

LISTEN UP! YOU'RE TUNING OUT!:
EMOTIONAL TRIGGERS THAT SERVE AS LISTENING BARRIERS IN
SENIOR POPULATIONS
by
Kristin J. Froemming

A Thesis submitted in Partial
Fulfillment of the requirements for
The Master of Science in Communication Degree

Thesis Chair: Dr. Barbara Penington

THE UNIVERSITY OF WISCONSIN-WHITEWATER
August 31, 2009

Table of Contents

Title Page	i
Advisor Approval Sheet	ii
Table of Contents.....	iii
Abstract.....	iv
Chapter 1 - Introduction.....	1
Chapter 2 - Literature Review	9
Chapter 3 – Methods.....	27
Chapter 4 - Results and Discussion	39
Chapter 5 – Conclusion	71
References.....	91
Appendices	104
Appendix A - Focus Group Consent Form	
Appendix B - Focus Group Interview Guide	
Appendix C - Questionnaire Consent Form	
Appendix D - Questionnaire	

Abstract of Thesis

Kristin J. Froemming

Communication

Listen Up! You're Tuning Out!:
Emotional Triggers that Serve as Listening Barriers in Senior Populations

August 31, 2009

Dr. Barbara Penington, Thesis Chair

The University of Wisconsin – Whitewater

ABSTRACT

The United States Census Bureau (2008) projects the number of U.S residents over 65 to more than double from 40.2 million in 2010 to 81.2 million in 2040. This population's rapid growth indicates the importance of dedicating energies toward uncovering ways to more effectively communicate with older adults, including how to prevent them from "tuning out" of a listening interaction. Related to tuning out is the concept of noise which is defined as "factors that interfere with the accurate exchange of messages" (Brownell, 2006, p. 42). Forms of noise, especially behaviors and words, can become "hot buttons" for people. Given the scarcity of scholarly studies on the impact of emotional triggers on listening in the senior population, this study sought to determine how emotional triggers contribute to ineffective listening in older adults. Participants with a mean age of 84 participated in one of four focus groups designed to gain insights into how emotional triggers can provide barriers to effective listening. The results of the focus groups were analyzed using Miles and Huberman's (1994) methods of qualitative data analysis. Results of this study found language barriers to include pause fillers, incorrect word usage, words that implied false familiarity, assumptive words, and poor topic choice. Non-verbal behaviors serving as barriers to effective listening included repetition, poor turn taking skills and the quality of the speaker's voice. Older adult listeners noted that they react to emotional triggers by experiencing the desire to be somewhere else, feelings of guilt, and a drifting mind. A deeper understanding of how the older individual perceives his or her own listening ability and effectiveness is an

important step in offering them, and those with whom they interact, information that is practical and appropriate.

CHAPTER ONE: INTRODUCTION

Much attention has been given to statistics that show the rising number of older adults in our country and around the world. Most notably, the United States Census Bureau found during the 2000 census that 12.4% of the United States population is aged 65 or older, an increase from 10.5% in 1975 (Kinsella & Velkoff, 2001). This trend of a growing older adult population is expected to continue. Projections predict the number of U.S residents over 65 to more than double from 40.2 million in 2010 to 81.2 million in 2040 (United States Census Bureau, 2008). The potential issues that surround these staggering statistics of the growing senior population span beyond our national boundaries. In a report prepared for the United States Census Bureau entitled “An Aging World: 2001,” Kinsella and Velkoff (2001) present evidence of a predicted increase in the median age for many countries in the years to come. Clearly this population’s growth is something we must all be mindful of, regardless of who we are or where we live, and the faster its growth, the more important it becomes for communication researchers to focus energy on understanding the communication patterns of senior populations.

Senior Populations

There are a number of words used to both describe and label people who are in late adulthood. Among those words are older adults, senior citizens, a member of the senior population, and elderly. Research by Polizzi and Millikin (2002) showed that use of the words “old” and “elderly” can have a negative impact on the perception of adults in this later age category. Interestingly, they discussed their findings using phrases such as, “Ageist language does indeed affect attitudes toward the elderly” (p. 374), indicating

that there might be a disparity between the ideals and realities of appropriately addressing this age group. While the language of “old” and “elderly” can have socially undesirable associations, it is clear that a struggle exists in finding a term that can be used to effectively and succinctly describe senior populations while avoiding ageist undertones. After the onset this study, a decision was made to give preference is given to “older adults” and “senior populations,” while using “elderly” sparingly in the context of describing other research that used the term.

What is it that characterizes an individual as a member of the senior population? An operational definition of a senior citizen typically describes older adults, including a relatively widely used age range of 65 years and over. This age range is commonly used by the United States Census Bureau when dividing groups of older adults into smaller cohorts by age range. Additionally, academic studies across a variety of disciplines (e.g.: Hawkins, 1996; Ron, 2007; Moen, Bohm, Tillenius, Antonov, Nillson, & Ring, 2009) use 65 years as a minimum age to characterize older adults as a population. A conceptual definition of older adults can be a bit more difficult to come by. In an informal usage, the terms elderly or senior might also be used to describe someone who fits certain stereotypes, including an older, wrinkled appearance, as well as declines in hearing, memory, and/or physical ability.

Listening Framework

When examining listening behavior and patterns of any age cohort, one must begin with a review of the general communication process that ranges back to the formative years of communication research. In their classic model, Shannon and Weaver

(1963) suggest that communication is a system with five parts: an information source, a transmitter, a channel, a receiver, and a destination. The receiver component of this system interprets the message and the destination is the individual to whom the information source was directing the message. One might argue that of the five parts of the basic model, two of them, the receiver and the destination, directly encompass the listening process. More recent discussion (Adler & Rodman, 2006; Berko, Wolvin, & Wolvin, 2007) asserts that communication should be viewed as a constant transactional exchange, in contrast to Shannon and Weaver's linear view. Despite the differences in the evolution of basic communication theory, receiving, or listening, remains a fundamental piece of the communication process.

As this study investigates senior populations and their listening behaviors, it is important to garner a clear understanding of the term "listening." Wolvin and Coakley (1996) offer a definition of listening as follows: "the process of receiving, attending to, and assigning meaning to aural and visual stimuli" (p. 69). In a more current explanation, Berko, Wolvin, and Wolvin (2007) alternately break down listening as a process of "reception, attention, perception, the assignment of meaning, and the listener's response to the message presented" (p. 86). Receiving the messages, both verbal and non-verbal, is sometimes confused as the entirety of the listening process to those outside of the scholarly discipline of communication. Some are not aware that listening is, in addition to receiving stimuli, a process of attending to and interpreting the message (Wolvin & Coakley, 1996). Responding to the message or providing some form of feedback rounds out the listening process. Feedback can be verbal or nonverbal. We can shout "hi" when

someone greets us on the street or we can simply wave. According to some scholars, the listener may also respond internally with an “intellectual or emotional reaction” (Berko et al., 2007, p. 116). Simply put, listening is the intake, processing, and response to a communication partner’s messages – both verbal and nonverbal.

Despite the ability to define listening in a relatively succinct manner, some consider it to be in the infancy stages of academic discovery. For example, some articles and books on the general topic of listening seem to be heavily anecdotal in nature with little empirical evidence. Yet, articles on using listening in interpersonal relationships, training, healthcare, and a variety of other contexts show that listening is beginning to come to the forefront as a legitimized skill. Despite the slowly growing emphasis on listening, Wolvin, Halone, and Coakley (1999) pointed out that listening’s body of research is not as robust as one might expect. Furthermore, additional research (Halone, Cunconan, Coakley, & Wolvin, 1998; Bodie, Worthington, Imhoff, & Cooper, 2008) is still concerned with pinning down the specific nature of the listening process itself.

In an effort to hone in on listening as a construct and advance current models of listening, scholars have expressed a need for a few specific areas of research. Bodie et al. (2008) outlined three major needs in the field of listening research:

1. how predispositions affect specific listening process stages,
2. what particular outcomes will arise from certain processing constraints, and
3. clarification of the nature of activation that takes place in order for listening concepts to influence motivation and ability. (p. 116)

This thesis aims to begin the process of filling the aforementioned gaps in listening research, with particular regard to how older adults describe their personal motivation

and ability to listen when someone says or does something that triggers a strong emotional reaction.

Perhaps the most significant knowledge gap can be found in the small percentage of the current body of listening research that focuses on older adults as a population. A search for “elderly” in the most recent International Listening Association (ILA) Bibliography of Journal Articles (2000) produced three results within the 75-page document, two of which addressed concepts of talking down to the elderly (see: Ashburn & Gordon, 1981; Cohen & Faulkner, 1986), while the third examined the effect of time compression on the elderly’s message comprehension (see: Schmitt, 1983). The ILA Theses and Dissertations bibliography (2000) produced only one result, which addressed the effects of speech rate and context on elderly listeners (see: Kobrin, 1991). Additionally, a search for “senior” produced no unique results in either of the ILA bibliographies. An EBSCOhost search (conducted April 20, 2009) of the *International Journal of Listening*, the leading listening journal, and the keyword of “elderly” produced just one result, which addressed the impact of listening training for nursing home assistants (Trahan & Rockwell, 1999). One might also note that some books with a focus on communication as related to aging did not expound on the listening process. One such example is Williams and Nussbaum’s (2001) *Intergenerational Communication Across the Life Span*, which does not include “listening” in the subject index. This lack of empirically-based senior listening studies shows the need to draw scholarly attention toward this area of research. To do so might provide valuable insights into why older

adults sometimes experience triggers that hamper the quality of their listening interactions.

Hampering Effective Listening

Shannon and Weaver's (1963) communication model notes that the reception and interpretation of a message can be impacted by many variables, such as noise. Noise consists of "factors that interfere with the accurate exchange of messages" (Brownell, 2006, p. 42). Noise can come in various forms. One form is external noise, where loud machinery outside a window or a mosquito flying around your head would interfere with your ability to listen. Another form is internal noise, where thoughts about a personal situation or something someone has said or done overpower the ability to listen to the sender's message. Another form of noise is experiencing barriers to understanding, such as interacting with someone who uses technical jargon that does not have a shared meaning for the listener. As the focus of this thesis is on the *older adult* listener, noise factors examined will be specifically applicable to this group.

Related to internal noise is emotional noise, or interference in the communication process due to the emotional response of the listener, which may be an important factor that impacts the listening process of senior populations. A historic study conducted by Rankin (as cited in Wolvin & Coakley, 1996, p. 14) showed that adults spend roughly 42% of their daily communication time engaged in the act of listening. Much of this time is spent in interactions with others.

These interpersonal interactions can sometimes induce a myriad of emotions, including anger, frustration, or stress. Beebe, Beebe, and Redmond (1996) suggest that

emotional noise occurs when our emotional arousal hinders the effectiveness of our communication. This noise, for example, might result in a loss of focus, thus causing an individual to stop listening to the sender, ultimately distorting or missing vital information. For example, if an older adult was offended by the delivery of a doctor's instructions, he or she might miss information that is vital to maintaining a healthy lifestyle. Given the growth in the senior population, pinpointing the different contributors to emotional noise in the older adult listener becomes important as we strive for more effective and satisfying communication interactions.

Salient to our understanding of emotional noise is the concept of "triggers." Barker (1971) refers to the reaction caused by trigger words as "signal reactions" (p. 65). Signal reactions occur when an individual reacts to the word itself rather than the *meaning* of the word that the speaker intended to convey. Listeners need to be aware of the message they are listening to, rather than merely the words used to convey it (Nichols, 1995). The words themselves are only symbols that are used as tools to assist the speaker when he or she is trying to convey the message. When a word causes an individual to have an adverse emotional reaction, he or she may voluntarily or involuntarily tune the speaker "out." Such barriers to listening occur when an individual reacts to something that their communication partner says or does and experiences a distraction from the intended message. A variety of words and phrases could be used in place of "to serve as emotional listening barriers" with similar impact, including to tune out, to hamper effective listening, to withdraw, to stop listening, and to shut down. While these terms are potentially interchangeable, it is important to note that optimal listening

requires one to actively “tune in” to their communication partner’s message in the context of an interpersonal interaction.

Because behaviors and words act as “hot buttons” for people, it is important to investigate how the listening process functions in senior populations by examining the trigger words or behaviors that are salient to older adults, with the goal of determining how “hot buttons” and triggers can be more easily recognized and adjusted to by older adults and their communication partners. Given the scarcity of scholarly studies on the impact of emotional triggers for the senior population and listening, this study sought to determine the emotional triggers that serve as barriers to listening effectiveness in senior populations.

CHAPTER TWO: LITERATURE REVIEW

Senior Populations and Communication

Effective communication with older adults requires special attention to their unique characteristics (O'Hara, 2004). A delicate line exists between denying false assumptions that aging necessarily results in declines, while still accounting for the fact that aging has legitimate effects in the context of communication research (Williams & Ylanne-McEwen, 2000). Even if the specific age of a communication partner is not known, one might estimate age using known characteristics, including "appearance (e.g. white hair), behaviors (e.g., hearing difficulty), and roles (e.g., retiree)" (Ryan, Meredith, MacLean, & Orange, 1995). After such characteristics are noted, stereotypes of the senior populations, including stereotypes of strength and health diminishing with age (McCann, Dailey, Giles, & Ota, 2005) can impact not only how older adults behave as communicators, but also how they are perceived by their communication partners.

Research has shown that older adults might be expected to act as leaders in communication interactions. Williams and Giles (1996) found that young communicators place much of the weight of improving the conversation on the shoulders of their older communication partner. This perceived conversational responsibility is interesting when viewed in light of other research that indicates that older adults are not predisposed to engage in controlling behaviors in intergenerational interactions (Bergstrom & Nussbaum, 1996). Bergstrom and Nussbaum's research was conducted using a combination of interviews and questionnaires that were quantitatively analyzed. The study showed that the older adults in their sample (with a mean age of 62) were more

likely to want to use solution-oriented conflict styles, such as making concessions, versus the control style, such as criticizing, often preferred by the younger participants.

Additionally, the older adults' conflict style did not change much as the types of conflicts changed.

One might question if the senior's communication partner is aware of the older communicator's needs when combining the results of Williams and Giles' (1996) and Bergstrom and Nussbaum's (1996) studies. While there is apparent undo pressure placed on older adults to carry the burden of correcting imperfect communication situations (Williams & Giles), their personalities do not typically seek the control-oriented styles of conflict resolution (Bergstrom & Nussbaum) necessary to correct the situation. The senior population's disposition to use solution-oriented styles might take away from the tendency to "fight" when reaching the fight or flight point of stressful communication. In other words, the subsequent stress of the pressure to "fix" the conversation without the aggressive personality traits to do so could potentially impede the older individual's listening ability. This notion is especially important given that personality types have been shown to have a link to listening (Worthington, 2003). Considerations must be taken for the unique communication characteristics of the senior population, including stereotypes and personality traits, when assessing aspects of older adult listening patterns.

Senior Populations and Listening

Lack of Older Adult Perspective

A few studies (e.g. Floyd & Ray, 2003; Williams & Giles, 1996) regarding the communication patterns of older adults have focused largely on their communication

partners, rather than their personal listening patterns. Many studies that focus on the senior population's communication partners concentrate on medical personnel or caregivers (e.g. Caris-Verhallen, Kerkstra, & Bensing, 1999; Ryan, Bourhis, & Knops, 1991), and still others focus on those with presumed varying frequency of contact with older adults (e.g. Williams & Giles, 1996).

The notion of satisfying communication needs to be addressed from the older adult's perspective. Williams and Giles (1996) focused on the senior listener's communication partner, but chose to address satisfaction levels in recalled conversations between young people (under 35) and older adults from the young person's perspective. Information for this study was gathered through surveys with both Likert-type scale questions and open-ended questions. This research revealed that the younger adults felt that satisfying conversations resulted from the practice of accommodating the differences between the two participants. On one hand, the spirit of accommodating intergenerational communication is promising. On the other hand, there was a lack of a counter perspective to show how satisfied older adults were with these intergenerational conversations. Given that Williams and Giles' study established the younger person's perceived importance of the older communicator in increasing communication effectiveness in their interactions, the need to gain the older adult listener's perspective would seem imperative.

Previous scholarly focus on the older adult's communication partner has focused on more than the generalities of day-to-day interaction, including examining specifics of interactions in the healthcare setting. One example of such a study in the context of a

healthcare setting was conducted in 1999 by Caris-Verhallen, Kerkstra, and Bensing. The researchers studied actual nurse-patient interactions in order to discover what types of non-verbal behaviors nurses use as they communicate with older adult patients. The nurse-patient interactions were videotaped and coded in order to allow for a quantifiable comparison of different behaviors. The researchers found that the nurses nearly always utilized eye contact in their interactions, and frequently nodded their heads and smiled at the patients. It is important to note that while this study focused on types of communication behavior that senior populations receive, the emphasis was placed on what the sender said and did to the older adult patient, rather than examining reactions of senior populations or the impact on the older adult listener. This sender based research approach leaves ambiguity regarding the actual effects of these interactions from the older listener's perspective.

