned 212 adults to watch a video representing the strategies dis-cussed above (contact, education, and protest in addition to a control group) and compared these approaches on how they changed participants' perceptions of PWS. That study found that educational programs contrasting myths with facts and protest approaches were effective in reducing negative stereotypes about PWS, and interpersonal contact increased affirming attitudes when comparing pre-test with posttest measures. It is important to note that these improvements in attitude were maintained at a 1-week follow-up. Flynn and St. Louis (2011) found that both contact and education improved attitudes about PWS in a sample of 83 high school students; however, interpersonal contact was especially useful. Abdalla and St. Louis (2014) played a video containing elements of education and contact for pre-service trainees in Kuwait and found that positive attitudes about PWS increased from pretest to posttest. Langevin and Prasad (2012) found that attitudes about stuttering improved in 608 school-age children following implementation of an educational curriculum and bullying prevention program. Abdalla (2015) reviewed several other studies in the area of stuttering, attempting to improve public attitudes and reduce stigma. In her review, it was clear that, despite the positive effects of the studies previously mentioned, several other studies attempting to ameliorate negative public attitudes (e.g., Leahy, 1994; McGee, Kalinowski, & Stuart, 1996; Snyder, 2001) had little effect or even intensified negative attitudes toward PWS.

As Abdalla described, these inconsistencies across studies likely were related to the wide array of stimuli used as anti-stigma strategies. It is clear from the review of literature above that there are many approaches to reducing or preventing public stigma that can be effective for stuttering; however, not all attempts at public stigma reduction are successful. It is therefore critical to learn what specific content should be included in these programs to result in the most possible change. If public attitudes could be improved and bullying, teasing, and discrimination were reduced, many positive outcomes could be achieved. PWS would likely feel more at ease communicating, feel better about themselves as communicators, and therefore increase their communicative participation in society. As St. Louis (2015) described, the ideal social environment would

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be enlightened about stuttering, understanding of the experiences of PWS, accommodating, assisting, sympathetic, and accepting.

Purpose of the Current Study

Taking the methodological limitations of previous studies into account and realizing the importance of gathering current data in this area, in the present study the author sought to add to this knowledge base by obtaining both quantitative data from personal perceptions and perceived public opinion questions to evaluate attitudes, emotional reactions, and discriminatory intentions toward PWS from members of the public. These particular aspects of the study could help in obtaining accurate information about what the public currently believes about PWS. Gaining an understanding of current societal attitudes toward stuttering could help in creating effective and focused anti-stigma campaigns to improve public attitudes. Therefore, the research questions of the current study were to determine (a) current public attitudes and knowledge about stuttering in Pakistan (using a variety of question types, including personal perceptions and perceived public opinion with quantitative response options); (b) predictors of positive attitudes toward PWS on the basis of demographic information; and (c) the critical areas to address in future anti-stigma campaigns. Because this was an exploratory study, no a priori hypotheses were made. The long-term goal of this research was to improve attitudes toward PWS and therefore reduce environmental barriers to their communicative participation.

Method

Participants

There were inclusion criteria that participants needed to meet in order to be included in the study. Inclusion criteria included no personal history of stuttering or any other communication disorder and being in middle adulthood including age range 20 - 40 years. Quota sampling was used to ensure men and women would be equally represented. Participants were required to complete the survey via written questionnaire. In addition, two attention filters were placed in random places within the survey questions. These attention filters instructed participants that the item was an attention check and told them specifically how to respond (i.e., the items read, "This is an attention check. Please select 'not sure' for this question"). These filters indicated whether participants were actually reading the survey carefully or if they were answering randomly. Data from participants who did not answer both attention filters correctly were excluded from the analysis. These steps helped to increase the validity of the data collected.

There were 30 individuals who attempted to begin the survey; however, 2 participants could not proceed because of failing to meet inclusion criteria, not meeting the gender quota, or incorrect answers on attention filters. Therefore, the final sample was a total of 28 participants who completed the survey in its entirety. This study was approved by the author's university before participants were recruited and data were collected.

