Parental Comprehension of the Adolescent Stutterer’s Attitude toward His Stuttering

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PARENTAL COMPREHENSION OF THE ADOLESCENT
STUTTERER'S ATTITUDE TOWARD HIS STUTTERING

by

Katharine Butler

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

Graduate Division
Western Michigan College of Education
December 1952
The writer owes special acknowledgement to Dr. George G. Mallinson and Dr. Charles Van Riper for their supervision and direction of this study. Their cooperation during the past year has been of invaluable assistance in the completion of the study.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>11</td>
</tr>
<tr>
<td>Index of Tables</td>
<td>iv</td>
</tr>
</tbody>
</table>

## I THE PROBLEM AND ITS BACKGROUND
- The Importance of Communication 1
- Defects in Communication 2
- Attitudes Toward Stuttering 5
- The Speech Correctionist 7
- Survey of Available Tests 12
- Selection of Test 15
- The Problem 17

## II SELECTING AND ADMINISTERING THE TEST
- The Problem 18
- Methods Employed 18
- Administering the Test 19
- Cover Letter 22
- Test of Attitude Toward Stuttering 24

## III TABULATION AND ANALYSIS OF THE DATA
- The Problem 26
- Methods Employed 26

## IV SUMMARY, CONCLUSIONS AND RECOMMENDATIONS
- The Problem 34
- Methods Employed 34
- Conclusions 35
- Recommendations 36

## BIBLIOGRAPHY

40
# INDEX OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Numbers of Responses of Stutterers and Mothers to Each Item of Part I of Test</td>
<td>28</td>
</tr>
<tr>
<td>II</td>
<td>Percentages of Responses to Each Item of Part I of Test</td>
<td>29</td>
</tr>
<tr>
<td>III</td>
<td>Comparisons of Degrees of Non-Acceptance of Stuttering of Mother and Child</td>
<td>30</td>
</tr>
<tr>
<td>IV</td>
<td>Parental Non-Acceptance of Stuttering</td>
<td>31</td>
</tr>
<tr>
<td>V</td>
<td>Percentage Difference Between Mothers and Stutterers on &quot;Yes&quot; Responses</td>
<td>32</td>
</tr>
<tr>
<td>VI</td>
<td>Significances of Differences Between Percentages of Responses</td>
<td>33</td>
</tr>
</tbody>
</table>
The Importance of Communication

Speech education, and concomitantly, speech re-education, is becoming an increasingly important part of the curriculum of the public schools. Speech is not only a tool; it is "our greatest agent of teaching and learning." Therefore, the importance of adequate speech cannot be over-emphasized.

Speech can become an integrating factor in the curricula of both the elementary and secondary schools. Four elements of the curricula currently being stressed are as follows:

1. The emerging curriculum will center on the communication of ideas, attitudes, and ideals;
2. It will be concerned with the setting in which language develops best;
3. It will find its roots and its direction in the total pattern of the child's growth; and
4. It will attempt to achieve unity through constant interrelating of the various aspects of the pupil's experience in the language arts and in his educational program as a whole.

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The relationship between effective verbal communication and the aspects of the curriculum just mentioned is evident.

Defects in Communication

It is obvious that the levels of ability in communication among students vary greatly. Such variation may be caused by the lack of speech training, improper speech training, or certain speech defects.

Among the more serious defects of speech is that of stuttering. The inability of the stutterer to communicate adequately often becomes more pronounced as he progresses through school. It is estimated that ten out of every one hundred school children exhibit some form or other of speech defect while one out of every one hundred school children stutter. Stuttering occurs less frequently in the school population than do other types of speech defects. However, the nature of the disorder makes stuttering one of the most difficult types for which to institute therapy.

Stuttering may be sub-divided into two categories: primary stuttering and secondary stuttering.

1. **Primary stuttering** refers to that type of speech which is characterized by rapid, easy repetitions.

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or short, effortless prolongations. The child who has primary stuttering speech is not aware that he speaks differently from other children. There is a period of non-reacting acceptance, which sooner or later is disturbed by his parents, teachers, or playmates. It is these other people who react emotionally or call attention to the child's speech. 4

2. Secondary stuttering is the disorder "characterized by blockings, prolongations, or repetitions of words, syllables, sounds, or mouth postures, all of which (together with the contortions or devices used to avoid, postpone, disguise, start or release the speech abnormality) produce interruptions and breaks in the rhythmic flow of speech." 5 The secondary stutterer is very aware of his speech difference and develops a great many fears and malattitudes regarding his speech.

Therapy for the young primary stutterer attending public school is becoming more clearly defined. The emphasis in the therapeutic approach is more and more directed toward working

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with the parents. Van Riper states that "direct speech therapy should not be used (with the primary stutterer)." Johnson et al. advocate working with the parents, since stuttering starts, not "within the child or even in the way he speaks, but 'inside his parent's head,' or rather, in the parent's attitudes and reactions to the way the child speaks." Heltman sums it up with, "there is one point on which specialists are agreed. It is that the way the father and mother handle the child, particularly in relationship to his developing speech, may be the determining factor as to whether or not the child becomes a stutterer." It may be concluded, therefore, that parental attitudes, expressed or unexpressed, are at least one causative factor of stuttering.

