



The relationship between the experience of stuttering and demographic characteristics of adults who stutter

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ABSTRACT

Purpose: This study aims to examine the association between adults' experience of stuttering and their age, gender and marital status, as well as to evaluate the psychometric properties of the Hebrew version of the OASES-A.

Methods: The Hebrew version of the OASES-A was administered to 91 adults-who-stutter. The validity of the translated version was evaluated using a subset of 43 participants, who also completed three additional instruments: (a) a Perceived Stuttering Severity (PSS) self-rating scale, (b) the Situation Avoidance Behavior Checklist (SABC), (c) the Students Life Satisfaction scale (SLSS). Finally, the correlations between the participants' OASES-A scores and their age, gender and marital status were calculated.

Results: A negative correlation was found between the participants' OASES-A impact scores and their age ($p < 0.01$). In addition, married participants exhibited lower OASES-A impact scores compared with unmarried participants ($p < 0.05$). On the other hand, the speakers' gender was not associated with OASES-A impact scores.

Results: revealed high internal consistency of the Hebrew OASES-A, and moderate to strong correlations with the additional examined instruments. Finally, results of the Hebrew version of the questionnaire were comparable with those obtained in other languages.

Conclusion: Our results indicated that, within our cohort, age and marital status are significantly associated with the personal experience of stuttering, whereas gender is not. In addition, the Hebrew version of the OASES-A is valid and comparable with equivalent versions in other languages. This facilitates the application of the OASES-A in future clinical and research settings.

1. Introduction

Stuttering is considered a multidimensional disorder, with depth and magnitude far beyond the overt speech symptoms. This perspective was illustrated decades ago by Sheehan's iceberg analogy (1958), and it is still accepted theoretically and clinically (e.g., Yairi & Seery, 2014). Hence, it is agreed that measurements of overt stuttering do not necessarily represent the impact of the overall stuttering disorder on individual people who stutter (PWS) (Yairi & Seery, 2011). For example, some PWS exhibit mild overt stuttering, yet perceive it as a profound and disturbing experience. This may be manifested in fear of specific words, general behaviors of social/communicational avoidance, feelings of loss-of-control, anxiety, and excessive effort associated with speech and communication (Ingham & Cordes, 1997; Riley, Riley, & Maguire, 2004; Yairi & Seery, 2011). In contrast, other PWS may exhibit more severe overt stuttering, but perceive it as a mild condition. This may be attributed, for example, to mild emotional responses or to the lack of significant social difficulties (Yairi & Seery, 2011). This demonstrates that the experiential nature of stuttering (e.g.,

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Sheehan, 1970; Van Riper, 1982) cannot be represented sufficiently using only stuttering severity scales, such as the Stuttering Severity Instrument (SSI-IV; Riley, 2009) or the weighted Stuttering-Like Disfluency score (Yairi & Ambrose, 1999, 2005), and should be quantified using additional measures.

Yaruss and Quesal (2006) have developed an instrument, intended for assessing and quantifying various dimensions of the stuttering experience, in a single and more holistic instrument. This Overall Assessment of the Speaker's Experience of Stuttering (OASES) was designed to capture the impact of stuttering on the subjective experience of the individual who stutters, from different perspectives. This is a self-administered questionnaire, arranged into four sections, representing different dimensions of the stuttering experience. These include: (I) **General Information** – focuses on self-perception of speech fluency, general knowledge about stuttering and self-perception of speech and communication naturalness; (II) **Reactions to Stuttering** – focuses on the speaker's reaction to stuttering (emotional reaction, associated secondary symptoms and attitudes); (III) **Communication in Daily Situations** – focuses on the degree of difficulty in various communication situations (e.g., general situations, at work, during social interactions, at home); and (IV) **Quality of Life** – focuses on the extent to which stuttering affects quality of life (e.g., general quality-of-life, communication, interpersonal relationships, work and overall well-being). One of the aims of the present study was to examine whether the OASES-A maintains its psychometric properties across translation into Hebrew.

Various environmental and personal factors were shown to interact with the PWS's experience of stuttering. Environmental factors, include, for example, culture (Campbell, 2000; Simon, 2011; Zhang & Kalinowski, 2012), school or social settings (e.g., Abdalla & Al-Saddah, 2009; Blood & Blood, 2004; Langevin, Bortnick, Hammer, & Wiebe, 1998) and work setting (e.g., Hurst & Cooper, 1983; Rice & Kroll, 1994, 1997; Yaruss, 2010). Personal factors may include a wide range of characteristics. Apparently, the most commonly examined factors were temperament, personality trait and personal beliefs (e.g., Bleek et al., 2012; Guitar, 2006; Iverach et al., 2011; Karrass et al., 2006). Nonetheless, the potential effect of basic personal factors, such as age, gender and marital status on the individual's experience of stuttering have only been discussed limitedly.