Physiological Characteristics

While often characterized by age alone, senior adults are also often characterized by physiological characteristics, ranging from a slowed pace of walking to forgetfulness in day to day life. These characteristics, many of which are both unique to and prevalent among the senior population, are important factors to consider when examining the listening behaviors and reactions of older adults.

Decline in Memory

Older adults are often perceived to experience a decline in memory, which, if present, can also play a role in the senior listener's withdrawal. Brownell (2006) asserted that memory is an important part of listening effectiveness, and that it may become

harder for people to store information to their memory as they age. Brownell also suggested that concentration is more difficult for older listeners, and that they may require more repetition of stimuli in order to store it to their memory.

Brownell's suggestions tended to focus on the older listener's communication partner, rather than providing suggestions for the older listener. In fact, Brownell (2006) suggested that communication partners should ask closed questions, such as, "Would you like to take a ride after lunch, or would you rather go look for that book you were talking about?" (p. 323). Research by O'Brien and Hummert (2006) indicated that even middle-aged adults may self-stereotype and perform more poorly on memory tasks if they associate their own identity with older adults. While it is important to consider memory in the context of listening, giving all older adult listeners a limited number of options seems to imply too little memory capacity, potentially demeaning them, and in turn hampering their listening process.

Decline in Hearing

Yet another physiological issue that may play into the older adult listener's withdrawal from the communication process is the inability to adequately hear the information that is being communicated to them. In one study of 3,753 people, 66% of participants aged 70-79 and 90% of participants aged 80-92 experienced hearing loss (Cruickshanks, Wiley, Tweed, Klein, Klein, Mares-Perlman, & Nondahl, 1998). This notion of widespread hearing loss demonstrates the need for distinction between "listening" and "hearing" as concepts. In a study conducted by Halone and Pecchioni (2001), the ability to hear was the most common response concerning what listeners need

to be able to do. It is important to note that while hearing is a part of the listening process, the two terms should not be used interchangeably (Wolvin & Coakley, 1996). Research by Villaume and Reid (1990) suggests that when an individual has difficulty hearing, he or she will pay a higher level of attention, or seek to better align him or herself with the conversation. However, Villaume and Reid found that the “old elderly” participants (aged 77-89) used fewer aligning actions than their younger counterparts. The older person with poor hearing could, however, become frustrated with the inability to hear the messages and decide to withdraw from the conversation. This notion of frustration based tune out is particularly salient to older listeners due to the suggestion that hearing loss “is approximately 10 times as great in the older age group than it is among those in early adulthood” (Oyer, Kapur, & Deal, 1976, p. 175).

A listener’s inability to hear aspects of a conversation can have implications beyond missing a piece of what another person is verbalizing. Nussbaum (2000) has suggested that effectively receiving communication could be a key element in helping the senior population keep acquainted with aspects of the quickly changing world. Nussbaum asserts that, without interpersonal interactions, older adults might otherwise miss some of life’s important aspects due to not being able to experience these elements firsthand. The senior population’s greater need to receive communication messages could also play into focusing more directed attention toward receiving messages. Thus, any decline in hearing is an important piece to address in the context of what may serve as a listening barrier for older adults.

Cognitive Ability

One must be mindful of a potential cognitive decline in senior populations, while remembering that a decline in hearing does not necessarily point to a decline in cognitive ability. A sample of 403 subjects aged 68-78 found that 26.6% of the participants experienced a cognitive decline that could be attributed to aging (Hanninen, et al., 1996). However, research done by Schneider, Daneman, Murphy, and See (2000) indicated that no significant cognitive differences exist regarding the interpretation of material between younger adults and adults 65 and older when hearing ability is compensated for in noisy settings. The researchers tested this assertion by measuring hearing ability and adjusting the volume levels accordingly so that all participants received the same audio levels. Combining the aforementioned two studies reinforces that one must be careful to avoid the assumption that not *hearing* what is being said is synonymous with not *knowing* what is going on, while remaining cognizant of potential impacts. A stereotype of a necessary cognitive decline is especially evident in literature concerning older adults who live in healthcare settings. This focus on older adults in nursing homes and other assisted living settings seems to almost disregard those who are in good health and/or in varying levels of independent living situations.

Emotions and Listening in Senior Populations

Age itself, in terms of socio-historical context, can impact what may serve as an emotional trigger to hamper effective listening. For example, being raised during different eras might have an impact on what someone considers appropriate behavior. Oyer (1976) suggests that values may grow more conservative as someone ages. This

suggestion might pose an interesting dilemma for intergenerational communication as society departs from the times of *Leave it to Beaver* and moves further toward *Sex in the City* as the norm. Indeed, older adults throughout the world have seen a change in society's values (Oyer & Oyer, 1976; Inglehart, 2008). Accompanied by these value changes is a change in language usage in our day-to-day interactions with people. For example, one generation's vulgarity may be another generation's daily lingo, and our interactions with members of different age categories might be negatively impacted if we opt to use what members of the senior population could potentially consider an inappropriate word choice.

Emotional reactions caused by certain triggers could have an impact on what listeners want to, or even can, listen to (Roach & Wyatt, 1988). Research conducted by Carstensen, Pasupathi, Mayr, and Nesselroade (2000) indicated that the prevalence of specific emotions might change as people age. This intergenerational study found that the participants over 60 years old did not experience the frequency of negative emotions that the young adults experienced. Their research also found that the older adults had greater consistency with their reported emotions. Carstensen et al. (2000) suggested that their results support theories that reaching the end of one's life might impact an individual's choice to not dwell on negative emotions. While this finding showed that older adults might not retain emotional influences over time in the context of a relationship, it does not indicate what initial and immediate reactions might result from emotional noise during a particular interaction. Therefore, it is still possible that a "knee-

“jerk” reaction to an emotional trigger could hamper the older individual’s ability to listen effectively.

The possibility of a nearly instantaneous emotional removal from the listening process is pertinent to the senior population given the potential intensity of this population’s emotional reactions. Research by Kliegel, Jäger, and Phillips (2007) showed that older adults had a stronger reaction to stimuli that was meant to induce a negative reaction than younger adults. This finding demonstrated the variability of emotions over the course of the human lifespan. Despite the increasing reaction, this study also found that older adults reported a greater ability to regulate their emotions than younger adults. In one study, adults over age 70 demonstrated a sharp increase in the use of positive words, although their use of negative words did not decrease inversely (Pennebaker & Stone, 2003), indicating a great need to focus on emotional control. Controlling emotional reactions is a central factor in lessening emotional impact on listening and is also an important skill to utilize in times of heightened emotion.

Given that emotions can interfere with one’s ability to listen in the present, it is important to find ways to control emotional reactions close to the time at which they occur. Emotional regulation is defined by Thompson (1994) as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (p. 27-28). The notion of being capable of controlling one’s reactions emphasizes the importance of expanding awareness of what causes one to withdraw from a listening interaction. An interlocutor of any age must find ways to overcome emotional triggers in

order to attain the goal of more effective communication.

Potential Triggers

Triggers, also known as “hot buttons,” can cause such a great emotional reaction that the listener can no longer participate in the conversation. Wolvin and Coakley (1996) assert that emotional triggers cause listeners to incorrectly categorize messages because they “arouse immediate, unthinking, positive or negative reactions within the listener” (p. 92). In other words, a multiplicity of things that people say or do can hamper an older listener’s ability to listen. A thorough understanding of potential triggers is important to the field of listening research in order to help uncover ways to improve interpersonal interactions by recognizing and overcoming factors that hamper listening effectiveness.

Research conducted by Froemming (2004) showed that some words or behaviors have the potential to trigger a stronger emotional reaction than others in older adult listeners. In a study that analyzed three different generational categories, listeners were asked to identify to what extent behavioral and language hot buttons impacted them. This research showed that saying “Shut up!” was likely to cause a strong emotional reaction among listeners 70 and older. The use of obscene language also incited a relatively strong emotional reaction among the older adult listeners surveyed. The obscene language hot button showed a divide between generations regarding the strength of the emotional reaction. Participants aged 18-23 experienced the weakest emotional reaction, followed by the 38-56 years group, and lastly, the 70 years and older group, who recorded the strongest emotional reaction.

Differences in emotional reaction by age suggest that general listening research may not apply to all age groups because not all age ranges in this study responded to emotional triggers in a similar fashion (Froemming, 2004). Additionally, while this research notes a few specific triggers that can cause older adults to tune out of the listening process, the results focus on a set of pre-determined and relatively narrow language and behavioral hot buttons. Further research is needed to broaden the scope beyond these closed questions, while still uncovering specific emotional triggers for listeners in the older adult generation.

Language Triggers

It is important that one recognizes language triggers in order to make an effort to avoid barriers in the listening process. Diane Bone (1988) suggests a number of phrases that might act as hot buttons, including phrases such as “shut up!”, “you never...” or “you always”, and “what you should do is...”, as well as the use of obscene language (p. 52). Words that trigger a listener to tune out have the potential to cause conflict between the meaning that the listener assigns to the word and the meaning that the sender intended. For example, an individual may believe that he or she is helping by providing suggestions about investments, “What you should do is invest your retirement savings in money market accounts.” However, the listener may take those words as overstepping the boundaries of appropriate communication in the context of the interpersonal relationship. Working to remove the subjective perspective from certain “trigger” words might help to overcome the conflict between a message’s assigned meaning and its intended meaning. Developing an objective view of such messages might help the

listener to regulate the degree to which the emotional hot button affects him or her as a listener (Wolff, Marsnik, Tacey, & Nichols, 1983).

Research has shown that words themselves have an emotional meaning attached to them. A study by Strauss and Allen (2008) sought to find what words are considered more emotional versus non-emotional. The concept of “emotional” was measured based on a Likert type scale, with 1 being “not very emotional” and 7 being “very emotional” in nature. The study’s results showed that some words, such as hate and suicide, were highly emotional, while others, such as celery and toaster, were not rated as highly emotional. While the study’s relatively narrow demographic of participants was undergraduate students, it is important to note that a word alone might elicit an emotional response from an individual.

Words can exist on different points of an emotional continuum for different people. Brownell (2006) asserted that, “even a single, very simple word is likely to have meanings for a particular individual that range far beyond those found in spoken language” (p. 116-117). For example, people might have very different personal reactions to the word “alcohol.” One person might be reminded of a bad experience with an addiction, a second person might be reminded of a joyful experience at a winery tour, while yet a third person may have little or no emotional connection to the word. Conversely, some words, such as “murder,” may have a negative connotation for the general population.

Given that specific words have emotional attachment, older adult listeners might experience a negative emotional response when communicators use certain words that

can indicate that their communication partner is talking down to them. The tendency to use “baby talk” with older adults, which was defined by Caporael (1981) as “a simplified speech register with special lexical items [that] is truly distinctive in its paralinguistic features particularly its high pitch and its exaggerated intonation contours” (p. 876), is one such example. Caporael found that caregivers in a nursing home used baby talk approximately 22% of the time when interacting with the recipients of their care. In addition, Ryan, Bourhis, & Knops (1991) found that the use of certain phrases like “poor dear” and “good girl” (p. 444) were rated as disrespectful, although not by older adults themselves, but rather by participants with a mean age of 31.2 who were evaluating scripts that involved a 76 year old patient. Once again, since older adult listeners were not questioned on this topic in either study, it is an indication that the older adult’s perspective should be further explored, especially as it relates to potential emotional language triggers.

Behavior Triggers

In addition to language, behaviors, or nonverbal cues, might also hamper older adult’s listening effectiveness. A variety of non-verbal and behavioral patterns can impact the affection feelings of the older listener. For example, a study of younger listeners found that even the pitch of the communication partner’s voice might have a potential impact on liking during first time encounters with that individual (Floyd & Ray, 2003). While it is useful to know that the appearance and/or the sound of an aged individual might impact the perceptions of younger listeners, it is important to be familiar

with how these traits impact older listeners in order to understand the full scope of listening across the lifespan.

While some studies asked communication partners to identify their own communication behaviors, such as how they reacted to nonverbal characteristics of their partner, other studies suggested that some people are not aware of trigger messages that they sent, especially with regard to non-verbal messages. A study conducted by Palmer and Simmons (1995) showed that people are not necessarily able to pinpoint what non-verbal behaviors they are using. While this study did not include senior populations, it has important implications for older adult listening given the range of people with whom older adults communicate. The researchers in this study taped short interactions between same-sex dyads of undergraduate participants in order to have recorded evidence that could be coded into quantifiable data. A first interaction was taped, followed by a second interaction in which a naïve confederate was told to show either increased or decreased liking, depending upon which group they were placed into. The confederates were told to not express the change in liking in any way except through verbal means. Upon the completion of this second interaction, the naïve confederate was asked to record what he or she did to carry out their intention in the communication interaction. The results showed that participants were rarely able to correctly cite any of their increases or decreases in their non-verbal behavior, implying that this might be done on a less than conscious level. One might conclude that senders of types of information that could hamper listening in older adults are often not conscious of their actions. This fact further

demonstrates weakness in studies that choose to focus on the older adult's communication partner, rather than on the older person's perspective.

Behaviors, while commonly under-reported, hold an important place in communication interactions. Research by Thompson, Aidinejad, and Ponte (2001) showed that older adults seem to remember situations based more prominently on nonverbal cues than on actual words spoken. Participants in this study were categorized into one of two age groups, younger (19-27 years) and older (60-77 years) adults. The results showed that the older age group described feelings portrayed by actors in a vignette based on nonverbal behaviors, such as facial expressions, rather than words. The results are interesting in that the last sentence spoken in each videotaped vignette explicitly denied the feeling that the older group later associated with the actor. Because the older adults focused on the actor's non-verbal behaviors rather than their words, one might surmise that older listeners are more likely to respond to nonverbal emotional triggers in the listening process.

Being Ignored

One behavioral factor that may impact listening situations is the perspective of older people through the eyes of their younger communication partners. A study conducted by McCall, Dancer, Drummond, and Gentry (1993) looked at how students responded to slides (visual images) and tapes (auditory information) of older and younger speakers communicating the same messages over the same amount of time. The results of the questionnaires showed that the participants who listened to the younger speaker showed more interest in the topic than those who listened to the older speaker and saw

the image of the older speaker. This finding might suggest that certain stereotypes of the senior population may possibly cause them to be ignored, even when the content of their speech is of the same relevance as that of younger speakers. Reactions to the “act” of being ignored could represent emotional noise for older adults, negatively impacting their ability to listen to any additional information from their conversational partner.

Poor turn taking

Older adults might also be inclined to participate in behaviors that are characteristic of poor turn taking. Poor turn taking is “usually associated with one partner’s domination of the conversation by interruption, overlapping, and reluctance to relinquish the conversational floor” (Mackenzie, 2000, p. 273). A study conducted by Mackenzie looked at adult spoken discourse in the aged by having participants describe pictures and engage in conversations with assessors. This study found that older adults were “inclined to verbosity, failure to maintain topic, poor turn taking and unclear referencing” (p. 279). Because older adults tend to exhibit poor turn taking behaviors, they may also become frustrated with their inability to contribute to the conversation if their partner displays the same characteristic.

Interruptions

One might suggest that a perceived tendency of older adults to wander through conversations (Caris-Verhallen, Kerkstra, & Bensing, 1999) could encourage interruptions on behalf of the older individual’s communication partner or their desire to disengage altogether. Diane Bone (1988) suggests that two potential hot buttons that could cause a listener to withdraw from the conversation are being ignored and being

interrupted, further indicating the importance of Mackenzie's (2000) findings that older adults are poor turn-takers and McCall, et. al.'s (1993) findings that older adults are not considered as interesting as younger adults. This information is of particular importance when both communicators in an interaction are older adults.

Where Do We Go From Here?

Overall, it can be noted that while the current literature discussed what types of information older adults receive, in addition to some of their behaviors as communicators, very little information exists regarding what specific types of language, behaviors, or other factors might serve as a barrier to their listening process. Additionally, the research reviewed tended to focus on declines in physiological and cognitive factors associated with the listening process of older adults. While these aspects are of great consequence, it is also important to address the listening patterns of the older adults who are not necessarily experiencing drastic declines in receiving or processing communication stimuli.

Previous scholarly research that addressed aspects of listening behavior in senior populations has multidisciplinary origins. Information about older adults and listening can be found in research from scholars in such fields as communication, psychology, nursing, social work, and gerontology. While an interdisciplinary approach is beneficial in receiving a well-rounded picture of the listening construct, the notion of listening itself embodies the receiver end of, and is therefore vital to, the core of the communication process. Because listening as a construct has a firm place in the very essence of the

communication discipline, it seems only logical that researchers in this field need to take a more active role in understanding the potential withdrawal of older listeners.

The most obvious need for research lies in the previously mentioned area of determining what specifically triggers a reaction that hampers the effectiveness of older adult listeners. As the current body of research is limited and often ignores the older listener's perspective, the following three research questions have been posed:

RQ1: What language triggers serve as emotional listening barriers in senior populations?

RQ2: What behavioral triggers serve as emotional listening barriers in senior populations?

RQ3: In what ways do senior populations respond to language and behavioral triggers that hamper listening?