Secondary stuttering is commonly thought of as emerging from primary stuttering. As previously defined, it is the older child who is made aware of a so-called "speech difference" and begins to avoid and struggle with his speech.

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Thus, "secondary symptoms" appear when his attention is called to his manner of speaking. Therapy for the secondary stutterer is less well-defined than for the primary stutterer. Henrickson\(^9\) points out that since there is no basic theory of the causation of stuttering, a well-defined standard therapy cannot be planned. Therapy for the secondary stutterer, and particularly for the adolescent secondary stutterer, is in a state of flux.

**Attitudes Toward Stuttering**

There are some areas of general agreement concerning therapy for the adolescent stutterer. One area in which some work is attempted by all speech therapists concerns itself with the stutterer's attitude toward his stuttering. The therapists may use various methods for reaching a similar goal. Clark\(^10\) uses mental hygiene work with secondary stutterers to help relieve them of tensions derived from their malattitudes. Will\(^11\) states that the first aspect of

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treatment concerns itself with making the stutterer feel that he is worthwhile and by helping him change his attitude toward stuttering. Johnson \textsuperscript{12} refers to much the same therapy when he suggests that with the older children the correctionist must attack the stutterer's own evaluations and that a better attitude be developed.

A stutterer's attitude toward his speech may not always be realistic, especially on the adolescent level. Ainsworth\textsuperscript{13} comments, "The stutterer often assumes that his stuttering is so obnoxious and such a severe personality defect that others think first, 'He is a stutterer'—meaning 'He is abnormal.' Whereas, those who meet him most often think of him as a total person, just as he reacts to other people. His stuttering is only a part—and if he has proper perspective, a small part—of his total personality. Here again, the desired change in attitude is not a complete reversal of his assumption, but a change in emphasis and degree." A realistic approach to his problem of stuttering is a necessity. Part of the speech therapy must be directed toward this goal.

The speech therapist, in helping the stutterer achieve a more objective attitude toward himself and his speech, must

\textsuperscript{12}Johnson, Wendell, "The Indians Have No Word for It: II. Stuttering in Adults." \textit{Quarterly Journal of Speech}, XXX, (December 1944), 457.

somehow achieve an understanding of, and insight into, these attitudes. The initial step in achieving a more objective attitude must be recognition of present attitudes by the stutterer. Equally vital is the therapist's recognition of these oft-unexpressed attitudes. Successful therapy may depend on the rapport established between speech therapist and stutterer at the time the stutterer enters speech class. Adequate rapport is facilitated when the stutterer realizes that the therapist understands his attitudes and problems. Therefore, the speech correctionist's understanding of the stutterer's attitudes and reactions as early as possible in the therapy relationship is imperative.

The Speech Correctionist

The speech correctionist in the public schools usually works under pressure caused by a heavy case load, limited time available for each case, and the adolescent's own class schedule. Therapy time for the stutterer must be used to the best advantage. Therefore, any technique which may help to indicate the various areas which need exploration and that can be used prior to, or at the beginning of, treatment should be investigated.

One technique or method for discovering the child's attitude toward his stuttering is by use of a paper-and-pencil test. Such a test cannot be considered adequate or complete when used alone, but is useful when used in
conjunction with other methods. A test of this type may be used to advantage in the public school situation where a fairly simple and speedy method for determining the child's attitudes toward his speech is expedient.

Interest in the use of a paper-and-pencil test for determining an adolescent stutterer's attitude toward his stuttering, and the degree to which parents and teachers understand his attitude, was aroused when several junior-high-school and high-school stutterers filled out a Bryngelson Attitude Chart. The data obtained were used in a pilot study by the present author to define the problem. Seven children who stutter (six boys, one girl) were attending speech class twice a week for approximately thirty-minute periods. Portions of the workbook, Know Yourself, were being used in the therapy. The Bryngelson Attitude Chart consists of fifteen statements, all of which stress desirable attitudes. Sample statements are:

11. I am willing to recite even though I am likely to stutter.

15. I do not try to get out of doing things and make excuses for myself because I stutter.

14Bryngelson, Brybg, Chapman, M. E., and Hanson, O. K., Know Yourself: A Workbook for Those Who Stutter. (Published by) Chapman, K. N., 5544 Irving Avenue, S., Minneapolis 10, Minnesota, 1944, p. 4.
The stutterer rates himself "3" if he feels he can do very well on the item; "2" if he can do it fairly well; "1" if he can do it poorly; and "0" if he is unable to do it at all. It is also suggested that the stutterer have his parents and his teacher rate him on the chart and that he compare their ratings with his. The stutterers, in the pilot study, rated themselves and then took another copy of the Attitude Chart for their parents (in all seven cases, the mother) to fill out. The homeroom teacher filled out a third copy. When all three charts were compared, it was found in five of the seven cases the stutterer rated himself consistently higher than the ratings given by either the mother or the teacher. While the mother gave her child lower scores in general, she was seldom more than four points lower in total score than the stutterer. The teacher, on the other hand, scored the stutterer between eight to ten points lower than the stutterer had scored himself, and six to eight points lower than the mother had scored her child.

