

Caregivers' use of Patronizing Speech While Interacting with People with Alzheimer Disease

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Introduction

Patronizing speech is also known as baby talk, accommodative speech, and elderspeak. Some aspects of patronizing speech include the use of tag questions, shorter sentences, and diminutives (Williams, Kemper, & Hummert, 2003).

Research has demonstrated that persons with obvious disabilities and those who live in institutions are more likely to be the recipients of patronizing speech than are persons who do not have obvious disabilities or those who are community dwelling.

By using patronizing speech, staff may be reinforcing dependency and increasing social isolation among the people they provide care to, thereby precipitating physical, cognitive, and functional declines (Ryan, Giles, Bartolucci, & Henwood, 1986).

The relationship between caregivers' use of patronizing speech while interacting with persons with Alzheimer disease (AD) and their beliefs about aging and AD is being examined in this study. Preliminary results are discussed here.

What are the Characteristics of Patronizing speech?

- ❖ Diminutives (inappropriately intimate and childish references)
- ❖ Inappropriate collective pronouns
- ❖ Speaking more slowly and using shorter sentences
- ❖ Speaking louder and in higher pitch
- ❖ Exaggerated intonation
- ❖ Use of tag questions

Method

Participants: 26 Resident Companions and 26 Residents from three Alzheimer Care Centres in Edmonton Alberta.

Procedure: Caregivers and residents made lunch, ate lunch and cleaned up. The interaction was recorded, and caregivers' utterances were transcribed and coded for use of diminutives and tag questions. Caregivers also completed a beliefs measure to identify their beliefs about aging and AD in the cognitive, social and physical domains (Rust & Kwong See, 2005).

Preliminary Results

Use of Diminutives:

- ❖ "Have you had breakfast yet **dear**?"
- ❖ "Can you help me **darling**?"
- ❖ "Good, **my friend** good, good"
- ❖ "Can you wipe the table **sweetheart**?"
- ❖ "Right here **sweetie**"
- ❖ "I really appreciate your help **honey**"

Use of Tag Questions:

- ❖ "It is good juice **isn't it?**"
- ❖ "You have an English accent **right?**"
- ❖ "You had a hard time keeping up to him **did you?**"
- ❖ "Do you like sports **no?**"
- ❖ "We don't want to get too fat **do we?**"

Table 1. Caregivers' use of Patronizing Speech

	Min	Max	M	SD
Mean Length of Utterance	3.30	7.76	5.05	.96
# of Diminutives	0	23	3.65	5.12
# of Diminutives per Utterance	.00	.06	.009	.01
# of Tag Questions	1	63	17.81	13.72
# of Tag Questions per Utterance	.00	.08	.037	.02

❖ Number of tag questions was correlated with the number of diminutives $r = .52$, $p = .007$, but not with mean length of utterance.

❖ Mean length of utterance was correlated with beliefs about aging in the cognitive domain $r = .38$, $p = 0.026$ (one tailed)



Discussion & Conclusion

Mean length of utterance was correlated positively with beliefs about aging in the cognitive domain. Caregivers with more negative beliefs about the cognitive abilities of older adults used shorter sentences when interacting with residents with AD. This suggests that caregivers beliefs may be guiding their behaviours toward the residents for whom they care. Use of diminutives and tag questions were not correlated with beliefs about aging or AD.

One caregiver indicated awareness of her use of patronizing speech. This caregiver used only two diminutives during the interaction. She said:

"...you bet sweetheart. Oh I shouldn't say that word ... I know I have a I have a very bad habit of calling people things that they're not. They're not appropriate names. I have to remember that your name is Kim and use it."*

Making people aware of their use of diminutives may help reduce their use.

More data is being collected and further analyses will be conducted to assess the characteristics of residents that may influence caregivers' use of patronising speech and to determine whether caregivers' aging biases (as determined by the implicit association test) are associated with their use of patronising speech.

Acknowledgments

This study was supported by a Dr. Peter N. McCracken Legacy Scholarship from the Glenrose Rehabilitation Hospital Foundation, a Alzheimer Care Research Grant from CapitalCare, a Canada Graduate Scholarship from the Social Sciences and Humanities Research Council, and a Alberta Association on Gerontology Student Award.

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