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Overaccommodation in a Singapore Eldercare Facility

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Abstract

Numerous studies have shown that some speech accommodation in interactions with the elderly can aid communication. *Overaccommodators*, however, employing such features as high pitch, exaggerated prosody, and child-like forms of address, often demean, infantilize, and patronize elderly interlocutors rather than facilitate comprehension. According to the Communicative Predicament of Aging model, communication practices are determined by stereotypes of aging that are triggered in the minds of those interacting with the elderly. These stereotypes vary from culture to culture, and in Singapore, negative stereotypes of aging are prevalent, existing alongside traditional Confucian-influenced positive stereotypes. To date, no studies have examined whether or how stereotypes of aging might be manifested in interactions between younger and older Singaporeans. This investigation involved participant observation in a Singapore eldercare facility. Overaccommodation was indeed found to be employed by carers and varied qualitatively depending on the physical and cognitive abilities of the elderly, with healthy elderly addressed as one one might address school-aged children and those with dementia addressed as infants. These results provide some initial insights into an issue that is of extremely relevant to Singaporean society, given the city state's rapidly aging population.

Key words: Overaccommodation, elderspeak, Singapore, nursing home, Communicative
Predicament of Aging

Introduction

Much of Asia is now facing serious demographic challenges, with many countries having to contend with both low birth rates and rapidly aging populations. Singapore in particular has seen its elderly population increase dramatically in recent years, with the first cohort of its Baby Boomer generation reaching age 65 in 2012. The size of the elderly population is destined to skyrocket as all of these Baby Boomers (over 900,000) will have reached retirement age by 2030. Singaporeans' life expectancy, increasing from 66 in 1970 to 82 in 2010, is also one of the world's highest (National Population and Talent Division, 2013). Considering the large number of aging Singaporeans, coupled with their extended longevity, the prediction by the United Nations Department of Economic and Social Affairs (2006) that by 2050, 37% of Singapore's population will be 80 years or older is very likely to become a reality. Currently, only 2% of elderly Singaporeans in need of long-term care reside in nursing homes (Singapore Department of Statistics, 2012). This is because the predominant cultural group in Singapore are ethnically Chinese and they have high regard for the Confucian virtue of filial piety (Sung, 2001). In addition, the government's policy of promoting "the family as the first line of care and support" (Lim, 2009, para. 3), meant that care for the aged are absorbed by family members and many problems associated with care for the aged are shielded from public view.

Demand for more nursing homes, however, will surely increase as the population ages. Khalik (2012) reports that the 9,300 beds in the city state's 59 nursing homes are currently fully occupied and hundreds of elderly Singaporeans in need of long-term care are occupying beds at public hospitals as they wait for space at nursing homes to be available. Against this backdrop of increased demand for eldercare in Singapore, existing nursing homes have found their practices subjected to increased scrutiny as the public was alerted to negligence and physical abuse of residents at a few particularly disreputable facilities only a few years ago (Chong, 2012). In this article, we will focus our attention on a far less abhorrent practice that is unlikely to garner headlines, but is nevertheless potentially demeaning for aged Singaporeans – the potentially humiliating manner of communication that has been found to commonly be employed by carers when addressing their elderly charges, known within the communication accommodation framework as 'overaccommodation' (Giles & Gasiorek, 2011).

Overaccommodation

Early investigations of overaccommodation with elderly interlocutors referred to it as "baby talk to adults" (Caporeal, 1981, p. 877) or "secondary baby talk" (Caporeal, Lukaszewski, & Culbertson, 1983, p. 746), and as Caporeal (1981) points out, "there is no evidence that baby talk to children and baby talk to elderly adults are paralinguistically distinguishable" (p. 882). When we refer to Table 1 (from Ryan, Hummert, & Boich, 1995), listing the characteristics of overaccommodation to older adults (which they refer to as *patronizing communication*), it becomes clear that these are indeed the same verbal and nonverbal features employed in communication directed at young children.

Table 1. Features of Patronizing Communication – from Ryan et al. (1995, p. 154)