The results of this pilot experiment were, of course, inconclusive. The attitude chart used in the experiment was not a standardized test and had not been intended as such. It did serve, however, to bring out the point that both parents and teachers often fail to understand the stutterer's attitude toward his speech.
Misunderstanding of the child's attitude may have serious repercussions. Rose, a psychiatrist, points out that when parental feelings are disturbed, they may actually complicate the actual nature of the child's disturbance. He states, "Hence we have one problem in the particular handicap of the child himself, and another problem in the complexity of the feelings of the parents." Despert carries this even further, by showing that "stuttering is the expression of a certain type of neurotic personality, the symptomatology of which has been primarily oriented toward the oral and respiratory structures. This orientation is determined to a large extent by the mother's anxiety during a critical phase of speech development." She adds, "As is usually the case in the treatment of psychoneurotic children, parental attitudes, especially maternal attitudes, cannot be dissociated from the child's problem." Bryngelson agrees that "parental anxiety


... gives the child the idea that stuttering is simple but at the same time "bad" behavior. In order to appease the parent, the child attempts to alter his speech. Fear (becomes) a part of the child's personality structure. Parental anxiety is increased and the child is already a doomed person, feeling that his speech behavior is not accepted even by people whom he loves, and that he himself is not looked upon as a worthwhile individual." Heltman\(^\text{18}\) reports that the distraught state of mind of parents of high school age stutterers presents a serious problem. The parents, and soon the stutterer, fear that he, the child, may never have normal speech and may lead an unhappy, lonely life. Parents often over-value the importance of a speech defect and underestimate the importance of the personality conflicts which produce or result from stuttering. A chain reaction of spiraling anxiety tensions is set in motion when the parents have labeled a child as a stutterer. Thereafter, "any relationships between parent and child or teacher and child that are unsatisfactory for whatever reason contribute to an intensification of the child's distress regarding speech."\(^\text{19}\) It would appear, therefore, that the importance of the degree of parental understanding of the stutterer's speech and his attitude toward it cannot be over-estimated.


Survey of Available Tests

A survey of the literature revealed at least four studies where tests had been constructed and evaluated with respect to a stutterer's attitude toward his speech or speech situations. None were found in which parents had also been tested with respect to their understanding or appreciation of their child's stuttering speech.

Ammons and Johnson\(^\text{20}\) constructed a test of attitude toward stuttering and administered the preliminary scale to forty college freshmen, forty townspeople, seventy-two stutterers, sixty-seven clinicians and eleven who were both stutterers and clinicians. The preliminary scale of one hundred sixty items had a split-half reliability of .94 \(\pm\) .01. The final scale of forty-five items had the predicted reliability of .89. Upon review of the questions used, however, it was decided that many were inappropriate for the age group in mind (junior-high-school and high-school students who stutter). For example:

"7. If he feels he will stutter while doing so, a father should avoid talking to his son about

sex and marriage.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Moderately agree</th>
<th>Undecided</th>
<th>Moderately disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

37. A wife who stutters should try to keep it from her husband's notice by speaking slowly or prolonging sounds until she thinks she can say her words better.

Strongly Moderately Undecided Moderately Strongly agree agree disagree disagree

Kneuer's Speech Attitude Scale, Form P, and Speech Experience Inventory, Form C, which was used by Brown and Hull is concerned primarily with speech in general rather than with stuttered, or abnormal, speech. Brown and Hull used these tests on a college population, consisting of forty-nine stutterers and 2,556 normal speaking college students.

Huffman's scale was developed to evaluate the stutterer's attitude toward any social situation, rather than specific speech situations. The reliability was .754 ± .004.

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Miller's scale attempts to evaluate the stutterer's reaction to stuttering. Two forms were developed, Part I and Part II. The test was then administered to 326 stutterers ranging in age from 11 to 53 years, with a median age of 19.9 years. The middle 50 percent ranged from 17.6 to 22.5. One hundred non-stutterers were also tested. Part I of the scale yielded a corrected split-half reliability of .95 ± .005, and Part II yielded a split-half reliability of .87 ± .037. It was obvious that Part II is relatively useless.

