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PATRONIZING SPEECH IN INTERABILITY COMMUNICATION

TOWARD PEOPLE WITH COGNITIVE DISABILITIES

by

VANN MORRIS

Under the Direction of MaryAnn Romski

ABSTRACT

Some people without disabilities may use patronizing speech when they talk to people with cognitive disabilities. This study asked college-aged students without disabilities to evaluate patronizing speech toward people with cognitive disabilities. They randomly read either one of two vignettes; in one vignette a cashier with no disability used patronizing speech toward a customer with a cognitive disability, and in the other vignette a cashier with no disability used nonpatronizing speech toward a customer with a cognitive disability. The participants evaluated the patronizing speech as being significantly less professional, appropriate, and common than the nonpatronizing speech. They rated the cashier as feeling significantly more warm, supportive, and nurturing when s/he used patronizing speech, and the customer as feeling significantly less respect when spoken to through patronizing speech. Significantly more participants believed they would have spoken differently than the cashier when s/he used patronizing speech.

INDEX WORDS: Patronizing Speech, Interability Communication, People with Cognitive Disabilities, Thesis, Student, Graduate Degree, Georgia State University

PATRONIZING SPEECH IN INTERABILITY COMMUNICATION TOWARD PEOPLE WITH COGNITIVE DISABILITIES

by

VANN MORRIS

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

Master of Arts

in the College of Art and Sciences

Georgia State University

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PATRONIZING SPEECH IN INTERABILITY COMMUNICATION TOWARD PEOPLE WITH COGNITIVE DISABILITIES

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May 2006

DEDICATIONS

I would like to dedicate this thesis to my family for being so supportive of my decision to move to Jackson Hole, Wyoming. The amazing experience I had there can never be duplicated, and it is there that I had my first experience working with people with cognitive disabilities.

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I would like to acknowledge Dr. MaryAnn Romski for her help over the past year and a half. She basically taught me how to write again, since my initial style of writing was quite different than this thesis style of writing. I would also like to acknowledge Dr. Jaye Atkinson for her help in the final steps of this process. I could not have completed this thesis without both of you. Thank you both for everything.

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Chapter 1

Introduction

Cashier: That comes to $25.41. I assume you will be paying in cash, Sweetie?
Customer: Yes, let me just count this out…
Cashier: Here, why don't you just put your money out and I'll help you?
Customer: I can count it… I just need a second…
Cashier: Wouldn't you like me to help you, Honey? I know how confusing it can be with all those bills and all that change in your hand!
Customer: No, thank you. I can get it.
Cashier: Oh, look! That's perfect! You gave me the exact amount! How silly of me to think you needed any help! I should have known you would be smart enough to do that all on your own! Now remember to zip up that coat before you leave – it's cold out there!

The above conversation is an example of what many individuals with cognitive disabilities may experience when they communicate with individuals without disabilities. Individuals without disabilities may communicate with them differently based upon their perceived stereotypes regarding people with disabilities, rather than people with disabilities' actual abilities. This form of interability communication (the communication between individuals with disabilities and individuals without disabilities; Fox, Giles, Orbe, & Bourhis, 2000) is known as patronizing speech and can have various negative repercussions for its listeners (see Giles, Fox, Harwood, & Williams, 1994; Ryan, Giles, Bartolucci, & Henwood, 1986).

Individuals with cognitive disabilities are those individuals that can also be described as having 'mental retardation'. The American Association on Mental Retardation provides a wide range of information on the topic of mental retardation. According to the AAMR, people who have mental retardation exhibit intellectual, adaptive, and social skill limitations. They are characterized as limitations because their capabilities are not characteristic of their

peers within their environment. However, as the AAMR Web site states, these "limitations often coexist with strengths" (http://www.aamr.org/Policies/faq_mental_retardation.shtml). So though people with cognitive disabilities may exhibit some limitations when compared to other individuals without disabilities, these limitations should not be assumed to represent them in total. For example, a person with a cognitive disability may not be able to solve mathematical problems quickly, but s/he may be able to comprehend speech quite effectively. So if a person without a disability assumes that this individual cannot understand, and thus communicates with him/her differently, then this person is making an unnecessary action based on a false presupposition.

People without disabilities may make such unnecessary actions during interability communication because of the negative attitudes they have toward people with disabilities. They may view people with disabilities as incompetent, inferior, needy, and/or disadvantaged. There are various reasons for these negative attitudes. One reason is the fixation they may have upon the aforementioned 'limitations'. People may judge these limitations as being representative of the total individual and disregard the many other characteristics the person with a disability may have. This is known as the *spread phenomenon*, which describes when a person detects a particular limitation in another person and then uses that limitation to describe all aspects of that person's life (Bryan, 1996, p. 81). People who concentrate on the disability tend to believe that people with disabilities are "different, incompetent, inferior, and/or have negative characteristics" (Yuker, 1988, p. 267), so by focusing on these limitations people may view these limitations negatively (Bryan, 1996).

People without disabilities' may also hold negative attitudes toward people with disabilities if they have a *negative bias* toward them (Wright, 1988). The negative bias is composed of saliency, value, and context:

> (1) if something that is observed stands out sufficiently (saliency), and (2) if, for whatever reason, it is regarded as negative (value), and (3) if its context is vague or sparse (context), then the negative value assigned to the object of observation will be a major factor in guiding perception, thinking, and feeling to fit its negative character (Wright, 1988, p. 5).

In other words, if a person without a disability perceives a person with a cognitive disability's limitations as being negative, then s/he may also view other aspects of that person's life negatively (Bryan, 1996; Wright, 1988). People may overlook the positive aspects and only focus on the negative, which may lead to negative attitudes toward people with disabilities.

Another possible reason for negative attitudes is how our society as a whole responds to disability. There are countless organizations that exist to help people with disabilities. There are professions, advocacy groups, non-profits, etc., that are all maintained for the sole purpose of helping people with disabilities (Finkelstein, 1980). Thus, the social idea that is portrayed is that people with disabilities need help; they have 'limitations' and are dependent on other individuals for help. Though these organizations exist for positive reasons, they still can give a negative portrayal of disability.

Negative attitudes may also develop because people with disabilities remind people without disabilities' about their own fragility and "mortality" (Bryan, 1996, p. 81). They remind people without disabilities how frail they are and how easily they could get a disability. Another reason people without disabilities may hold negative attitudes toward people with disabilities is because they are unsure about why the person has a disability.

They cannot understand why another person has one and they do not. They search for a "cause and effect" (such as the person may have acted wrongly), with the knowledge that a disability can happen at no fault of the person with the disability (Bryan, 1996, p. 75). It is a confusing issue that can have no answer at all, and this causes people to become unsure and "ambivalent" about disabilities and hold negative attitudes about them (Bryan, 1996, p. 75).

Whatever the reasons may be, people with disabilities are the recipients of negative attitudes because of their disabilities (Bryan, 1996). One such result of these negative attitudes is patronizing speech. Patronizing speech is an overaccommodation in communication that occurs when an individual communicates according to his/her perceived stereotype regarding his/her listener (Hummert, 1994; Ryan, Hummert, & Boich, 1995). It is a form of speech that is based on the speaker's stereotype regarding his/her listener's ability rather than the actual ability of the listener. Patronizing speech is a paradoxical issue because it is often used with good intentions but in the end conveys condescension, disrespect, and can have negative physical and emotional repercussions (Ryan et al., 1995).

An extreme form of patronizing speech, and the form of patronizing speech that is discussed in this study, is *secondary baby talk* (Caporael, Lukaszewski, & Culbertson, 1983; Hummert, 1994; Ryan et al., 1995). Secondary baby talk is a form of *baby talk* (Caporael, 1981). Baby talk is "a simplified speech register with special lexical items (e.g., "choo-choo") and morphemes, words, and constructions modified from adult speech . . . baby talk is truly distinctive in its paralinguistic features, particularly its high pitch and its exaggerated intonation contours" (Caporael, 1981, p. 876). It can also include such phrases as "sweetie," "honey," and "poor little dear" (Fox & Giles, 1996a). Baby talk is regularly used by adults and older children to help young children learn a language and is also used toward

"prelinguistic infants", animals, and even adults (Caporael, 1981, p. 876). When used toward adults, it may be used "to communicate affection and nurturance" or to "communicate a depreciatory message signaling the powerlessness of the addressee" (Caporael, 1981, p. 877). Among adults, "it is most often noted as occurring between intimate friends and lovers or by hospital staff to patients" (Caporael, 1981, p. 877). Though secondary baby talk sounds like baby talk it differs from it in that it is not used for the function of teaching a language to the listener (Caporael et al., 1983). It is relevant area of research because its use can influence its listener's emotions and behavior (Caporael et al., 1983).

Theoretical Perspectives for Patronizing Speech

Social Identity Theory, Self-categorization Theory, and Communication Accommodation Theory, are three theories that discuss why individuals communicate with each other differently in different situations. These theories discuss how individuals' desires to integrate and/or disassociate themselves from their listener may determine their use of communication, and may also help explain people's use of patronizing speech in interability communication.

Social Identity Theory

Social Identity Theory (SIT) explains what occurs when individuals socially categorize themselves and other individuals into social groups (Turner, 1999; Tajfel, 1974; Tajfel & Turner, 1986). According to Social Identity Theory, *social identity* is the identity that a person derives from the social category that s/he belongs to (Tajfel & Turner, 1986). The social category that a person 'belongs to' is his/her ingroup; an individual's ingroup is the group with whom an individual socially identifies. An ingroup could be one's family, neighbors, friends, coworkers, race, etc. An individual's outgroup is any group with whom

the individual does not socially identify. These two categories are made up of diverse participants whose differences are ignored; thus, they appear more alike than they truly are (Gaertner & Dovidio, 2000). People use these two social categories to stereotype people in outgroups as being different and separate from their ingroup.