Verbal	Nonverbal
<p>A. Vocabulary Simple Few multisyllabic words Childish terms Minimizing words (e.g., <i>just, little, short</i>) Pronoun modifications (e.g., over inclusive <i>we</i>, exclusive <i>we</i>, avoidance of me/you in favor of name substitutions)</p> <p>B. Grammar Simple clauses and sentences Repetitions Tag questions Imperatives Fillers Fragments</p> <p>C. Forms of address First names and nicknames Terms of endearment (e.g., <i>sweetie, dearie, honey</i>) Childlike terms (e.g., <i>good girl, naughty boy, cute little man</i>) Third-person reference</p> <p>D. Topic Management Limited topic selection and topic reinforcement (e.g., focus on past, shallow, task oriented, or overly personal/intimate) Interruptions Dismissive of other-generated topics Exaggerated praise for minor accomplishments</p>	<p>A. Voice High pitch Exaggerated intonation Loud Slow Exaggerated pronunciation</p> <p>B. Gaze Low eye contact Staring Roll eyes Wink</p> <p>C. Proxemics Stand too close Stand over a person seated or in bed Stand too far off</p> <p>D. Facial expression Frown Exaggerated smile Raised eyebrows</p> <p>E. Gestures Shake head Shrug shoulders Hands on hips Cross arms Abrupt movements</p> <p>F. Touch Pat on head Pat on hand, arm, shoulder</p>

Just as adjusting verbal and nonverbal behavior to accommodate the communicative capabilities of young children is beneficial for their development, doing so for elderly interlocutors can also, in some cases, be beneficial when communicative abilities of the elderly are, in fact, impaired. It is, of course, entirely appropriate to speak loudly when one knows an interlocutor is genuinely hard of hearing, and several studies have found some linguistic modification, such as placing heavy stress on focal keywords and avoiding the use of embedded and subordinate clauses, does indeed facilitate understanding among older adults – especially

those with dementia (e.g., Cohen & Faulkner, 1986; Kemper & Harden, 1999). Some accommodation in interactions with the elderly can clearly aid communication.

Overaccommodators, however, exceed appropriate levels of accommodation with such features as high pitch, exaggerated prosody, and child-like forms of address, often serving to demean, infantilize, and patronize elderly interlocutors rather than facilitate comprehension. Some researchers, like Ryan et al. (1995), refer to overaccommodation as ‘patronizing communication’ and others refer to it as ‘infantilizing talk’ (Whitbourne, Culgin, & Cassidy, 1995). Another commonly used term is ‘elderspeak’ (Kemper & Harden, 1999; Williams, 2004). Following Giles & Gasiorek (2011), we regard all of these as particular exemplars of the broader notion of overaccommodation, which is not necessarily patronizing or infantilizing in all cases and sometimes does occur in communication directed at individuals who are not aged¹.

Whether overaccommodation is considered patronizing or infantilizing, or whether accommodation is appropriate or excessive, is, of course, a matter of subjective interpretation of the behavior and context. As Ryan et al. (1995) point out, some features of overaccommodation, such as using nicknames and terms of endearment or a pat on the hand could be considered supportive or patronizing (or both simultaneously), depending on one’s point of view. In a survey of older adults, Giles, Fox, & Smith (1993) found a small percentage (less than 8%) of those surveyed did report feeling like they were well taken care of rather than demeaned by overaccommodative interlocutors. Elderly individuals in institutionalized contexts have also been found to respond more favorably to overaccommodation than those in community contexts. Some researchers (e.g. O’Connor & Rigby, 1996; Ryan & Cole, 1990; Whitbourne, Culgin, & Cassidy, 1995) point out that those in need of more care would be more likely to view the overaccommodation positively. La Tourrette & Meeks (2000), however, found “a clear

preference for a more respectful style of speech” (p. 470) among both community and nursing home residents – even those with dementia. In a study by Williams, Herman, Gajewski, & Wilson (2009), nursing home residents with dementia were, in fact, found to be more than twice as likely to resist care or respond aggressively when addressed overaccommodatively than when carers used “normal talk” (p. 11).

Stereotypes of Aging

La Tourette & Meeks (2000) surmise that institutionalized elderly responding more favorably to overaccommodation than their community-dwelling counterparts could simply be attributed to habituation. While elderly adults in community contexts risk little in responding negatively to communication practices they find offensive, those in nursing homes are generally very dependent on their carers, and are, therefore, more likely to cooperate, resigning themselves to tolerating the indignities of their institutionalized context and becoming habituated to them. This compliance and lack of objection to overaccommodation then reinforces carers’ perceptions of their elderly charges as indeed being in need of altered communication practices and validates their overaccommodative behavior, creating a vicious cycle illustrated by the Communicative Predicament of Aging (CPA) model (Ryan, Giles, Bartolucci, & Henwood, 1986). In the CPA model, the outward manifestations of aging such as physical appearance, slow movement, voice quality, provide cues that trigger stereotypes of aging in the mind of a younger person interacting with an elderly individual. The younger person then modifies his or her communication based on these stereotypes, and this modified communication reinforces the elderly individual’s image of himself or herself as the personification of the aging stereotype (e.g., a frail and impaired aging stereotype). This results in social isolation, lower self-esteem, and reduced psychological