CHAPTER THREE: METHODS

Study Design

This study was designed to gain insights into how emotional triggers can provide barriers to effective listening in adults aged 65 and older. It is hoped this knowledge will, in turn, provide a richer understanding of the construct of listening. Seeking input directly from older adult listeners would seem to be an effective and accurate way to gain their perspective regarding emotional triggers, especially considering their perspective has not been garnered in previous research focusing on this topic. A qualitative approach lends itself to the ability to obtain rich, descriptive data (Morse & Richards, 2002). In this way, a qualitative approach can uncover factors that have not been previously assessed in the current body of literature. According to Merriam (2002), qualitative research is best suited as a primary methodology for initial endeavors into areas that lack previous research.

Procedures for Data Collection

Instrument

This study initially sought to use a combination of survey data and focus groups. Qualitative research allows the participants to provide direction as the research is conducted (Cheesebro & Borisoff, 2007; Jackson, Drummond, & Camara, 2007), further lending itself to the flexible nature of exploratory research (Jackson et al., 2007). The nature of this study's methods were altered slightly as the research was conducted. Initially, participants were given a written survey as a supplement to the focus group data. Bloor, Frankland, Thomas, and Robson (2001) suggest that the multi-method approach of

focus groups and surveys can provide results that can be compared in the context of one study.

The limited quantitative and open-ended response data from questionnaires were used to supplement the qualitative data from the focus groups. The questionnaire that was used in this study was a modification of a previous survey used for an intergenerational study of listening emotional “hot buttons” (Froemming, 2004) based on the initial ideas of Diane Bone (1988). The survey was designed to take approximately 10-15 minutes to complete and asked participants to rate their reactions to listening “hot buttons” using a 1-5 scale ranging from “unlikely to cause any emotional reaction” to “likely to cause a very strong emotional reaction.” The survey also included two open ended questions.

Many of this study’s participants responded unfavorably to the prospect of completing a written questionnaire, noting that they would rather verbalize their opinions. Other participants anecdotally remarked that they did not have the physical means necessary to fill out the form (namely citing poor eyesight and limited use of their hands for writing). Because of this unique feedback, the participants were asked to fill out the survey if they chose to do so, or to use it to write out anything that they did not feel comfortable sharing verbally with the group. While a handful (n=7) of participants completed the full questionnaire, its main purpose evolved into a record for demographic data. In cases where the participants were unable to fill out their own demographic data, I verbally questioned the participants about their demographics and recorded their responses on a questionnaire form. One participant did not verbalize his or her inability

to record answers on a form, and instead turned in a blank survey with a signed consent form.

Characteristics of focus groups

Given the combination of the participants' disinterest in filling out a survey and the need for rich responses, qualitative information from focus groups provided the main source of data used in the study. Focus groups were an appropriate methodological approach given that they allow individuals who cannot read or write to participate in a research study (Kitzinger, 1995).

Focus groups, which can be loosely defined as group interviews (Stewart & Shamdasani, 1990; Morgan, 1988; Morgan, 1998), have a "reliance on interaction within the group, based on topics that are supplied by the researcher, who typically takes the role of a moderator" (Morgan, 1988, p. 9-10). Because of the focus group's general characteristics, this method exhibits a distinct ability to uncover trends in responses and to illicit the richest information (Krueger, 1994). Additionally, focus groups can serve as a means to understanding why people feel the way that they do (Krueger, 1994), which is of particular importance when dealing with behaviors that result from emotional reactions. Because of the lack of previous research on listening in senior populations, it was important to choose a method that encourages participants to provide depth to their answers.

The great depth of responses garnered from focus group research outweighed the fact that qualitative research is not typically considered generalizable (Merriam, 2002; Jackson et al., 2007; Ivanoff & Hultberg, 2006). Despite the inability to generalize

results, Fern (2001) believes that focus groups can increase reliability, or consistency, because participants think that they might have to explain their views, making them less likely to respond in an unjustifiable fashion. This characteristic of focus groups aligns well with what Cheesebro and Borisoff (2007) refer to as qualitative research's characteristic of "subject-based communication" (p. 9), or the ability of the participants to guide the research topics and explain their answers to the researcher/facilitator as they see fit.

Because the researcher plays a role in qualitative research (Cheesebro & Borisoff, 2007; Merriam, 2002), it was important for me to be responsive and sensitive to the direction that the participants guided the focus group sessions, while still maintaining control of the overarching topics. Ivanoff & Hultberg (2006) assert that it is beneficial for the researcher to lead the focus groups in order to facilitate richer insight when gathering and analyzing the data. While the participants sometimes asked clarifying questions of the focus group facilitator, conscious efforts were made to encourage the participants to elaborate on their thoughts and the thoughts of those in their groups in order to minimize facilitator interjections that may have skewed the responses.

Rationale for focus groups

The goal for each of the four focus groups was to reach an ideal size of approximately 4-8 participants (Kitzinger, 1995), which would allow for optimal dialogue among participants. The social interaction that takes place in focus groups (Krueger, 1994) gives this method an advantage over one on one interviews because of the potential to help facilitate an agreed upon conceptual understanding of barriers to

listening. Additionally, the open discussion in focus groups served as a tool to “get the ball rolling” on the research topic through social interaction.

The social characteristics of focus groups are especially pertinent given the senior population’s unique characteristics. For example, due to the difficulties accessing the senior population, this research benefited by gaining insight into the experiences of multiple participants at one time. The American Geriatrics Society (2001) issued a position statement that acknowledges the existence of challenges unique to geriatric research, including the potential for older adults to be less able to recognize their rights. The sensitivities regarding research with this population make it especially important to build a trusting relationship with older adults (American Geriatrics Society), which can begin to be formed through the participant-facilitator relationship.

This study’s focus groups

Four focus groups of approximately one hour in length per session were conducted with people aged at least 65 years. The number of participants in each of the four focus groups ranged from 3 to 9, which was closely aligned with Kitzinger’s (1995) ideal range of 4 to 8. According to Morgan (1988), the number of focus groups to be conducted should be based largely on “the number of different population subgroups required” (p. 42). Because this study concentrates on the relatively narrow population of adult listeners aged 65 and older as an independent subgroup, the researcher determined that four focus groups fit the needs of the population, as well as the research goals of this study.

The focus group interview guide was constructed to help the group address how emotional triggers hamper effective listening. Initial questions were asked to help the participants think of good listeners with whom they interact. In addition, participants were asked to think of an instance in which they remembered not wanting to continue to listen to their communication partner. These general questions were asked to allow the participants to express their conceptualization of the study's constructs. Additionally, in order to garner richer information about responses to situations that hampered their listening, participants were asked to describe what they were doing when they stopped listening, and how they felt at the time.

Participants

Demographics

Information about gender, age, education, and living situation was collected by use of a preliminary questionnaire on which participants self-reported their demographic information. The participants in this study consisted of 3 men and 18 women who were required to be at least 65 years of age for participation. Twenty participants responded with their age, which ranged in years from 73 to 96 with a mean age of 84.05 years. The majority of respondents resided in either an assisted living facility or a senior apartment complex (n=17), and the remaining respondents lived independently (n=3). Education levels were self-reported based on six options presented to the participants (see Table 1). While the education levels varied widely, they were relatively equally dispersed among the participants.

Table 1

Highest Level of Education Attained

<u>Level of Education</u>	<u>Number of Respondents</u>
None	1
Junior High	2
High School	4
Some College/Technical College	5
Four-Year	4
Master's/PhD	4

Recruitment.

Participants were recruited from senior living complexes and senior activity groups in a Midwestern state. Initial contact was made with either an employee of the various living complexes or with a member of the senior activity group. Utilizing contacts within the target population served as a springboard to the convenience/snowball recruitment method of participants.

Convenience/snowball sampling was used for two main reasons. First, convenience sampling allows for greater access to populations that are sometimes difficult to access. A determination of the relative difficulty of access to older adults as a population was made based on a review of literature and the prevalent focus on their younger communication counterparts. Second, using existing groups of people can build trust among the participants by taking advantage of their familiarity with each other's lives (Kitzinger, 1995). Further, focus group participants should be able to discern that

they have something in common with the other participants in order to encourage open dialogue (Ivanoff & Hultberg, 2006). This study examined variables that can hamper listening, which can be considered a socially undesirable trait and therefore falls into the category of potentially being “sensitive,” or making participants slightly uncomfortable when discussing the topic. Every possible measure was taken to make the participants feel comfortable answering the questions within the group, particularly by ensuring anonymity via the consent form.

Data Analysis Procedure

The nature of data from qualitative research requires processing before it can be analyzed (Miles & Huberman, 1994). The focus groups in this study were recorded on audiocassette tape. Notice of the audio recording was clearly communicated to the participants on the consent forms they signed, and was also verbally reiterated before the recording began. Upon completion of the focus groups, the tapes were transcribed with the goal of complete accuracy, which according to Bloor et al. (2001) is necessary for academic research. Every effort was made to transcribe participants responses down to the level of filler phrases, such as “Mmmm” and “Yeah,” which can be significant pieces of meaning in qualitative research (Bloor et al., 2001).

After the transcriptions were completed, the transcripts were analyzed using the three parts of data analysis as outlined by Huberman and Miles (1998; Miles & Huberman, 1994). These parts served as the foundation for analysis of the transcribed focus group data. Huberman and Miles assert that the three parts of qualitative data analysis are: data reduction, data display, and conclusion drawing and verification. They

note that the three parts, while somewhat linear, mainly occur simultaneously from the conception of the research topic to the final presentation of the findings.

Data Reduction

Data reduction is “the process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written-up field notes or transcriptions” (Miles & Huberman, 1994, p. 10). Wolcott (2001) asserts that qualitative research should adequately “get rid of data” (p. 19) to create a usable set of data. In this study, the process of data reduction began with pen and paper notes during the transcription of the focus group tape recordings. As the data were being converted from auditory to written, similar words and patterns began to become noticeable across the separate focus group sessions and their participants. After the transcriptions were completed, individual excerpts were moved into a computerized spreadsheet that was broken down into major areas based on the study’s research questions: verbal hot buttons, behavioral hot buttons, and reactions to triggers that serve as barriers to listening. Additionally, I made note of other data groupings of a supportive nature, such as stories of good listeners, and special characteristics of the study’s population.

Data Display

Once the major initial concepts began to emerge, reducing the data from a complete transcription to a series of broad ideas, the data were organized into a data display. According to Miles and Huberman (1994), a data display is “an organized, compressed assembly of information that permits conclusion drawing and action” (p. 11). In order to draw meaning, the broad categories of reduced data were organized in such a

way that allowed the data to be analyzed more effectively. Each of the different categories from the spreadsheets was printed using a different font for each focus group. The excerpts were then cut up and adhered to pieces of cardstock using a repositionable glue stick. During this phase of analysis, the excerpts were organized into narrower groupings within the broad categories, such as specific examples of why the participants stopped listening.

Conclusion Drawing and Verification

The neatly arranged data display allowed for a smooth transition to the next piece of qualitative analysis – conclusion drawing and verification. Miles and Huberman (1994) view this state of analysis as “noting regularities, patterns, explanations, possible configurations, causal flows, and propositions” (p. 11). As noted earlier, the three stages of analysis intertwine, and the data display process formed early conclusions about general themes uncovered in the course of this research. The repositionable glue stick allowed for another level of data organization that clustered the data into more meaningful groupings.

The results of qualitative research typically focus on not only the interpretation of the data, but also on extensive examples that allow the interpretation to be trusted by the study’s readers (Merriam, 2002). In order to come to both trustworthy conclusions and employ sufficient supporting examples, I employed a number of Miles and Huberman’s (1994) steps to generate meaning during the conclusion drawing and analysis stage, including noting patterns, clustering, and subsuming particulars into the general.

During the data analysis stage, patterns became clear and more apparent, allowing for meaningful coding of the data set. Pattern codes can be defined as, “explanatory or inferential codes, ones that identify an emergent theme, configuration, or explanation” (Miles & Huberman, 1994, p. 69). After patterns and themes were noted in the original focus group transcriptions, the patterns were then clustered to add greater order and potential for interpretation.

Clustering data occurs when researchers are “trying to understand a phenomenon better by *grouping* and then *conceptualizing* objects that have similar patterns or characteristics” (Miles & Huberman, 1994, p. 249). For example, if a data set contains stories of baseball and basketball, those stories might be coded under the pattern of team sports. Similarly, stories of running and mountain biking might be coded under the pattern of outdoor leisure activities. These four stories have a closely related topic that might result in overlap, which is why the sets would be clustered together. When combined, the two patterns could be clustered as physically active pastimes, giving the data a deeper conceptualization than the four individual examples offer independently.

Closely related to clustering is the act of carefully subsuming particulars into the general. During this phase the researcher looks for specific ideas that can be included in a broader grouping (Miles & Huberman, 1994). Stories of physically active pastimes might be accompanied by comments about relieving stress through physical exercise. In this case, a more abstract concept, stress relief, might be a common thread among stories of baseball and hiking, or more generally, physically active pastimes. Subsuming particulars into the general must be carefully enacted so as to provide verifiably accurate

groupings by being cognizant of data that conflicts with the broad clusters, rather than simply looking for data that supports the clusters.

In summary, four focus groups were conducted with adults aged 65 and older in order to gain their perspective on what hampers their listening behavior. Focus group data were analyzed primarily by employing Miles and Huberman's (1994) methods of qualitative research, including reducing the data, creating a data display, and analyzing and drawing conclusions from the data. The next chapter will present and discuss the results garnered from the aforementioned methodological approach.

CHAPTER FOUR: RESULTS AND DISCUSSION

This chapter presents the results of research conducted with the goal of answering three research questions about emotional triggers and their impact on older adult listening. In addition to excerpts of participants' responses, it also includes a discussion and synthesis of the broader ideas related to the findings. Research Question 1 discusses what specific language aspects of the older adult listener's communication interactions might serve as listening barriers. Research Question 2 addresses what specific non-verbal behaviors can impact the older adult listener's propensity to stop listening. Research Question 3 focuses on how older adult listeners react when they experience emotional triggers that impact listening in interpersonal situations.

The data excerpts are identified by the code name of the participant, as well as the focus group number in which they participated (FG1, FG2, FG3, or FG4).

Research Question 1: What language triggers serve as emotional listening barriers in senior populations?

The first research question asks what particular types of language or specific words, rather than behaviors, cause the older adult listener to tune out from listening interactions. The five primary categories of language triggers gleaned from the data were pause fillers, incorrect word usage, words that implied false familiarity, assumptive words, and topic choice.

Pause fillers

One example of a language trigger that can hamper the senior population's listening process is that of pause fillers used by their conversational partners. Pause

fillers are words or utterances used in a sentence where there would otherwise be a silent pause. Also referred to as inarticulates, using one of these words “diminishes rather than enhances the communication effect you wish to achieve” (Berko et al., 2007, p. 48). These filler words can serve the purpose of giving speakers time to think of their next word choice. These words may also signal the speaker’s nervousness, and can serve as adaptors, similar to tapping a pen when trying to compose thoughts. Unfortunately, these speaker behaviors may incite a reaction that hampers an older individual’s listening process.

One participant indicated that while the use of the word “like” as a pause filler was outside of her lexicon, it served as an emotional listening trigger that caused her to withdraw from the conversation.

HELEN (FG1): There is this one phrase, or one word, that just popped up in the last few years that (to moderator) I think it is your age and a little younger that use it. The word “like” in a place that...

GROUP: Oh yes! (Laughter.)

HELEN: I can’t even... Because somebody asked me when I said it annoyed me and they said, “Well, give me an example,” and I said I could not give them an example and I cannot insert the word “like” the way they do. Can you (to the moderator) give the rest of them (to the focus group participants) an example so they know what I am talking about?

MODERATOR: I think that it is kind of what is referred to in communication as a pause filler. Instead of my generation saying “um” and “uh” we say “like”. So, I could be, like, not knowing, like, what I, like, needed to say. So something like that, it becomes something where instead of using it correctly with correct grammar, it becomes a pause filler, it becomes an “um” and an “uh”.

PATRICIA: “You know” is the same thing!

GROUP: Oh yeah! You know!

HELEN: Like is used differently, it has no connection to the rest of the sentence.

GROUP No, no.

HELEN: That is what is so troubling to me. [...] I can't even put "like" in a sentence the way [young people] do because I don't know where they insert it – if there is a rule or if there isn't a rule?

The use of "like" as a pause filler demonstrates one example of an emotional trigger where the older individual may be distracted from the conversation by spending time evaluating word usage. In this case, the older listener spent time trying to understand what rules accompanied the use of this pause filler. Further, the participant noted that she had participated in conversations about her feelings about the word "like," and this indicated a level of self-awareness. Helen's idea that "like" is most often used by the younger generation is widely shared (Fox Tree, 2007). The younger communicator may use "like" to keep the conversation flowing, and be totally unaware that an older adult listener has tuned out of the conversation.