Individuals desire *group distinctiveness* (Branscombe et al., 1999; Gaertner & Dovidio, 2000). They use the over-generalized information from social categorizations to compare their ingroup with outgroups so they can show their ingroups' distinctiveness. If an outgroup becomes similar to an ingroup then this is seen as threatening and the ingroup will try even harder to differentiate itself (Branscombe et al., 1999). An individual's identity is created through his/her membership within his/her ingroup, and an individual desires a positive personal identity. In order to create this positive identity, the individual socially compares his/her ingroup with other outgroups in order to find a favorable comparison on behalf of his/her ingroup (Tajfel & Turner, 1986).

The process of searching for the ingroup's favorable distinctiveness can lead to ingroup bias. Ingroup bias is the "tendency to favor the in-group over the out-group in evaluations and behavior" (Tajfel & Turner, 1986, p. 13). Since an individual seeks a positive personal identity, and his/her personal identity is derived from his/her ingroup, then the individual needs for his/her ingroup to be positive as well. S/he thus evaluates his/her ingroup more positively than outgroups (Hornsey, 2003; Tajfel & Turner, 1986). Through ingroup bias individuals discriminate against each other according to their social groups (Brown, 2000); it negatively affects how groups communicate and the social orientations they undertake (Turner, 1999). This ability to discriminate against outgroups stems from the sense of belonging that a person obtains through his/her ingroup (Tajfel, 1974); for ingroup

bias to occur the "individual must have internalized their group membership as an aspect of their self-concept; they must be subjectively identified with the relevant in-group" (Tajfel & Turner, 1986, p. 16). If a person's social group does not satisfy his/her desire for a "positively distinct" social identity, the person will either leave his/her social group for a more a more "positively distinct group" or try even harder to make his/her social group appear more "positively distinct" (Tajfel & Turner, 1986, p. 16).

Ingroup bias can be illustrated through the interpersonal-intergroup continuum, as an example of what can occur when a person moves toward the intergroup extreme of the interpersonal-intergroup continuum. The interpersonal-intergroup continuum is the continuum from the interpersonal extreme to the intergroup extreme (Tajfel, 1978). The interpersonal extreme is a social encounter where all the interaction that occurs is determined solely by the personal characteristics of the individual. This extreme appears impossible to achieve since social categories play a role in practically everything we do (Tajfel, 1978); however, an example might be between a husband and wife since their bond may surpass social categories (Tajfel & Turner, 1986). The other extreme, the intergroup extreme, is a social encounter where all the interaction that occurs is determined by the individual's membership in a social group. This extreme is very possible and is illustrated by the fact that we bomb other enemy targets based solely upon their social membership (Tajfel, 1978). Theoretically there is an intermediary point along the continuum that satisfies an individual's need for identity; this halfway point satisfies the individual's need for autonomy as well as his/her desire to belong and be wanted within a similar group. However, as people move away from this halfway point and towards the intergroup extreme, their desire for a positive ingroup leads to ingroup bias (Gaertner & Dovidio, 2000).

SIT can explain patronizing speech in interability communication through the idea of ingroups and outgroups. Individuals without disabilities see individuals with cognitive disabilities as members of an outgroup. They then communicate with them differently according to this stereotyped social category. Ingroup distinctiveness and the desire for a positive personal identity explain this different communication style. When individuals use patronizing speech in interability communication they do so to differentiate their two groups and thus achieve their desire for ingroup distinctiveness; if they communicated with individuals with cognitive disabilities the same way then they would become too similar and thus the ingroup would lose its distinctiveness. Individuals also desire a positive personal identity. Research has shown that individuals without disabilities may believe patronizing speech is used to help people with disabilities (see Fox & Giles, 1996a). Thus patronizing speech allows an ingroup (and thus the individual) to appear positive since its use may spark from a desire to be helpful.

Self-Categorization Theory

Self-Categorization Theory (SCT) examines how individuals categorize themselves (and others) into ingroups and outgroups, and discusses the cognitive processes individuals use when involved in group behavior. It grew out of SIT and discusses how and why people act as groups (Turner, 1985; Turner, 1987). The theory examines individuals' personal identities and social identities (Turner, 1999).

As with SIT, SCT posits that individuals categorize outgroups into social categories that make the members appear far more similar and analogous then they actually are. Individuals use these stereotyped and essentialized categories to describe people socially rather than personally; in other words, they define them by their social membership than by

their individual characteristics. As SIT suggests, people use these categories to favorably compare their ingroup with other outgroups (Turner, 1999).

Just as individuals stereotype the outgroups as being composed of analogous individuals, so do they enhance their intragroup similarities and stereotype their own ingroups as being more similar than they actually are. People then start to see themselves less as individuals and more as similar representatives of their ingroup (Turner, 1999). Instead of acting according to personal needs or desires, people act according to collective needs or desires (Gaertner & Dovidio, 2000). Individual behavior becomes group behavior as individuals act according to the ingroup's shared idea of self rather than their personal ideas of self (Turner, 1999).

This process creates the *depersonalization of the self*, a fundamental idea in SCT. As the individual becomes more depersonalized s/he sees him/herself less as a unique individual and more as an individual within a larger social category (Turner, 1987; Turner, 1999). S/he becomes "a cognitive redefinition of the self . . . from unique attributes and individual differences to shared social category memberships and associated stereotypes" (Turner, 1999, p. 11). Depersonalization, however, is not a "loss of individual identity" but rather a "*change* from the personal to the social level of identity" (Turner, 1987, p. 51). As Turner (1987) describes:

> In many respects depersonalization may be seen as a *gain* in identity, since it represents a mechanism whereby individuals may act in terms of the social similarities and differences produced by the historical development of human society and culture (p. 51).

This concept of depersonalization leads to the idea of "us vs. them" and the creation of ingroup bias. People become ethnocentric and see their ingroup as superior to other outgroups (Turner, 1987). People are even more understanding with ingroup members'

behaviors versus outgroup members' behaviors. Research has shown that undesirable actions by outgroup members are judged as worse than the same actions performed by ingroup members (Gaertner & Dovidio, 2000).

SCT explains individuals without disabilities' use of patronizing speech through its salient idea of categorization. When individuals without disabilities categorize individuals with cognitive disabilities into one outgroup, the individuals with cognitive disabilities lose their diverse characteristics. So if an individual without a disability helps an individual with a cognitive disability one time, s/he might think that all individuals with cognitive disabilities need to be treated that way. Since individuals without disabilities may categorize individuals with cognitive disabilities into one outgroup, they in turn treat them all as if they have the same needs, desires, requirements, etc. Also, through depersonalization individuals within an ingroup lose their personal characteristics and act according to the larger group. So if an individual without a disability in the ingroup uses patronizing speech, then other individuals without disabilities may also since the ingroup continues this collective behavior. It is a continuing process that occurs through the loss of the personal self and the power of the collective self.

Communication Accommodation Theory

Communication Accommodation Theory (CAT) discusses why individuals *style-shift* from their usual speech style to a modified speech style (Thornborrow, 1999). According to CAT, there are five accommodation levels that individuals may undertake when they style-shift: *full convergence, partial convergence, hyperconvergence, speech maintenance,* and *divergence* (Street, 1982). The first level, *full convergence*, occurs when a speaker modifies his/her speech style in order to adopt the listener's speech style. For example, if a speaker

were talking to a listener who spoke with a slow speech rate, then the speaker would display full convergence if s/he slowed down his/her speech rate to the same speech rate as the listener (Street, 1982). The second level, *partial convergence*, occurs when a speaker modifies his/her speech style towards the listener's speech style, but does not adopt the speech style completely. For example, a speaker would display partial convergence if s/he slowed down his/her speech rate to become closer to the listener's slow speech rate, but did not completely adopt the listener's speech rate (Street, 1982). The third level, *hyperconvergence*, occurs when an individual overshoots his/her listener's perceived ability to understand and style-shifts according to a false presupposition (Giles, Coupland, & Coupland, 1991). An example of hyperconvergence would be if a speaker talked significantly slower to a listener who did not use a slow speech rate; this action would be based on the speaker's preconceived notion regarding the listener rather than the listener's actual ability. The fourth level, *speech maintenance*, occurs when a speaker does not style-shift and does not modify his/her speech style based on his/her audience. A speaker would display speech maintenance if s/he did not change his/her speech style at all when talking to a listener with a slow speech rate (Street, 1982). The fifth level, *divergence*, occurs when a speaker modifies his/her speech style away from the speech style of the listener. For example, a speaker would exhibit divergence if s/he spoke faster when s/he was talking to a listener with a slow speech rate (Street, 1982).

Both convergence and divergence can exist as either upward or downward (Giles et al., 1991). Upward refers to a style-shift toward a speech style that is of a "consensually prestigious variety"; downward refers to a style-shift toward speech styles that are "more stigmatized or less socially valued forms" (Giles et al., 1991, p. 11). Both concepts can also

exist as symmetrical or asymmetrical. Symmetrical convergence occurs when both speakers exhibit convergence, and asymmetrical convergence occurs when one person converges but the other does not (Giles et al., 1991).

CAT posits that there are certain motives behind the use of convergence and divergence. For convergence, the first motive is that individuals converge because they believe "similar communicative modes can increase the mutual intelligibility of exchanged messages" (Street, 1982, p. 13). They modify their speech style in order to create a situation that increases the chances of the listener's comprehension (Gregory & Webster, 1996). This is known as an *interpretability* strategy because it is used by the speaker to help the listener understand what s/he is saying (Williams, 1999). The second motive is to elicit a "favorable response from their hearers" (Street, 1982, p. 13), such as to seek approval from a listener or be accepted. The first motive for the use of divergence is for the speaker to distance him/herself from the listener to "show dislike" for the listener (Street, 1982, p. 13). The second motive is to accentuate national or cultural differences with the listener (Street, 1982). By speaking differently than an individual who is foreign it makes the listener's foreignness more apparent and further disassociates the speaker from the listener from that cultural difference. The third motive is to show power or superiority over the listener (Street, 1982). An individual might show superiority by speaking in correct grammar to an individual who does not do so; as one can see, this also further disassociates the speaker from the listener.