Survey Design

The design of the survey was a questionnaire. These questionnaires were filled on phone call, due to Pandemic locked down situation in the city and around the world (COVID 19 situation). The author designed the survey and developed questions on the basis of an in-depth literature review of public attitudes toward PWS. The questions were designed to tap into knowledge about stuttering and attitudes about PWS. This survey needed to be developed because a major goal of the study was to analyze both personal

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perceptions and perceived public opinion using quantitative response options. Many of the questions dealing with public stigma were adapted from a survey by Jacoby, Gorry, Gamble, and Baker (2004) analyzing public stigma associated with epilepsy.

Those authors utilized the stigma theory of Link and Phelan (2001) to develop questions addressing attitudes, beliefs, emotional reactions, and discriminatory intentions, which were also appropriate for the current study but were modified to be appropriate for attitudes about PWS. Eleven questions were created for the survey in addition to demographic items. The questions included a variety of response option styles, including multiple choices, check all that apply, and ranking (see the Appendix).

The stereotype agreement portion of the Self-Stigma of Stuttering Scale (4S; Boyle, 2013) was used to assess participants' stereotypes of PWS, which represent personal perceptions, asking participants their views of the personality and competency of PWS. The stigma awareness portion of the 4S was also administered because these questions ask about perceived public opinion and are therefore more indirectly worded (i.e., asking about what "other people" believe about PWS). The 4S has demonstrated sound psychometric qualities, including internal consistency, temporal stability, and construct validity (Boyle, 2013, 2015). Questions assessing discriminatory intentions asked participants to identify in which, if any, professions PWS should not be employed. The jobs listed were selected on the basis of research by Logan and O'Connor (2012) discussing different categories of professions identified as having either low or high speaking demands. Several professions described by those researchers were selected from each category to be included as response options. All items looking at knowledge and attitudes of stuttering can be seen in the Appendix.

Procedure

Before the full launch of the survey, 5 adults completed a pilot survey to ensure there were no wording errors in the survey and all items could be answered. No problems or concerns were identified during the pilot testing stage, and the survey was then administered to the full sample. Participants who met the screening criteria described earlier could complete the survey. After reading and completing the informed consent forms and a description of the study, participants answered the questions shown in the Appendix as well as demographic items. On average, participants took 20- - 25 minutes to complete the survey.

Data Analysis

Summary data were obtained for all items and reflected percentages of the overall sample that selected particular response options. In addition, chi-square analyses were conducted in order to determine if there were correlation in items measuring knowledge and personal attitudes about stuttering on the basis of demographic variables, including gender, highest level of education completed, employment status, and whether or not the participant personally knew a person who stutters. Response options for all of these questions can be found in Table 1.

Results

Participant characteristics and Knowledge about Stuttering

The majority of the respondents were Indo-Aryan, equally divided between men and women with an age range of 20 to 40. Twenty-two percent of the sample had obtained a high school education or higher, and 78% were college graduates or had obtained advanced degrees. Eighty-six percent of the sample reported having paid employment. Participants lived in diverse areas of the city. Most participants (93%) had reported

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seeing someone stuttering in person out of which 86% respondents reported they knew any PWS personally. Additional respondent characteristics and descriptive statistics can be found in Table 1. Many participants were knowledgeable about stuttering being caused by differences in the brain or nervous system; however, major sample i.e. 86% stated the main cause of stuttering was "stress/pressure," 29% believed it was due to "mental illness" (see Table 2).

Personal Perceptions About PWS

Participants were asked to consider a list of professions and in which, if any, PWS should not be employed. Only 15% believed PWS could do any of the jobs listed, many participants believed PWS should not be employed in certain jobs. In particular, jobs requiring frequent oral communication and high speaking demand (e.g., teacher, lawyer, speech therapist, radio announcer, sales person, physician, actor school principal and college professor) were more likely to be viewed as inappropriate for PWS compared with jobs having lower speech demand (e.g., janitor, truck driver, factory worker, fire fighter, mail carrier; see Table 3). Participants were asked to rank their level of concern about working with a colleague who stutters relative to several other health conditions. Stuttering was ranked as the condition causing the greatest concern by none of the participants, the lowest of any condition presented, and as the condition causing least concern by 36% of the participants (see Table 4).