Another participant describes the use of "you know" in a similar fashion as "like." "Another thing is if they use the word, the phrase, 'You know', they'll talk and it's, 'You know,' and a little bit, 'You know,' and they constantly use 'You know.' I just turn it off" (Violet, FG1). In the same focus group, Gloria (FG1) recalls another story of how a different pause filler made her tune out from what the communicator was saying: "I remember in high school, the one professor used the word 'obviously' so often that sometimes we'd maybe count how many." In both cases, the older adult listeners made decisions to tune out from the listening process, whether by choosing to "just turn it off" or to engage in an activity that changed the conversation from an interaction to a counting game of sorts.

Overall, the participants agreed that the use of pause fillers interrupted the flow of conversation to the point that they had difficulty listening. The most notable thread between the pause fillers was the older individual's difficulty in understanding why their communication partner was using the word or words outside of a traditionally proper context of a sentence. Throughout the participants' responses, thought was consistently diverted away from the topic being discussed, and instead directed toward the specific word that was being used in this unfamiliar, and seemingly uncomfortable, way. Words that the communicator may use as a way to keep the conversation flowing have the potential to cause the older adult listener to tune out.

Incorrect word usage

In addition to pause fillers, the use of incorrect words was another trigger that contributed to older listeners tuning out of the listening process. Incorrect word usage includes generally poor grammar, as well as incorrectly grouping words. Proper grammar is "crucial to efficient and effective communication" (Seiler & Beall, 1999, p. 85). While a speaker's word usage can be slightly subjective in nature, recognition of poor grammar necessarily indicates that the listener understands that a grammatical rule is being broken. Similarly, recognition of the misuse of a particular word demonstrates that the listener has a grasp of the word's definition. In either case, breaking the rules of grammar or using a word out of context can serve as a trigger for listeners, causing the senior listener to misinterpret, or even ignore important information.

One example of an incorrect word usage trigger was stringing words in such a way that they could be difficult to understand. Johanna (FG2) noted that some people

have a tendency to “kind of put words together,” specifically, “He hadtago, for had to go, or something like that. So he went!” This example points to a very specific usage of words that diverts attention away from the topic. If a speaker talks about how he or she “hadtago” to the emergency room, the listener has the potential to miss important details while being preoccupied with the communicator’s misuse of the words.

Another example of grammar impacting the older adult’s ability to listen is the use of a grammatically incorrect word. Using appropriate grammar is important, as a firm grasp on language helps people communicate effectively (Wardhaugh, 1985). Patricia (FG1) pointed out, “Some people say ‘I seen’ s-e-e-n. It is still I saw.” Again, this listener’s attentiveness experiences a decline when someone uses a word incorrectly. Helen (FG1) noted that individuals that she otherwise considers to be proficient communicators could cause her to tune out by using the redundant phrase “each and every one.” She said, “You hear that over and over again by really very good speakers. ‘I thank each and every one for coming.’”

It is important to consider the fact that phrases that stood out to the participants in this study, such as “I seen” and “I hadtago,” frequently begin sentences. For example, someone could say, “I seen a car crash on the way to work today” or, “I hadtago to the doctor because I have had severe back pain recently.” The phrase’s placement early in a series of thoughts may result in listeners missing the main subject of what the speaker is trying to convey – such as car crashes or personal health issues.

The incorrect usage of words served as a trigger for the older adult listeners in this study in that they experienced reactions that prevented them from effectively receiving

and interpreting the conversation's other information. Mulroy (2004) argues that while "grammar describes the rules by which speech is organized and thus gains its meaning" (p. 53), its emphasis is increasingly waning in today's society. From incorrectly grouping words, to using words outside of their proper context, a speaker's divergence from acceptable grammatical rules can incite a reaction that has the potential to cause older adult listeners to miss vital information.

False familiarity

The use of words that exhibited a sense of false familiarity on the part of their communication partner served as another verbal trigger for the older adult listeners in this study. The term "false familiarity" could be described as presupposing what is acceptable communication behavior when interacting with senior populations. For participants, the expression of the false familiarity primarily included interactions with relative strangers that were perceived to cross the line into less formal territory. An example of such an interaction could be the method of greeting used by an employee in a retail store. The employee might approach a senior couple with a sense of false familiarity by saying, "Hey you two! What brought you in today? Are you here for the big sale? Times are tough!" This expression of false familiarity could cause a senior adult listener to withdraw from the interaction due to crossing a figurative line. Conversely, the retail employee may choose to use a more formal and polite greeting, such as, "Good morning sir and ma'am. Is there something I may help you find today?" Support for choosing the less direct greeting (e.g. the ambiguous reference to helping the shoppers find something) was found in research that showed that less formal situations

often result in less equivocal communication behavior than found in more formal situations (Bello, 2005).

Participants in this study noted that they experience barriers to listening when someone who does not know them personally calls them by their first name. In this example, three participants discuss their experiences with someone they did not know using their first names, or the first names of someone close to them:

PATRICIA (FG1): One thing that I know my husband didn't like was when people would call him by his first name, no matter what their age...

GLORIA: Salesmen often will call and ask for you by your first name. Like my husband, they'll say, "John?" and he'll say, "Do I know you?" He doesn't like that one.

HELEN: Yeah, that gets old. They don't even ask permission!

GLORIA: Yeah, you've never even met them!

This example of strangers insisting upon first name usage indicates a reduced level of formality to the conversation. Many of us can recall learning basic manners as a child, which often included referring to those we did not know using proper titles, such as Ms., Mrs., and Mr. The fact that senior citizens are sometimes referred to as the "traditionalist generation" seems to support the notion that one should communicate with them using traditionally acceptable notions of formality.

Another example of the verbal trigger of false familiarity can also be linked to traditional, formal interactions. Saying "you guys" to women assumes that the women in the group will readily accept the slang words as a gender neutral grouping. Helen (FG1) noted that, "Young waitresses will say, 'How are you guys today?'" Gloria agreed that she did not find "guys" to be an acceptable label for her, "Oh, 'You guys.' I'm not a

guy!” To these participants, “you guys” was neither gender neutral, nor appropriate communication behavior.

The word “guys” is traditionally meant to denote persons with a male gender identity. To some people, especially younger individuals, the term “guys” has transitioned to an acceptable and “correct” slang term that can indicate a group of people without regard to their gender. Again the traditional rules of language indicate that one should be referred to using gender appropriate descriptors. Failing to do so might incite a negative reaction in the recipient of the gender inappropriate descriptor. Other disciplines, such as education, have sought out ways to remove subtle gender bias, such as saying “you guys,” from their language (Lundeberg, 1997). One can imagine that referring to older adult women as “guys” may seem as inappropriate to them as referring to a chair as a “table.”

A sense of false familiarity can cause an individual to tune out by crossing the older adult listener’s assumed line of formality. The participants in this study cited examples of speakers using the first name of people with whom they are not familiar, and assigning women to the general “you guys” slang grouping. These findings indicate the older adult listeners in this study believe that the relationship of the person to the listener should at least partially dictate word choices, especially in matters that refer to the listeners themselves by name or gender specific groupings.

Assumptive words

The older adult listeners in this study noted that they would tune out from a conversation if someone used assumptive words, which are words that assume a certain

level of expertise or knowledge about the listener that contradicts the listener's perception. It is important to avoid stating inferences as facts in communication interactions (Adler & Rodman, 2006). Assumptive words are loosely related to the previous category of false familiarity, but there is a distinction in the context and scope of their usage. While words of false familiarity express a *relational closeness* with which the listener does not agree, assumptive words express a speaker's level of *personal knowledge* that the listener does not agree with. For example, with false familiarity, one may think it is appropriate to address a stranger using a nickname. With assumptive words, one may think it is appropriate to use words that critique the behavior of an individual. For example, a listener might feel as though a casual acquaintance with no medical or dietary expertise used assumptive words if he or she critiqued the cholesterol levels in a breakfast choice of eggs and bacon.

Assumptive words may seem more out of place or less out of place depending upon the context in which they are said. Context, defined as "who is present, where the communication is taking place, and the general attitude of those assembled," (Berko et al., 2007, p.13) plays an important role in listening interactions, particularly concerning how listeners react to what is being said. A listener is much more likely to respond positively to sarcastic jest in the middle of a warmhearted conversation than they would be during a fight. One focus group exchange raised the importance of the context in which specific trigger words are said:

ELLEN (FG4): You never listen to me!

MODERATOR: That kind of thing, yes. How does that make you feel when someone says that? Would that bother you at all?

DAWN (FG4): What?

MODERATOR: If someone says, “You never” or “You always.”

DAWN (FG4): I don’t feel bad about that, if it is somebody who knows me very personally or for a long time. But if it was somebody... if you (to moderator) were to say to me, “Dawn, you always do that.” How would you know?

In the preceding example, Dawn feels strongly about wrongly assumed permissions that people exercise by communicating with her in certain ways, or by choosing certain words. She will allow someone to be very direct with their word choice as long as she considers the individual to be knowledgeable about the topic at hand, in this case, her personal behaviors. This example demonstrates that there is an acceptable level of forwardness that is “earned” by possessing expertise in the eyes of the older adult listener.

Similarly, older adult listeners may withdraw from a communication interaction if they perceive that their communication partner assumes knowledge of their personal situations. The impact of the barriers to listening increased when the listener felt the speaker’s words were directed toward a personal and unique situation or feeling. A few participants could relate to each other in the context of expressing the personal and unique grief of losing a spouse, as well as not having children:

ANN (FG4): I got one. That is like when my husband, Joe, died. I mean, some people would say, “I know just how you feel.” I mean, how do you know?

DAWN: The other side of that coin is someone telling you, “You don’t know how I feel,” but you do know, because I have experienced it. I’ve had that happen. Where, “You just don’t know. I wake up at night and he’s not there. You just have no idea.” Well, I was widowed, I do know how you feel. So you know, that’s a turn off, too.

MODERATOR: Ah, both ways?

DAWN: Yeah, so don't assume that I don't know how you feel.

ANN: I'm talking about people who I knew who still had their husbands.

DAWN: Uh huh, yeah, I go along with that.

BOB: Well, I had no kids. And a lot of times, people would be talking, and I'd go along, nothing real heavy, and they would say, "How do you know? You have no kids!" Well, they were talking about real common sense stuff. It was common sense, whether I had kids or not, I would know. Some of those people who had, I don't know what you would call them... they didn't do a good job of raising their kids, but I never said that. They made me feel like I shouldn't know anything because I had no kids.

DAWN: Oh, I get the same thing because my husband and I never had children.

The preceding excerpt demonstrates the extent to which life experiences are very personal and subsequently highly subjective in nature. Ann and Dawn felt that someone who had not experienced the loss of a spouse not only *could not* relate to their thoughts and feelings surrounding widowhood, but also *should not* relate to those thoughts and feelings. Interestingly, Bob clearly noted that a very basic understanding of child rearing was nearly part of the human condition, or at least somewhat understandable based on exposure to children or perhaps even having been a child himself. These results indicate that an older adult listener might withdraw not only because of an assumption that the speaker understands their personal experience, but also because of what that particular personal experience is.

Using words or phrases that expressed assumptions about personal thoughts and feelings served as a trigger to tune out a number of older adult listeners in this study. These assumptions included the speaker claiming to know how the listener feels, as well as using words that indicate a level of knowledge that is inappropriate for the context of

the speaker-listener relationship. These assumptions included a base level of knowledge across all groups of people, while some people feel that experiences are the only way to truly understand a topic or feeling. Additionally, participants noted that words of false familiarity might be otherwise acceptable if the listener had a close relationship with the speaker, such as a family member or friend.

Topic choice

In addition to assumptive words, a prevalent trigger that caused this study's older adult listeners to tune out was the speaker's verbalization of topic choice. Participants who spoke about this trigger described the topic of their communication partners as either not interesting enough to hold their attention or too off-putting to sustain their listening attentiveness. Topic choice is verbal in nature because while it is based on the behavior of choosing a topic that carries throughout the conversation, the trigger reaction is ultimately experienced due to the verbalization of a topic.

A number of participants firmly expressed that they tune out from a listening interaction when they do not find their communication partner interesting. Violet (FG1) noted that the speaker's topic choice actually makes listening difficult: "If you're not interested in what they are saying, it is hard." Similarly, Irma (FG3) notes that her listening behavior is at least partially determined by topic choice: "If it is not interesting, I won't listen very well." When asked to recall a time that she stopped listening, Diane (FG2) said, "Well, it just wasn't interesting." Edward (FG2) made a broader application of the role interest plays when he noted, "I think when you stop listening to whatever the conversation is, it lost appeal to you, it can't hold your interest."

Participants also noted that a poor topic choice might be acceptable as long as the speaker did not carry on about the topic for too long:

IRMA (FG3): If it didn't last too long, I would be okay.

IVA (FG3): Yeah, I wouldn't want to make her feel bad that I wasn't paying attention.

Later, Iva noted: "Perhaps it would depend on what she was talking about," when asked to think of any other reasons that would make her stop listening. Sandra (FG2) shared a similar notion when she expressed: "I think that if the person is boring, or the conversation is boring I stop listening – my mind goes way off to other subjects."

Similarly, Ann (FG4) finds that topic choice might be particularly relevant in intergenerational conversations. She notes that sometimes she finds it difficult to talk to young teenagers because their topics are not interesting to her: "I mean, they'll talk about computers and all that razz-a-ma-tazz, and that's Greek to me. So I just turn them off." In all of these examples, the listener is consciously aware that he or she has gone "way off" or has made the decision to withdraw from the listening situation.

The ability for a speaker to discuss interesting subjects is not the only topic choice factor that plays into older adult listener tune out. Rather, poor topic choice also includes subjects that the listener does not feel comfortable hearing about. Dawn (FG4) gave an example of an interaction she had with someone she was visiting in a nursing home:

I was recently visiting a gentleman from our church who is at a nursing home and unfortunately he's having a lot of problems. He's got one leg removed and at the end of this month he's having the other one removed, but he's living in the past. And I came to visit him and I wanted to say what a nice day it is, and how are you feeling, and how do you like the food here, and that kind of thing. But he immediately went to his stories of his Army career back in the World War and he would not let up. I finally said, "I do not want to hear it." The only way I could shut him up was to say, "I don't want to hear it," but he kept on rambling on. I said, Ted, I lived through those years, I don't want to live

through them again. So, I just said... I picked up my coat and said, "Sorry, I'm leaving," and I left. So you have to be careful not to dwell on something that people don't want to hear – and that will turn people off.

The preceding example illustrates the importance of speakers attending to the cues of their older adult listening partners. Dawn gave a clear verbal signal that she no longer wanted to hear about the topics that Ted chose to address. Dawn tuned out of the conversation in the most severe of ways; the entire communication process ceased when Dawn chose to leave the room based on the offensiveness she perceived about his communication behavior. Dawn's reaction is consistent with researchers who attempt to explain the senior population's increased emotional regulation ability by noting that older adults "try to avoid offending stimuli" (Turk Charles & Carstensen, 2008, p. 501).

These findings show that a speaker's propensity to choose topics that are not interesting to their older adult communication partner can be detrimental to the listening process. The participants noted that the seemingly basic act of choosing interesting topics was one of the most important pieces to maintaining their attention. While what is interesting to one person might be boring to the next person, it is important for speakers to pay attention to their older adult listening partner's cues, both verbal and nonverbal, which might demonstrate that perhaps it is time to move on to the next topic at hand before they move to the next topic alone.

Research Question 1 sought to determine what specific language triggers exist for older adult listeners. Participants' responses were categorized into five categories. Pause fillers, such as "like" and "you know" used when there would otherwise be a break in the flow of a sentence, can cause older adult listeners to tune out. Incorrect word usage, such

as “I seen” and “hadtago” could also trigger older adult listeners to divert attention from their conversational partner. Additionally, words exhibiting false familiarity, such as strangers using a first name, or referring to a table of women with the slang grouping of “you guys” hampered the listening of this study’s participants. Fourth, assumptive words, such as “You never...” or “I know just how you feel” can serve as barriers to effective listening in senior populations. Finally, a speaker’s tendency to choose topics that are offensive or not interesting, such as war stories, proved to be one of the most widespread factors that hampered listening for the older adult participants in this study.

Research Question 2: What behavioral triggers serve as emotional listening barriers in senior populations?

Not only can specific words and phrases act as triggers that cause older adult listeners to tune out, but behaviors are also a substantial trigger source. Brownell (2006) contends “the meanings a behavior elicits for you – because of your personal values, agendas, or expectations – may be quite different from what your partner intended” (p. 194). Behaviors that serve as triggers were classified as such based on the broader characterization of the speaker’s communication behavior, rather than specific words. In other words, the behaviors that the participants brought to light in this study, such as repetition, involve the verbalization of words, but more importantly, display a broader communication behavior. Other behavioral triggers that were found in this study are poor turn taking skills and the quality of the speaker’s voice.

Repetition

The number of times that a topic was addressed served as a trigger that caused the older adult participants to “tune out” of the listening process. Repetition was not a behavior that was mentioned in Diane Bone’s (1988) original list of emotional triggers in listening. Repetition, however, was a frequently cited example of a behavior that would cause the participants in this study to tune out. In these cases, the reaction was neither the result of the speaker’s act of choosing a certain subject matter, nor the use of specific trigger words. Rather, the communicator in these repetition scenarios chose to speak about a topic or story that had been frequently heard by the listener.