In sum, individuals converge when they want to be integrated into a group, and diverge when they want to be disassociated from a group (Street, 1982). When they converge it reflects their approval of the listener and "a desire to decrease communicative discrepancies between speaker and hearer," and when they diverge it reflects their

disapproval and "unwillingness to establish similar communicative modes" with the listener (Smith, 1982, p. 14). Convergence is generally received positively by a listener whereas divergence is perceived negatively by a listener (Putman & Street, 1984). Hyperconvergence, though it is a form of convergence, is generally not received positively. When it is exhibited asymmetrically, it can be "recognized by listeners and perceived as ingratiating, patronizing, or condescending" (Street, 1982, p. 15).

Many speakers, when they exhibit convergence or divergence, are not aware that they are doing so; many do not have the time to "actively monitor interlocutor's speech on a variety of levels, make judgments of intentions, find the baseline levels, and finally adapt behavior accordingly" (Putman & Street, 1984, p. 98). These actions are often performed unconsciously and without the speaker's awareness of the issue. Listeners, however, are often aware when a speaker exhibits convergence or divergence.

The speaker's *unawareness* and listener's *awareness* is often what causes miscommunication. Miscommunication, which can be defined as "unintentional glitches and misunderstandings inherent in talk and meaning transfer" (Williams, 1999, p. 154), can be the key result of unrecognized issues regarding accommodation. For example, a speaker might diverge or hyperconverge his/her speech style without his/her knowledge and at the same time might be unknowingly creating a situation that is offensive and negative for his/her listener. Though the speaker might not be aware of the problem, the listener might be quite aware and in fact be insulted or upset.

Asymmetrical hyperconvergence is often perceived negatively by the listener when the speaker is converging toward a speech style of "non-standard, low prestige forms" (Thornborrow, 1999, p. 146). This form of asymmetrical hyperconvergence is known as

downward hyperconvergence. Downward hyperconvergence may be perceived as "linguistic behavior that is designed to insult, by emphasising the difference between speakers" (Thornborrow, 1999, p. 146). This issue is generated from power, status (Thornborrow, 1999), and inequality issues (James, 1989). An example of how a speaker might offend a listener in this manner could be demonstrated through an encounter with a Native Speaker (NS) and a Learner of a Language (LR) (James, 1989). In this encounter, the NS would have an advantage over the LR since s/he would have a greater ability to speak the language (James, 1989) and thus there would be an issue of inequality present during the interaction. If the speaker exhibited downward hyperconvergence such as an extremely slower speech rate and/or higher pitch (due to his/her preconceived notion regarding the listener's language ability), the listener might see this as condescending and/or patronizing.

Patronizing speech in interability communication can be understood as an example of downward hyperconvergence. For example, a person without a disability might believe s/he is more capable of speech and comprehension than a person with a cognitive disability. Thus, when s/he encounters a person with a cognitive disability s/he might speak slower and/or use more simplified grammar in order to compensate for his/her preconceived notion regarding the individual's abilities. In other words, the person without a disability would downwardly hyperconverge towards a less respected speech style. However, since s/he would be hyperconverging, it would overshoot the listener's actual speaking ability and come out differently than how the listener actually speaks. So s/he may try and speak slower or in a more simplified vocabulary, and instead end up speaking childlike or using secondary baby talk. In the end it is not helping with interpretability, but rather creating a situation for

individuals with cognitive disabilities that can be construed as condescending and patronizing.

In sum, these three theories may help explain patronizing speech in interability communication. SIT, SCT and CAT provide a theoretical framework for understanding the motivations for individuals without disabilities' use of patronizing speech when they speak to people with cognitive disabilities.

Patronizing Speech in Intergenerational Communication

Though secondary baby talk and patronizing speech may occur in interability communication (Fox & Giles, 1996a; Fox & Giles, 1996b), they have mainly been studied in intergenerational contexts. Studies have found that these forms of overaccommodation occur when younger individuals, caregivers, and service providers communicate with older adults (see Caporael, 1981; Caporael et al., 1983; Kemper, 1994; Ryan et al., 1986). Individuals may have certain stereotypes of older adults that influence how they communicate with them. For example, they may stereotype older individuals as being weak, frail, hard of hearing, and/or incompetent. People may then accommodate their speech styles based on these stereotyped beliefs rather than each individual's specific ability.

Ryan et al. (1986) introduced the Communication Predicament of Aging (CPA) as a communication model to help explain this overaccommodation based on stereotype that occurs in intergenerational communication. Ryan et al. (1986) define CPA as "the situation in which undesirable discrepancies occur between the actual communicative competence of an elderly person and the negative perception of his/her competence" (p. 6). The CPA was developed from Communication Accommodation Theory (Ryan et al., 1995), and uses some of the same ideas as Communication Accommodation Theory and Social Identity Theory

(such as accommodation, divergence and social category membership). The CPA discusses how the negative stereotypes of older adults affects how they are communicated with, and how many individuals may accommodate their speech styles based on their stereotypes regarding them rather than actual their actual abilities.

There are four accommodation levels that Ryan et al. (1986) explains may occur in intergenerational communication. The first is o*ver-accommodation due to physical/sensory handicaps*. This occurs when an individual overaccommodates by using secondary baby talk or when s/he modifies his/her speech style in response to a perceived handicap (either real or not), but does so beyond the optimal level (such as shouting to a person who may or may not be hard of hearing). The second accommodation level is *dependency-related over-accommodation*. This occurs when speech is overbearing, overprotective and disciplinary, and can be seen in institutionalized settings between caregivers and receivers. An example of this occurs if a caregiver overly disciplines an older adult because of a minor mistake. The third level, *intergroup over-accommodation*, occurs when individuals speak to older adults differently simply due to their social category membership of being older. Attitudes and stereotypes regarding older individuals (such as deaf, forgetful, etc.) may cause people to overaccommodate according to this social category stereotype rather than the actual communicative needs of the individual. The last level, *age-related divergence*, occurs when younger individuals overaccommodate in order to disassociate themselves from older adults. This may occur when younger adults feel their identity is jeopardized and want to distance themselves from older individuals.

Measurements of Patronizing Speech

Since the CPA, several studies have been developed to determine how patronizing speech is evaluated (see Caporael et al., 1983; Giles, Fox, & Smith, 1993; Harwood & Giles, 1996; Howard, Giles, Fox, Ryan, & Williams, 1993; La Tourette & Meeks, 2000; Ryan, Bourhis, & Knops, 1991). Written vignettes, audiotapes, and videotapes have been used to determine how people evaluate patronizing speech (Ryan et al., 1995). Despite what may be a presumed superiority of audiotapes and videotapes, there are advantages to written scripts. They allow for the participants to make their own inferences regarding the situation. For example, participants may describe how they thought the patronizer acted nonverbally in addition to the script, and also how they believed the patronizer sounded (such as if the patronizer used baby talk) (Ryan et al., 1995). Also, written vignettes permit for an examination of the actual verbal interaction without the interference of other nonverbal cues (Fox & Giles, 1996).

An example of a written vignette study can be taken from the Ryan et al. (1991) study. In this study, female and male participants ranging in age from 18 to 82 were asked to read one of two scripts that described an interaction between a nurse and an older nursing home resident. One script was neutral and the other was patronizing. The patronizing version contained cues of condescension and simplified speech. It also used the terms “poor dear” and “good girl.” The neutral version did not contain these features. The participants were then asked to describe the feelings of the nurse toward the resident and the feelings of the resident toward the nurse, the personal characteristics of the nurse and the personal characteristics of the resident, and the voice of the nurse and the voice of the resident.

Participants answered in a response booklet that had six sets of ratings for each of the questions.

Generally, the results garnered have shown negative evaluations of patronizing speech (see Giles et al., 1993; Harwood & Giles, 1996; Harwood et al., 1993; La Tourette & Meeks, 2000; Ryan et al., 1991). Patronizing speech has been evaluated as conveying less respect and less concern than nonpatronizing speech (Ryan et al., 1991). Patronizers have been viewed as less nurturing than nonpatronizers and more controlling (see Harwood et al., 1993; Ryan et al., 1991). Perhaps most importantly, patronizees have been evaluated as being less happy in patronizing encounters than in nonpatronizing encounters (Harwood & Giles, 1996).

However, patronizing speech has also been evaluated positively. For example, a Caporael et al. (1983) study evaluated how older institutionalized adults perceived patronizing speech. They found that older institutionalized adults who had lower functional ability liked the use of secondary baby talk. It was suggested that this may be because they are simply used to it or because it "communicates reassurance and nurturance" (p. 752). The higher functioning older institutionalized individuals did not prefer this form of patronizing speech. It is also interesting to note that as the CPA suggests, the caregivers in this study who had low expectations for the older adults thought that secondary baby talk would be more effective in communicating with them and that adult speech would not be effective in communicating them.

A study by La Tourette and Meeks (2000), however, did not support this idea of differing abilities determining the evaluation of secondary baby talk. They studied institutionalized and noninstitutionalized older individuals (with higher and lower cognitive

abilities) and both groups evaluated patronizing speech negatively, a result that suggests that a higher necessity for care and lower cognitive ability does not make patronizing speech more acceptable or liked. As they stated: "there was a clear preference for a more respectful style of speech, and those who were more cognitively confused did not find patronizing speech any more pleasing than those who were alert" (p. 470).