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Participants were asked a series of questions regarding their personal perceptions about PWS. Many of these questions focused on areas highlighted by previous research as being relevant for public attitudes in stuttering. As can be seen in Table 5, most participants expressed very favorable personal opinions of the potential for vocational success of PWS, their ability to lead normal lives, and their intelligence. In addition, attitudes toward speech therapy were favorable with 86% agreeing that it can successfully treat stuttering. However, 28% of participants agreed PWS have more personality problems than other people.

Participants also completed the stereotype agreement section of the 4S in which they reported their own beliefs about the personality characteristics of PWS in response to direct questions (see Table 6). Positive perceptions included the findings that that 79% of participants agreed PWS were capable, and only 14% agreed they were incompetent; 57% agreed they were self-confident, and 57% agreed they were outgoing. Sixty-four percent of the sample agreed PWS were nervous, and majority of the sample i.e. 93% agreed they were shy.

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Table 1. Summary data for demographic variables.

Demographic Variable	Value, *N = 28*
Gender, No. (%)	
Female	14 (50)
Male	14 (50)
Highest level of education, No. (%)	
No schooling completed	0 (0)
Eighth grade or below	0 (0)
Matriculation	0 (0)
Intermediate	4 (14)
Some college credit, no degree	2 (8)
College graduate	18 (64)
Post graduate degree	4 (14)
Employment Status, No. (%)	
Employed	24 (86)
Not employed	4 (14)
Personal history of stuttering / Other communication impairment, No. (%)	
Yes	0 (0)
No	28 (100)
Have you ever seen a PWS? No. (%)	
Yes	26 (93)
No	2 (7)
Do you know a PWS? No. (%)	
Yes	24 (86)
No	4 (14)

Note: PWS = people/person who stutter(s).

Table 2. Causes of stuttering

Causes of stuttering	Percentage of participants agreeing this is a main cause
Accident (e.g., head injury)	22
Brain disorder	50
Hereditary (Runs in families)	36
Mental illness	29
Stress/pressure	86
Born with it/birth problem	57
Result of another illness or disease	29
Old age	14
Alcohol or drug abuse	0

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An infection caught from other people	0
None of these	0

Note. Percentages are rounded. Participants were allowed to select multiple answers, so total percentages exceed 100%.

Table 3. Perceptions of employment for PWS.

Occupation as	Percentage saying PWS should not be employed
Teacher	22
Nurse	15
Police officer	15
Lawyer	29
Physician	22
Fire fighter	0
Factory worker	0
Armed forces	15
Truck driver	0
Sales person	43
Computer programmer	0
Chemist	8
Janitor	8
Cashier	8
Radio announcer	72
Speech therapist	65
Physical therapist	22
Financial advisor	15
School principal	22
College professor	36
Actor	36
Mail carrier	0
Engineer	8
None of these	15

Note. Percentages are rounded. Participants were able to select multiple options, so total percentages exceed 100%. PWS = people/person who stutter(s).

Table 4. Level of concern working with individuals with certain conditions.

Different Conditions	% agreeing for greatest concern	% agreeing for least concern
A person older than 50 years	7	0
A person who uses a wheelchair		14
A person who stutters		36
A person with epilepsy	7	7

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A person who had a heart attack a year ago	29	7
A person with major depression	21	29
A person whose face has been disfigured by burns	36	7

Note. Percentages are rounded.

Perceived Public Opinion About PWS

In addition to asking about personal perceptions of PWS, it was of interest to ask about participants' perceived public opinion about PWS. For this purpose, the stigma awareness portion of the 4S was used. Results from these items can be seen in Table 7. In contrast to the questions asking about personal perceptions, participants rated their beliefs much more negatively when asked what "most other people in the public" think about PWS in dimensions of attitudes, emotional reactions, and discriminatory intentions. For example, a majority of participants agreed PWS were viewed as being capable (79%), however, they were also viewed as insecure(57%)

Table 5. Participants' attitudes toward PWS.