activity, which, in turn, prompts further mental, physical, and sociocultural changes that serve as additional aging cues in interactions. Harwood, Giles, Fox, Ryan, & Williams (1993) elaborate on this CPA model, allowing for a different more positive outcome if an elderly individual forcefully objects to overaccommodative treatment, responding assertively rather than cooperatively. These scholars do note, however, that a positive alternative outcome is contingent on whether it is a positive or negative stereotype of aging that the forcible objection triggers in the mind of the interlocutor. Triggering the *elder statesman* stereotype (Brewer, Dull, & Lui, 1981) or the *liberal patriarch/matriarch* stereotype (Hummert & Shanner, 1994), for instance, could indeed result in positive interactions, leading to better self-esteem, sense of control, and better physical and mental health for the elderly individual in question. If, however, the same assertive response triggers the *shrew/curmudgeon* stereotype (Hummert & Shanner, 1994), positive outcomes would be unlikely.

Evaluations of elderly individuals and subsequent communication practices are thus, according to the CPA model, determined by the stereotypes of aging that are triggered in the minds of interlocutors, and these stereotypes could vary considerably from culture to culture. Some scholars like Park & Kim (1992) and Levy & Langer (1994) have highlighted the emphasis on the Confucian value of filial piety and resultant positive societal associations for aging and the elderly in many Asian cultures. Several studies, however, reveal that negative stereotypes of aging are indeed quite prevalent throughout Asia, existing alongside traditional Confucian-influenced positive stereotypes. Several studies (e.g., Harwood, Giles, Ota, Pierson, Gallois, Ng, Lim, & Somera, 1996; Ota, Giles, & Gallois, 2002) have actually found more negative associations of aging among study participants in Asian contexts like Hong Kong and Japan than from those in Anglo contexts such as Australia.

In Singapore, positive and negative stereotypes of the elderly both prevail. Wong (2013) identifies two dominant discourses (referring to them as “litanies”) of aging in Singapore – one positive and the other negative. The positive one, which Wong dubs “Successful Ageing for Singapore,” emphasizes active aging and depicts the elderly as a treasure-trove of wisdom to be passed on to younger generations, while the negative one, “Silver Tsunami Hits Singapore,” emphasizes older adults’ lack of vitality and depicts them “as both an economic and a political burden which threatens not only the future growth prospects of Singapore but also its political stability” (p. 94). With Singaporeans regularly exposed to both of these discourses, it’s not surprising that studies of younger Singaporeans’ attitudes toward the elderly have produced mixed results.

Mehta, Tan, & Joshi (2000) found that a group of Singaporean social work students “viewed older adults as sad, sick, inflexible, conservative, unattractive, intolerant, pessimistic, complaining, sad, untidy, boring, unproductive, bad, and dependent” (pp. 50–51), but point out that attitudes were more positive among participants who intended to work with the elderly in the future. Focusing on a group of younger Singaporeans that could reasonably have expectations of future work with geriatric patients, Cheong, Wong, & Koh (2009) examined the views of Singaporean medical students’ toward the elderly and found an overwhelming majority of them favorable. Cheong et al. cite the strong influence of Confucianism in Singapore and the fact that filial responsibility is emphasized not only among Chinese Singaporeans, but in the Malay Singaporean and Indian Singaporean communities as well (Chong & Seilhamer 2014). They also note that the active roles elderly Singaporeans often play in taking care of grandchildren and maintaining households while their offspring are working could be another factor contributing to

positive impressions of the elderly among the medical students in their study (Mehta, Osman, & Lee, 1995; Tan & Ng 2010).

So do Singaporeans who have chosen eldercare as a profession employ overaccommodation in communicating with their aged clients? In a qualitative case study of carer discourse at a geriatric day-care center in neighboring Malaysia, Yoong & David (2006) found patronizing overaccommodation to be quite prevalent in carer interactions with elderly Malaysians at their research site. In Singapore, however, there has thus far been no such study investigating whether or how stereotypes of aging might be manifested in interactions between younger and older Singaporeans. The present study aims to provide initial insights into this topic that, given Singapore's current demographic circumstances, is of utmost relevance.

The Present Study

Over a period of three months, from August 2011 to October 2011, the third author of this article served as a volunteer at a Singapore geriatric daycare facility that provides physical and cognitive activities for senior citizens while their family members are at work. Over the course of twelve visits that lasted between two and a half and three hours each, the researcher helped out with the daily routines and care for the center's elderly clients, building a rapport with both the elderly and their carers while collecting data via naturalistic observation. The only staff member aware of the researcher's data gathering activities was the center's supervisor. All data was collected via field notes, taken down in a discrete manner to prevent carers from becoming overly conscious about their speech. Research on ethnographic research methods has shown that note taking as part of participant observation has its innate challenges; however, it remains a tried and proven method (Emerson, Fretz, & Shaw 1995). The challenge in this study was that

we needed verbatim examples of overaccommodation and at the same the researcher needed to be discreet. The nature of note taking also meant that the researcher could not jot down notes while she was actively engaged in her volunteer work, and her note taking was restricted to when she was an observer in an activity, such as the physiotherapy sessions. Therefore, she could not make accurate notes of all the interactions she witnessed and the interactions noted down were relatively short. In these cases the notes were made immediately after witnessing an interaction and, thanks to the short time interval and the fact that the interactions were of relatively short duration, she was able to report them in full and verbatim.