When Joe (FG1) was asked what would cause him to stop listening, he responded, “Well, I would say when they say the same thing over and over.” Ann (FG4) recalled tuning a story out because of repetition and later experiencing regret for doing so:

Oh, I got so my dad told the same story about his childhood, and coming over to America, and I got so that I was in my own little world. But I could kick myself now because if I would have just paid closer attention... and so I don’t really know much about it whatsoever, and then [my daughter] and I tried to get on the Internet, you know, tried to find something out about them. Now I go back two generations, or to the 17-1800s, on [my ancestor], but I can’t find anything on him, on when he was born... So, yeah...

This example shows that while Ann reacted to the repetition trigger by engaging in a behavior that caused her to stop listening, that was not the reaction that she wishes she experienced *ex post facto*. This notion highlights the importance of listening interactions in that the listener may have something important to gain out of closely attending to the speaker’s message, even if the listener feels he or she has “heard it all before.” While in this case, the story itself was of relevance to the listener, the excessive number of times

the story was told caused her to be preoccupied with the repetition rather than the true message.

It is also important to consider characteristics of communication partners when considering repetition behaviors. While repetition has been shown to increase dramatically in people with Alzheimer's Disease (Usita, Hyman, & Herman, 1998), repetition behavior has also been shown to increase as a person ages (Jennings & Jacoby, 1997). Members of one focus group thought that repetition of stories was at least partially due to the speaker's age:

NORA (FG3): And she'll tell the same thing over and over. That may be her age, too.

IVA: Is she our age?

NORA: Yes.

This comment was particularly relevant in that it not only acknowledged that age might contribute repetition behaviors, but the participants also acknowledged that they belonged to that age group. Many of the examples from this study's participants relate repetition with age, whether noting that the individual repeats topics because of their age, relating repetition to a parent, or relating the behavior to an "older adult" person. At another point in the focus group, Nora and Iva discussed the fact that they are, "not around young people that much anymore." Because the older adult demographic in this study encounter a greater number of communication interactions with their own age group, it might partially account for the frequency at which repetition was cited as a trigger behavior.

Repetition behavior also impacted older adult listeners before they became a part of the senior population themselves. Sandra recalled listening to a story so many times when she was younger that she was able to recount the story as it was being told:

SANDRA (FG2): (Laughing) Well, I can tell you one that is kind of funny! We had this elderly lady on our block, and she used to come to visit – and I loved visiting with her – but she told the same stories over and over again so that I knew them by heart! (Group laughter) I remember relaying the story in my head while she was talking.

EDWARD (FG2): You had reason to stop listening! (Group laughter)

SANDRA (FG2): Really, though, she was a wonderful lady and I just loved her, but...

In this case, it is clear that Sandra was *hearing* the story, but may have been too preoccupied by retelling it in her head to truly be *listening* to the sender beyond monitoring for version disparities. Additionally, this example shows that repetition served as a long-standing trigger for Sandra. The participants also tended to be clear that it was not the individual that was causing them to tune out of conversations, but rather the behavior of the person.

The examples from this study's focus group data show that repetition can serve as a trigger that causes older adults to tune out of the listening process. Whatever the topic of the story, it is the number of times it is told that serves as the barrier to effective listening. While a number of factors, including age, may contribute to the behavior, the outcome of the listener tuning out is often an undesirable reaction for both parties.

Quality of Voice

The actual characteristics of a person's voice can also serve as a trigger that causes older adult listeners to tune out. The quality of voice can include the rate of speech, or other factors that cause the speaker to not be understood properly. Imhof

(1998) asserts that listening includes “paralinguistic characteristics of speech, (e.g., prosody and timbre, body language, and situative and contextual cues)” (p. 83), further lending credence to the importance of vocal quality in the context of listening. Because a decline in hearing is often seen in older adults (Halling & Humes, 2000; Humes, 2008), it is important to note that the quality of voice can also include volume. Due to the fact that these vocal characteristics can be controlled by actions on the part of the speaker, quality of voice is categorized as a behavioral trigger.

This trigger only partially relates to those with decreased hearing competency; as it is important to note that vocal quality in the context of this study goes beyond factors impacting only those with physiological hearing difficulties. Vocal characteristics that can hamper effective listening include articulation as well as volume, rate, pitch, and tone. In one study, these vocal characteristics were shown to have a physiological effect on participants (Knowlton & Larkin, 2006). Knowlton and Larkin’s research measured the effects of a number of therapy variables, including therapist vocal characteristics and self-relaxation techniques, on an individual’s relaxation levels. Relaxation was measured using heart rate, self-reports, and EMG readings, which are used to measure electrical energy in the nervous system. While participants in all of the groups saw some reductions in varying stress measures, the only significant reduction in EMG readings was found in participants who received treatment from a therapist who spoke with a “recommended voice,” including a decreased rate and tone. These findings demonstrated the overarching impact of vocal characteristics on an individual’s emotional state.

Some participants felt that the quality of the speaker's voice and the subsequent ability to hear the speaker, were major factors in listening tune out:

DIANE (FG2): Again, it is the person and the way they talk. If you don't understand the first word you may as well not understand anything between, to the last word.

EDWARD (FG2): I don't find the words... it is the projection of the voice and whether I can hear them or not.

DIANE (FG2): Oh, really?

SANDRA (FG2): Yeah, I think that what Edward says is true. People I can understand perfectly... I have a hearing problem with this one ear, and anyway, I understand some people perfectly. And others, they swallow, it seems that they swallow the words and I have to be asking, or they don't talk the same way.

EDWARD (FG2): Yeah, I don't think words as such would turn me off.

DIANE (FG2): Yes, but for instance, the lecture Monday. I wanted to go, and I got myself down there and once I was there I realized I didn't have my hearing aid. So I didn't want to go back down here to get my hearing aid, so I sat there and I think I recognized about 20 words, and I sat there and thought that I was sorry that I didn't get up and come get my hearing aid.

EDWARD (FG2): Well, there were two who I thought spoke very well.

DIANE (FG2): Well, I heard them, but I didn't know what they were saying.

In the previous example, the participants noted that there are multiple contributors to the quality of a person's voice that help a listener attend to a message. Some of the specific triggers that can be gleaned from that interaction include the speaker swallowing words, and the speaker projecting their voice in a way that causes a physiological inability to hear the speaker based on volume. Together these things depict negative behaviors that the speaker carries out, possibly unintentionally, with his or her use of vocal characteristics. The notion that some words, and some people, can be clearly understood by otherwise hearing impaired individuals indicates that there is a learned and

often habitual behavior that could, if corrected and practiced, result in fewer instances of listener tune out.

Similarly, some voices have characteristics that are difficult to describe, but still cause the listener to tune out. Johanna (FG2) noted that people with whom she communicates generally do not have voice qualities that cause her to tune out, although there are exceptions: “Well, some people have voices that are scratchy the moment they talk. And, that would be the only thing, sometimes a voice just, just, as I said... kind of scratches. But most voices aren’t like that.” These general voice characteristics can be very subjective and lack the ability to be broadly generalized, but this fact does not discount that the separate voice qualities serve as hot buttons for the individual listeners.

Rate of speech is another vocal quality that can cause the older adult listener to tune out. The problems experienced by rate of speech are exacerbated by the fact that many speakers tend to slur words when increasing speech rate (Brownell, 2006). While the examples of voice quality in this study typically relate to interpersonal or small group communication situations, people who are communicating with older adult listeners as an indirect group are not exempt from causing them to tune out. Ellen (FG4) noted, “Channel 10, I don’t know if you ever listen to their news, they talk so fast.” Darla (FG1) also notes that speed has a lot to do with her *ability* to listen: “Here there are two ladies that I never hardly have to ask them what they say. They speak slowly, distinctly, and I can carry on a conversation joyfully with them.” This excerpt indicates that a “fast” speaker may pose problems for Darla. In both cases, the older adult listeners described issues of “rate” of speech as impacting their ability to listen effectively.

This study's participants found that the quality of their communication partner's voice could cause them to tune out from the listening process. Particularly, the speaker's voice resonance, word clarity, rate of speech, and overall voice characteristics can serve as behavioral triggers that cause the older adult listener to tune out. These can be negative factors when anyone delivers a speech to an audience, but can be even more detrimental when interacting with older adults who may also have physiological limitations.

Poor turn taking

An individual's poor turn taking skills was another trigger that caused the older adult listeners in this study to tune out. Turn taking, at the most basic level, involves an appropriate balance between the conversational partners. Poor turn taking is characterized by a tendency to speak for long periods of time without giving opportunities for the listener to transition roles to the speaker and interject their thoughts. Additionally, interruptions are another sign of poor turn taking in that the behavior diverts attention away from the flow of conversation. Interruptions are widely considered to be an inappropriate listening response (Wolvin & Coakley, 1996). Sue (FG1) described her communication relationship with her husband as positive, using characteristics of turn taking, "By the time I'm finished with what I'm saying, he's got something to answer me."

Perhaps one of the most telling responses that demonstrates poor turn taking was the following: "Most people talk rather than listen" (Irma, FG3). She later went on to elaborate, "I know someone like that, but I won't give you the name. That person never

stops talking. You can't get a word in edgewise when that person is talking, so all you can do is sit back and make believe you're listening." Katherine (FG1) expressed a similar sentiment, "My daughter isn't a good listener, but she's a good talker." The older adult listeners in this study seemed to experience frustration, and even anger, when the person speaking exhibited poor turn taking behaviors. In these cases, the participants described a sort of "pseudo-listening" in which they appeared to be listening but were instead withdrawn from the conversation. This action is consistent with research that found older adults would rather avoid a tense situation than vocalize or discuss the situation and potentially escalate the issue (Birditt & Fingerman, 2005).

A number of other participants in this study noted that they experience barriers to listening when their communication partner speaks for sizable lengths of time and does not allow them to interject. Johanna (FG2) tunes out in interactions with a family member who is inclined to poor turn taking: "My granddaughter is pretty good at... almost turning *you* off. She goes on and on and on about nothing that is important." Additionally, Ann (FG4) points out that the timing of her communication partner's extended verbosity can be troubling:

ANN (FG4): Years ago when I would pick somebody up and take them home, and I've got the motor running, and instead of saying, "Good night, thank you... blah blah blah" and then leave, they would stand with the door open and talk to someone who was still in my car, and it was on and on and on and on. And that was the only time that I can say I really get angry, and I don't get angry very often, but that really gets my goat.

DAWN: Yeah, I have a friend who does that.

ANN: And more than once I had to turn the motor off.

In these instances, the older adult listener participants described what felt like a nauseam speaking behavior that triggered them to stop listening to what the speaker said, and instead, focus on the length of time that the topic was discussed.

In addition to not letting the listener interject their thoughts, speakers can cause older adult listeners to withdraw by not waiting for an appropriate opportunity to speak. Patricia (FG1) recalled a time that she was interrupted in conversation that caused her to tune out: “Well, I know if you’re talking to someone, and somebody else will just come up and they’ll start talking to that person... oh that, that really bothers me!” Interruption is another form of poor turn taking, but rather than not letting someone interject his or her thoughts, the individual inappropriately stops someone else’s thoughts to interject their own.

The participants in this study experienced a trigger reaction to their conversational partner’s poor turn taking skills. In addition to interruptions, one of the most notable causes for tune out for the listeners in this study was a tendency of their communication partners to speak for long periods of time without allowing the listeners to interject his or her thoughts. Hampered listening caused by poor turn taking was not due to the topic that was discussed, but rather occurred because of the speaker’s verbosity or timing.

In sum, Research Question 2 sought to determine what behaviors would serve as barriers to listening in senior populations. Participants’ responses were categorized into three main categories. First, repetition of stories was a behavior that caused this study’s older adult listeners to stop listening. Second, the quality of a speaker’s voice, including the rate of speech and general volume, can cause a listener to tune out of the

communication interaction. Finally, poor turn taking, such as speaking at length and interrupting a conversation, triggered the participants' emotional listener tune out.

Research Question 3: In what ways do senior populations respond to language and behavioral triggers that hamper listening?

The first and second research questions determined what language and behavioral triggers exist that serve as barriers to listening in older individuals. Research Question 3 sought to determine how senior populations respond to triggers that hamper their listening process. Older adults' reactions to their language and behavioral triggers give greater insight into what it means to them to "tune out" as a listener. The primary themes that emerged from participant responses were: 1) a desire to be somewhere else, 2) feelings of guilt, and 3) their minds drifting to other topics when reacting to triggers such as the ones previously described.

Desire to be somewhere else

One response to language or behavioral triggers noted by participants in this study was their desire to be somewhere else. Whether participants were thinking of places that they would rather be, or actually went to another place, there was an expressed desire to be removed from the listening interaction. In these cases, forming a conversational "exit strategy" prevented them from attentively listening.

Some participants expressed that they would move on to a new conversation rather than stay and continue to take part in their current interaction. Nora (FG3) responded to what she would do: "Well, I suppose that is a good spot to start a different conversation." Later, Nora (FG3) noted the feelings she had when someone spoke too

long about a given topic, “I’d probably feel like I’d rather not be there.” Ellen (FG4) concurred that emotional triggers caused her to tune out by moving onto a new interaction: “Go to another person, join another grouping or something.” The notion that participants react to a trigger with the cessation of interaction with their communication partner signals the importance of avoiding such triggers.

In addition to casually moving on to the next communication interaction, some participants chose to leave the conversation much more abruptly and used a very direct approach. Dawn (FG4) described her reaction to a speaker who continuously told stories of the World War: “So, I picked up my coat and said ‘Sorry, I’m leaving,’ and I left.” Not only did the speaker miss out on conveying his current message to Dawn, but he also lost the opportunity for relaying any additional messages to her.

Patricia (FG1) also noted that she would respond to triggers by physically removing herself from a conversation: “Well, if it is a conversation between two people and this other person comes along, I stand there for a few minutes and then I’ll walk off, is what I’ll do.” In both of the examples, Patricia (FG1) and Dawn (FG2) gave warnings before finally entirely tuning out from the process. Whether warnings were verbally expressed by stating that they did not wish to hear the stories, or nonverbally expressed by reluctantly remaining in the conversation for a short period of time, the final trigger reaction was not immediate. The subtle warnings given by the listener to the speaker indicating that they are about to “tune out” illustrate that the older adult’s communication partners need to be aware of nonverbal behaviors used in response to emotional triggers.

It is interesting to note that the reaction to a “trigger” word or behavior might be somewhat delayed. One participant noted that she responds to triggers by talking about the negative interaction with her future communication partners. This excerpt indicates a certain level of awareness after the withdrawal behavior has occurred:

SUE (FG1): I find somebody new to talk to. Pass on your gripes.

MODERATOR: That’s interesting, could you expand on that a little more? So you’re saying that when you’re in that situation, where you maybe want to stop listening, that you would talk to somebody else about that situation?

SUE: Yes, I’d go on, “Would you enjoy it?” Talk about what just happened, what was the message, or that I just didn’t pay attention.

For Sue, the trigger that ends one conversation is actually the impetus for other conversations. Here we see that the original speaker’s message has been missed by Sue who desired to be elsewhere. When the older adult listener responds to triggers by mentally and/or physically leaving the conversation, they miss important information. The older adult speaker is also forfeiting an opportunity to develop a more meaningful, satisfying relationship with their listening partner. Quality communication cannot take place when one half of a dyad is focused upon how he or she can exit from the interaction instead of the topic being discussed.

Feelings of guilt

In addition to thoughts about being elsewhere, participants also responded to emotional triggers with feelings of guilt. In this study, guilt occurred when an individual felt bad or uneasy about tuning out of their interaction. Guilt is a feeling that is experienced when someone has done something that they believe is morally wrong (Silfver, 2007) and also “involves mentally undoing some aspect of behaviour” (p. 170).

A number of participants noted that their reaction to tuning out was to feel guilt:

SUE (FG1): I feel a little guilty. A little guilt is there.

MODERATOR (FG1): You as a listener?

SUE (FG1): Yes, for not listening when you should be.

MODERATOR (FG1): Does anyone else feel that guilt when they stop listening?

KATIE (FG1): Yeah.

GLORIA (FG1): Sometimes.

JOE (FG1): Yeah, when I'm not paying attention.

Ellen (FG4) shared: "Sometimes you can feel as though you're not being fair, because you don't want... you could hurt them, it might be a hurting feeling, because you're not continuing with the listening. What are you going to do? I mean, you may offend them, but you have your right, too. That's a tough one." Clearly, at least some older adult listeners struggle with meeting the needs of the other person at the expense of meeting their own.

Responding to triggers with feelings of guilt shows empathy on the part of the older adult listener for the speaker. When asked what it means to stop listening, Iva (FG3) noted: "I wouldn't want to make her feel bad that I wasn't paying attention." Some of this empathy seemed to be generated by the older adult listeners' accurate perception of the sender's unique situation. Irma (FG3) noted: "This woman that I was saying would always interrupt with a story of her own experiences, I think, well she lives all alone and has no one to talk to much... she feels the need to talk."

