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The Intersectionality of Stuttering and Aging

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The Intersectionality of Stuttering and Aging

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Abstract

Purpose: The purpose of this study is to explore relationships between stuttering and aging so that speech-language pathologists can be informed about the intersectionality of these identities.

Method: Three adult men who stutter, all over the age of 65, were interviewed in semi-structured interviews. Interview transcripts were analyzed with in-vivo coding to find codes and themes between participants.

Results: From the interviews, 20 categories were identified. These categories were then funneled into four overarching themes: 1) Personal Factors Impacted by Stuttering, 2) Stuttering Perspectives across the Lifespan, 3) Stuttering Therapy Experiences, and 4) Covert Stuttering.

Conclusion: This study shows that attitudes, perspectives, and experiences related to stuttering change throughout a person's life. Stuttering has impacted each participant's interpersonal communication, relationships, and occupational decisions.

Keywords: stuttering, aging, covert stuttering

Introduction

Stuttering is a communication disorder that typically begins in childhood and is characterized by overt and covert behaviors. Overt stuttering is defined as "involuntary, audible or silent, repetitions or prolongations of sounds or syllables" (Büchel and Sommer, 2004). Yaruss and Quesal (2004) provided a universal framework through which stuttering can be viewed by speech-language pathologists (SLPs) and other healthcare professionals. This framework focuses on the "covert" aspect of stuttering, including how a person feels about their disability and the limitations put on a person who stutters by their society. By broadening definitions of disability to include the society in which people live *and* their internal state when they stutter, the updated International Classification of Functioning, Disability, and Health (ICF) gives more room for essential parts of communication that get overlooked when communication is reduced to fluency. In the updated ICF, the person with the disability is centered in the conversation instead of the listener defining another person's disability.

Tichenor and Yaruss (2019) investigated how adults from ages 18-85 years old define stuttering. They found that "adults who stutter view stuttering itself as a multifaceted experience encompassing many different behaviors, reactions (e.g., feelings, thoughts, and behaviors), limitations, and negative consequences; the moment of stuttering is simply when those experiences occur." Although Tichenor and Yaruss did not specify differences in the definitions of older people who stutter compared to younger people who stutter, it is clear that, people who stutter define the disorder beyond the words and sounds they get stuck on.

Stuttering and Aging

Despite stuttering being a life-long condition, much of the existing research focuses on the onset of stuttering in childhood and little research explores the intersectionality of aging and stuttering. Manning and Monte (1981) reported that little research on stuttering with people over the age of 50 had been conducted. One of the first articles to explore aging and stuttering was conducted by Shames and Beams (1956). The researchers asked 150 clergymen to survey their congregation and record children and adults in ten-year age groups based on who stuttered and who did not. The findings of this early research showed that there was a decrease in the population of the congregation who self-reported that they stuttered as they aged, specifically after age 50. Shames and Beams (1956) reported that these findings may be due to the nature of the sample (e.g., church goers). They reported that older people who stuttered may not have attended church for a variety of reasons, including "reluctance to engage in group functions" (p. 315). Additionally, the "long-term, chronic emotional and physical strains of stuttering" was cited as a reason for a shorter lifespan as a reason for a lack of adults who stutter attending church. Thus, although the researchers reported that there were fewer adults over 50 years of age who reported that they stuttered compared to younger age groups, these results may be mitigated by the population and the self-reporting nature of the study.

Manning and Monte (1981) reported that disfluency patterns and types change for both people who stutter and people who do not stutter as they age. They recorded speech samples of adults who do and do not stutter, all of whom were over the age of 50 to compare disfluency types, frequencies, and overall patterns between the two groups. Results of this comparison demonstrated that the number of total disfluencies decreased for those who stutter, while their non-stuttering peers presented with more disfluencies. They also found that for the non-stuttering adults, their

most common fluency breaks could be classified as fillers, followed by interjections, then motoric fluency breaks (Manning & Monte, 1981). One limitation of this study is the disproportionate nature of the two groups used. There were 40 participants who do not stutter compared to only four adults who stuttered. Since the publication of these early studies, there continues to be a dearth of research exploring the attitudes, experiences, and perspectives of older adults who stutter.

Purpose of this Study

This study seeks to continue the work of researchers who have centered the experiences of people who stutter by speaking to older adults who live with the disorder. Thus, this study aims to explore relationships between stuttering and aging so that speech-language pathologists can be informed about the intersectionality of these identities.