	Percentage of responses		
Items	**Agree**	**Disagree**	**Not sure**
PWS are as intelligent as everyone else	93	0	7
PWS have more personality problems than other people	28	36	36
It is uncomfortable for others to talk with PWS	36	43	21
Speech therapy can successfully treat stuttering in most cases	86	0	14
PWS can be as successful as other people in their chosen career	79	0	21
PWS can lead a normal life	93	0	7

Note. Percentages are rounded. PWS = people/person who stutter(s)

Table 6. Participants' responses on stereotype agreement (directly worded) items

	Percentage of responses		
I believe that PWS are generally...	**Agree**	**Disagree**	**Not sure**
Nervous	64	29	7
Self-Confident	57	14	29
Capable	79	0	21
Incompetent	14	72	14
Insecure	50	50	0
Outgoing	57	21	22
Shy	93		7

Note. PWS = people/person who stutter(s)

and a minority of participants agreed PWS were viewed as self-confident (29%). A minority of participants agreed most people in the general public feel patient (21%) or comfortable (29%) talking to PWS, and a

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majority agreed that people feel annoyed (64%) and anxious (72%) when talking to PWS. A majority of participants also agreed that others in the public think PWS should avoid speaking in front of groups of people (73%) and jobs requiring lots of talking (93%).When participants answered questions about perceived public opinion, by answering what they believe most others would think, feel, or do, their perceptions of PWS appeared more negative than when they were asked directly what their own personal attitudes were.

Other survey questions were asked regarding perceived public opinion of discomfort talking to PWS and if PWS were treated differently from other people. Fifty- seven percent of the participants agreed it is uncomfortable for others to talk with PWS. Fifty-seven percent of the sample believed PWS are treated differently from others in society. Participants then described the ways in which they believed PWS are treated differently, out of which % agreed to "PWS experience negative attitudes from the public", % agreed to "PWS experience negative emotional reactions from the public," % agreed to "PWS experience negative behaviors from the public," and % agreed to "PWS experience accommodating behaviors from the public." (Table 8)

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Table 7. Participants' responses to stigma awareness items (indirect questions).

	Percentage of responses		
Items	**Agree**	**Disagree**	**Not sure**
Most people in the general public believe that PWS are…			
Insecure	57	43	0
Self-confident	29	57	14
Friendly	57	14	29
Capable	79	21	0
Outgoing	43	21	36
Mentally healthy	43	36	21
When talking to a PWS, most people in the general public feel…			
Patient	21	72	7
Annoyed	64	21	15
Comfortable	29	57	14
Anxious	72	7	21
Embarrassed	43	36	21
Most people in the general public believe that PWS should…			
Avoid speaking in front of groups of people	72	14	14
Have other people speak for them	50	43	7
Avoid jobs that require lots of talking	93	0	7

Note. Percentages are rounded. PWS = people/person who stutter(s)

Table 8. Participants' perceptions of how PWS are treated differently from others in society.

Statements	**Percentage agreed on the statement (*N=28*)**
PWS experience negative attitudes from the public	36(10)
PWS experience negative emotional reactions from the public	11(3)
Statements	**Percentage agreed on the statement (*N=28*)**
PWS experience negative behaviors from the public	50 (14)
PWS experience accommodating behaviors from the public	4 (1)

Note. Percentages are rounded. Participants were able to select multiple options, so total percentages exceed 100%. PWS = people/person who stutter(s)

Demographic Predictors of Attitudes toward PWS

It was also of interest to analyze if subgroups of participants responded differently to items reflecting knowledge about stuttering and personal attitudes toward PWS. For statistical analysis purposes, attitude response options were divided into the dichotomous responses of disagree or agree. Dichotomizing the variables in this way improved statistical power to detect significant differences because of the reduction of groups being compared. In addition, participant education was dichotomized to represent whether

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participants had higher education experiences or not, and employment was dichotomized to indicate whether participants were employed or not. Age was also divided into several groups (18–24, 25–40) for the purposes of statistical analysis. Chi-square tests of independence were used for these analyses because variables of interest were treated as categorical.

