

ATTITUDE AND PERSONALITY CHARACTERISTICS OF OLDER STUTTERERS

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The attitude and personality characteristics of 29 stutterers (19 male, 10 female) aged 52-82 yr were assessed using five questionnaires. Results indicate that, while the older stutterers score approximately the same as young adult stutterers on scales assessing approach and performance behaviors, the large majority of older stutterers perceive their stuttering as less handicapping than when they were young adults. Self-perceived personality characteristics of the older stutterers were similar to a group of older nonstutterers. While a few of the subjects had experienced some degree of success as a result of treatment later in life, the majority of the subjects did not currently desire treatment.

INTRODUCTION

Assuming a prevalence rate of 0.7% (Young, 1975) and population data for older individuals obtained in 1970 (U.S. Bureau of the Census, 1970) there should be approximately 400,000 stutterers over the age of 50 in this country. However, few older stutterers are seen for treatment, and they are rarely discussed in the literature (Manning and Shirkey, 1980). Could it be that stutterers manage to either accept or modify their speaking behavior as they grow into late adulthood? Do the physiologic and psychologic changes that most people experience during the middle years of their lives (Sheehy, 1974; Vaillant, 1977) help to bring about changes in attitude and behavior that lessen the severity of stuttering? Or, if stuttering remains a handicap for older speakers, why are not more of these individuals seeking treatment? While it will be some time before each of these questions are answered, we need to begin exploring the nature of stuttering in older speakers if we are to understand the complete pattern of stuttering development; a pattern that continues throughout the life-cycle. While some data have been obtained concerning the fluency character-

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istics of older nonstutterers (Yairi and Clifton, 1972; Manning and Monte, 1981), information concerning the nature of stuttering in older speakers is extremely limited.

The purpose of the present investigation was to obtain descriptive information from a group of older stutterers. Specifically, we wanted to obtain information concerning self-estimates of stuttering severity and handicap during both young- and late-adulthood, estimates of current approach and performance behavior in a variety of speaking situations, a description of personality characteristics, and the desire for treatment by stutterers over the age of 50.

METHODS

Locating subjects was the most formidable aspect of the investigation. A lower age limit of 50 yr was chosen because it has been suggested that for some individuals the severity of stuttering may begin to decrease at approximately this age (Manning and Shirkey, 1980). The names of stutterers over the age of 50 were obtained from two major sources. Six subjects were identified via a notice in a newsletter published by The National Stuttering Project. Other potential subjects were located through the National Council of Stutterers, and several of these individuals subsequently identified other older stutterers with whom they were acquainted. The identification process eventually yielded a total of 29 stutterers over the age of 50 (19 male, 10 female). The age of the subjects averaged 62 yr and ranged from 52 to 82 with the following age distribution: 50–59 yr, 11; 60–69 yr, 13; 70–79 yr, 4; 80–89 yr, 1.

In an attempt to locate subjects we were not extremely restrictive in the selection process. Quite obviously, this group of subjects was not randomly selected and is likely to be more representative of stutterers who are actively involved in self-help activities. All of the subjects were members of one or more self-help organizations for stutterers and all had taken part in or were currently involved in treatment programs. On the other hand, these subjects represented a wide variety of educational levels, geographic areas, and vocations. They also represented a wide range of stuttering severity.

Potential subjects were mailed a cover letter explaining the nature of the investigation and a preaddressed, postage-paid post card. They were asked to return the postcard whether or not they wished to take part in the study and to list names and addresses of other older stutterers they knew. The response rate to this initial mailing was 34 of 38 mailed, or 89.5%. All respondents were then mailed a packet containing a second cover letter, a preaddressed, postage-paid return envelope, and five questionnaires. Twenty-nine subjects (85%) responded to this mailing. Thus, of the original 38 potential subjects, 29 (76%) were included in this study.