Method

Participants

Participants for this study were recruited via email, word of mouth, and flyers. The study population consisted of three white adult men over age 65 who stutter and self-reported that they speak English as their native language. Participant 1 reported that he grew up in a small rural town and had no access to speech-language pathology services in childhood. He stated that he pursued speech therapy while in graduate school but was told that he could not become more fluent than he was already. In much of the speech therapy that Participant 1 received, he reported that increasing his fluency was the primary goal. After retirement, Participant 1 reported that he began to work in the community as a storyteller and sought further speech therapy to improve his storytelling abilities.

Participant 2 reported that his stuttering didn't really negatively affect his social life, but impacted him internally. Because of how it impacted him personally, Participant 2 reported that he enrolled in speech-language therapy long enough to learn a few covert stuttering tricks to disguise the fact that he stutters. He stated that, at this point, he only has difficulty covering his stuttering when he speaks his second language, Vietnamese.

Participant 3 reported that he has been substantially involved in the stuttering community and even changed career paths near retirement to begin the process of becoming an SLP. He stated that his stuttering began in the first grade and that he has stuttered his whole life. He reported that he is interested in the phenomenon of stuttering.

All three participants provided consent to participate in this study before engaging in interviews. Participant privacy was maintained by removing names from each interview and replacing them with numbers. All data was stored in the Portland State University's (PSU) Stuttering Lab Google Drive under password protection.

Experimental Design

The current study was approved by the author's Institutional Review Board (IRB) prior to initiation of research. In this study, participants were interviewed, in a semi-structured interview structure, about their experiences with stuttering and aging. The interviews lasted approximately 45 minutes in duration. All interviews were conducted via the teleconferencing software Zoom. The semi-structured nature of the interviews allowed for flexibility of questions. The researchers first built rapport with the participants and then proceeded to ask the semi-structured interview questions (see Table 1). The researchers then asked follow-up and/or clarification questions as needed to better understand the participants' experiences related to their stuttering.

Table 1. Semi-Structured Interview Questions
Tell me about yourself.
Tell me about your experiences with stuttering and any speech therapy you've had.
Tell me about a time when a colleague, peer, or friend mentioned your stuttering.
What have your family members said about your stuttering?
Did your stutter impact which career you decided to pursue? If so, how?
Has your stutter or your experience of stuttering changed throughout your lifetime? If so, how?
What is your definition of stuttering?
What would you tell your younger self about stuttering?

The interviews were automatically video and audio recorded using the Zoom software. The Zoom auto-transcript feature was also utilized to create transcripts that were reviewed by trained lab assistants. Alongside the video recordings of the interviews, the interview transcripts were reviewed and corrected as needed to correctly reflect what was said by each participant in their interview. These transcripts were then emailed to the participants for their approval prior to analysis. Once the transcripts were approved, they were coded and analyzed.

Once the interviews had been conducted, the Zoom auto-transcript feature was utilized to create transcripts that were reviewed by trained lab assistants. Alongside the video recordings of the interviews, the interview transcripts were reviewed and corrected as needed to reflect what was said in each interview correctly. These transcripts were then sent out to the participants for their approval prior to analysis. Once the transcripts were approved, they were analyzed for categories which were further analyzed to see what themes occurred.

Data Coding and Analysis

The approved interview transcripts were imported into the PSU Stuttering Lab's Google Folder and into a Google Sheet for analysis. Interviews were coded and analyzed using a phenomenological qualitative research methods approach. In-vivo coding was used to find the most important themes of each interview. Two research assistants and the researcher analyzed the transcripts to code each line of the transcripts and reviewed each other's work for inter-rater reliability. Once each researcher had completed their analysis, they met and discussed discrepancies between them to determine how to code each line. These codes were then categorized using color coding based on the mutual content that emerged across participants. After the categories were established, they were funneled into themes.

Results

Qualitative Coding Analysis

After analyzing the data, the following categories were found: 1) career, 2) social life, 3) community involvement, 4) bilingualism, 5) conversation about stuttering, 6) public speaking, 7) family support (lack of, acceptance), 8) stuttered in childhood, 9) stuttering for whole life, 10) personal stuttering research, 11) impacts of therapy, 12) childhood therapy, 13) old theory of

stuttering, 14) fluency/disfluency, 15) personal definition of stuttering, 16) covert stuttering, 17) feelings of acceptance, 18) sense of self, 19) avoided discussion of stuttering, 20) teasing. From these categories, four overarching themes emerged: 1) Personal Factors Impacted by Stuttering, 2) Stuttering Perspectives across the Lifespan, 3) Stuttering Therapy Experiences, and 4) Covert Stuttering. The themes and categories are further described in Table 2.