Women were more likely to believe that PWS are treated differently, $\chi^2(1, N = 310) = 12.82$, $p < .001$, $\phi = .20$(small effect size), and were also more likely to believe that speech therapy could successfully treat stuttering, $p = .017$ (Fisher's exact test), $\phi = .15$ (small effect size). Participants who had at least some higher education experience were more likely to report that it was uncomfort-able for others to talk with PWS, $\chi^2(1, N = 215) = 4.06$, $p = .044$, $\phi = .14$ (small effect size); were more likely to agree that PWS have more personality problems than other peo-ple, $\chi^2(1, N = 177) = 9.39$, $p = .002$, $\phi = .23$ (small effect size); and were also more likely to believe PWS were insecure, $\chi^2(1, N = 219) = 6.34$, $p = .012$, $\phi = .17$ (small effect size); however, they also were more likely to believe that PWS are generally outgoing, $\chi^2(1, N = 157) = 4.97$, $p = .026$, $\phi = .18$ (small effect size). Participants who were not employed for wages were less likely to agree with the statement, "I believe that PWS are generally incompetent," $\chi^2(1, N = 271) = 4.69$, $p = .03$, $\phi = .13$ (small effect size). The variables of knowing a person who stutters personally, region of the country lived in, and belief about what type of problem stuttering was (mental or physical) were not significantly related to any of the knowledge or personal attitude variables of interest. Although these effect sizes are small, they are not considered trivial (Cohen, 1992) and, therefore, could be considered by advocates for creating targeted and focused educational campaigns (e.g., emphasizing the issue of competence with a group of employers).

Discussion

In this study, current attitudes about stuttering and PWS were investigated using a sample of the general public of the Karachi city in order to develop effective anti-stigma campaigns. Positive findings were that many of the participants knew what stuttering is and have seen a person who stutters. This made it ascertain that they knew what they are talking about. Also, when asked about their personal perceptions, most participants were optimistic about the potential of PWS to achieve vocational success and lead normal lives and concurred that PWS are no different from others in terms of their intelligence and capability. In addition, speech therapy for stuttering was perceived to be positive and helpful for PWS. Relative to other stigmatizing conditions, including epilepsy, major depression, a person disfigured by burns; stuttering caused little concern when participants imagined working with someone with those conditions. However, not all participants' personal perceptions were so positive. Some participants had inaccurate views about the nature of stuttering and its causes with a considerable proportion believing it to be due to stress. Also, several jobs were identified that participants believed PWS should not be employed in, especially those requiring a high level of oral communication (e.g., radio announcer and speech therapist). Last, certain personality stereotypes about PWS could be observed in the fact that a minority of participants believed PWS were capable, self-confident and outgoing, but a majority believed that PWS were nervous and shy.

Although these findings of personal perceptions support many of the findings reported in previous research studies in this area (Michael P. Boyle, 2017), this study added new information about perceived public opinion asked through quantitative questions. When asked about perceived public opinion or what others think about PWS, participants' responses were much more favorable. A majority of participants reported PWS as being perceived as capable but insecure, and less than half of the participants agreed that PWS were self-confident in the eyes of members of the public. Answers to perceived public opinion questions also indicated that less than half of the sample believed PWS are reacted to with patience and comfortably. A majority agreed the public feels annoyed and anxious when talking to PWS. Moreover, approximately two thirds of participants agreed that the public thinks PWS

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should avoid speaking in front of groups and avoid jobs that require lots of talking. The discrepancy between participant answers to questions asking about personal perceptions and perceived public opinion is note-worthy. The fact that attitudes of participants were considerably slightly more negative when asked about perceived public opinion (asked through indirect or impersonal questions), as compared with direct questions asking about personal perceptions. According to Fisher (1993), if a respondent states that "other people" will react in a certain way, the answer is interpreted to mean that the participant is likely to react in the same manner. Fisher reasoned that "respondents project their unconscious biases into ambiguous response situations and reveal their own attitudes" (p. 304).

The findings of this study support previous research findings in the area of attitudes about stuttering that found evidence for negative stereotypes about undesirable personality characteristics (Michael Boyle, 2017; Boyle et al., 2009; K alinowski et al., 1996), negative emotional reactions (Michael Boyle, 2017; Guntupalli et al., 2006), and discriminatory intentions toward PWS (Michael Boyle, 2017; Gabel et al., 2004; Hurst & Cooper, 1983). The notion that there are biological components (e.g., brain differences, nervous system dysfunction) to the underlying cause of stuttering seems to be more well understood in the region compared with research from previous decades when most participants believed stuttering was psychogenic in nature (Van Borsel, Verniers, & Bouvry, 1999). However, participants' beliefs about causes of stuttering were not related to their personal perceptions about PWS. In addition, there were still a considerable number of participants who believed stuttering to be due to stress or tension or nervousness.