Subjects were first asked to complete a biographical survey form that included an equal-appearing interval scale for the subjects to rate the severity of their stuttering, both at their present age and as they remembered their stuttering as young adults. Also, subjects were asked to complete five questions designed to assess changes in handicap, attitude, success of previous treatment, and current desire for treatment (see Appendix). Following completion of the biographical survey form, subjects completed, in a counterbalanced order, the *Perceptions of Stuttering Inventory (PSI)*, (Woolf, 1967), the shortened form of the *Erickson Scale of Communication Attitudes (S24 Scale)* (Erickson, 1969; Andrews and Cutler, 1974), the *Self-Efficacy Scale for Adult Stutterers (SESAS)* (Ornstein and Manning, 1983), and a bipolar adjective scale (Woods and Williams, 1976).

RESULTS

Self-Ratings of Severity

Using the 7-point equal-appearing interval scale provided in the biographical survey form, the stutterers' average rating of their current stuttering severity was 3.3, with scores ranging from 1 through 7 ($SD = 1.7$). No trend was observed for any differences in severity ratings across subject age or sex.

When subjects were asked to rate the severity of their stuttering as young adults, the average was 4.9 with scores from 1 through 7 ($SD = 1.7$). The use of a Wilcoxon matched-pairs signed-ranks test (Siegel, 1956) indicated that current ratings of severity were significantly lower than the ratings they assigned themselves as young adults ($p < 0.005$). Twenty subjects (69%) felt that the severity of their stuttering had become less severe with age, four felt it had become more severe with age, and five felt no change in the severity of their stuttering.

Every subject except one indicated that their stuttering had been handicapping either socially, vocationally, or educationally as a young adult. Comments concerning the extent of handicap varied from statements indicating that stuttering had been "somewhat frustrating" to statements indicating that their stuttering had had a profound effect on many aspects of their life.

Responses to a question asking whether or not the handicap caused by stuttering had changed over the years were more revealing. The large majority of the subjects said that many changes had taken place. Examples of statements included: "Stuttering is less of a problem now, there's not as much competition"; "I accept myself more now than when I was younger"; "I'm more tolerant of myself now"; "I become more insightful about personal problems as I grow older"; "Stuttering has less of an all-consuming hold on me than when I was younger"; "Now that I am a

respected scientist I don't really care if I stutter"; "The problem wore off as I advanced in years"; One 62-yr-old male stated:

"My attitude about myself and my speech has improved dramatically in the last decade. Stuttering is still severe but I have a much reduced foreboding attitude and seldom shy away, even for a moment, situations I used to run from."

A 67-yr-old man indicated that:

[There have been] . . . "some periods of complete fluency, but relapses have occurred. Periods of fluency occurred when there were frequent and regular opportunities for public speaking. The causes of the relapses are difficult to identify, but I relate them to life situations and relocations as well as personal relationships in competitive situations."

There was one important exception to the above responses. One 69-yr-old woman indicated that she had stuttered little as a young adult and then began to have much more difficulty in the past several years.

Perceptions of Stuttering Inventory (PSI)

This inventory requires subjects to consider speaking behaviors that are typical of adult stutterers and identify those behaviors that are present in their own speech. Scores on the 60-item PSI averaged 20.3, and ranged from 1 to 42 ($SD = 12.0$). The average of 20.3 for older stutterers compares closely with mean pretreatment scores for young adult stutterers of 21.1 (Manning and Cooper, 1969) and a mean score of 27.2 obtained during treatment of young adult stutterers (Ornstein and Manning, 1983).

Erickson Scale

This scale asks subjects to answer 24 true–false questions concerning their attitude during a variety of communication situations. Subject scores are derived according to how many questions are answered as a stutterer would typically respond. The older stutterers scored an average of 16.0 of a possible 24 items on this scale. Scores ranged from 3 to 24 ($SD = 6.9$). This average compares with mean pretreatment scores for young adult stutterers of 19.4 (Howie et al., 1981), 20.0 (Guitar and Bass, 1978), and mean scores obtained during treatment of 15.6 (Ornstein and Manning, 1983).