Response strategies to patronizing speech have also garnered theoretical attention in intergenerational communication (see Harwood & Giles, 1996; Harwood et al., 1993; Ryan, Kennaley, Pratt, & Shumovich, 2000). These studies have examined response strategies that patronizees may use when they are in situations where they are spoken to through patronizing speech. In a study by Harwood et al. (1993), participants evaluated a patronizee who responded either assertively or cooperatively to the use of patronizing speech. The participants evaluated the assertive responder as higher status, more in control, less nurturing, and less satisfied than a person who used a cooperative response. This is interesting since one might assume that a person who responded assertively might be considered more satisfied since s/he would have defended him/herself. The patronizer who received an assertive response was rated as lower in status and less in control (than the cooperative response), but results garnered no differences in satisfaction. This is also interesting since one might assume that an assertive response might lead to lessened satisfaction for the patronizer because of embarrassment, discomfort, etc. It is also interesting to note that by acting assertively the patronizee became more in control than the patronizer – an occurrence that was not the case at the time of patronization.

In another study by Harwood and Giles (1996), participants evaluated an assertive responder as being less warm and the recipient of the assertive responder as being less

competent. The patronizee's competence was unaffected by an assertive response, which is surprising since one might think that an assertive responder would seem competent; these findings are also surprising because they seem to contradict the Harwood et al. (1993) findings that an assertive responder was more in control and higher in status. Further research in this area is necessary to find more conclusive results regarding responses to patronizing speech. Information from this area could help with response strategies to patronizing speech in interability communication as well as intergenerational communication.

Consequences of Patronizing Speech

Even though patronizing speech has garnered some positive evaluations, it is still an action based on stereotype that has most generally been evaluated negatively. In fact, many of the older recipients of this type of speech find it "demeaning and patronizing" (Ryan et al., 1986). Aside from its predominantly negative evaluations, patronizing speech may also have serious health implications (Ryan et al., 1986). As was stated earlier, secondary baby talk has the ability to affect the emotional and behavioral responses of its listener (Caporael et al., 1983). One such way is through its ability to become "aging talk" (Giles et al., 1994). When older adults are spoken to like they are too old to understand, this may ultimately 'age' them further as they internalize and believe this false stereotype and accept it as a reality (Giles et al., 1994). Older individuals' potential may be inhibited due to the over saturation of patronizing speech. This form of speech might also make older adults avoid communication contexts and in turn isolate themselves (Ryan et al., 1986). As Ryan et al. (1986) stated:

> Thus, mis-managed demeaning talk may not only induce momentary feelings of worthlessness in elderly people but may also lead to reduced life satisfaction and mental and physical decline in the long run; valued social welfare and medical resources would thereby be implicated. In the midst of

> this process, many elderly people might retreat to the comfortable haven of their TV set for social stimulation instead of procuring this from an alien, youthful community who all too often seem intent on 'putting them down'. (p. 14).

Thus, this form of speech accommodation which may be used to help older adults, is most likely perceived as patronizing and may lead to health deterioration, social isolation, and further 'aging' of the individual.

Patronizing Speech in Interability Communication

Patronizing speech in intergenerational contexts has garnered much theoretical attention, but patronizing speech in interability situations has not. This is interesting since in our society individuals with cognitive disabilities may encounter the same negative stereotypes as older individuals regarding their abilities; they may also be confronted with a form of Ryan et al.'s (1986) Communication Predicament of Aging. For example, as with older adults, people may see individuals with cognitive disabilities and assume incompetence, and then make inappropriate accommodations according to that false stereotype. However, as the CPA explains, this speech overaccommodation may be utilized as a helpful technique, but its use may inhibit its recipient's potential and lead to reduced gratification in life as well as physical and mental decline (Ryan et al., 1986). The paradox of patronizing speech in interability communication is that it may be utilized to help but instead may cause harm. As Fox & Giles (1996a) stated regarding patronizing speech in interability communication:

> if people with disabilities experience frequent, public occurrences of patronizing talk, it may not only affect how they see their social standing in the community but eventually cause negative changes in their self-esteem, psychological well-being, and future communicative behavior. (p. 268).

Research has shown that forms of patronizing speech do occur in interability communication (see Fox & Giles, 1996a; Fox & Giles, 1996b), and one of the few studies that has actually looked at patronizing speech in interability communication is a study by Fox and Giles (1996a). This study examined evaluations of patronizing speech in interability communication with people with physical disabilities. Their review discussed how individuals without disabilities communicate with individuals with disabilities differently than they would with other individuals without disabilities; for example, they interact for shorter amounts of time, smile less, and have less eye contact than they do when they communicate with individuals without disabilities (Fox & Giles, 1996a). They also use different communication styles when they communicate with individuals without disabilities. One of these different communication styles that occurs in interability communication is patronizing speech. Three such forms of patronizing speech are:

> a) baby talk, such as "poor little dear" or "honey" spoken in a condescending tone; (b) depersonalizing language, such as "it's nice that *you people* get out of the house"; and (c) third-party talk, where a nondisabled person directs communication not at the person with a disability, but at a nondisabled person who is *with* them, for example, "Does he take cream in his coffee?" (p. 267).

Fox and Giles looked at these three forms of patronizing speech in their study in order to learn how participants evaluated them in interability communication with people with physical disabilities.

Fox and Giles used written vignettes that were modeled after those used in intergenerational studies (such as the Ryan et al., 1991 study) and questionnaires with open-ended and closed-ended questions. They created two vignettes. Both vignettes portrayed a waitress (Patty: female), an individual in a wheelchair (Cathy: female), and the husband of the individual in a wheelchair (Larry: male). In one vignette the waitress used patronizing

speech when she spoke to the individual in the wheelchair (to which the customer remained passive to the patronization and did not confront the waitress), and in the second vignette she did not use patronizing speech. The participants, who reported that they did not have any physical disabilities, randomly read either the patronizing vignette or the nonpatronizing vignette; they then answered questions "rating the perceived feelings, personality, motivation, and future behavior of the interactants" (p. 272).

Some of the specific questions Fox and Giles asked were how the waitress, the person with a disability, and the third-party interactant (the husband) might feel after a patronizing vs. nonpatronizing encounter. They questioned what the trait characteristics might be for the waitress and the person with a disability in the patronizing and nonpatronizing encounter. They also asked which encounter (the patronizing encounter or the nonpatronizing encounter) the participants believed occurred more frequently. They asked if the future behavior of the patronizer and patronizee might change because of the patronizing and/or nonpatronizing encounter. They also asked the participants how they might have acted if they were the waitress and the customer in either the patronizing or nonpatronizing vignettes.

The results showed that the respondents viewed the person with a disability and her husband as feeling significantly more uncomfortable and less supported in the patronizing encounter. They viewed the person with a disability as having her "identity as threatened in the patronizing condition" (p. 285). The most prevalent open-ended answers (10% in the patronizing vs. 0.02% in the nonpatronizing) said that the person with the disability felt "insignificant," "like an outcast," and "left out." The second most frequent answer (9% in the patronizing vs. 0% in the nonpatronizing) was that the person with the disability might feel like she was a "child" or like she was "being treated like a baby." The participants rated

the waitress as feeling "liked she had helped" (27.7% in the patronizing vs. 17.9% in the nonpatronizing), and that she "didn't know she had done anything wrong" (12.3 % in the patronizing vs. 3.6 % in the nonpatronizing).

The participants rated the personality characteristics of the waitress as significantly more incompetent, insensitive, unsocial, and passive in the patronizing encounter than in the nonpatronizing encounter. The person with the disability was rated as being more passive in the patronizing encounter than in the nonpatronizing encounter.

The participants rated patronizing speech as being a fairly common occurrence (though this test did not reach the level of significance), since it was perceived to be almost as frequent as nonpatronizing (5.39 vs. 5.76, respectively). Significantly more participants believed that they would have acted differently than the waitress did in the patronizing encounter, but a large amount of participants also believed they would have acted differently than the waitress did in the nonpatronizing encounter (61 vs. 31, respectively). Reasons for acting differently in the patronizing encounter included: "I would have treated her as though she was a normal person," "I would have addressed Cathy, not acting patronizing," and "Yes, I would have treated her equally." Specific answers were not stated as to why the participants believed they would have acted differently in the nonpatronizing encounter as well. Other answers to their open-ended answers regarding the patronizing encounter suggested the participants believed "the communication of the nondisabled waitress was based on stereotypes of how to treat people with disabilities" (p. 286); for example, one participant stated: "The waitress's comment generalized the disabled."

Significantly more participants believed that they would have acted differently than the person with a disability in the patronizing encounter rather than the nonpatronizing

encounter (61 vs. 31, respectively). Answers for why they would have acted differently were "I would acknowledge that I am capable of taking care of myself," and "I would not let myself be treated as a child."

As for future interactions, significantly more participants believed that the person with a disability would act differently in the future after the patronizing encounter rather than the nonpatronizing encounter (25 vs. 15, respectively). Some answers for this included: "She is probably used to this treatment," "She now may be more aware of what people may think of those in wheelchairs," and "She probably will be upset inside but feel as if she cannot do a anything to prevent it if it happens again." There was no significant difference between groups regarding whether or not the waitress would act differently in the future. However, some noteworthy responses for why the waitress might not act differently after the patronizing encounter included: "She was never confronted and so why would she?", "No, it is human nature to help those who are labeled as 'disabled,'" and "No, she is doing what she knows as 'good.'"

This study shows how patronizing speech is evaluated in interability communication with people with physical disabilities. It "demonstrated that this type of talk did affect the ratings of the interactants' feelings and personality" (Fox & Giles, 1996a, p. 284). Studies of secondary baby talk have discussed how its use can influence its listener's behavior and emotions (Caporael et al., 1983), and this study further shows how the use of patronizing speech can be perceived as affecting how a person feels and acts. Though this study gives insight into patronizing speech in interability situations, it is not effective in understanding patronizing speech with individuals with cognitive disabilities since the person in the vignette is described has having a physical disability (and not a cognitive disability).