Part I of the scale, which is reliable, contained test items which can easily be understood by an adolescent stutterer. Fifteen of the 25 items in Part I were found to be valid in terms of internal consistency. The items which were most valid may be characterized by saying they were personal and related to relatively specific and not overly extreme physical characteristics. The valid items were Nos. 3, 4, 5, 6, 7, 9, 10, 11, 13, 14, 21, 22, 23, 25. 26

25 Miller, Gladys, Ibid. p. 56.
26 Miller, Gladys, Ibid., pp. 48-9.
Selection of Test

Miller's scale, Part I, seemed best adapted for use with adolescent stutterers in this experiment. A copy of Part I is found in Chapter II. It was chosen for the following reasons:

1. It would not represent a reading difficulty for this age group.
2. Miller had used it in her experiment with children as young as eleven years.
3. The items in the test referred to relatively specific physical characteristics which would carry a personal significance of the stutterer at this age level (13 through 19), whereas the vocational and personal references in the other scales were at a much more adult level.
4. The scoring technique developed for this test was simple enough to be adapted to public school use, where the time available for scoring is somewhat limited.
5. The scale (Part I) had a reliability of .9% and the validity of some of the test items was known.

While it is widely recognized that parents and teachers often do not understand the adolescent's attitude toward his stuttering, and that the attitudes of these adults toward stuttering children play a great part in the development and maintenance of the disorder, parents and teachers have not
been tested in this respect. The subjects for the experiments listed above were college students, stutterers and clinicians, and townsmen. It was deemed desirable, therefore, that teachers and parents also have a test of this type, since they play such an important role in the adolescent’s environment.

The intent of the experiment, however, was not to determine how the parent and/or teacher felt about stuttering and stutterers in general. Rather, it was determined to explore to what degree or extent the parent and/or teacher understood the stutterer’s own attitude toward his speech. With this in mind, these subjects were asked to fill out Part I of Miller’s scale not as the parents or teachers personally felt about stuttering but as they assumed the stutterer himself felt about his speech.

It was soon discovered, however, that the average high school teacher did not believe he knew the adolescent stutterers in his classes well enough to fill out the test with any degree of accuracy. Thirty junior and senior high school teachers reported that their large classes prevented any great amount of personal knowledge about the students whom they taught, and only four of the thirty felt they could even attempt to answer the test. Hence, it was decided to restrict the area of investigation to parent and stutterer.
As has been shown previously, the emotional reactions of the stutterer is in large part determined by the parental attitudes toward stuttering. It has also been shown that the maternal attitude is of great importance to the stuttering child. Therefore, it was decided that the parent to be tested would be the mother.

The Problem

Hence, it is the purpose of this study to investigate the extent of parental (mother) comprehension of the attitude of the adolescent stutterer toward his stuttering.
CHAPTER II
SELECTING AND ADMINISTERING THE TEST

The Problem

The purpose of this chapter is (1) to describe the test that was used in this study and (2) to describe the manner in which it was administered.

Methods Employed

As has been stated in Chapter I, the Miller Test of Attitude toward Stuttering, Part I, was selected for use in this study. A copy of the test, Part I, plus the Miller instruction sheet for filling out the test, are found on later pages in this chapter.

The original Miller test consists of an instruction sheet, and the test itself which is made up of Part I and Part II. In this study the instruction sheet and Part I of the Miller test was used. Part II was not employed because Miller had found in her original study that Part II had a negative coefficient of reliability of -.07 ± .0372 for the stutterers, and -.12 ± .0523 for the non-stutterers.

Part I (with an odd-even reliability of .87, corrected for attenuation .93 ± .0061) consists of twenty-five statements of opinion or attitude. In the present study one of
these statements was eliminated, because of its similarity to other items. Statement No. 8, "I would rather have one leg three inches shorter than the other than be a stutterer" was eliminated since Statement No. 9, "I would rather be without one leg than be a stutterer," Statement No. 5, "I would rather be decidedly bow-legged than be a stutterer," Statement No. 16, "I would rather be without both legs than be a stutterer," and Statement No. 20, "I would rather be pigeon-toed than be a stutterer" all dealt with the same sort of problem. Thus, in the original test, five out of the twenty-five statements dealt in some degree with a physical defect to the lower appendages. This was out of proportion to the other types of physical defects mentioned, as can be easily noted by perusal of the test.

As with the original test, the subject was asked to draw a circle around one of three choices in response to each statement: Yes I No. "Yes" is encircled if the subject agrees with the statement; "?" is encircled if the subject is undecided; and "no" is encircled if the subject disagrees with the statement. Thus, in this study (concerned only with Part I of the test), the subject had choices to make for twenty-four items.

Administering the Test

In order to carry out this study, it was necessary to obtain the cooperation of a number of adolescent stutterers
and their mothers in filling out the test forms. Only an exceedingly small number of adolescent stutterers could be located in the immediate area of Kalamazoo, although all public schools and clinics were contacted. Therefore, it was decided to write to speech correctionists in the public schools of Michigan requesting their cooperation in this project. Speech correctionists teaching in the public schools of Michigan, who had previously worked under Van Riper at the Western Michigan College Speech Clinic, were contacted by letter and their assistance requested. If they were willing to help in the study, they were sent copies of the Miller test, together with the Miller instruction sheet and a letter from the author describing how the test was being adapted for use in this study and specifying the verbal instructions to be given to both the stutterer and the mother. A copy of the author's letter to the speech correctionists who administered the test is found with the test.