Self-Efficacy Scale

This technique requires that subjects use a decile scale from 0 to 100 to indicate the confidence with which they are able to (a) approach 50 specific speaking situations and (b) perform at a predetermined level of fluency

in each of the 50 speaking situations. The older stutterers averaged 70.5% (SD = 22.4%) on the approach items and 60.5% (SD = 27.9%) on the performance items. These scores are similar to those obtained by Ornstein and Manning (1983) with 20 young adult stutterers. The young adult stutterers scored 66.2% and 55.8% for approach and performance items, respectively. Use of the Wilcoxon matched-pairs signed-ranks test indicated that the older stutterers ranked approach tasks significantly higher than performance tasks as the younger stutterers had done ($p < 0.05$). In contrast, nonstutterers tend to rank performance tasks higher (98.0%) than approach tasks (94.2%) (Ornstein and Manning, 1983).

Bipolar Adjective Scale

Subject responses to this scale were averaged and plotted for each of the 25 adjective pairs as shown on Figure 1. In order for some comparisons to be made with other older speakers, a volunteer group of 13 older non-stutterers (7 female, 6 male) were selected from a local church and asked to complete the bipolar scale. The average age of this group of nonstutterers was 65 yr. In order to more easily interpret the scale, the adjective pairs were placed in order from most to least difference between stutterers and nonstutterers.

Both stutterers and nonstutterers show a similar pattern across all bipolar pairs with both groups of subjects viewing themselves as perfectionistic, open, quiet, secure, sensitive, intelligent, pleasant, cooperative, and friendly. While the stutterers tended to see themselves as somewhat more inflexible, withdrawn, self-conscious, anxious, and introverted than the nonstutterers use of a Wilcoxon matched-pairs signed-ranks test failed to indicate any significant differences ($p < 0.05$) between stutterers and nonstutterers on the bipolar pairs.

Desire for Treatment

The large majority of the older stutterers ($n = 16$) indicated that they had no desire for treatment at this time. Some were already involved in treatment, but most indicated that stuttering was "no longer a big problem" or that they had "more pressing problems now." Others felt the "habit was too ingrained" or that they were simply "too old" to be helped by treatment. The seven people who did indicate that they would consider treatment qualified their statements by making comments such as "Yes, but only if the method is proven" and "Yes, but the method would have to appeal to me." Finally, there were five individuals who had received treatment and did not desire help now because, as one man indicated, ". . . therapy has prepared me to handle my stuttering problem as well as can be expected. The most important aspect of therapy is maintenance now."