If the individual with the disability had a cognitive disability, the evaluations might have garnered different results due to the participants' possible stereotypes regarding communication with people with cognitive disabilities. For instance, a person in a wheelchair might be viewed as cognitively able but physically unable to walk. Thus, the use of patronizing speech in this interability situation may be considered more unethical since the person is cognitively capable; her/his wheelchair does not affect his/her ability to communicate. However, if a person uses patronizing speech with a person with a cognitive disability, it might be seen as more acceptable since a person with a cognitive disability may be stereotypically viewed as being less capable of communicating – and thus more in need of 'help'. Thus the purpose of this study is to explore patronizing speech in interability communication with people with cognitive disabilities.

Research Questions and Hypotheses

This study seeks to understand people without disabilities' perception of patronizing speech when used toward people with cognitive disabilities. Specifically, this study asks four questions:

1) How will the participants in the patronizing and nonpatronizing group rate the verbal interaction?

H1: The participants in the patronizing group will rate the verbal interaction as being less professional, less appropriate, and less common than the nonpatronizing group.

2) How will the participants in the patronizing and nonpatronizing group rate the feelings of the cashier?

H2: The participants in the patronizing group will rate the cashier as feeling less respect and more nurturance than the nonpatronizing group.

3) How will the participants in the patronizing and nonpatronizing group rate the feelings of the customer?

H3: The participants in the patronizing group will rate the customer as feeling less respect and more frustration than the nonpatronizing group.

4) Will the participants in the patronizing and nonpatronizing group report that they would have spoken differently than the cashier?

H4: More participants in the patronizing group will report that they would have spoken differently than the nonpatronizing group.

Chapter 2

Method

Design

This study used an experimental design with one between-groups, independent variable. This variable, speech style, had 2 levels (patronizing and nonpatronizing). The dependent variables were the ratings of the verbal interaction, the ratings of the perceived feelings of the interactants, and the participants' perceived beliefs of how they would have spoken had they been in the interaction with the person with a cognitive disability.

Participants

The participants were 60 undergraduate students (M age =20) who reported that they did not have any physical or cognitive disabilities. The participants took part in the study as party of an extra-credit assignment in a Speech class. They were informed that the purpose of the study was to learn more about the communication between people with a range of abilities. The participants were randomly assigned into 2 groups determined upon whether they read the patronizing vignette (Patronizing Group) or the nonpatronizing vignette (Nonpatronizing Group). The two groups were roughly the same demographically, as illustrated in Appendix A. Surprisingly, a high percentage of the participants reported that they had experience with people with cognitive disabilities (53% and 47%, respectively).

Procedure

The participants were randomly assigned to one of the two conditions. A random numbers table was used to determine to which group the participants were assigned, and then

the randomized booklets were passed out to the participants. The questionnaire booklet included a consent form (with a copy for them), either a patronizing or nonpatronizing vignette, a questionnaire, and a page asking for demographic information. The participants had 20 minutes to complete the materials. They first read and signed the consent form. If they chose to participate, they then read either the patronizing vignette or the nonpatronizing vignette based on their randomized assignment.

Both vignettes (found in Appendices B and C) depicted an interaction between a person without a disability and a person with a noticeable cognitive disability. The participants read the assigned vignette and then answered a questionnaire (found in Appendix D) that contained three close-ended questions, one open-ended question, and a page of demographic information. The questions rated the evaluations of the verbal interaction, the interactants' perceived feelings, their own actions if they were interacting with the person with a noticeable cognitive disability, and their perceived characteristics of the person with the cognitive disability. When the participants finished completing the booklet, they turned it in and this marked the cessation of their participation in the study.

Vignettes

The vignette method was adapted from the methods used in intergenerational communication studies (e.g., Ryan et al., 1991) and the Fox and Giles (1996a) interability communication study. The participants first read a short introductory paragraph that described what they would be reading: a verbal interaction between a cashier in a grocery store who had no form of disability, and a customer who the cashier recognized had a noticeable cognitive disability. The cashier and the customer were described as being gender non-specific and were only identified as 'Cashier' and 'Customer.' The introductory

paragraph describing the verbal interaction was the same for both vignettes. The participants first read the introductory paragraph and then read either the patronizing vignette or nonpatronizing vignette. The patronizing vignette used secondary baby talk as the form of patronizing speech, and the nonpatronizing vignette used speech maintenance (or neutral speech) as its form of nonpatronizing speech. The customer reacted passively to the cashier's speech form in both the patronizing and nonpatronizing vignettes.

Two pilot studies were conducted to assist in the creation of the vignettes. In the first pilot study, six participants were asked to describe someone with a visible cognitive disability. The information gathered from this pilot study was then used to find ways to describe the Customer as having a cognitive disability in the written vignette. In the second pilot study six students read the vignettes (three read the patronizing vignette and three read the nonpatronizing vignette) and then answered the questionnaire. This pilot was to make sure the vignettes and questionnaire were comprehensible and that there were no questions/concerns regarding them.

Dependent Measures

The dependent variables for this study were the ratings of the verbal interaction, the ratings of the perceived feelings of the interactants, and the participants' perceived beliefs of how they would have spoken had they been in the interaction with the person with a cognitive disability. The ratings of the verbal interaction were measured by three parameters: unprofessional/professional, inappropriate/appropriate, and uncommon/common. They were rated on a 5-point Likert scale, with 1 signifying unprofessional, inappropriate, or uncommon, and with 5 signifying professional, appropriate, or common.

The feelings of the cashier and the customer were measured by nine items: dominant, respectful, patronizing, considerate, warm, supportive, nurturing, helpless, and frustrated. These items were replicated from the Ryan, Bourhis and Knops (1991) study and were the same for both the cashier and the customer - though some items were more relevant for the cashier and some items were more relevant for the customer (Ryan, Bourhis & Knops, 1991). The items that were more relevant for the cashier were dominant, respectful, patronizing considerate, warm, supportive, and nurturing. The items that were more relevant for the customer were dominant, respectful, patronizing, frustrated, and helpless. These items were rated on a 5-point Likert scale with 1 signifying 'not at all' and 5 signifying 'extremely.'

Beliefs of whether or not the participants would have spoken differently than the cashier did were measured by asking them to answer yes/no and then give an open-ended explanation. This question was modeled after the Fox and Giles (1996a) study. It also included an open-ended question asking the participants' description of the customer's characteristics; this question was not directly tied to the study's hypotheses, but was used to better understand the participants' visual image of the customer.

Data Analysis

The first three hypotheses were tested via Analysis of Covariance with the patronizing or nonpatronizing group as a main factor, and the participants' reported experience with people with cognitive disabilities as a covariate. This study controlled for the participants' reported experience because a review of the demographic information found that a substantial percentage of the participants across groups reported that they had experience with people with cognitive disabilities (53% patronizing group and 47% in the nonpatronizing group). This unexpected amount of experience could have influenced the

participants' responses, so the participants' reported experience was controlled for as a covariate. Hypothesis 4 was examined via a Chi-Square test in order to determine if there was a significant difference between the two groups.

Chapter 3

Results

Hypothesis 1

Hypothesis 1 stated that the participants in the patronizing group would rate the verbal interaction as being less professional, less appropriate, and less common than the nonpatronizing group. The results strongly supported this hypothesis. There was a significant difference between the two groups on all three parameters, as shown in Table 3.1. The participants in the patronizing group rated the patronizing encounter as being significantly less professional, $F(1, 59) = 20.51$, $p<.05$, less appropriate $F(1, 59) = 9.38$, $p<.05$, and less common, $F(1, 59) = 10.72$, $p<.05$, than the participants in the nonpatronizing group did. There was no significant effect for the participants' experience with people with cognitive disabilities on their ratings.

Table 1

Ratings of the Verbal Interaction

		M	**Standard Deviation**	**F**	**Sig.**
Professional	Nonpatronizing	4.50	0.73	20.51	.00
	Patronizing	3.50	0.94		
Appropriate	Nonpatronizing	4.50	0.94	9.38	.00
	Patronizing	3.63	1.19		

		M	Standard Deviation	F	Sig.
Common	Nonpatronizing	4.53	0.68	10.72	.00
	Patronizing	3.77	1.07		

Note: A rating of 1 = Unprofessional, Inappropriate, or Uncommon, and a rating of 5 = Professional, Appropriate, or Common

Hypothesis 2

Hypothesis 2 stated that the participants would rate the cashier as feeling less respect and more nurturance when s/he used patronizing speech rather than nonpatronizing speech. This hypothesis was partially supported. The results indicated that the participants in the patronizing group rated the cashier's feelings as being significantly more warm, $F(1, 59) = 10.74$, $p<.05$, more supportive, $F(1, 59) = 9.46$, $p<.05$, and more nurturing, $F(1, 59) = 47.74$, $p<.05$, than the participants in the nonpatronizing group did. The experience covariate did not have a significant effect on these ratings. The patronizing group also rated the cashier's feelings as being significantly more dominant, $F(1, 59) = 4.35$, $p<.05$ in the patronizing encounter than the nonpatronizing group did, and the experience covariate, $F(1, 59) = 4.35$, $p<.05$ did have a significant effect on the participants' ratings of this variable. These results are found in Table 3.2. The items that did not have a significant effect between groups are illustrated in Appendix E.