The tests were then administered by these speech correctionists to both adolescent stutterers and the mothers of these stutterers. Selection of the subjects was at the discretion of these correctionists, within the limitations imposed by the author's study as expressed in the cover letter. The stutterers selected to take the test were of junior-high-school or high-school age (thirteen through nineteen, specifically).
The correctionists were instructed, in administering the
test, to instruct verbally the mothers of the stutterers to
base their replies, not on how they felt about stuttering and
stutterers, but rather on how they thought their children
felt about stuttering. The Miller instruction sheet, being
designed primarily for stutterers, could not be used with the
mothers, and the instructions as listed in the author's cover
letter were substituted.

When both mother and child had completed the tests as
requested, the tests were mailed back to the author for
compilation of the data thus acquired.
Cover Letter

The enclosed tests are being used to determine not only the adolescent stutterer's attitude toward his speech, but also his mother's understanding of her child's attitude. You have been selected as one who could be of great assistance in this research project. It is hoped that sufficient replies will be obtained to warrant the writing of a Master's thesis on this subject.

The tests are in sets of two, numbered as follows: 1a, 1b, 2a, 2b, 3a, 3b, etc. The (a) test is to be given to the stutterer while the (b) test is to be given to the stutterer's mother. The stutterers, for the purpose of this study, are to be of junior-high and high-school age (ages thirteen through nineteen).

Verbal instructions for administering the test are as follows:

(a) To the stutterer:

"PLEASE OMIT YOUR NAME. Follow the instructions as given on the instruction sheet of the test."

(b) To the stutterer's mother:

"PLEASE OMIT YOUR NAME. There are twenty-four statements of opinion or attitude in this test. After each one are printed the following: Yes? No. You are to answer these questions as you feel your son or daughter would answer them. Base your answers, NOT on how YOU FEEL about stuttering and stutterers, but rather, BASE YOUR ANSWERS ON HOW YOU THINK YOUR CHILD FEELS ABOUT THEM."

A self-addressed, stamped envelope is enclosed herewith for your convenience in returning the tests. Please return all tests since each group is consecutively numbered.

Thank you for your help.

Sincerely,

Speech Correctionist
Portage Township Schools
Test of Attitude Toward Stuttering

G. Miller

Date

Name __________________________ Age __________ Sex ___

Mailing Address ___________________ Nationality __________

Is your stuttering severe or average or mild? __________

Stuttered from age __________________________

The year (not your age) in which you started to school ______

finished the eighth grade _______ finished high school ______

Year or grade in school now _____ Kinds of work you have done chiefly __________________________

If you could have three wishes, what would they be? (Write your foremost wish first)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Encircle the correct answer to each of the following:

Would you say that in general you are:

(1) very shy, (2) shy, (3) neither shy nor a "good mixer," (4) a good mixer, (5) a very good mixer.

(1) very depressed, (2) depressed, (3) neither depressed nor cheerful (4) cheerful (5) very cheerful.
(1) very much inclined to worry, (2) inclined to worry, (3) neither inclined to worry or not to worry, (4) inclined not to worry, (5) very much inclined not to worry.

* * *

Be sure you have answered the above questions as accurately as you can.

Below are several statements of opinion or attitude. After each one are printed the following: Yes ? No.
You are to draw a circle around the "yes" if you agree with the statement, around the "no" if you disagree; and around the "?" if you are undecided. If you are a stutterer, base your answers upon your own experience with stuttering. If you are not a stutterer, base your answers upon your own experience with stutterers and your knowledge of stuttering.

Test of Attitude Toward Stuttering

1. I would rather be a normal speaker than a stutterer. Yes ? No

2. I would rather be bald-headed than be a stutterer. Yes ? No

3. I would rather have freckles than be a stutterer. Yes ? No

4. I would rather be uncomfortably fat than be a stutterer. Yes ? No

5. I would rather be decidedly bow-legged than be a stutterer. Yes ? No

6. I would rather have rheumatism than be a stutterer. Yes ? No

7. I would rather have normal speech, with an income of only $20 a month than to be a stutterer with an income of $500 a month. Yes ? No

8. I would rather be without one leg than be a stutterer. Yes ? No
9. I would rather be blind in one eye than be a stutterer.  
Yes  ?  No

10. I would rather have chronic (continual) indigestion than be a stutterer.  
Yes  ?  No

11. I would rather have a seriously weak heart than be a stutterer.  
Yes  ?  No

12. I would rather be seriously hard of hearing (but not deaf) than be a stutterer.  
Yes  ?  No

13. I would rather have a large purple birthmark on my face than be a stutterer.  
Yes  ?  No

14. I would rather be feeble-minded than be a stutterer.  
Yes  ?  No

15. I would rather be deaf than be a stutterer.  
Yes  ?  No

16. I would rather be without both legs than be a stutterer.  
Yes  ?  No

17. I would rather be entirely blind than be a stutterer.  
Yes  ?  No

18. I would rather serve a life sentence in a penitentiary than be a stutterer.  
Yes  ?  No

19. I would rather be dead than be a stutterer.  
Yes  ?  No

20. I would rather be pigeon-toed than be a stutterer.  
Yes  ?  No

21. I would rather be an orphan than a stutterer.  
Yes  ?  No

22. I would rather be without three of my fingers than be a stutterer.  
Yes  ?  No

23. I would rather be subject to spells of dizziness and fainting than be a stutterer.  
Yes  ?  No

24. I would rather be a hunchback than be a stutterer.  
Yes  ?  No
CHAPTER III

TABULATION AND ANALYSIS OF THE DATA

The Problem.