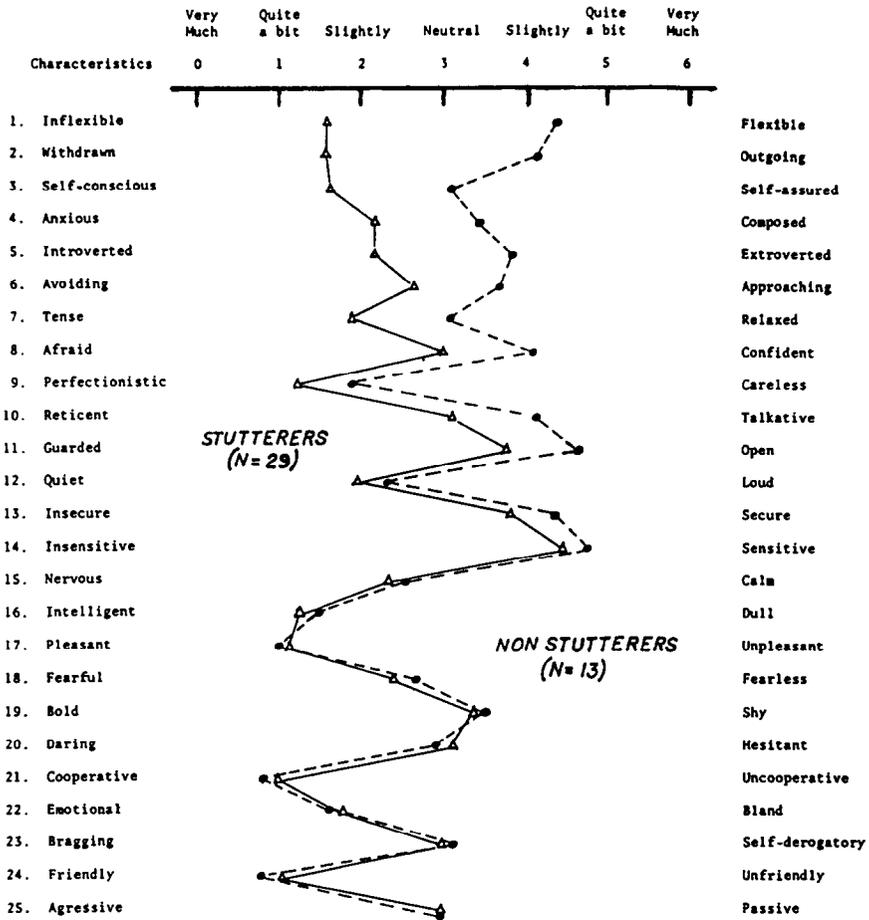


Figure 1. Mean scores for the 29 older stutterers (triangles) and 13 older non-stutterers (filled circles) for each of the 25 bipolar adjective pairs. Adjective pairs are listed in order of greatest to least difference between mean scores of stutterers and nonstutterers.

DISCUSSION

While there was a range of responses exhibited by the 29 older stutterers, one of the major trends appears to confirm the notion that older stutterers are indeed, less concerned about their speech than young adults who stutter. Responses to the attitude scales suggest that the level of self-perceived severity for these older stutterers is approximately the same as young adult subjects studied in previous investigations. However, the statements by the older stutterers describing their current level of severity, as well as the significant lowering of estimated severity from young

adulthood, suggests that the handicap associated with stuttering is not as great as it once was for the majority of the subjects. Several subjects reported that they felt there was less pressure on them to be fluent, especially in competitive situations than when they were young adults. This decreased pressure to be fluent, when seen in the context of other problems associated with growing older, is likely to contribute to a lessening of the handicap caused by being a stutterer. Such a decrease in handicap was not the case for all subjects; some indicated no change and some indicated an increase in the severity of stuttering with advancing age. For the majority of these older stutterers, however, a lessening of the handicap, if not the actual stuttering, appears to have occurred. Whether or not there is any associated decrease in the avoidance, tension, duration, or type of stuttering for such speakers is unknown.

The majority of the subjects were not especially interested in receiving treatment. This lack of interest in therapy appears to be due in part to past failures in treatment ("Therapy was a waste of time and money"; "I tried _____ technique three times with no success") and in part to past successes. That is, some subjects had undergone treatment with success and, while they felt further improvement was possible, it was not considered to be worth the time and expense. It is important to note, however, that there were nine subjects who reported rather dramatic improvement in their speech later in life as a result of treatment programs. Thus, while most older stutterers are not likely to seek treatment, rather significant success is possible for some people.

As indicated earlier, the majority of the subjects were members of one or more self-help groups. Whether or not older stutterers who are not members of such groups would respond in a similar manner to the same questions also is a possibility for future investigation. However, for those stutterers who are interested, the self-help group may be an ideal way for older stutterers to change their communication attitudes and stuttering behavior.

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APPENDIX

Biographical Survey Form

Name _____

1. On the following scale, rate the severity of your stuttering now (circle a number).

(very mild)							(severe)
1	2	3	4	5	6	7	

2. On the following scale, rate the severity of your stuttering as a young adult.

(very mild)							(severe)
1	2	3	4	5	6	7	

3. Do you feel that your stuttering has handicapped you socially, vocationally or educationally? If so, please describe briefly.
4. Has your stuttering or your attitude about your stuttering changed over the years? If so, what kind of changes have taken place?
5. Have you had any therapy for stuttering? _____If yes, please describe the therapy activities that were helpful.
6. Do you desire treatment for your stuttering now? _____If no, why not?
7. If you desire treatment, what type of treatment activities do you feel would be most helpful to you?