

# Talking to the elderly in New Zealand residential care settings



Sharon Marsden, Janet Holmes<sup>\*</sup>

*Victoria University of Wellington, School of Linguistics and Applied Language Studies, PO Box 600, Wellington, New Zealand*

Received 23 July 2013; received in revised form 15 January 2014; accepted 16 January 2014

---

## Abstract

How people talked to the elderly was the focus of a flurry of research in the later decades of the twentieth century. Since then, despite a steady rise in the number of elderly people throughout the world, the topic seems to have been somewhat neglected. Much of the earlier research focussed on the ways in which doctors, nurses, and caregivers talked to elderly people, with some attention to how this talk was evaluated by others. Interactions were generally not analysed as joint constructions, and the elderly person's responses generally went unconsidered. The overwhelming message was rather bleak and negative, suggesting that once a person could be classified as elderly, they were likely to be patronised, disrespected, and even treated like a child. In this paper, we re-examine these issues on the basis of our New Zealand research in eldercare facilities. Our data suggests that interactions between carers and elderly residents are rich and complex, often raising issues of face threat for both participants. Our analysis of these interactions provides an alternative and more positive perspective than that which dominated a good deal of earlier research.

© 2014 Elsevier B.V. All rights reserved.

**Keywords:** Workplace discourse; Relational talk; New Zealand caregivers' talk; Elderspeak

---

## 1. Introduction

As the number of elderly people in the world steadily increases, issues around how to manage our ageing population also proliferate. Many will spend their final years in residential care looked after by professional caregivers. This article focusses on features of talk between carers and residents in two such New Zealand eldercare facilities, moving away from a problematising view of "elderspeak" (Herman and Williams, 2009), and in the process challenging the tenor of some earlier research which painted a rather depressing picture of the treatment of the elderly.

The initial motivation for this research derived from an interest in workplace talk. Professional white-collar workplace interaction has been the focus of much of the previous research of the Language in the Workplace team (e.g. Holmes et al., 1999; Holmes and Stubbe, 2003), with some attention to ethnically diverse communities of practice (e.g. Holmes et al., 2011). The analyses of this rich data have provided valuable input for teaching materials for skilled migrants (Riddiford and Newton, 2010). Concern for the sociopragmatic challenges facing less skilled migrants has led to our interest in a more diverse set of workplaces, including construction sites (Holmes and Woodhams, 2013) and eldercare facilities.

A second motivation was the perception that relatively few earlier studies of elderspeak had examined naturally occurring talk in authentic interactional contexts; and even fewer had considered the responses of the elderly participants, along with the caregivers' talk, with the indications these co-constructed interactions provide of the evidence of a

---

<sup>\*</sup> Corresponding author. Tel.: +64 4 4635614/4766091; mobile: +64 275635614.

E-mail addresses: [sharon.marsden@vuw.ac.nz](mailto:sharon.marsden@vuw.ac.nz) (S. Marsden), [janet.holmes@vuw.ac.nz](mailto:janet.holmes@vuw.ac.nz) (J. Holmes).

developing and meaningful relationship between caregivers and residents. Moreover, our analytical framework, which takes account of both transactional and relational dimensions of interaction, inevitably highlights the importance of sociocultural and contextual influences in interpreting discourse (Holmes and Stubbe, 2003; Holmes, 2005). From this perspective, much of the interaction between caregivers and elderly residents can be construed as a negotiation, designed to manage the unavoidable and discomfiting face threatening acts (FTAs) involved in such care, with as much face-saving as possible for both participants. Attention to the specific context of interaction frequently results in a more positive interpretation of such interactions than is evident in earlier research, as the analysis in this article demonstrates.

Following a review of relevant previous research, we describe our approach to the analysis and our method of collecting data. We then analyse a number of aspects of the discourse of eldercare residents and their caregivers, including discursive ways of working together to achieve transactional goals, and discursive ways of negotiating a satisfactory and constructive interpersonal relationship.