The purpose of this chapter is to tabulate and analyze the data obtained from the responses to the test.

Methods Employed

Thirty test sets of the fifty sets that were sent out, were returned within a three-month period. A test "set" consisted of two copies of the Miller test and instruction sheet, numbered in the upper right-hand corner as follows: 1(a) and 1(b); 2(a) and 2(b). The (a) test was administered to the stutterer, while the (b) test was given to the stutterer's mother. The entire number of returned sets (thirty) were complete, in that no item on any test had been left unanswered by either the mother or the stutterer.

The method of scoring the tests was the same as that used by Miller. She states,27 "It was decided to obtain the raw scores by assigning an arbitrary value to each possible response to each item. A value of one was assigned to a "Y" response in every case, on the assumption that it represented

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a tendency away from acceptance of stuttering. The response representing definite non-acceptance of stuttering was given a value of two, and the response representing definite acceptance of stuttering was assigned zero value. The values of a subject's responses were summed to obtain his raw score. No elaborate procedure but only simple judgment on the part of the investigators was employed in deciding which responses represented acceptance and which non-acceptance of stuttering. A glance at the test as reproduced above will undoubtedly indicate the obvious fact that no elaborate procedure was necessary."

Table I contains the responses of both mothers and stutterers. The actual numbers indicate the manner in which the adolescent stutterers (divided by sex) and mothers responded to each item in Part I of the test.

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*A non-acceptance of stuttering is indicated by a "Yes" reply to a question. An acceptance of stuttering is indicated by a "No" reply.*
<table>
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<tr>
<th>Question</th>
<th>Female Stutterers</th>
<th>Male Stutterers</th>
<th>Mothers of Stutterers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>?</td>
<td>No</td>
</tr>
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<td>10</td>
</tr>
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<td>5</td>
</tr>
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<td>12</td>
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<td>1</td>
<td>9</td>
</tr>
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<td>0</td>
<td>1</td>
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<tr>
<td>14</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>15</td>
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<td>0</td>
<td>11</td>
</tr>
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<td>0</td>
<td>11</td>
</tr>
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<td>7</td>
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<tr>
<td>22</td>
<td>3</td>
<td>1</td>
<td>10</td>
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<tr>
<td>23</td>
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<td>1</td>
<td>10</td>
</tr>
<tr>
<td>24</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

Table II contains the responses made by both mothers and stutterers (divided by sex) in terms of percentages.
<table>
<thead>
<tr>
<th>Question</th>
<th>Female Stutterers</th>
<th>Male Stutterers</th>
<th>Mothers of Stutterers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>?</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>91</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>3</td>
<td>64</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>9</td>
<td>75</td>
</tr>
<tr>
<td>5</td>
<td>18</td>
<td>0</td>
<td>82</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>7</td>
<td>27</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>8</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>0</td>
<td>91</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>11</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>12</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>13</td>
<td>9</td>
<td>9</td>
<td>82</td>
</tr>
<tr>
<td>14</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>15</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>16</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>17</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>18</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>19</td>
<td>9</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>20</td>
<td>27</td>
<td>0</td>
<td>73</td>
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<td>21</td>
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<td>18</td>
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<td>9</td>
<td>64</td>
</tr>
<tr>
<td>23</td>
<td>0</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>24</td>
<td>0</td>
<td>9</td>
<td>91</td>
</tr>
</tbody>
</table>

Table III compares the actual scores on each set of tests, i.e., the son or daughter's score is compared with the score given by the mother of that child. The third column indicates the amount of non-acceptance of stuttering as shown by the mother. A plus indicates a greater degree of non-acceptance than that displayed by her child, while a minus indicates a lesser degree of non-acceptance than that exhibited by the child.
TABLE III
COMPARISONS OF DEGREES OF NON-ACCEPTANCE OF STUTTERING OF MOTHER AND CHILD