Personal strategies for coping with stressors in life have been argued to change through the course of life. For example, older adults report fewer and different stressful situations than do younger adults (Aldwin, 1990; Aldwin, Sutton, Chiara, & Spiro, 1996; Paykel, 1983). This was suggested to result from a considerable amount of challenges faced in younger adulthood, such as developing a career, changing marital status; and to a lesser extent in older adulthood. Piazza, Charles, and Almeida (2007) reported that older adults exhibited higher levels of well-being compared to younger adults. Interestingly, they found similar levels of well-being, when comparing older and younger adults who are faced with multiple health problems. Specifically, it was reported that older people had higher prevalence of life-threatening health conditions (e.g., cancer, heart disease, diabetes), and yet they were less reactive to daily stressors than were their younger counterparts. The authors interpreted these findings as suggesting that older adults may have a greater psychosocial reserve capacity than younger adults.

In the field of stuttering, researchers such as Van Riper or Bloodstein have not directly addressed the impact of age on the experience of stuttering. Nonetheless, they did discuss the changing needs of the individual who stutters, from early childhood to adulthood, and the importance of applying appropriate treatment approaches during the different phases of life (Bloodstein, 1958; Van Riper, 1973). Yairi and Seery (2011) discussed the cumulative effect of stuttering over time, on the individual who stutters. They argued that "...it can be assumed that the great majority of afflicted school-age children have been stuttering for a good number of years and that adults have stuttered for many years. Naturally, the longer their stuttering history, the greater is their experience with the disorder" (p. 183). They also recognized age group differences among children and adults who stutter.

Current literature presents conflicting results on the potential effect of age on the experience of stuttering among adults. On the one hand, Koedoot, Versteegh, and Yaruss (2011) as well as Yaruss and Quesal (2010) reported no significant correlation between age and the subjective experience of PWS, using the OASES-A. In contrast, Blumgart, Tran, Yaruss, and Craig (2012) who also used the OASES-A in Australian adults, suggested that age and OASES-A impact scores were mildly (though statistically significant) correlated. Further support for the possible positive impact of age on the subjective self-perception of stuttering by PWS, as well as on their cognitive and emotional adjustment, was presented in several qualitative studies. Manning, Dailey, and Wallace (1984), for example, reported that the majority of older PWS viewed their stuttering as less debilitating at the time of the study, compared to the way it was at a younger age. This view was also supported more recently, by Klompas and Ross (2004) who reported that PWS consistently described their negative stuttering experience to lessen with age. Moreover, Bricker-Katz, Lincoln, and McCabe (2010), reported that older PWS adopt a more positive approach toward their speech, with enhanced self-esteem, compared to younger adults who stutter. Nonetheless, these studies were of a qualitative nature, where standardized instruments for quantifying these observations, did not apply. In addition, the studies of Manning et al. (1984) and Bricker-Kats et al., (2010) focused on older PWS, over the age of 52, and not on younger adults. In light of these reports, one of the aims of the present study was to examine the relationship between PWS's age and their experience of stuttering.

Gender is another basic personal factor, which could affect the experience of stuttering. In general, the literature suggests that men and women exhibit different coping styles, when facing potentially stressful events. For example, women were reported to rate their life events as more negative and less controllable than men (Matud, 2004). They also exhibited more emotional coping styles and avoidance behaviors than men, whereas men tended to exhibit an emotional inhibition coping style. Women were also reported to seek social support and use emotion-focused coping strategies, while men preferred a more problem-focused approach (Ptacek, Smith, & Dodge, 1994). These gender differences are also manifested in the perception of illness and while coping with medical conditions. For example, women with various health problems tend to perceive their condition more negatively than men. This was demonstrated, for example, among people with Osteoporosis (Edelstein et al., 2012), Parkinson's disease (Heller, Dogan, Schulz, & Reetz, 2014), Tinnitus (Seydel, Haupt, Olze, Szczepek, & Mazurek, 2013) and Allergic Rhinitis (Pesut et al., 2014).

In the field of stuttering, only a limited number of studies have examined gender differences in self-perception of the stuttering

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