Table 2

Ratings of the Cashier's Feelings

		M	Standard Deviation	F	Sig.
Dominant	Nonpatronizing	2.43	1.48	4.35	.04*
	Patronizing	3.17	1.12		
Respectful	Nonpatronizing	4.27	1.02	1.27	.26
	Patronizing	3.93	1.08		
Patronizing	Nonpatronizing	2.30	1.29	2.03	.16
	Patronizing	2.83	1.44		
Considerate	Nonpatronizing	4.20	1.16	.02	.88
	Patronizing	4.13	0.86		
Warm	Nonpatronizing	3.47	1.20	10.74	.00*
	Patronizing	4.33	0.88		
Supportive	Nonpatronizing	3.17	1.37	9.46	.00*
	Patronizing	4.10	1.06		
Nurturing	Nonpatronizing	2.53	1.22	47.74	.00*
	Patronizing	4.37	0.77		

Note: A rating of 1 = Not at all, and a rating of 5 = Extremely

Hypothesis 3

The third hypothesis stated that the participants would rate the customer as feeling less respect and more frustration when the cashier used patronizing speech rather than

nonpatronizing speech. This hypothesis was partially supported. The results found that the participants in the patronizing group rated the customer's feelings as being significantly less respectful, $F(1, 59) = 4.50$, $p<.05$ when the cashier used patronizing speech rather than nonpatronizing speech (see Table 3.3). The experience covariate did not have a significant effect on the participants' ratings. The items that did not have a significant effect between groups are illustrated in Appendix F.

Table 3

Ratings of the Customer's Feelings

		M	**Standard Deviation**	**F**	**Sig.**
Dominant	Nonpatronizing	1.53	1.01	.03	.87
	Patronizing	1.50	0.86		
Respectful	Nonpatronizing	4.27	0.79	4.5	.04*
	Patronizing	3.73	1.17		
Patronizing	Nonpatronizing	1.83	1.32	.84	.36
	Patronizing	1.57	0.94		
Helpless	Nonpatronizing	2.10	1.24	.86	.36
	Patronizing	2.40	1.13		
Frustrated	Nonpatronizing	1.80	1.24	3.27	.08
	Patronizing	2.37	1.16		

Note A rating of 1 = Not at all, and a rating of 5 = Extremely

Hypothesis 4

Hypothesis 4 stated that more participants in the patronizing group than in the nonpatronizing group would report that they would have spoken differently than the cashier did. This hypothesis was supported. The 1-degree of freedom χ^2 tested for homogeneity of proportions for the two groups revealed that ($\chi^2 = 11.47$; $p < .001$) a significantly larger percentage of the participants in the patronizing group stated that they would have spoken differently to the customer than the cashier did. Sixty-seven percent of the participants in the patronizing group believed they would have spoken differently than the cashier, while only 20% of the participants in the nonpatronizing group believed they would have spoken differently.

The participants were also asked to explain why they gave the answer they did on Question 4, and their open-ended answers are summarized in Appendix G. They are grouped according to which group they were assigned to (patronizing or nonpatronizing) and what answer they gave (yes or no). The answers were examined for commonalities and differences across groups, and for relationships to the quantitative findings. Of the 67% in the patronizing group who believed they *would* have spoken differently, the most frequent reason given was because the cashier's speech treated the customer like a child. Responses included: "I would have treated them as a regular customer and not like they're my child," "I wouldn't baby the customer," "I wouldn't have called them sweetie," "I would have been less condescending," and "I wouldn't have said to zip up your coat." Of the 33% in the patronizing group who believed they *would not* have spoken differently, the major reason given was because the cashier was 'nice' during the interaction. Participants stated that the

cashier was “sensitive to the customer’s disability,” “supportive of the situation,” and “very nice and understanding.”

Of the 80% in the nonpatronizing group who believed they *would not* have spoken differently, the main reason given was because the cashier acted respectful and professional. Responses included: “the cashier was polite and professional,” “the cashier was respectful and understanding of the customer,” and it was an “appropriate conversation.” Of the 20% in the nonpatronizing group who believed they *would* have spoken differently, the main theme that arose was that they would have helped the customer more. Responses included “letting the customer leave without asking for the nickel,” asking if they could “assist the customer more in counting the money,” and “asked them how they were for a politer conversation.”

In order to further examine the participants’ responses with regard to their reported experience with people with cognitive disabilities, the answers to Question 4 were sorted on the basis of the participants’ reported experience with people with cognitive disabilities. Fifty-five percent of the participants in the patronizing group who *would* have spoken differently had reported experience with people with cognitive disabilities, while 50% of the participants in the patronizing group who *would not* have spoken differently had reported experience with people with cognitive disabilities (see Figure 1 below). Sixty-seven percent of the participants in the nonpatronizing group who *would* have spoken differently had reported experience with people with cognitive disabilities, while 42% of the participants in the nonpatronizing group who *would not* have spoken differently had reported experience with people with cognitive disabilities (see Figure 2 below).

Figure 1: Patronizing Group Would you have spoken differently?

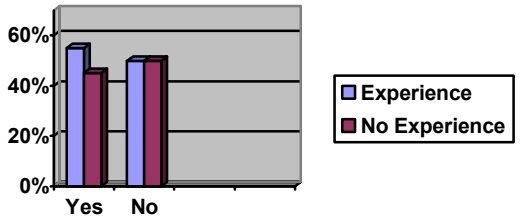
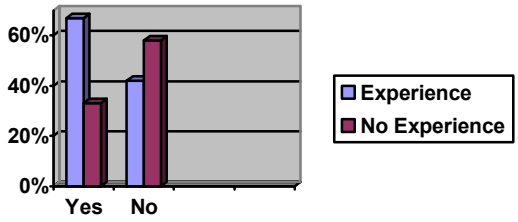


Figure 2: Nonpatronizing Group Would you have spoken differently?



Chapter 4

Discussion

This study found that college-aged students evaluated patronizing speech as less professional, less appropriate, and less common than nonpatronizing speech. The cashier was rated as feeling more warm, supportive, nurturing, and dominant when s/he used patronizing speech than when s/he used nonpatronizing speech, (though the participants' experience with people with cognitive disabilities may have influenced their rating of the 'dominant' variable). The customer was rated as feeling less respect when spoken to through patronizing speech rather than nonpatronizing speech. In regards to whether or not the participants themselves would have spoken differently than the cashier, more participants in the patronizing group than in the nonpatronizing group stated that they would have spoken differently to the customer than the cashier did (and thus not in a patronizing manner).

Perception of Speech Style

The participants' evaluation of patronizing speech as being less professional, less appropriate, and less common than nonpatronizing speech supported this study's first hypothesis. These findings correspond with the Fox and Giles study (1996a) regarding the frequency of nonpatronizing speech. Both studies found that the majority of the participants believed nonpatronizing speech was more common than patronizing speech in interability communication, though the Fox and Giles (1996a) study did not achieve significance.

These findings suggest that the participants in this study recognized that patronizing speech was not the 'correct' way to speak to people with cognitive disabilities. This is a

note-worthy finding because their open-ended responses suggested otherwise. For example, some of the open-ended responses stated that when the cashier used patronizing speech s/he was just being nice. Some of these responses included: "I thought the cashier was very nice", "the cashier was just being friendly and supportive of the situation" and "the cashier was very nice and understanding." Some comments from participants in the non-patronizing group also suggested that they wanted to speak to the customer in a nicer, more friendly way. These responses do not reflect the rejection of patronizing speech indicated by these numerical ratings of the verbal interaction. These responses suggest that the participants did not think that patronizing speech was inappropriate, mainly because people with cognitive disabilities should be treated with the 'extra niceness' that patronizing speech offers. This illustrates the paradox that is associated with patronizing speech: it stems from a desire to help or be nice, but in the end can actually cause emotional, mental, and physical harm to its listener.

Perception of Interactants

The participants used nine variables to rate the cashier's and the customer's feelings, and these nine variables "were made along three a priori dimensions: (a) respect (dominant, respectful, and patronizing); (b) nurturance (considerate, warm, supportive, and nurturing); and (c) frustration (frustrated and helpless)" (Ryan, Bourhis & Knops, 1991, p. 444). These three dimensions were then used to further describe and interpret the nine items. These three dimensions (respect, nurturance, and frustration) were also used in forming the hypotheses.

According to these dimensions, the results from this study did not support the hypothesis that the cashier would feel less respect when s/he used patronizing speech rather than nonpatronizing speech. The results did partially support the hypothesis that the cashier

would feel more nurturance when s/he used patronizing speech rather than nonpatronizing speech: the participants rated the cashier as feeling warm, supportive, and nurturing, which supported the 'nurturance dimension' along three of the four items.

These results are comparable to previous findings (see Caporael et al., 1983) that found patronizing speech may convey nurturance. The participants' rating of patronizing speech as nurturing portrays the paradox often associated with patronizing speech: it comes out of a desire to help and/or be nice, but in the end may actually cause more harm than good. Many of the open-ended responses supported this idea of the cashier just trying to 'help' and 'be nice' to the customer when s/he used patronizing speech. For example, participants who read the patronizing vignette stated that the "cashier was just being friendly and supportive of the situation", "the cashier was sensitive to the customer's disability", and "the cashier was very nice and understanding". However, as Ryan et al.'s (1986) Communication Predicament of Aging explains, this speech may be utilized as a helpful technique, but its use may inhibit its recipient's potential and lead to reduced gratification in life as well as physical and mental decline.

There was partial support for the hypothesis that the customer would feel more frustration when spoken to through patronizing speech rather than nonpatronizing speech. The means were in the predicted direction, but the statistical test only approached significance (i.e., $p=.08$). Results also slightly supported the hypothesis that the customer would feel less respect when spoken to through patronizing speech, since one out of three items in the 'respect dimension' was found to be significant (and this one item was actually the variable 'respect'). The Ryan et al. study (1991) found that patronizing speech was evaluated as conveying less respect, and this study enhanced those results by showing that

the customer felt less respect when spoken to through patronizing speech than nonpatronizing speech.

Communication Predicament

The hypothesis that more participants in the patronizing group (rather than the nonpatronizing group) would report that they would have spoken differently than the cashier did was supported by this study. These results also supported the Fox and Giles (1996a) findings regarding whether or not the participants believed they would have spoken differently. In both studies, more of the participants believed they would have spoken differently than the cashier when s/he was using patronizing speech rather than nonpatronizing speech.