## 2. Research context

Research on interaction between elderly people and their caregivers spans a number of disciplines from psychology (Caporael, 1981; Caporael et al., 1983), through medicine and nursing (Lanceley, 1985; Williams et al., 2003; Herman and Williams, 2009), to social psychology (Coupland et al., 1988; Ryan et al., 1986, 1991), and sociolinguistics (Grainger, 1993, 2004; Makoni and Grainger, 2002; Backhaus, 2009). As Grainger (2004) notes, much of this research has been carried out within sociological and social-psychological frameworks, and there has been little detailed scrutiny of discourse and the “interactive nature of communication” (Grainger, 2004: 479–480).

The majority of studies of interaction between caregivers and elderly care recipients have been undertaken in residential care homes and (long-stay) hospital settings. These have been described as “total institutions” (cf. Goffman, 1961: 4–12; Makoni and Grainger, 2002), involving social and physical isolation (of residents) from the wider world. Within such institutions, caregivers must negotiate the conflicting goals of accommodating to people’s relational needs whilst also accomplishing a range of tasks as part of their employment requirements (Grainger, 1993; Backhaus, 2009). Inevitably, this has communicative consequences: awareness of the tension between dimensions of care and control permeates discussions of interaction in these eldercare settings.

Early research examined nurse–patient interactions in hospitals from the perspective of healthcare (see Lanceley, 1985 for an overview). These studies described nurse–patient interactions as predominantly task-based, and analysed nurses’ communications with patients as controlling, domineering, and largely devoid of social/emotional talk (e.g. Wells, 1975; Fairhurst, 1978). Since the early eighties researchers have addressed the connections between communication and the nature of institutional care, examining the occupation of “caring”, the role of communication in the quality of care, as well as issues of power, control and ideological framing which underlie institutional discourse. One common theme in this research was the observation that elderspeak shared features with baby talk or Infant Directed Speech (Caporael, 1981; Ferguson, 1964; Bryant and Barrett, 2007), and was thus potentially “infantilising”. However, detailed perception research by Caporael (1981), Caporael et al. (1983) and Caporael and Culbertson (1986) suggested that the perceived functionality of residents played a role in its occurrence and perceived acceptability; in other words, features of elderspeak were considered more appropriate when residents suffered from dementia, for example.

Turning to more linguistically oriented research, a number of discursive features of elderspeak also occur in Infant Directed Speech (IDS) (see, for example, Ferguson, 1964; Fairhurst, 1978; Ashburn and Gordon, 1981; Caporael, 1981; Lanceley, 1985; Ryan et al., 1995; Sachweh, 1998; Makoni and Grainger, 2002; Bryant and Barrett, 2007).<sup>1</sup>

1. high mean fundamental frequency and a wide frequency range
2. slow tempo
3. carefully articulated vowels
4. a high incidence of repetition
5. simplified structures in lexis, phonology, morphology and syntax

Additionally, the literature identifies features which occur more frequently in speech to the institutionalised elderly than in non-eldercare contexts, such as:

6. imperatives (e.g. *get up*) (e.g. Grainger, 1993; Ryan et al., 1995; Herman and Williams, 2009)
7. terms of endearment and diminutives (e.g. *sweetie*) (e.g. Grainger, 1993; Sachweh, 1998; Makoni and Grainger, 2002; Backhaus, 2009; Herman and Williams, 2009)
8. collective plural pronouns used to address individuals (e.g. *would we like a cup of tea?*) (e.g. Lanceley, 1985; Sachweh, 1998; Makoni and Grainger, 2002; Herman and Williams, 2009)

<sup>1</sup> We have substituted descriptive terms for some of the evaluative terms used in the earlier literature: e.g. “higher”, “exaggerated”, “inappropriate”, since these involve value judgements where the norms being used are not explicitly specified.

Download English Version:

<https://daneshyari.com/en/article/932773>

Download Persian Version:

<https://daneshyari.com/article/932773>

[Daneshyari.com](https://daneshyari.com)