A guilt response, experienced when listening is impeded, can be considered a type of “catch 22” reaction. When the listener finds that they tune out of listening because of a trigger, they may experience guilt about not listening. This then pervades their thoughts and *keeps* them from being able to listen effectively. This experiencing of guilt shows that older adult listeners may feel that tuning out was their choice, but it might not have been an easy one for them to make.

Drifting mind

In addition to thoughts of being elsewhere, and feelings of guilt, the participants in this study frequently noted that their minds drifted to other ideas when they experienced listener tune out. People of all ages experience internal distractions to a certain extent. Brownell (2006) asserts that listening “comprehension suffers because you have been paying more attention to personal voices than your partner’s concerns” (p. 121).

For some participants, the reaction that they experienced to tuning out went hand in hand with the reason that they stopped listening. Gloria (FG1) noted that she could become preoccupied with the thoughts that were the initial diversions, “If I stop listening, my mind might wander on something else that is maybe an important thing. Maybe that’s why I stopped listening, because I have this other problem or something. Or thinking, ‘Oh my gosh, I have to be there at a certain time,’ and then I think about what I’m going to be doing.” Research has found that about 25% of older adults reportedly experience an increase in worrying as they age (Basevitz, Pushkar, Chaikelson, Conway, & Dalton, 2008). Older adults who have experienced an increase in worrying have done

so for reasons such as increased responsibility, more serious concerns, and heightened awareness of danger (Basevitz et al.), all of which can be diversions for a drifting mind.

When tuning out, the older adult listeners in this study also reacted by drifting into what they described as a daydream state. Iva (FG3) depicts her response to triggers that cause her to tune out, “Maybe I’d daydream between her ideas.” Ann (FG4) also illustrates entering a daydream state when tuning out, “You get your own little ideas. I sit and watch the lights turn from green to yellow to red, on 1st and Main, 3rd and Main, oh and after an hour, maybe 45 minutes, I’ll go off to bed.” Entering a dreamlike state when tuning out is an example of how minds can drift when a trigger is presented to the older adult listener.

Diverting attention to other general thoughts is another response that indicates that a listener’s mind can drift as the result of a trigger. Sandra (FG2) notes that she experiences this response to the trigger of poor topic choice: “I think that if the person is boring, or the conversation is boring, I stop listening – my mind goes way off on other subjects.” Similarly, Ann (FG4), describes a reaction that involves thinking about what will happen when she is no longer participating in the communication interaction: “What did I do? Well, I’ll start thinking about what I’m going to do when I leave the place that I’m at, and I’m not next to that person that I stopped listening to.”

The response of drifting thoughts does not automatically occur upon the emergence of the trigger. The older adult listeners noted measures that were made to avoid this reaction based on the context of the relationship. Ellen (FG4) noted that she exerts varying levels of effort to not have drifting thoughts based on her relationship to

the person who caused the trigger: “I think it depends on who it is. I mean, if you have a lot of respect for the person, you put up with it for a while, but if it is someone that you don’t really... [know]... then you turn your interest somewhere else.” According to Wolvin and Coakley (1996), an intrinsic motivation to listen is one of the most important factors in listening effectiveness. Ellen put forth some effort to listen, but lost motivation based upon an emotional trigger.

The older adult listeners in this study experienced drifting thoughts as a result of being subjected to a trigger. The participants, for example, described thinking about other activities that they needed or wanted to accomplish. This propensity for listeners to tune out and continue to *stay* out of the conversation due to a single factor lends credence to the fact that communication partners need to be cognizant of trigger words and behaviors. The participants’ experience of mentally drifting off to tasks that need to be accomplished in their day denotes a clear disconnect from what is happening in the conversation.

Once again, Research Question 3 sought to determine what responses the older adult listeners in this study had to triggers that hamper listening. Participants in this study experienced a number of reactions to the language and behavior hot buttons that caused them to tune out from their listening interactions. The major categories of the participants’ trigger responses were the desire to be somewhere else, feelings of guilt, and experiencing a drifting mind. Overall, the older adult listeners expressed that they were *aware* of the fact that they had tuned out by virtue of expressing how they reacted amidst tuning out. If more older adult listeners could be made aware of their tendencies to tune

out and reactions to doing so, perhaps they could minimize the detrimental effects of emotional hot buttons on listening effectiveness.

CHAPTER FIVE: CONCLUSION

This thesis sought to discover what words and behaviors serve as barriers to listening in senior populations, as well as gain insight into how the older adult participants respond to these factors. Chapter One introduced the concepts and demonstrated the need for uncovering emotional factors that impede the older individual's listening process. Chapter Two reviewed the previous literature on listening, older adult communication, and emotions. Chapter Three outlined the qualitative research methodology used to gather the data used in this study. Chapter Four presented and discussed the results of the research. The current chapter will present a summary of the study's findings, discuss limitations of this research, and provide both academic and practical implications of the study.

Summary and Discussion of Findings

Three research questions were posed in order to gain the richest information about what emotional factors cause the older adult listener to "tune out" of a listening interaction. Research Question 1 asked participants what kinds of specific words or phrases might cause them to withdraw from listening interactions. These findings coincide with the research of Strauss and Allen (2008), who found that specific words can have varying levels of emotion associated with them. A number of language triggers were identified by participants, including: pause fillers, incorrect word usage, false familiarity, assumptive words, and topic choice.

Pause fillers were one category of verbal hot buttons for the older adult listeners in this study. Pause fillers are words or utterances used in a sentence where there would

otherwise be a silent pause. In one example, the word “like” was a trigger that incited a reaction despite, or perhaps because, the word’s usage was outside of the participant’s personal lexicon. Other pause fillers, such as “you know,” were also verbal triggers that hampered the participants’ listening. Given these results, speakers should try to make an effort to reduce usage of such pause fillers, which do not have an impact on the message’s meaning and can cause older adult listeners to tune out.

Words used incorrectly were another source of emotional triggers in the participants’ listening interactions. Examples of incorrect word usage include improperly stringing words together, such as “hadtago” for had to go, and improper grammar, such as “I seen” instead of I saw. Using proper grammar is an important component of communicating effectively (Seiler & Beall, 1999). Because societal and educational focus on proper grammar has decreased (Mulroy, 2004), it is not surprising that the older adult listeners in this study cited improper word usage as one factor that may hamper their listening effectiveness.

Words that expressed false familiarity were another source of emotional barriers to listening for this study’s older adult participants. False familiarity is expressed when an individual communicates in a way that the listener feels is inappropriate given the context of their relationship. These types of words often represent a level of reduced formality in conversation. For example, one participant noted that greeting a group of women as, “You guys” expressed a level of familiarity that is not appropriate. The inappropriateness of such phrases has been highlighted in literature that seeks ways to remove these types of phrases that reflect subtle gender bias (Lundeberg, 1997).

Additionally, participants noted that strangers referring to them by their first name might cause strong negative reactions resulting in withdrawal from listening interactions. Given these results, older adults' conversational partners might convey messages more accurately by staying within traditional formality boundaries.

Assumptive words were another language hot button for the participants in this study. Experts agree that it is important to avoid expressing assumptions as though they are facts (Adler & Rodman, 2006). The participants in the study noted that the reaction to assumptive words was largely relative to the relationship they shared with the speaker. For example, someone who did not know a participant well would not have the proper relationship to critique behaviors with phrases such as, "You never..." Additionally, assumptive words were more likely to serve as emotional triggers if the words pertained to a personal topic about which the speaker was not an expert.

Poor topic choice was the final theme in the participants' depiction of words or phrases that serve as barriers to their listening effectiveness. Poor topic choice included topics that were not of interest to the older adult listeners, as well as topic choices that were perceived as offensive in nature, such as stories of war. In both cases, participants noted that a brief mention of the topic was not problematic, but rather, that a prolonged focus on the off-putting topic caused them to withdraw from the interaction.

This topic choice finding suggests that further research is needed to uncover the perception of topic interest in senior populations. Specific attention should focus on uncovering the factors that contribute to topic disinterest, whether it is due to personal topic relevance, or an overall disinterest in a communication partner. Research clarifying

interest levels of senior populations is particularly important when considering the research of McCall, Dancer, Drummond, and Gentry (1993), who found that young adults who listened to older speakers showed less interest than those who listened to younger speakers.

Research Question 2 examined what behaviors communication partners can exhibit that cause their older adult listening partners to suffer hampered listening. Three main behaviors emerged from the participants' responses, including: repetition, quality of voice, and poor turn taking behavior.

Repetition was one behavioral factor that served as a barrier to listening for this study's participants. Repetition behaviors incited a reaction based on the fact that a topic or story was discussed with great frequency. In these cases, the reaction was not contingent upon the topic being repeated, and in some cases, the stories were specifically about desirable topics. Because repetition has been shown to increase as a person ages (Jennings & Jacoby, 1997), this behavior is one that must be moderated by older adult communicators.

This study's participants also cited the quality of a speaker's voice as a factor that could cause them to withdraw from a listening interaction. One vocal quality trigger was the speaker using a low volume, which is particularly important given the senior population's prominent decline in hearing ability (Humes, 2008; Weinstein, 2003). The emotional impact of an inability to hear is confirmed by large-scale study findings from the National Council on the Aging (1999) which showed "hearing-impaired older persons who do not wear hearing aids are more likely to experience depression, anxiety, paranoia

and emotional turmoil, compared to people who wear hearing aids” (p. 8). Additionally, a speaker’s general inaudible vocal qualities, speech rate, and a scratchy voice were qualities that could cause an older adult listener to tune out. This finding supports research by Floyd and Ray (2003) that showed that pitch can have an impact on affection during initial interactions.

In addition to repetition and vocal qualities, poor turn taking was another behavioral trigger that was reported as a barrier to listening. Appropriate turn taking is signified by a mutually agreeable exchange of the sender and receiver roles. Poor turn taking behaviors cited in this study included interruptions, and a long-windedness on the part of their communication partner, resulting in not yielding the floor so the listener could interject his or her own ideas. Investigating the speaker’s demographics could enrich these findings when viewed in light of research by Mackenzie (2000), which found that older adults were perceived to be poor turn takers. Experts agree that behaviors such as interrupting can be associated with communication dissatisfaction (Wolvin & Coakley, 1996). These findings further support the importance of identifying cues, such as intonation (Wells & Macfarlane, 1998), that signal appropriate timing of turn taking.

Research Question 3 asked the older adult participants how they respond to the language and behavioral factors that cause them to experience hampered listening. Three main themes emerged from the participants’ responses: a desire to be somewhere else, feelings of guilt, and a drifting mind.

A desire to be somewhere else was one reaction that the older adult listeners in this study had to emotional listening triggers, which was consistent with an assertion that

older adults “try to avoid offending stimuli” (Turk et al., 2008, p. 501). In these cases, the reaction was so strong that the listener either wanted to be in a location away from the conversation, or in the more severe cases, physically removed him or herself from the location. The exit strategies used by the listeners ranged from casually moving on to another conversation, to abruptly leaving and making a point of letting the speaker know the reason.

Another reaction to verbal and behavioral hot buttons was feelings of guilt expressed by the listener. The participants in this study noted that they sometimes feel as though they have done something “wrong” by not listening. This reaction showed a certain level of empathy, in that the listener believed that they were negatively impacting the speaker by “tuning out” of the conversation. Almost ironically, this rumination on the guilt they felt further prevented listeners from paying attention to their listening partner.

The final major response to barriers to listening was experiencing internal distractions or a drifting mind. Participants noted that after withdrawing due to an emotional trigger, they sometimes think about what they will do when their current conversation ends. Additionally, some participants noted that they might begin to think about unrelated current worries, while still others mentioned that they drifted into what they considered a general daydream state. This disposition to drift off can be supported by Bergstrom and Nussbaum’s (1996) research that showed older adults were not likely to attempt to control a conversation in the face of conflict.

One might have expected the data set to indicate that experiencing a “hot button” reaction would make the older adult listeners “hot under the collar,” or angry. The data

did not support anger as a common response to the verbal and behavioral hot buttons that the participants experienced. Anger is widely considered a masculine emotion, both academically and in folk tradition (Simon & Nath, 2004). Because the participants in this study were primarily comprised of females from the traditionalist generation, it is possible that these traditional, older adult females were not comfortable openly expressing what they perceived to be a masculine hot button response.

One could assert that the participants' reported reactions to listening hot buttons lacked effectiveness in the context of their communication interactions. For example, a desire to be somewhere else does not address the fact that the listener is not actually somewhere else, and instead, is experiencing an emotional reaction. Subsequently, the older adult listener needs to effectively manage his or her current interaction. The lack of focus on conversational improvement could also be said for experiencing guilt or a drifting mind, neither of which demonstrate ways that a listener can effectively address the cause of his or her listening withdrawal.

The lack of communication effectiveness when a "button is pushed" indicates that there is room for improving response strategies on the part of the senior adult listener. First, the listener must become more aware of his or her emotional barriers to listening. Recognition can be considered the first step in combating the withdrawal. Second, the senior adult listener would be well served to practice emotional control techniques that could assist in combating shut down reactions. Finally, the listeners should practice responses that are more effective on a personal level, whether that is asking qualifying

questions to remain engaged, or attempting to expressly address the hot button word or behavior in a neutral manner.

Alternatively, partial responsibility for decreasing effects of hot buttons and their subsequent reactions falls on the shoulders of the listening partner, or sender of the hot button messages. If a speaker makes a concerted effort to increase awareness surrounding his or her listening partner's emotional hot buttons, steps can be taken to decrease the offending behavior or usage of the word. Additionally, speakers should attentively monitor for cues that a listener has "tuned out" of an interaction, such as decreased conversational participation and appearance of a daydream-like state, as were reported by participants in this study.

In sum, this research showed that there are a number of verbal and behavioral triggers that serve as barriers to effective listening. Some of the participants' responses reinforced previous listening scholars' notions of trigger words and behaviors, such as poor turn taking skills (Wolvin & Coakley, 1996) and phrases that assume levels of knowledge, "What you should do is..." (Bone, 1988), while other responses, such as repetition and misuse of words, have added greater depth to the listening hot button conversation. It is important to note that previous research has shown that older adults are proficient at regulating their emotions (Kliegel, Jäger, & Phillips 2007). However, the current study demonstrates that older adult listeners do indeed experience reactions that impede their ability to listen effectively. In combining these two notions, listening scholars must charge themselves with finding ways to harness emotional regulation in the context of trigger reactions.

Limitations

One of this study's greatest strengths, its qualitative nature, may be perceived by some as a weakness. Results of qualitative studies are not widely considered generalizable (Merriam, 2002; Jackson et al., 2007; Ivanoff & Hultberg, 2006). Despite this fact, the study served as a valuable initial exploration into the concepts behind emotional listening barriers in older adults. A quantitative approach would have allowed for a larger sample, and subsequently produced results that could be generalized to the greater population. However, the qualitative approach taken in this study allowed the participants' primary triggers to emerge, rather than asking questions about a predefined set of possibilities. This approach not only resulted in the inclusion of prominent categories that were not previously suggested as emotional hot buttons by Bone (1988) but gave older adult participants opportunity to describe, through their own examples and illustrations, how "hot buttons" operated in their own life experience.

Quantitative survey data would have been beneficial for further triangulation and would have added another dimension to this study. Unfortunately, the older adult participants exhibited a number of physiological limitations not unique to their population, including the inability to write well, process information quickly, and a decline in hearing. A physical inability to write subsequently excluded participants from completing the intended supplemental written surveys which I had developed. Additionally, some participants struggled to understand the written questions and required a lot of one-on-one help. However, the findings of this study were validated by published research about the individual topics associated with the hot buttons.

Zarit and Zarit (2007) asserted that some older adults may experience a form of test anxiety due to unfamiliarity with procedures used for testing. This anxiety, as described in the context of the social work discipline, may have been present in this study as a factor regarding the unfamiliarity of filling out written questionnaires. Zarit and Zarit also point out that differing physical abilities are sometimes misinterpreted as cognitive inabilities in the context of research. The lack of resources available for one-on-one help completing the written survey instrument, combined with the appropriateness of using focus groups as a method that is inclusive of people with varying physical abilities (Kitzinger, 1995), ultimately led to the decision to use the focus groups as the primary data source.

Additionally, a number of participants noted that they experienced a decline in hearing ability. This may have affected the focus group data to a minor degree. While I made a concerted effort to speak clearly and at a volume that was acceptable for most participants, some participants did not speak in a manner that allowed everyone to hear their contributions. Thus, the free-flowing “conversational” style of focus groups was not always fully present due to the individuals’ aforementioned vocal qualities. Declines in ability to write, cognitively process, and hear are factors that need to be accounted for in the design of future listening studies conducted with senior populations.

The limited scope of the sample population was another research limitation. While convenience sampling is helpful to gain access to specific populations, this method of recruitment can result in a sample that is rather homogenous in nature. In the present study, the population lived in a relatively similar geographic area and predominantly

consisted of females. An appropriate gender divide is important for accurate communication research. For example, one study (Dearborn, Panzer, Burleson, Hornung, Waite, & Into, 2006) found that older women were more able to recognize important subject content than older men. Additionally, research has shown that men and women carry out some of this study's cited trigger behaviors, such as pause fillers, with different frequency (Turner, Dindia, & Pearson, 1995). This gender difference indicates that older adult males might attend to different triggers than their female counterparts.