There have been some relatively recent research findings suggesting that the negative attitudes and stereotypes about PWS may be declining compared with studies conducted several decades ago (Hughes et al., 2010; Irani & Gabel, 2008; Swartz, Gabel, & Irani, 2009). What the current study has shown is that when measured indirectly with perceived public opinion questions, negative attitudes about stuttering appear strong with the majority of respondents believing that "others" think negatively about PWS and respond to them with negative emotions and discriminatory intentions. If asking questions about perceived public opinion represents a way of evaluating personal perceptions, the current findings raise the question of whether the stigma related to stuttering has truly declined over time or if members of the public are more careful to avoid being perceived as bigoted. If that is indeed the case, participants in previous attitudinal research studies in the area of stuttering may have been underreporting personal stigmatizing attitudes when asked directly what their personal perceptions were.

The finding that there were no differences between men and women on directly worded attitude items supports the findings of some previous studies (Patterson & Pring, 1991; St. Louis, 2012a) although women were more likely to report that PWS are treated differently by others. People who reported knowing a person who stutters reported more favorable attitudes about stuttering than those who did not, which does not support other studies that have found no relationship between familiarity and stuttering (Boyle et al., 2009; Hughes et al., 2010; Hulit & Wirtz, 1994; Woods & Williams, 1976) but supports other studies that have found that association (Arnold & Li, 2016; Klassen, 2001; Schlagheck et al., 2009).

Results from this study have several implications for researchers and clinicians in the area of stuttering. Regard-ing research, the findings highlight the discrepancies be-tween answers to personal perceptions and perceived public opinion (i.e., directly and indirectly worded questions). The differences obtained between these two question types support the notion that other measures beyond direct questioning of personal perceptions should be used to assess public perceptions and reactions toward PWS. The findings that participants with more employment and education reported more stigmatizing views increases the urgency for the development of targeted educational programs for employers and individuals working in higher education settings as members of these audiences are likely to be in positions of power in society regarding hiring individuals who stutter. This study also demonstrates that,

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whether measured through personal perceptions or perceived public opinion (but especially perceived public opinion), a considerable proportion of the public views PWS negatively regarding their personality traits and occupational capabilities and reacts to PWS with discomfort and negative behaviors. Therefore, there are practical implications from these findings for professionals and advocates in the area of stuttering.

As mentioned previously, studies are beginning to document the positive effects of anti-stigma campaigns to improve public attitudes about PWS (Boyle et al., 2016). This study highlights several misconceptions and harmful views about PWS that can be directly targeted in education and outreach campaigns. Accurate information regarding prevalence and the underlying physical nature and heritability of stuttering could improve the public's knowledge about stuttering. It seems important for educational campaigns to reduce common misconceptions that stuttering is caused by stress or pressure or even mental illness and that it is not caused by a person speaking too rapidly or not knowing what they would like to say. These educational approaches could also highlight the fact that PWS can be successful in their jobs even if those jobs require lots of speaking. Examples of individuals who have succeeded at high-demand speaking jobs could be discussed. These campaigns should also discuss the fact that PWS are just as capable and have the same full range of personality traits as people who do not stutter. Also, because results indicated that a large majority of participants reported believing members of the public were uncomfortable talking to PWS, a substantial portion of educational campaigns should include discussion of explicit instructions for how to interact with PWS (e.g., listening patiently, maintaining eye con-tact, treating the individual with respect and focusing on the message, avoiding interruptions, and avoiding dispensing overly simplistic advice, such as slowing down or thinking about what one wants to say). Last, findings from this survey indicate some members of the public view PWS as being different from others, and this is used as an explanation for why they are treated differently by society. It will be optimal to implement anti-stigma campaigns featuring interpersonal contact between PWS and members of the public. In these interactions, PWS could describe their stories and that, despite their speech difficulties, they are fundamentally no different from anyone else. If stigma is essentially about perceiving differences between people and devaluing those different characteristics (Corrigan et al., 2015), a reduction of the us-versus-them mode of thinking about disability could be an important element of stigma reduction. Recent studies have demonstrated that emphasizing how PWS are fundamentally no different from anyone else through interpersonal contact appears to increase affirming attitudes about PWS and reduce negative attitudes (Boyle et al., 2016).