<table>
<thead>
<tr>
<th>No.</th>
<th>Child Son</th>
<th>Daughter</th>
<th>Mother</th>
<th>Difference in Non-Acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td></td>
<td>6</td>
<td>+1</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td></td>
<td>18</td>
<td>+10</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td></td>
<td>16</td>
<td>+10</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td></td>
<td>5</td>
<td>+1</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
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<td>9</td>
<td>+9</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td></td>
<td>26</td>
<td>-3</td>
</tr>
<tr>
<td>7</td>
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<tr>
<td>8</td>
<td>4</td>
<td></td>
<td>4</td>
<td>+2</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td></td>
<td>7</td>
<td>+3</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td></td>
<td>6</td>
<td>+2</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td></td>
<td>6</td>
<td>+2</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td></td>
<td>6</td>
<td>+2</td>
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<td>+5</td>
</tr>
<tr>
<td>14</td>
<td>6</td>
<td></td>
<td>4</td>
<td>-2</td>
</tr>
<tr>
<td>15</td>
<td>6</td>
<td></td>
<td>8</td>
<td>-2</td>
</tr>
<tr>
<td>16</td>
<td>6</td>
<td></td>
<td>6</td>
<td>-2</td>
</tr>
<tr>
<td>17</td>
<td>6</td>
<td></td>
<td>8</td>
<td>+2</td>
</tr>
<tr>
<td>18</td>
<td>5</td>
<td></td>
<td>16</td>
<td>+8</td>
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<td>+6</td>
</tr>
<tr>
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<td></td>
<td>4</td>
<td>+2</td>
</tr>
<tr>
<td>24</td>
<td>17</td>
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<td>8</td>
<td>-9</td>
</tr>
<tr>
<td>25</td>
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<td>-4</td>
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</tr>
<tr>
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<td>7</td>
<td></td>
<td>6</td>
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<td>28</td>
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<td>0</td>
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</tr>
<tr>
<td>30</td>
<td>12</td>
<td></td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

The data in Table III indicate the following:

1. The mothers of stuttering sons showed more non-acceptance of stuttering than did their sons in 74% of the cases.
The mothers of stuttering daughters showed more non-acceptance of stuttering than did their daughters in only 27% of the cases.

Table IV indicates the percentages of non-acceptance exhibited by mothers as related to the sex of their offspring.

**TABLE IV**

**PARENTAL NON-ACCEPTANCE OF STUTTERING**

<table>
<thead>
<tr>
<th>Percent of mothers showing</th>
<th>For Sons</th>
<th>For Daughters</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREATER % of non-acceptance than child</td>
<td>74</td>
<td>27</td>
</tr>
<tr>
<td>LESSER % of non-acceptance than child</td>
<td>21</td>
<td>46</td>
</tr>
<tr>
<td>SAME % of non-acceptance as child</td>
<td>5</td>
<td>27</td>
</tr>
</tbody>
</table>

The data in Table IV indicate that mothers display a much greater degree of non-acceptance (74%) when the stuttering child is a son than when the stuttering child is a daughter (27%).

Table V indicates the differential between the mothers and the stutterers in the percentage of "yes" responses to the items of the test.
TABLE V

PERCENTAGE DIFFERENCE BETWEEN MOTHERS AND STUTTERERS ON "YES" RESPONSES

<table>
<thead>
<tr>
<th>Question</th>
<th>Stutterers</th>
<th>Mothers</th>
<th>Percentage Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>97</td>
<td>100</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>32</td>
<td>50</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>70</td>
<td>100</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>23</td>
<td>13</td>
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<td>0</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>30</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>9</td>
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<td>7</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>11</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>12</td>
<td>7</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
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<td>--</td>
<td>--</td>
</tr>
<tr>
<td>15</td>
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<td>--</td>
<td>--</td>
</tr>
<tr>
<td>16</td>
<td>--</td>
<td>--</td>
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</tr>
<tr>
<td>17</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>18</td>
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<td>--</td>
<td>--</td>
</tr>
<tr>
<td>19</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>22</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>23</td>
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<td>3</td>
<td>3</td>
</tr>
<tr>
<td>24</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

The data in Table V indicates that five questions (numbers 2, 3, 5, 21, 22) have percentage differences of 10% or more.

The next step was to determine whether or not the differences between the percentages of responses in Table V
were significant. The technique used is cited by Smith.

Table VI contains the results of these computations.

**Table VI**

**SIGNIFICANCES OF DIFFERENCES BETWEEN PERCENTAGES OF RESPONSES**

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage Difference</th>
<th>Difference</th>
<th>&quot;t&quot;</th>
<th>Level of Probability</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>30</td>
<td>8</td>
<td>3.750</td>
<td>P &lt; .01</td>
<td>Very significant</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>12</td>
<td>1.500</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>5</td>
<td>15</td>
<td>9</td>
<td>1.444</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>22</td>
<td>13</td>
<td>6</td>
<td>2.166</td>
<td>.05 &gt; P &gt; .01</td>
<td>Significant</td>
</tr>
<tr>
<td>21</td>
<td>10</td>
<td>5</td>
<td>2.000</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>19</td>
<td>9</td>
<td>5</td>
<td>1.800</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>8</td>
<td>.777</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>5</td>
<td>1.400</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>12</td>
<td>7</td>
<td>5</td>
<td>1.500</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>34</td>
<td>.147</td>
<td>F &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1.000</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
<td>4</td>
<td>.078</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>24</td>
<td>3</td>
<td>17</td>
<td>.177</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>7</td>
<td>.288</td>
<td>P &gt; .05</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

Table VI indicates that question No. 3 is very significant; question No. 22 is moderately significant; while the rest of the questions are not significant.