In addition to attending to different triggers, the two genders might report different emotions with different frequency. An analysis of data from approximately 1,125 adults revealed that women are more likely to report negative emotions more often than men, and men are more likely to report positive emotions more often than women (Simon & Nath, 2004). However, this research also showed that women are more likely to generally report experiencing emotions of any sort. These findings indicate that approaching the topic of emotions with men might require careful positioning in future hot button studies.

Selecting participants from a wider selection of states, as well as increasing the male participation to be consistent with the population's actual gender division, could have increased the initial applicability of this study's findings to a broader audience. Keeping in mind recruiting participants from specific populations, such as senior adults, presents a number of methodological concerns (Voyer, Lauzon, Colin, & Cousins, 2008), future studies could benefit from a larger, randomly selected sample.

Another similarity of the participants in this study is that they were primarily of European-American descent. This narrow demographic could contribute to what Hill, Long, and Cupach (1997) refer to as the “inherent intracultural bias [that] exists in the communication and aging literature.” It is possible that other cultural groups would lend different results because of variables such as traditional views of aging and typical family structure. Due to this fact, the findings might be limited in their application to families and facilities with a primarily European-American population.

Some of the findings of this study may not be unique to senior populations. The sample population in this study solely included participants aged 65 years and older, leaving no opportunity to examine significant differences between different age cohorts. Future studies will be well served to include a younger control group, which could help clarify the extent to which older adults experience differences in hot buttons and their reactions. Combining the two age groups would require devising a mutually agreeable methodology, which might include having an appropriate number of trained facilitators to increase one-on-one attention for any needed explanation of survey instruments.

“Older adults” is a term that is used to describe a diverse group of individuals who possess a wide variance in their backgrounds, culture, interests, and skills. The listening experiences of senior populations have been the product of many years, each filled with different experiences that can shape how a conversation is approached. Because of the broad scope of people that fall under this umbrella, one way of communicating, including suggestions made based on this research, cannot be applied to all older individuals. The qualitative approach of this study was used to investigate the

emotional listening experiences of several people. Notably, where older individuals live, whether they live alone, with a spouse, with children, in a retirement community, or somewhere in the assisted living spectrum, there can be great differences in who older adults listen to and why.

Suggestions for Future Research

Because this research sought to identify a more detailed and conclusive list of emotional triggers gathered from the older adult listener's perspective, more avenues for research have inevitably become apparent. As noted earlier, uncovering triggers that serve as barriers to listening in senior populations is academically and practically important because of the increasing mean age of our world's population (United States Census Bureau, 2008). As the world's mean age increases, researchers should focus efforts on how to attain the goal of more purposeful and careful interactions in order to facilitate the most effective possible communication.

The findings of this study laid the foundation for a number of well-focused scholarly research opportunities. Future research would be well served to individually examine the specific behaviors and words that might impact the senior listener's ability or willingness to listen. For example, this study found that repetition served as a far-reaching hot button for the older adult participants. A future study could examine the specific reactions and feelings associated with repetition as a barrier to listening, versus those associated with listening barriers in general. This study could be conducted with a comparison group of younger adults, who may have different experiences and perspectives regarding repetition. The comparison between the age cohorts could be

made independently, or could be measured in the context of a simultaneously experienced repetitive message, such as taped vignettes. Because this trigger was widespread and long standing, specific attention to repetition could have far reaching implications for many older listeners and their communication partners, especially given that repetition has been shown to increase as a person ages (Jennings & Jacoby, 1997).

Another avenue for widely applicable older adult listening research would be to examine the extent to which senior listeners are aware of their listening withdrawal at the time it occurs. If listeners are not highly aware of their listening barriers or the potential effect as they “tune out” of the interactions, common sense dictates that they will not take steps to ensure a more complete communication interaction by countering their shut down behavior. This concept might be especially relevant when taken in light of a study that showed that participants’ self-report of listening competence differed from the level of competence observed by third parties (Carrell & Willmington, 1996). Procuring this insight might be best suited for a dual approach to assessing the causes of older adult listener withdrawal, by both self-report and experimental design, in order to gain the most accurate information possible. Subsequently, researchers could take the next step and gather data on the ways in which older adult listeners and their communication partners could counter the shut down behavior. Potential countering techniques could then be tested for effectiveness.

Additionally, some cultures, like that of China, traditionally encourage elders to live at home with their family. However, traditions are shifting and more Chinese elders are entering nursing homes (Li & Buechel, 2007). Older adult caregivers in culturally

diverse settings will need to increase awareness of communication behaviors that might be culturally specific (Lourde & Deason, 2007), thus creating a need for future research on listening hot buttons and cultural variables.

Practical Applications and Implications

The frequency at which we will encounter intergenerational communication situations will most likely increase with the aging trend of the world's population. Because of that fact, this research has important applications in professional settings as well as for nearly everyone's day-to-day lives, whether it is communicating with aging relatives, friends, or even those whom we encounter on the street.

The results of this study also have practical use for older adults themselves. If the senior population becomes more aware of their emotional barriers to listening, they may be able to take steps to counter the impending reaction. In general, countering the behaviors that could shut down any piece of the communication process will prove to be helpful in a combination of public and private settings. Because research has shown that older adults are less likely than younger communicators to adapt their messages to specific audiences (Horton & Spieler, 2007), it would be beneficial to apply this study's findings to both the speaker and listener perspective. A number of listening workshops could help work toward the goal of more effective communication with and among older adults.

Because older adults might find themselves requiring more healthcare than their younger counterparts, employees of the healthcare industry would benefit from an increased awareness of the potential triggers for senior listening withdrawal. Maintaining

optimal attention as a listener is of particular relevance for older adult patients considering the importance of healthcare messages on personal well-being. Not only would the healthcare worker benefit by an increased awareness and ability to avoid saying or doing something that becomes an emotional trigger, but he or she might also begin to think about personal hot buttons. For example, if repetition is a hot button for a health care provider, and an older adult individual begins each visit with the same story about how doctors used to make house calls, the provider might miss out on information vital to a patient's diagnosis. Past research showed that conducting training with caretakers increased nursing home residents' satisfaction with the caretakers' listening behavior (Trahan & Rockwell, 1999), indicating promise for caretaker "hot button" training.

Another application of this study's findings would be as the basis for listening workshops conducted in nursing homes, senior living facilities, and at senior activity groups. These workshops on listening "hot buttons" would not only be useful for the older adult residents to attend, but also for their families, friends, and those who work with senior populations. Formulating a workshop that includes both the older adult listener and their communication partner could have twice the benefit of a workshop targeted toward only the older adult or their partners. Such a workshop could focus on making the most out of a listening interaction by helping senders circumvent potential listening barriers by avoiding triggers. Additionally, receivers would be well served to be cognizant of personal hot buttons and employ emotional regulation techniques when they sense a reaction. The application of these findings in the form of an older adult/partner

listening workshop could also be of particular importance given the limited amount of time or opportunities residents of senior living facilities often have to spend with their visitors.

Workshop models that incorporate a blend of older adults and their caregivers or family members are not prevalently assessed in existing research. Additionally, research about disseminating communication information to and about older adults seems to focus on physiological (e.g. Polk, 2005) or psychological (e.g. Nussbaum, Baringer, & Kundrat, 2003) health issues, while others consist of anecdotal information about conducting workshops geared toward older adults (e.g. Kazemek, 1997). However, one study evaluated the effectiveness of including both older adults and their significant others or family members in workshops designed to increase patient participation in late-life depression treatment (Sherrill, Frank, Geary, Stack, & Reynolds, 1997). This study showed that including both parties in the workshop was “successful,” pointing out that “staff and participants alike noted that the [group format] provided valuable opportunities for patients and their families to hear others express similar concerns, thereby validating and normalizing their own experiences” (Sherrill et al., p.80-81). While the specific workshop format was not outlined, this demonstration of both social support and learning indicates the potential benefit of a blended audience approach to a listening hot button workshop.

Employees of assisted living homes and nursing homes are likely to be in a different age range in addition to having the role of caretaker, and thus might be viewed as representing a different culture than the older adult residents (Grooters, Hill, & Long,

1997). Because of this need for a negotiation of a “third culture” through communication (Grooters et al.), an emotional listening workshop between these groups should take a culturally sensitive and inclusive approach.

One way to ensure that cultures respond well to workshop goals is to focus on ways that people are intrinsically motivated across cultures (Wlodkowski, 1997). Following Wlodkowski’s workshop example (p. 29-30) based on motivational strategies, a listening hot button workshop for the older adults in assisted living homes and their caregivers could take the following approach. After an introduction to the concepts underlying the workshop, the participants could break into groups to discuss their personal listening triggers. A discovery that both culture groups share the experience of triggers could demonstrate a common thread for the two groups. Second, the different triggers could be recorded on a flipchart for the group, at which point the participants could share what type of reaction they would have to the triggers. This format would not only allow the caregivers to learn triggers for older adults, but also become aware of their own triggers. Next, the participants could share ideas about ways in which they could self-regulate their reactions, and how they could avoid saying or doing triggers. Then, the participants could role-play interactions of personal hot button examples. After the role plays, the participants could evaluate what could have been different about the interaction that would have encouraged better listening and more complete communication. The workshop could conclude by having each participant come up with a personal action statement that would outline what steps they would take to self-regulate

their emotional reactions, as well as how they can be aware of the trigger behaviors or words they enact.

Closing Notes

In conclusion, while the topic of older adult communication has been addressed to an extent, previous scholarly attention has not been dedicated to how senior populations react to emotional messages they receive. A limited body of research exists regarding older adult healthcare communication (see: Bergstrom & Nussbaum, 1996; Caris-Verhallen, Kerkstra, & Bensing, 1999), however broad conversational and relational listening patterns, as reported by older individuals, have not been adequately researched. These elements also demonstrate the need for focusing on older adults as *listeners* in a communication context, as this study sought to do, rather than as *hearers* experiencing a physiological decline.

As the senior population continues to grow, so does our need to gain a better understanding of barriers to their listening effectiveness. It is important that researchers look more carefully at this specific age group because of the increasing mean age of our world, and the differences between generations regarding communication behaviors. Researchers need to continue to uncover underlying factors in the construct of emotional triggers for the older adult listener. Anecdotal third party accounts of improving listening and communication with older adults can no longer suffice in our rapidly aging world.

Listening plays an important role in the satisfaction associated with interpersonal relationships, particularly with older adults. Adler and Rodman (2006) note that listening is an important way of acknowledging someone and building a positive interpersonal

relationship climate. In research with older adults living in nursing homes, approximately 90% of participants indicated that they maintained close relationships with someone outside of their nursing home (Bitzan & Kruzich, 1990). Effective listening, partially attained through regulating emotional barriers, is an important way for older adults to maintain interpersonal relationships with people they may not see on a regular basis.

Older adult listeners find themselves in a rapidly changing world in which they frequently receive important information. Effectively receiving communication is a key element helping older adults remain acquainted with societal changes (Nussbaum, 2000). Without interpersonal interactions, older adults might otherwise miss important aspects of life by being unable to experience them firsthand (Nussbaum). Older adults need to listen effectively to ensure that they not only receive information from important players in their lives, but also garner a thorough understanding of that information. Crucial messages can be received from doctors, nurses, pharmacists, financial advisors, and lawyers, to name a few. A deeper understanding of how the older individual perceives his or her own listening ability and effectiveness will be an important step in offering them, and those with whom they interact, information that is practical and appropriate.

References

- Adler, R. B., & Rodman, G. (2006). *Understanding human communication* (9th ed.). New York: Oxford University Press.
- American Geriatrics Society, (2001, November). *AGS position statement: The responsible conduct of research*. Retrieved May 3, 2004, from <http://www.americangeriatrics.org/products/positionpapers/respondresearchPF.shtml>
- Barker, L. L. (1971). *Listening behavior*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Basevitz, P., Pushkar, D., Chaikelson, J., Conway, M., & Dalton, C. (2008). Age-related differences in worry and related processes. *International Journal of Aging and Human Development*, 66, 283-305.
- Beebe, S. A., Beebe, S. J., & Redmond, M. V. (1996). *Interpersonal communication: Relating to others*. Needham Heights, MA: Allyn & Bacon.
- Bello, R. (2005). Situational formality, personality, and avoidance-avoidance conflict as causes of interpersonal equivocation. *Southern Communication Journal*, 70, 285-300.
- Berko, R. M., Wolvin, A. D., & Wolvin, D. R. (2007). *Communicating: A social and career focus* (10th ed.). Boston: Houghton Mifflin.
- Bergstrom, M. J. & Nussbaum, J. F. (1996). Cohort differences in interpersonal conflict: Implications for the older patient-younger care provider interaction. *Health Communication*, 8, 233-248.

- Birditt, K. S. & Fingerman, K. L. (2005). Do we get better at picking our battles? Age group differences in descriptions of behavior reactions to interpersonal tensions. *Journal of Gerontology: Psychological Sciences, 60B*, 121-128.
- Bitzan, J. E. & Kruzich, J. M. (1990). Interpersonal relationships of nursing home residents. *Gerontologist, 30*, 385-390.
- Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus groups in social research*. London: Sage.
- Bodie, G. D., Worthington, D., Imhof, M., & Cooper, L. O. (2008). What would a unified field of listening look like? A proposal linking past perspectives and future endeavors. *International Journal of Listening, 22*, 103-122.
- Bone, D. (1988). *The business of listening: A practical guide to effective listening*. Menlo Park, CA: Crisp Publications.
- Brownell, J. (2006). *Listening: Attitudes, principles, and skills* (3rd ed.). Needham Heights, MA: Allyn & Bacon.
- Caporael, L. (1981). The paralinguistic of caregiving: Baby talk to the institutionalized age. *Journal of Personality and Social Psychology, 40*, 876-884.
- Caris-Verhallen, W. M. C. M., Kerkstra, A., & Bensing, J. M. (1999). Non-verbal behaviour in nurse-elderly patient communication. *Journal of Advanced Nursing, 29*, 808-818.
- Carrell, L. J. & Willmington, S. C. (1996). A comparison of self-report and performance data in assessing speaking and listening competence [Electronic version]. *Communication Reports, 9*, 185-192.

- Carstensen, L. L., Pasupathi, M., Mayr, U., & Nesselroade, J. (2000). Emotion experience in everyday life across the adult life span. *Journal of Personality and Social Psychology, 79*, 644–655.
- Cheesebro, J. W., & Borisoff, D. J. (2007). What makes qualitative research qualitative? *Qualitative Research Reports in Communication, 8*(1), 3-14.
- Cruickshanks, K. J., Wiley, T. L., Tweed, T. S., Klein, B. E. K., Klein, R., Mares-Perlman, J. A., & Nondahl, D. M. (1998). Prevalence of hearing loss in older adults in Beaver Dam, Wisconsin: The epidemiology of hearing loss study. *American Journal of Epidemiology, 148*, 879-886.
- Dearborn, J. L., Panzer, V. P., Burlison, J. A., Hornung, F. E., Waite, H., & Into, F. H. (2006). Effect of gender on communication of health information to older adults. *Journal of the American Geriatrics Society, 54*:637-641.
- Fern, E. F. (2001). *Advanced focus group resource*. Thousand Oaks, CA: Sage.
- Floyd, K., & Ray, G. B. (2003). Human affection exchange: IV. Vocalic predictors of perceived affection in initial interactions. *Western Journal of Communication, 67*, 56-73.
- Fox Tree, J. E. (2007). Folk notions of um and uh, you know, and like. *Text & Talk, (27)*, 297-314.
- Froemming, K. J. (2004, April). *Listening: Emotional “hot buttons” across gender and generations*. Paper presented at the 2004 CSCA Past Officers Third Annual Association Wide Graduate Student Debut Program, Central States Communication Association 72nd Annual Convention, Cleveland, OH.

- Grooters, C. L., Hill, L. B., & Long, P. N., (1997). The nursing home and retirement community: A cross-cultural communication perspective. In H. S. Noor Al-Deen (Ed.), *Cross-cultural communication and aging in the United States* (pp. 143-160). Mahwah, NJ: Lawrence Earlbaum.
- Halling, D. C., & Humes, L. E. (2000). Factors affecting the recognition of reverberant speech by elderly listeners. *Journal of Speech, Language, & Hearing Research*, *43*, 414-422.
- Halone, K. K., Cunconan, T. M., Coakley, C. G., & Wolvin, A. D. (1998). Toward the establishment of general dimensions underlying the listening process. *International Journal of Listening*, *12*, 12-28.
- Halone, K. K., & Pecchioni, L. L. (2001). Relational Listening: A grounded theoretical model. *Communication Reports*, *14*, 59-71.
- Hanninen, T., Koivisto, K., Reinikainen, K. J., Helkala, E. L., Soininen, H., & Mykkanen, L. et al. (1996). Prevalence of ageing-associated cognitive decline in an elderly population. *Age & Aging*, *25*, 201-206.
- Hawkins, M. J. (1996). College students' attitudes toward elderly persons. *Journal of Educational Gerontology*, *22*, 271-280.
- Hill, L. B., Long, L. W., & Cupach, W. R. (1997). Aging and the elders from a cross-cultural communication perspective. In H. S. Noor Al-Deen (Ed.), *Cross-cultural communication and aging in the United States* (pp. 5-22). Mahwah, NJ: Lawrence Earlbaum.