The open-ended responses describing why the participants would/would not have spoken differently than the cashier supported Social Identity Theory (SIT) by demonstrating how people without disabilities may speak to people with cognitive disabilities differently due to their membership within the social category of an 'outgroup'. For example, one participant in the patronizing group felt s/he would not have spoken differently because s/he felt "that the cashier was sensitive to the customer's disability." A participant in the nonpatronizing group stated s/he would have not have spoken differently because "the cashier did not have special training to communicate to a disabled person". These responses illustrate the idea of speaking to people with cognitive disabilities differently because they are an outgroup to the participants' ingroup. The outgroup is different than their ingroup, and so they communicate to them differently based on their perceived stereotype regarding the outgroup. These findings also support Self-Categorization Theory (SCT), since they

illustrate how the participants placed the customer into an outgroup with the social category 'disability'.

The responses also supported SIT through the idea of an individuals' desire for a positive personal identity. The participants' open-ended responses suggested their desire to create a positive identity through their communication with the 'disability' outgroup by helping them. For example, they stated that they would have been more helpful, friendly, and polite. Some even stated they would have let the customer leave without paying the extra nickel. By being more polite and friendly to the 'disability' outgroup, the participants are able to maintain a positive personal identity since they think they are acting positively toward the outgroup member.

The open-ended responses supported Communication Accommodation Theory (CAT) by showing that the participants believed they would have changed their speech styles based on their audience (e.g. people with cognitive disabilities). For example, one participant stated that s/he would have spoken differently than the cashier in the nonpatronizing encounter "mainly because the person has a disability." Another participant stated that s/he would have spoken differently than the cashier in the nonpatronizing encounter "because of the special circumstances, considering the cognitive disability." These responses suggest that these participants would have changed their speech styles based on the fact that they were speaking to a person with a cognitive disability.

These responses also illustrate patronizing speech because they appear to be speech accommodations based on stereotype. Since the participants stated that they would have spoken differently because of the disability, this suggests that they have a stereotype regarding disability and that they would have accommodated their speech based on this

stereotype (rather than waiting to see if the person even needed it). The Communication Predicament of Aging (CPA) discusses how people accommodate their speech styles with older adults based on the negative stereotypes they have of them rather than their actual abilities; this issue should be further examined in interability communication because this study suggests that this may also occur with individuals with cognitive disabilities.

Individuals with cognitive disabilities may encounter many of the same stereotypes as older adults; perhaps there is a Communication Predicament of Ability that occurs to people with cognitive disabilities. Both social groups are often marginalized in our society, and both groups are often considered slow moving and/or acting, unable to understand and/or communicate, and not in touch with our society. Because of these similar stereotypes people with cognitive disabilities may encounter a communication predicament very similar to the CPA.

There are four accommodation levels in the CPA and these levels are applicable in interability communication as well (Ryan et al., 1986) For example, individuals with cognitive disabilities might encounter an *over-accommodation due to physical/sensory handicaps* when people accommodate their speech styles based on their perceptions regarding an individual's disability, rather than the individual's actual abilities. The second level, *dependency-related over-accommodation*, might occur to people with cognitive disabilities when they are in institutionalized settings. The third level, *intergroup over-accommodation*, might occur when people speak to people with cognitive disabilities differently just because of their social category of 'having a disability'. The final level of the CPA, *age-related divergence*, might also occur with people with cognitive disabilities. For

example, they may encounter *disability*-related divergence when people without disabilities speak differently to them in order to dissociate themselves.

As one can see, there are many similarities between older adults and people with cognitive disabilities when it comes to the overaccommodations people may make based on stereotype. And since these are actions based on stereotype, they might often not even be needed; as a result they can have many negative repercussions. Further research in this area is necessary because as the CPA suggests, these overaccommodations can have serious health implications, and can even affect the emotional and behavioral responses of those whom it is imposed upon.

Despite the overall negative evaluation of patronizing speech in this study, it must be reiterated that in some cases patronizing speech was not evaluated negatively. Thirty-three percent of the participants in the patronizing group did not disagree with the cashier's use of patronizing speech, and in one case the patronizing speech was even described as appropriate. One participant stated: "it is generally accepted to treat people with mental disabilities in the way the cashier does". So though patronizing speech was rated more negatively than nonpatronizing speech, there were still quite a few participants whose qualitative responses suggested that they did not evaluate patronizing speech negatively.

It is also noteworthy that 20% of the participants who read the nonpatronizing vignette believed they would have spoken differently and not used the nonpatronizing speech. The open-ended responses to this issue stated that the nonpatronizing speech form was not "friendly" enough and that the cashier should have made "politer conversation'. A prevalent idea expressed in the open-ended responses was that the way to talk to people with cognitive disabilities is to be especially nice. The participants believed they would have

treated the customer differently because of his/her disability, and this different treatment appears to stem from a desire to be extra helpful or extra nice. This further illustrates SIT's idea of the participants trying to maintain a positive personal identity by helping the 'disability' outgroup member.

Limitations

This study is useful in expanding our knowledge of patronizing speech, but it does have its limitations. One limitation is gender; this study had significantly more women than men in its sample size (46 vs. 14, respectively). The high number of women in this study could have influenced the nurturing results, because of the nurturing aspect often associated with females. Another limitation is that the sample was only made up of college-aged students, and this age group does not reflect all the people who come in contact with people with cognitive disabilities.

A third limitation in this study was the lack of nonverbal cues. Though the vignette method was chosen in order to examine the verbal interaction without the interference of nonverbal cues, it still created more of an artificial environment than a video method or another method that does include them. Since nonverbal cues are such an important element of communication, they should be included in order to have a more thorough understanding of patronizing speech in interability communication.

A final limitation in this study was the experience many of the participants had with people with cognitive disabilities. This was an unexpected, and if it had been considered before the study the participants would have been grouped according to their experience. Another concern was that the questionnaires did not ask the participants to fully explain how much experience they had. Although some participants stated that they had worked with

people with cognitive disabilities, they may or may not have had appropriate training on how to speak with people with cognitive disabilities. Since the information about their experience is fairly vague, we cannot offer precise explanations for how those experiences may have influenced our results.

Future Studies

Future studies should consider including people with cognitive disabilities as participants in their studies because this would help garner a better understanding of patronizing speech in interability communication. Aside from their evaluation of patronizing speech, their inclusion as participants in this research would be useful in uncovering the possible consequences and repercussions of patronizing speech. Their inclusion could also help in determining possible response strategies to patronizing speech. Studies that include people with cognitive disabilities as participants are necessary so that they may speak for themselves regarding patronizing speech in interability communication.

It was unexpected that so many participants in this study had reported experience with people with cognitive disabilities. Future investigations should take this finding into account by determining this at the beginning of the study, and then grouping their participants based on their reported experience. This would better show if the participants' responses are based on the actual vignettes or their experience with people with cognitive disabilities. For example, theories such as Uncertainty Reduction Theory (URT) suppose that when people first meet, they are predominantly concerned with reducing uncertainty. Contact is a key force in decreasing this uncertainty, since it allows for the information seeking that increases knowledge and thus decreases uncertainty (Fox et al., 2000). Thus, if

the participants have experience, they may have more knowledge regarding interability communication than those who do not. This may influence their responses.

Grouping the participants based on their reported experience would also be interesting in showing if the participants' experience does not support URT and reduce their uncertainty regarding interability communication. For example, one participant who had reported experience with people with cognitive disabilities stated: "I would have felt uncomfortable and wouldn't have known what to say". Despite his/her contact with people with cognitive disabilities, s/he was still unsure how to speak to people with cognitive disabilities. Also, of the participants who *disagreed* with the nonpatronizing speech, 67% had reported experience with people with cognitive disabilities, and of the participants who *did not disagree* with the patronizing speech, 50% had reported experience with people with cognitive disabilities. This suggests that experience may not result in the increase of nonpatronizing speech or the decrease in patronizing speech. This is an interesting and complex issue that needs further research in order to garner more clear results.

Past research regarding patronizing speech has mainly centered on intergenerational communication, and this study furthers our understanding of patronizing speech by showing that in interability communication it is generally evaluated negatively. It is the second study done on patronizing speech in interability communication, but it is the first study done on patronizing speech in interability communication toward people with cognitive disabilities. It is significant in showing that even when used toward three different 'social groups' of people (e.g. older adults, people with physical disabilities, and people with cognitive disabilities), this form of speech is still evaluated negatively (e.g., Fox & Giles, 1996a; Ryan, Bourhis, & Knops, 1991).

However, due to the number of participants who did not disagree with the patronizing speech, as well as the number of participants who disagreed with the nonpatronizing speech, this study also illustrates that patronizing speech toward people with cognitive disabilities is still an issue of uncertainty for some people. The Americans with Disabilities Act has brought about many necessary changes, but many more must be made in order to decrease patronizing speech. As this study shows, exposure and contact alone may not be the answer. Patronizing speech toward people with cognitive disabilities appears to be an area filled with uncertainty even if someone does have experience with people with cognitive disabilities. As time passes, people with cognitive disabilities' prominence in our society will continue to increase; thus, this issue of patronizing speech in interability communication is one of utmost importance. Increased exposure has been a great start, but we must start doing more if there is to be a decrease in patronizing speech.

In conclusion, this study provides a view of how patronizing speech toward people with cognitive disabilities is evaluated by college-aged students. Overall it is evaluated negatively, but there are still cases where participants appear to be uncertain about patronizing speech's place within interability communication with people with cognitive disabilities. Patronizing speech is speech based on stereotype rather than truth, and it can have various physical and mental repercussions for its listeners. Future research in this area is needed in order to modify the use of patronizing speech and possibly open the doors to a more positive form of communication with people with cognitive disabilities.