Limitations and Future Directions

There are certain limitations to this study that warrant discussion. The sample size is restricted to small number of participants from random yet limited geographic location and ethnicity. This might affect the generalizability of the findings if participants in research panels are systematically different from the overall population of Karachi city. This lack of diversity was a limitation to the study. Although a strength of this study is that it is the first study in Pakistan which entails personal perceptions and perceived public opinion items regarding attitudes, emotions, and behaviors toward PWS conducted for anti-stigma campaign, it is not possible to know with certainty whether the perceived public opinion questions (indirectly worded questions) were really assessing participants' own beliefs or their answers genuinely reflected their opinions about what others believe about PWS. It is also possible that participants over reported socially undesirable responses (or underreported socially desirable responses) for perceived public opinion about PWS to make themselves look more favorable by comparison (Jo, 2000). Despite this possibility, research by Fisher (1993) supports the validity of indirect questioning through perceived public opinion items and the notion that participants project their own responses into indirectly worded items. Even if the validity of the perceived public opinion questions serving as a

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proxy for unconscious biases is challenged, the findings of negative responses to personal perception questions in this survey adds support to the idea that PWS are often perceived and reacted to negatively by society.

Another limitation is that only self-report was recorded, and actual responses to PWS in real-life situations were not documented. In addition, because measuring both direct and indirect items assessing cognitive, affective, and behavioral reactions toward PWS required development of a new survey, it was not possible to perform exact comparisons to previous survey answers in this area of study. However, the items in the current study were developed after an extensive literature review of questions asked of the public in previous studies. Therefore, although this survey was not an exact replica of past surveys, much of the essential content is similar, and therefore general comparisons to previous work can be made. Last, perceived public and self- seem enough, both qualitative and quantitative analysis could yield better understanding of the said topic. Future studies obtaining more rich descriptions from interviews could yield more detailed information.

Despite the limitations described above, this study was the first to ask both personal perception and perceived public opinion (i.e., direct and indirect) questions and obtain quantitative data to analyze thoughts, emotions, and behavioral reactions toward PWS in Pakistan. Future research could address the limitations described in the preceding paragraphs by utilizing different methodologies for gauging responses toward PWS.

Conclusion

The findings of this study indicate that although many members of the public personally report positive attitudes toward PWS, several misunderstandings and negative reactions also exist. Furthermore, this study was the first to do in Pakistan and considers the distinction between responses from personal perception and perceived public opinion questions about attitudes toward PWS. The findings suggest that future studies should strive to obtain a more accurate representation of public reactions toward PWS by using a variety of different methods rather than solely using quantitative questions. The findings from this study can help with the development of public anti-stigma programs for stuttering by identifying specific topic areas that are important to address. These topic areas could be addressed through validated approaches in our field and others (e.g., social psychology). These strategies include interpersonal contact between PWS and members of the public so that PWS can share their stories (either in live or in video format); public education done by professional organizations contrasting myths versus facts (e.g., distributing written materials, sharing educational videos, or making presentations for public consumption); and protest approaches that condemn and rebuke negative public remarks or actions toward PWS (e.g., pointing out instances of social injustice or negative media characterization of stuttering through press releases or public statements).

It is important to note that SLPs should be aware that negative perceptions of stuttering exist in society and recognize that these attitudes represent environmental barriers to communicative participation. It is the role of the SLP to anticipate potential barriers and replace them with facilitators for communication and participation. A more empathetic and better informed public could create a more positive environment in which PWS could feel more comfortable speaking. Future studies should focus on documenting the effects of these anti-stigma campaigns with targeted audiences (e.g., employers, teachers) and identifying their key elements.

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