- Horton, W. S., & Spieler, D. H. (2007). Age-related differences in communication and audience design. *Psychology and Aging, 22*, 281-290.
- Huberman, A. M., & Miles, M. B. (1998). Data management and analysis methods. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 179-210). Thousand Oaks, CA: Sage.
- Humes, L. E. (2008). Aging and speech communication: Peripheral, central-auditory, and cognitive factors affecting the speech-understanding problems of older adults. *ASHA Leader, 13*(5), 10-33.
- Imhof, M. (1998). What makes a good listener? Listening behavior in instructional settings. *International Journal of Listening, 12*, 81-105.
- Inglehart, R. F. (2008). Changing values among Western Publics from 1970 to 2006. *West European Politics, 31*, 130-146.
- International Listening Association (2000, June). *ILA bibliography: Journal articles*.
ILA Executive Board: M. Purdy & J. Pratt. Retrieve June 25, 2008 from <http://www.international-listening.org/>
- International Listening Association (2000, June). *ILA bibliography: Theses and dissertations*. ILA Executive Board: M. Purdy & J. Pratt.
- Ivanoff, S. D., & Hultberg, J. (2006). Understanding the multiple realities of everyday life: Basic assumptions in focus-group methodology. *Scandinavian Journal of Occupational Therapy, 13*, 125-132.
- Jackson, II, R. L., Drummond, D. K., & Camara, S. (2007). What is qualitative research? *Qualitative Research Reports in Communication, 8*(1), 21-28.

- Jennings, J. M. & Jacoby, L. L. (1997). An opposition procedure for detecting age-related deficits in recollection: Telling effects of repetition. *Psychology and Aging, 12*, 352-361.
- Kazemek, (1997). They have yarns: Writing with the active elderly. *Journal of Adolescent & Adult Literacy, 40*, 516-524.
- Kinsella, K. & Velkoff, V. A. (2001). *An aging world: 2001* [Electronic version]. U. S. Census Bureau, Series P95/01-1. Washington, D. C.: U.S. Government Printing Office.
- Kitzinger, J. (1995). Qualitative research: Introducing focus groups. *British Medical Journal, 311*, 299-303.
- Kliegel, M., Jäger, T., & Phillips, L. H. (2007). Emotional development across adulthood: Differential age-related emotional reactivity and emotion regulation in a negative mood induction procedure. *International Journal of Aging & Human Development, 64*, 217-244.
- Knowlton, G. E. & Larkin, K. T. (2006). The influence of voice volume, pitch, and speech rate on progressive relaxation training: Application of methods from speech pathology and audiology. *Applied Psychophysiology and Biofeedback, 31*, 173-185.
- Krueger, R. A. (1994). *Focus groups: A practical guide for applied research* (2nd ed.). Thousand Oaks, CA: SAGE Publications.

- Li, Y., & Buechel, A. (2007). Study of American and Chinese family members' evaluations on institutionalized care for their older parents: Potential development in the future. *Journal of Health & Human Services Administration, 30*, 176-198.
- Lourde, K., & Deason, L. (2007). Caring about culture. *Nursing Homes: Long Term Care Management, 56*(10), 65-67.
- Lundeberg, M. A. (1997). You guys are overreacting: Teaching prospective teachers about subtle gender bias. *Journal of Teacher Education, 48*, 55-61.
- Mackenzie, C. (2000). Adult spoken discourse: The influences of age and education. *International Journal of Language & Communication Disorders, 35*, 269-285.
- McCall, T., Dancer, J., Drummond, S., & Gentry, B. (1993). Listener perceptions of older versus younger adult speech: Implications for professionals and families. *Educational Gerontology, 19*, 503-509.
- McCann, R. M., Dailey, R. M., Giles, H., & Ota, H. (2005). Beliefs about intergenerational communication across the lifespan: Middle age and the roles of age stereotypes and respect norms. *Communication Studies, 56*, 293-311.
- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco: Jossey-Bass.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage.
- Moen, J., Bohm, A., Tillenius, T., Antonov, K., Nilsson, J. L., & Ring, L. (2009). "I don't know how many of these [medicines] are necessary.." – A focus group

- study among elderly users of multiple medicines. *Patient Education and Counseling*, 74, 135-141.
- Morgan, D. L. (1988). *Focus groups as qualitative research*. Newbury Park, CA: Sage Publications.
- Morgan, D. L. (1998). *The focus group guidebook*. Thousand Oaks, CA: Sage Publications.
- Morse, J. M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage.
- Mulroy, D. (2004). Reflections on grammar's demise. *Academic Questions*, 17(3), 52-58.
- National Council on the Aging (1999). *The consequences of untreated hearing loss in older persons*. Washington, DC: Seniors Research Group.
- Nichols, M. P. (1995). *The lost art of listening*. New York: Guilford Press.
- Nussbaum, J. F. (2000). *Communication and aging* (2nd ed.). Mahwah, N.J.: London Lawrence Erlbaum Associates.
- Nussbaum, J. F., Baringer, D., & Kundrat, A. (2003). Health, communication, and aging: Cancer and older adults. *Health Communication*, 15, 185-192.
- O'Brien, L. T., & Hummert, M. L. (2006). Memory performance of late middle-aged adults: Contrasting self-stereotyping and stereotype threat accounts of assimilation to age stereotypes. *Social Cognition*, 24, 338-358.
- O'Hara, K. (2004). "Curb cuts" on the information highway: Older adults and the Internet. *Technical Communication Quarterly*, 13, 423-445.

- Oyer, E. J. (1976). Exchanging information within the older family. In H. J. Oyer & E. J. Oyer (Eds.), *Aging and communication* (pp. 43-61). Baltimore: University Park Press.
- Oyer, H. J., Kapur, Y. P., & Deal, L. V. (1976). Hearing disorders in the aging: Effects upon communication. In H. J. Oyer & E. J. Oyer (Eds.), *Aging and communication* (pp. 175-186). Baltimore: University Park Press.
- Oyer, H. J., & Oyer, E. J. (1976). Communicating with older people: Basic considerations. In H. J. Oyer & E. J. Oyer (Eds.), *Aging and communication* (pp. 1-16). Baltimore: University Park Press.
- Palmer, M. T., & Simmons, K. B. (1995). Communicating intentions through nonverbal behaviors: Conscious and nonconscious encoding of liking. *Human Communication Research*, 22, 128-160.
- Pennebaker, J. W., & Stone, L. D. (2003). Words of wisdom: Language use over the life span. *Journal of Personality & Social Psychology*, 85, 291-301.
- Polizzi, K. G., & Millikin, R. J. (2002). Attitudes toward the elderly: Identifying problematic usage of ageist and overextended terminology in research instructions. *Educational Gerontology*, 28, 367-377.
- Polk, D. M. (2005). Communication and family caregiving for Alzheimer's dementia: Linking attributions and problematic integration. *Health Communication*, 18, 257-273.
- Roach, C. A., & Wyatt, N. M. (1988). *Successful listening*. New York: Harper & Row Publishers.

- Ron, P. (2007). Elderly people's attitudes and perceptions of aging and old age: The role of cognitive dissonance? *International Journal of Geriatric Psychiatry*, 22, 656-662.
- Ryan, E. B., Bourhis, R. Y., & Knops, U. (1991). Evaluative perceptions of patronizing speech addressed to elders. *Psychology and Aging*, 6, 442-450.
- Ryan, E. B., Meredith, S. D., MacLean, M. J., & Orange, J. B. (1995). Changing the way we talk with elders: Promoting health using the communication enhancement model. *International Journal of Aging and Human Development*, 41, 87-105.
- Schneider, B. A., Daneman, M., Murphy, D. R., & See, S. K. (2000). Listening to discourse in distracting settings: The effects of aging. *Psychology and Aging*, 15, 110-125.
- Seiler, W. J., & Beall, M. L. (1999). *Communication: Making connections* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Shannon, C. E., & Weaver, W. (1963). *The mathematical theory of communication* (2nd ed.). Urbana, IL: The University of Illinois Press.
- Sherrill, J. T., Frank, E., Geary, M., Stack, J. A., & Reynolds, C. F. (1997). Psychoeducational workshops for elderly patients with recurrent major depression and their families. *Psychiatric Services*, 48, 76-81.
- Silfver, M. (2007). Coping with guilt and shame: A narrative approach. *Journal of Moral Education*, 36, 169-183.

- Simon, R. W., & Nath, L. E. (2004). Gender and emotion in the United States: Do men and women differ in self-reports of feelings and expressive behavior? *American Journal of Sociology, 109*, 1137-1176.
- Stewart, D. W., & Shamdasani, P. N. (1990). *Focus groups: Theory and practice*. Newbury Park, CA: Sage.
- Strauss, G. P., & Allen, D. N. (2008). Emotional intensity and categorisation ratings for emotional and nonemotional words. *Cognition & Emotion, 22*, 114-133.
- Thompson, L. A., Aidinejad, M. R., & Ponte, J. (2001). Aging and the effects of facial and prosodic cues on emotional intensity ratings and memory reconstructions. *Journal of Nonverbal Behavior, 25*, 101-125.
- Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development, 59*(2/3), 25-52.
- Trahan, B. C., & Rockwell, P. (1999). Residents' satisfaction with an perceptions of assistants' listening behavior. *International Journal of Listening, 13*, 62-74.
- Turk Charles, S. & Carstensen, L. L. (2008). Unpleasant situations elicit different emotional responses in younger and older adults. *Psychology and Aging, 23*, 495-504.
- Turner, L. H., Dindia, K., & Pearson, J. C. (1995). Behaviors in same-sex and mixed-sex conversations. *Communication reports, 8*, 86-96.
- United States Census Bureau, (2008, August). Projections of the population by selected age groups and sex for the United States: 2010 to 2050 (NP2008-T2). Suitland, MD: Population Division, U.S. Census Bureau.

- Usita, P. M., Hyman Jr., I. E., & Herman, K. C. (1998). Narrative intentions: Listening to life stories in Alzheimer's disease. *Journal of Aging Studies, 12*, 185-198.
- Villaume, W. A., & Reid, T. (1990). An initial investigation of aging, aligning actions and presbycusis. *Journal of Applied Communication Research, 18*, 8-32.
- Voyer, P., Lauzon, S., Collin, J. & Cousins, S. O. (2008). Research method issue: Recruiting and retaining subjects in a research study. *Nurse Researcher, 15(3):12-25*.
- Wardhaugh, R. (1985). *How conversation works*. Oxford: Blackwell.
- Weinstein, B. E. (2003). A primer on hearing loss in the elderly. *Generations: Journal of the American Society on Aging, 27*, 15-19.
- Wells, B., & Macfarlane, S. (1998). Prosody as an interactional resource: Turn-projection and overlap. *Language & Speech, (41)*, 365-294.
- Williams, A., & Giles, H. (1996). Intergenerational conversations: Young adults' retrospective accounts. *Human Communication Research, 23*, 220-250.
- Williams, A., & Nussbaum, J. F. (2001). *Intergenerational communication across the lifespan*. Mahwah, NJ: Lawrence Erlbaum.
- Williams, A., & Ylanne-McEwen, V. (2000). Elderly Lifestyles in the 21st Century: "Doris and Sid's Excellent Adventure". *Journal of Communication, 50(3)*, 4-9.
- Wlodkowski, R. J. (1997). Motivation with a mission: Understanding motivation and culture in workshop design. *New Directions for Adult & Continuing Education, 76*, 19-32.

- Wolcott, H. F. (2001). *Writing up qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Wolff, F. I., Marsnik, N. C., Tacey, W. S., & Nichols, R. G. (1983). *Perceptive listening*. New York: Holt, Rinehart, and Winston.
- Wolvin, A. & Coakley, C. G. (1996). *Listening* (5th ed.). Madison, WI: Brown & Benchmark Publishers.
- Wolvin, A. D., Halone, K. K., & Coakley, C. G. (1999). Assessing the “intellectual discussion” on listening theory and research. *International Journal of Listening*, *13*, 111-129.
- Worthington, D. L. (2003). Exploring the relationship between listening style preference and personality. *International Journal of Listening*, *17*, 68-87.
- Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamentals of assessment and treatment*. New York: The Guilford Press.

Appendix A – Focus Group Consent Form

Consent for Participation in Research Study

Elderly Listening Study

I _____ (please print) agree to be a participant in this research study under the direction of Kristin Froemming. I understand the purpose of this study is to understand potential factors that could hamper effective listening.

I have been told this focus group will last approximately one hour. I also understand that this focus group will be recorded with an audio tape.

I understand that participation in this focus group is voluntary, and that I may withdraw from this project at any time without penalty. Completing this consent form indicates that I am at least 18 years of age. I also understand that all of my answers will remain entirely anonymous, and that there will be no association between me as the respondent and my answers at any time. In addition, it is unlikely that I will experience any discomfort in responding to this questionnaire.

If I have any questions or concerns regarding my treatment as a research participant, I may contact the primary researcher, Kristin Froemming, at 262-472-9608, her faculty supervisor, Dr. Barbara Penington, at 262-472-1983, or Denise Ehlen, IRB administrator, at (262) 472-5212, ehlend@uww.edu.

Participant Signature _____

Date _____

Thank you for your participation!

Appendix B – Focus Group Interview Guide

Listening Study Focus Group Guide

Introduction Question:

- Who is the best listener you know? Why?

Focus group discussion ideas:

- We were just talking about someone listening to you, now let's talk about when *you* are the listener.
- Try to remember a time that you were interacting with someone and you stopped listening to that person.

1. What was going on that caused you to stop listening?
2. What does it mean to you to stop listening?
3. What did you do when this happened?
4. What emotions may have caused you to stop listening?
5. Are there any other reasons that you stopped listening?
6. Do you find yourself not listening people of a certain age group more often than those in other age groups?

Appendix C – Questionnaire Consent Form

Consent for Participation in Research Study

Elderly Listening Study

I _____ (please print) agree to be a participant in this research study under the direction of Kristin Froemming. I understand the purpose of this study is to understand potential factors that could hamper effective listening.

I have been told this questionnaire will take approximately 10-15 minutes to complete.

I understand that participation in this questionnaire is voluntary, and that I may withdraw from this project at any time without penalty. Completing this questionnaire indicates that I am at least 18 years of age. I also understand that all of my answers will remain entirely anonymous, and that there will be no association between me as the respondent and my answers at any time. In addition, it is unlikely that I will experience any discomfort in responding to this questionnaire.

If I have any questions or concerns regarding my treatment as a research participant, I may contact the primary researcher, Kristin Froemming, at 262-472-9608, her faculty supervisor, Dr. Barbara Penington, at 262-472-1983, or Denise Ehlen, IRB administrator, at (262) 472-5212, ehlend@uww.edu.

Participant Signature _____

Date _____

Thank you for your participation!

Appendix D - Questionnaire

Hot Buttons and Listening Survey

Emotional “hot buttons” are words, phrases or behaviors that can cause you to have such a strong emotional reaction that you stop listening to the speaker’s message.

1. What is your age? (Please list) _____
2. Please check one:
 Male Female Other
3. What is the highest level of schooling you completed? (Please check one)
 - None
 - Some school/Elementary School (5th grade)
 - Junior High School (8th grade)
 - High School
 - Some college/Technical School
 - Four-year University
 - Master’s or PhD
 - Other (Please list) _____
4. What is your current living situation? (Please check one)
 - Independent Senior Apartment Complex Nursing home
 - Other (please list) _____

Please rate the following hot buttons (numbers 1-10 below) in terms of how strongly you would react if they were communicated by the sender. (1 is no emotional reaction, 5 is the strongest emotional reaction). Rate them by circling the appropriate number according to the following scale:

1= would never cause an emotional reaction

2= is likely to cause a very slight emotional reaction

3= is likely to cause an emotional reaction

4= is likely to cause a strong emotional reaction

5= is likely to cause an extremely strong emotional reaction

Language Hot Buttons:

1. If someone says, “you never...” or “you always...”

1 2 3 4 5

2. If someone says, “You never listen!”

1 2 3 4 5

3. If someone says, “What you should do is...”

1 2 3 4 5

4. If someone says, “Shut up!”

1 2 3 4 5

5. If someone uses obscene language.

1 2 3 4 5

Behavior Hot Buttons:

6. Whining:

1 2 3 4 5

7. Know-it-all-attitudes:

1 2 3 4 5

8. Being interrupted:

1 2 3 4 5

9. Being ignored:

1 2 3 4 5

10. Smoking cigarettes or cigars while talking to you:

1 2 3 4 5

What is one other language hot button that emotionally impacts you? (Please list)

What is one other behavioral hot button that emotionally impacts you? (Please list)

Thank you for your time!

(Survey Adapted from Diane Bone, *The Business of Listening*, p. 52 as cited in *Interpersonal Communication: Relating to Others*, p. 112.)