Table 2. Results of Qualitative Interviews with Older Adults who Stutter

Theme	Category	Example Participant Quotes	
Personal Factors Impacted by Stuttering	Career	I had been like a childcare worker and director of a preschool and in my 20's and early 30's and so I wasn't qualified to teach in public school and somehow, I felt that maybe I'd have a much easier job, much easier chance of landing a job if I was more fluent. (Participant 1)	In fact, you know, now that you mentioned that, I really wanted to be an architect but I recall, at times, thinking, "Oh, architects have to do presentations. They're really salespeople [who] were trying to sell their uh architecture styles stuff to customers and I don't know if I'm ready for that." (Participant 3)
	Social Life	My wife, [we] met at UCLA. We knew each other quite well. I still vividly recall ordering tickets to a concert on campus and stuttered blocked for quite a while, and she kind of said, "What… what's going on there?" I probably explained that I was defective or something. (Participant 3)	
	Community Involvement	I got involved with them [stuttering support group]. They started in San Francisco, so really cool guys. I've got a lot of their old stuff and then they eventually morphed into the National Stuttering Project. I've attended a couple National meetings. (Participant 3)	I led the local [stuttering support] group here in Portland for quite a few years, um… So I had a good time with that…I don't know what else to say. Then eventually, I guess life got kind of in the way and somebody else took over the local chapter. (Participant 3)
	Bilingualism	I, it's been like this for many years, still if I'm trying to speak words in a foreign language, and maybe you've heard just before, I've studied German a little, well a lot actually, Spanish a little and Vietnamese, and so I can get tense and I'm sure this is true of everybody, if you're trying to figure out how to say something in some other language and you get a little tense, a little stressed, and it does make it much more likely for me to stutter. (Participant 2)	

	Conversation about Stuttering	With the siblings I hadn't [told them about my stuttering]. I haven't. We have reunions every two years, we have four day weekends and it's something that we never discussed until one of my siblings, you know I quote, " I came out" as a person who stutters about three or four years ago and she's the only sibling that I've spoken to. Because it was just something and I know my siblings have heard me speak and stuttered many, many, many, many times and they just never brought it up because, again, the elephant in the room you don't, uh [it's] too embarrassing an individual. (Participant 1)	
	Public Speaking	As an adult, as a professional, as a manager at work or at presentations, I used um…a disclosure a lot. I would say, you know, "I stutter. My favorite method is blocking, or I push my tongue to the top of my mouth, and I'll keep pushing thinking they'll help, so I'm not going to faint, you know? I'm okay. So, bear with me". (Participant 3)	
	Family Support (lack of, acceptance)	But he [my father] felt that I was just lazy in my speech, that I needed to work harder and he pretty much stated that if I was going to be successful in life, I needed to be more fluent. You know I tried to tell my dad that it was something I can't control, and he wasn't being harsh or dogmatic. It's just that I think he was really concerned, but he thought it was up to me to improve the quality of my speech. (Participant 1)	I remember one time, I was teaching at Grad school, a Grad class at PSU there in engineering. And I was asked to do it and I said, "Yeah, I think I can do that". I was still conscious of my stuttering, and it went well. I wrote my mom, "Hello, I'm teaching this", and I sort of expected a "wow that's great!", and I was like "Oh, okay", so. (Participant 3)
Stuttering Perspectives Across the Lifespan	Stuttered in Childhood	I see you know, [I'm] 72. As far as I can tell from my preschool or elementary report cards, I was observed to be stuttering probably, you know. First second grade, I was being recommended for speech therapy. (Participant 3)	
	Stuttering for Whole Life	Well, I don't think I was ever a really severe stutterer, but I stuttered as a kid somewhat. Of course, I don't remember all the details, but it had an effect on me, which is, I think, very common. It made me less social, less likely to, uh try to create friendships and so forth, and that lasted for years and years. The actual stuttering, that was never really severe. (Participant 2)	