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Appendix A

Table 4

Participant Demographic Information

	Nonpatronizing group	**Patronizing group**
Age in years (Mean)	20	19
Gender	83% females, 17% males	70% females, 30% males
Race	53% African-American 7% Asian-American 37% Caucasian	37% African-American 13% Asian-American 43% Caucasian
Number of years of college completed	33% 1 year 23% 2 years 3% 3 years 3% 4 years 37% none	33% 1 year 17% 2 years 10% 3 years 40% none
Had family members with a disability	17% yes, 83% no	27% yes, 73% no
Had friends with a disability	20% yes, 80% no	20% yes, 80% no

	Nonpatronizing Group	Patronizing Group
Had experience with people with disabilities	60% yes, 40% no	73% yes, 27% no
Had experience with people with cognitive disabilities	47% yes, 53% no	53% yes, 47% no

Appendix B

Nonpatronizing Vignette

The following interaction takes place between a cashier and a customer at a grocery store. These two interactants are not gender specific and will be identified as *Cashier* and *Customer*. The Cashier has no form of disability and the Customer has a cognitive disability. A cognitive disability can also be described as a person who has mental retardation. People who have mental retardation exhibit intellectual, adaptive, and social skill limitations. These limitations are considered limitations because they are not characteristic of the individuals' peers.

Cashier: That will be $25.02. Will that be Cash or Charge?

Customer: Cash. Give me a second. I have to count it.

Cashier: Ok, no problem.

(1 minute passes…)

Customer: Here you go.

Cashier: Oh, I need another nickel.

Customer: Oh, sorry! Here you go.

Cashier: Thanks. Have a good day.

Appendix C

Patronizing Vignette

The following interaction takes place between a cashier and a customer at a grocery store. These two interactants are not gender specific and will be identified as *Cashier* and *Customer*. The Cashier has no form of disability and the Customer has a visible cognitive disability. A cognitive disability can also be described as mental retardation. People who have mental retardation exhibit intellectual, adaptive, and social skill limitations. These limitations are considered limitations because they are not characteristic of the individuals' peers.

Cashier: That will be $25.02. That will be cash, right?

Customer: Yes. Give me a second. I have to count it.

Cashier: Ok honey, no problem!

(1 minute passes…)

Cashier: I know how hard it can be with all that change and all those bills in your hands! It can get confusing! Are you sure you don't need any help?

Customer: No thank you. I can get it. Here you go.

Cashier: Actually, I need one more nickel!

Customer: Oh, sorry! Here you go.

Cashier: Don't apologize! Like I said, it can be confusing! Ahhh, now that's perfect! Thanks, sweetie! Now you have a good day! And don't forget to zip up that coat – it's cold out there!

Appendix D

Questionnaire Questions

How would you describe the verbal interaction?

Unprofessional				Professional
1	2	3	4	5
Inappropriate				Appropriate
1	2	3	4	5
Uncommon				Common
1	2	3	4	5

How would you describe the feelings of the cashier in the verbal interaction?

	Not at all				Extremely
Dominant	1	2	3	4	5
Respectful	1	2	3	4	5
Patronizing	1	2	3	4	5
Considerate	1	2	3	4	5
Warm	1	2	3	4	5
Supportive	1	2	3	4	5
Nurturing	1	2	3	4	5
Helpless	1	2	3	4	5
Frustrated	1	2	3	4	5

How would you describe the feelings of the customer in the verbal interaction?

	Not at all				Extremely
Dominant	1	2	3	4	5
Respectful	1	2	3	4	5
Patronizing	1	2	3	4	5
Considerate	1	2	3	4	5
Warm	1	2	3	4	5
Supportive	1	2	3	4	5
Nurturing	1	2	3	4	5
Helpless	1	2	3	4	5
Frustrated	1	2	3	4	5

Consider how YOU might talk with the customer.

Would you have spoken any differently than the cashier in the interaction?

Yes No

Why?

Describe the image you have of the customer with a visible cognitive disability. W

What are the customer's characteristics?

Participant Information

1) Age: ____ **2) Gender:** 1. M 2. F

3) Race/Ethnicity(please circle):

African-American Asian-American Caucasian Hispanic Other:_____

4) Number of years of college completed (please circle):

1 2 3 4 Other:_____

5) Do you have any form of a disability(s)? 1. Yes 2. No

If yes, please explain.

6) Do you have any family members who have a disability(s)? 1. Yes 2. No

If yes, please explain.

7) Do you have any friends who have a disability(s)? 1. Yes 2. No

If yes, please explain.

8) Do you have any experience with people with disabilities? 1. Yes 2. No

If yes, how much?

9) Do you have any experience with people with cognitive disabilities? 1. Yes 2. No

If yes, how much?

Appendix E

Table 5

Additional Ratings of the Cashier's Feelings

		M	**Standard Deviation**	**F**	**Sig.**
Helpless	Nonpatronizing	1.53	1.01	.01	.93
	Patronizing	1.50	0.82		
Frustrated	Nonpatronizing	1.40	0.81	.71	.40
	Patronizing	1.63	1.10		

Note: A rating of 1 = Not at all, and a rating of 5 = Extremely

Appendix F

Table 6

Additional Ratings of the Customer's Feelings

		M	Standard Deviation	F	Sig.
Considerate	Nonpatronizing	3.50	1.04	.03	.86
	Patronizing	3.47	0.94		
Warm	Nonpatronizing	3.70	0.92	2.89	.19
	Patronizing	3.23	1.14		
Supportive	Nonpatronizing	2.73	1.26	.02	.90
	Patronizing	2.80	1.24		
Nurturing	Nonpatronizing	2.30	1.02	.00	.99
	Patronizing	2.30	1.15		

Note: A rating of 1 = Not at all, and a rating of 5 = Extremely

Appendix G

Open-ended answers to the question: Would you have spoken any differently than the cashier in the interaction? Based on answer yes/no.

Nonpatronizing Group Answer: Yes	**Nonpatronizing Group Answer: No**	**Patronizing Group Answer: Yes**	**Patronizing Group Answer: No**
I would have let the customer left without giving me the nickel. I think the customer was taking his/her time counting the money and it might have brought their self-esteem down knowing they miscounted.	She just did her job. The cashier did not have special training to communicate to a disabled person.	The customer, while disabled, is obviously an adult. He/she does not need to be "mothered" by the cashier. In my experience, such treatment can make the disabled person feel helpless, worthless.	Because the cashier was just being friendly and supportive of the situation.
Mainly because the person has a disability. I would probably ask if I could assist the customer more in counting the money and would not ask for nickel like that.	But it is hard to say without knowing the cashier's tone of voice.	In the end, I would like to show a sign of gratitude to the cashier for trying to be very helpful and supportive.	Because I have worked with special-ed children throughout my life, and know that the way you approach situations, like a problem or a conflict, need to be done with care and compassion.
I probably would have asked them how they were for a politer conversation.	Just because someone has a mental handicap does not make them any less of a person so there would be no reason to treat them any differently.	Because the customer understands that she/he is being treated differently or extremely nice because of the condition they have and that will have an effect on him/her, in a bad way.	I thought the cashier was very nice. S/he was not rude nor judgmental.

Nonpatronizing Group Answer: Yes	Nonpatronizing Group Answer: No	Patronizing Group Answer: Yes	Patronizing Group Answer: No
I probably would have asked her if she had another nickel and then say do not worry about it if you don't.	Mentally retarded does not equal stupid and I am a cashier so I deal with disabilities all the time.	Treated him like a normal person.	I feel that the cashier was sensitive to the customer's disability but also allowed he or she to take care of themselves.
Because of the special circumstances, considering the cognitive disability.	I believe the cashier was respectful and understanding of the customer.	I'm more professional. Still nice, but professional, in any business interaction.	Because I'm the type of person that is nurturing and if someone looks like they need help, I'm willing to help them.
The cashier didn't have anything to say. She wasn't very friendly and didn't try to make conversation.	The cashier was polite & professional.	I would have been less condescending so the customer wouldn't feel insecure about his disability.	Because she was a warm person who felt the tone she was using was appropriate – it wasn't a time to use a businesslike tone.
	It was professional for the situation. No other action/approach should be taken.	If the customer was obviously able to count his money and pay like any other customer, I would not treat the person differently. I can say this from experience at my job.	The cashier was very nice and understanding.
	Because cashier was polite and had patience.		

Nonpatronizing Group Answer: Yes	Nonpatronizing Group Answer: No	Patronizing Group Answer: Yes	Patronizing Group Answer: No
	It would be rude to talk condescendingly to a person that has a disability. They are no different from anyone else. They are just slower to learn & react. They still deserve spect.	I would have felt uncomfortable and wouldn't have known what to say.	It is generally accepted to treat people with mental disabilities in the way the cashier does.
	Customer was honest and direct. That's all you can do!	I would not ask her if she needs help counting money.	
	Because the cashier was respectful and calm.	I would have treated them as a regular customer and not like they're my child.	
	Because I think it is an appropriate conversation.	I wouldn't baby the customer.	
	I think the cashier handled the situation calmly and professionally.	I would have given the customer more time and I wouldn't have called them sweetie. This appears as if I was treating them as a child.	
	Because even if the person has a disability, they can still function normally.	Possibly – depending on how busy or tired I may have been, I most likely would have not been as considerate.	

Nonpatronizing Group Answer: Yes	Nonpatronizing Group Answer: No	Patronizing Group Answer: Yes	Patronizing Group Answer: No
	The cashier was not rude and was perfectly respective toward the customer.	I wouldn't have said to zip up your coat, because that sounds a little weird.	
	Because the cashier was patient and understanding to the needs of the customer.	I would have been very nice, however, I just wouldn't have said "button up your coat…it's cold!"	
	I really don't believe the situation needed to be handled any differently than it was. There was no big problem.	I wouldn't use honey or sweetie.	
	Because they are people too. They shouldn't be treated differently as if they can't understand. If he or she can shop they should be treated equally as all other customers.	Because I want to encourage people to make them feel good about themselves.	
	The cashier got straight to the point but was not rude.	Some people wouldn't like to be called out or treated any differently because of his or her disability.	