---


The formula used in the computation is:

\[ t = \frac{p_1 - p_2}{\sqrt{\frac{p_1(1-p_1)}{n_1} + \frac{p_2(1-p_2)}{n_2}}} \]

\[ t = \frac{p_1 - p_2}{\sqrt{p_1 - p_2}} \]
CHAPTER IV,
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The Problem

It was the purpose of this study to investigate the extent of parental comprehension of the attitude of the adolescent stutterer toward his stuttering.

Methods Employed

Since the mother's attitude toward a stuttering child is a major factor in the child's adjustment, it is of importance in speech to be able to measure the attitude of the parent with some degree of validity. Often, also a satisfactory attitude on the part of the parent will aid the child in improving his own attitude. However, it is of importance to have a means of detecting differences or similarities that may exist between the attitudes of the parent and the stutterer in order to use this information in therapy. If the parent does not know how the stutterer feels about the speech defect, then he is probably unable to assist in therapy.

The Miller Test of Attitude toward Stuttering, Part I, was selected for use in this study. The stutterers followed Miller's instructions precisely, while the mothers were requested to answer the test, not on how they felt about
stuttering, but rather on how they thought their children felt about stuttering. The tests were so numbered that it was possible to compare the scores of the mothers with those of their sons or daughters. Fifty test sets were sent to public school speech correctionists throughout Michigan, of which thirty were completed and returned. The results were then analyzed.

Conclusions

In so far as the techniques used in this study may be valid, the following conclusions seem to be defensible:

1. The mothers of stuttering sons showed more non-acceptance of stuttering than did their sons in 74% of the statements, while the mothers of stuttering daughters showed more non-acceptance of stuttering than did their daughters in only 27% of the statements (Table III), or to state it differently,

2. The mothers of stuttering daughters showed less non-acceptance of stuttering than did their daughters in 46% of the cases, while the mothers of stuttering sons showed less non-acceptance of stuttering than did their sons in only 21% of the cases (Table IV).

3. The mothers of stuttering sons showed the same degree of non-acceptance as did their sons in only 3% of the cases, while the mothers of stuttering daughters
showed the same degree of non-acceptance of stuttering as did their daughters in 27% of the cases (Table IV).

4. The individual test items, except for possibly two (numbers 3 and 22) fail to show distinct differences between the comprehension of parents of their children's attitudes toward stuttering and the attitudes of the children themselves. Nevertheless, the test as a whole indicated a marked discrepancy in differential in response. This discrepancy was greater in the mother-son comparison than it was in the mother-daughter. While it could not be expected that complete unanimity of attitudes should have existed, it should hardly be expected, on the basis of chance, that seventy-four percent of the mothers would show more non-acceptance than their stuttering sons. The fact that the mothers of stuttering daughters showed less non-acceptance than their daughters, although to a much less marked degree, demonstrates that there may possibly be a cultural differential in the evaluation of stuttering. This could explain the well-known and mysterious sex differences in extent of stuttering in favor of the male.

Recommendations

In so far as the conclusions of this study may be defensible, the following recommendations seem reasonable:

The Miller Test of Attitude Toward Stuttering may be used as a teaching device as well as a testing device.
Parents often will not accept suggestions from a speech correctionist based only on her perception of the problem. The test can be used as evidence to support to some extent this view of the parent. The test results will show that the degree of parental understanding of the stutterer's attitude toward his speech may be greater than anticipated. Thus, the Test may be used as a part of the actual therapy as well as a diagnostic technique.

It might also be pointed out that the sex differences revealed in Tables III and IV may be one factor in explaining the preponderance of male stutterers. The mothers of stuttering sons showed to a marked degree more non-acceptance than did the mothers of stuttering daughters. This may be indirect evidence in support of Johnson's "diagnosogenic" theory of stuttering which has been summarized as follows: "Practically all stutterers are first diagnosed as such by a layman, usually a parent; what these laymen diagnose as stuttering is usually the normal nonfluency of early childhood; stuttering as a disorder develops not before but after diagnosis, and the diagnosis, together with the unfavorable evaluations and pressures which it tends to involve is one of its most important causes." 29 The "unfavorable evaluations

and pressures" cited in this summarization, as related by Bloodstein, William and Tureen,\textsuperscript{30} refer in part to parental attitudes toward the stutterer's speech, and to the unrealistic standards of fluency which the parent holds. According to the results of the present study, the parents of male stutterers react to their child's stuttering to a much higher degree and are much more non-accepting of the stuttering symptoms. The inability to accept non-fluency is much less with the parents of stuttering daughters. The sex ratio of male and female stutterers becomes more understandable in the light of these facts.

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