	Personal Stuttering Research	But I read extensively and probably had, I don't know, 50 hundred books. I would go to Powell's. I know where their shelf was and I would load up with the historical aspects and current theory and current practices and I… as I was a student there as Speech and Hearing, I had this idea that I would go through and figure out all the various techniques out there, so I had this binder with tabs. And all the various theories of how to fix this. So, I was um… I was collecting a bunch of information and doing a lot of reading. (Participant 3)	
Stuttering Therapy Experiences	Impacts of Speech Therapy	The only speech therapy I had was… in 1976 and in fact I [just recently] found some paperwork. I think it helped. Other than that, 20, 30, 40, about 45 years since then I haven't had any additional speech therapy. (Participant 2)	
	Childhood Speech Therapy	I did that probably through sixth grade. I don't recall it in high school, I don't recall any therapy. So, after probably sixth grade, I really didn't have any help. (Participant 3)	And in growing up in terms of um speech therapy, you know, we just didn't have speech there. I don't think that there was even a speech therapist the entire town. (Participant 1)
	Old Theory of Stuttering	The research is finding out more about the you know the biological components of the brain and the speech center, and the therapies are expanding and there's more awareness about it, uh. And, and so, even in the 80's, I just don't think that you know, there was a whole lot of knowledge about this. (Participant 1)	
	Fluency/Disfluency	I sought out speech therapy with their speech department program and [of] course that was in the, oh boy, the you know the the early 80's. And the man in charge of this feature, he had like a self-help group that met and then he had graduate students trying to meet one-on-one with therapy with individuals. And at the time, both he and the graduate student pretty much said, you know, "[Participant 1] you're about as fluent as you're ever going to get, and so there's really not much that you can do about it". (Participant 1)	So, I felt, at least I was a lot more fluent after I did disclosure. I wasn't trying to hide anything anymore. And that I think that dealt with some of the covert stuff that occurs with people who stutter, they constantly try to hide it, whether with substitution or easy onsets are all the things that are taught that are worthwhile, I still use but not as my major tool. And I really do think seeking overt fluency was holding me back from achieving fluency. (Participant 3).

	Personal Definition of Stuttering	That's a good question and I've had lengthy discussions with people in the profession and I know a number of them, we have lunch off and on. And I, when I was working on my overt-covert model that was making sense to me, I was having [the] conversations and they would say, "Stuttering" but they [would] use the word and I'd say, "Well, what do you mean by that?", and they would typically just talk about the overt. What the observer heard. So, I defined stuttering and also as much covert as overt in the NSA group. (Participant 3)
Covert Stuttering	Covert Stuttering	I wasn't taught this, but if I'm asked to introduce myself and I figure I'll never meet this person again, I may not say, "My name is [Participant 3]", because I have a very hard time saying "[Participant 3]". I [may say] "George" or "Harry", because I'll never meet him again. And so, somebody recently asked me if I feel guilty about this, and no I don't feel guilty about that, I mean [I'm] in charge here. (Participant 3)
	Feelings of Acceptance	I think about [stuttering] less now that I'm retired than I probably did 20, 30, 40 years ago… I don't think it's ever going to go away 100%, that's just my life. (Participant 2)
	Sense of Self	The next question I asked myself, "What's going on?", and next one is just, "Who am I?", and I just you know writing on a piece of paper, who I was and I realized, I was seeing the world through the eyes of a stutter and all the limitations that I would I was imposing on myself for what I could achieve in life. And then all the other things as far as a son, a parent, a husband. I realized, I just wanted to start moving that person who stutters on the top run down that ladder. If I was a psychologist and probably [evil] strengthening or something for you yeah you realize you're a lot of things besides just this person who can't talk right. (Participant 3)
	Avoided Discussion of Stuttering	But when someone tried to bring up the topic, I would immediately, I would convey to them that I didn't want to talk about and discuss it, [I] tried to change the subject or [at] most say, "Yeah, I have this little problem", and then change the subject, didn't want to discuss it. (Participant 1)
	Teasing	I've heard you know stories of people really being harassed and teased but that rarely occurred to me. (Participant 1)

Discussion

To review, the purpose of this study was to explore relationships between stuttering and aging so that speech-language pathologists can be informed about the intersectionality of these identities. This section will discuss the results of this study and their implications.

Personal Factors Impacted by Stuttering

Personal factors related to stuttering was a commonly shared phenomenon across participants in the current study. During their interviews, participants reported that their stuttering impacted nearly every aspect of their lives throughout their lifetime, from dating, to work, to family relationships. These experiences and reflections are also supported by Bricker-Katz et al. (2009), who found that in their lifetime, many people who stutter have heightened levels of anxiety related to speaking situations, career choices, and interpersonal communication opportunities. Thus, these personal factors related to stuttering may be observed across the lifespan, including covert and overt stuttering behaviors, and impacted by the type of speech-language pathology treatment services a client may have received.   (p. 1742).

Stuttering Perspectives across the Lifespan

Each of the participants reported that they have stuttered their whole lives, which led to a lifetime of perspectives, attitudes, and reactions to their stuttering. Participants reflected on how their frequency of stuttering, types of stuttering-like disfluencies, and personal reactions/responses to their stuttering differed from other people who do and do not stutter. Each participant reported identifying early in life that their speech was disfluent and one participant stated that he qualified for speech-language therapy in elementary school. These findings and reflections are consistent with those of Peters and Starkweather (1989), who examined the linguistic and motoric

development of children who stutter as compared to their non-stuttering peers through to adulthood (over age 30). Peters and Starkweather (1989) reported that stuttering typically begins prior to age 6, and is characterized by slowed speech (p. 306), delayed linguistic development (p. 307), and sense of self based on how others perceive and react to their stuttering (p. 309). Thus, both prior and current research findings demonstrate that overt (speech and language) and covert (sense of self) aspects of stuttering can begin at an early age and continue throughout the life of a person who stutters.

Stuttering Therapy Experiences

The three participants in this study reported that they had received speech-language therapy at some point in their lives. As hypothesized by the researchers, the participants reported that they have noted a shift in stuttering-related speech therapy from fluency-focused towards a more holistic approach that includes targeting both the covert and overt aspects of stuttering. Participant 1 found this to be the case when he pursued speech therapy in the early 1980s. He reported that "at the time, both [the SLP] and the graduate student pretty much said, you know, '[Participant 1] you're about as fluent as you're ever going to get, and so there's really not much that you can do about it'." This personal account is supported by larger scale research. For example, Yaruss et al. (2002) surveyed 71 adults who stutter who attended stuttering support groups (e.g. the National Stuttering Association) and found that 94% of participants (p. 119) had participated in speech and language therapy at some point in their lives, and their therapy focused on fluency rather than covert stuttering (p. 120). Thus, as speech-language pathologists consider their treatment approaches for stuttering with clients who stutter, it is important to recognize that some older adults who stutter may have previously received fluency-focused therapy without a focus on the covert aspects of their experience of stuttering.

Covert Stuttering

In this study, the term "covert stuttering" was used by participants to describe: 1) their internal feelings about their stuttering, and 2) a manner in which they may keep people from knowing that they stutter. Some of the covert strategies participants reported were taught to them in speech therapy (during fluency-focused treatment sessions), while some of them created covert techniques themselves. For example, one participant reported changing his name when he speaks with a person whom he is unlikely to meet again to reduce the chance of stuttering on his name. These covert stuttering strategies are also discussed in the research literature. For example, Douglass et al. (2019), investigated how adults who stutter reported on their time in speech therapy and what they learned during that time. Douglass and colleagues (2019) found that the participants who were enrolled in fluency-focused treatment were taught to hide their stuttering with covert tricks, whether or not they cared to hide it. Given that each participant reported that they have used or currently use covert methods to hide their stuttering, and the fact that other researchers have found a similar phenomenon, covert stuttering can be assumed to be nearly an inherent part of the life of adults who stutter. Speech-language pathologists should take care to explore clients' experiences of stuttering, their prior speech therapy experiences, and their use of covert stuttering strategies during speech-language treatment.

Limitations and Future Directions

The current study has several limitations which could be addressed in future research. The three participants in this study identified as White men. This was due to the narrow requirements of the study and the short recruitment time. Future research should include additional individuals who stutter with more diversity in race, gender, and languages spoken.

Conclusion

The purpose of this study was to explore the relationships between stuttering and aging so that speech-language pathologists can be informed about the intersectionality of these identities. After interviewing three adult men over age 65, in-vivo coding was conducted to find themes that each participant shared. This led the researchers to discover the four themes of 1) Personal Factors Impacted by Stuttering, 2) Stuttering Perspectives across the Lifespan, 3) Stuttering Therapy Experiences, and 4) Covert Stuttering. Each of these themes was supported by numerous first-person quotes, illustrating the impact of stuttering across the lifespan. Participants reported that stuttering impacted their interpersonal communication, relationships, and occupational decisions. The current study suggests that attitudes, perspectives, and experiences related to stuttering change throughout the life of a person who stutters. These results support the notion that speech-language pathologists working with adults who stutter who are 65 years old or older should take care to learn about their lifelong journey with stuttering in order to provide client-centered treatment. Future research should expand on this preliminary study to determine broader phenomenological themes across a broader sample size of participants who stutter.

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