Besides the supervisor, there were seven other staff members at the facility – a cook, a nurse, and five carers. Data collection for this study focused on the four female carers² – all ethnically Chinese and ranging between 30 and 60 years of age. These carers were proficient in not only English and Mandarin Chinese, but also in the three Chinese languages, (often referred to as ‘dialects’) most prevalent among elderly Chinese Singaporeans: Hokkien, Teochew, and Cantonese³.

For the center’s elderly clients, the Chinese ‘dialects’ were, in fact, their dominant languages – particularly Hokkien, the language traditionally spoken by the majority of Chinese Singaporeans (see Cavallaro & Ng 2014 for a review of Singapore’s linguistic diversity). Some could understand and communicate in Mandarin Chinese. Among the Chinese clients, only one (female) could communicate well in English. Of the 30 elderly clients that regularly came to the center (eight males and 22 females), all were ethnically Chinese except for three Indians (one male and two females). The lone Indian male client communicated exclusively in English. One of the Indian females was proficient in Teochew, which she used to communicate with the carers, and the other Indian female said little, but English was used in all interactions between

her and the carers. If the three elderly Indians had an Indian language in common (e.g., Tamil or Hindi), it was not apparent, for they were not observed interacting with one another at all. On the whole, interaction among the elderly at the center was in general quite limited. The majority of them spoke only when responding to carers. Upon arriving at the center in the mornings, some would request to rest quietly rather than participate in activities. At meal times, most would wait patiently for food to be served without any interaction. An exception was a small group of relatively healthy Chinese females, who were sometimes observed chatting with one another in Mandarin Chinese and Hokkien during the morning exercises, lunch, and TV time. Although most of the center's clients had been diagnosed with dementia, the degree to which they were affected varied considerably, with some of them exhibiting only mild symptoms. Hence, when we refer to an elderly client as being "affected by dementia" in this article, we will be referring specifically to those with serious cases of dementia – 20 out of the center's 30 clients. Eight (six females and two males) were also wheelchair-bound, and only one of these wheelchair-bound elderly seemed alert and able to communicate well. Of the 30 clients that the facility served then, only nine could be characterized as relatively healthy – neither wheelchair bound nor affected by dementia.

Positioning of the Elderly as Powerless Children and Infants

Over the course of the observation period, we found accommodation (both appropriate and excessive) to be a common occurrence in interactions between the center's carers and their elderly clients. Quite a few of the features of patronizing communication listed in Table 1 were witnessed. Some of these observed features, such as the use of simple vocabulary and grammar, repetition, and increased volume have been recommended for facilitating communication with

the elderly (Bolinger & Hardiman, 1989; Wahl & Tesch-Romer, 2001) and thus might best be characterized as appropriate accommodation rather than overaccommodation. Amidst these arguably appropriate behaviors, however, are practices that could be quite detrimental to the self-esteem of the elderly, such as infantilizing/childlike forms of address and generally positioning the elderly as powerless members of society,

Positioning, as defined by Davies & Harré (1999) is “the discursive process whereby people are located in conversations as observably and subjectively coherent positions in jointly produced storylines” (p. 37) – in other words, the ways in which people, in their interactions, situate themselves and others. If, for example, Mr. A tells Mr. B, “Get me a cup of coffee,” A is positioning himself as someone with the authority to make such a demand of B and positioning B as subservient. B can subsequently choose either to position himself in-line with the storyline A has put into motion, with a response like, “Sure, would you like sugar in that?” or resist A’s positioning with a response like, “I’m not your slave – get it yourself!”

Our research site’s carers’ positioning of their elderly clients as powerless took several forms. One common form was scolding, to which the elderly subjected to reprimand generally responded with silence, serving as a tacit acceptance of their positioning as powerless individuals incapable of any sort of active agency. In the example below, a carer reprimanded a group of elderly doing their exercises incorrectly. Her scolding in loud high-pitched Hokkien⁴ encountered no resistance from the elderly, who simply continued doing their exercises in silence.

1. CG: (in a loud high-pitched reprimanding tone) gua kong to kha! to kha! guo kuā tio wu lang tso tsiā kha! gua kong to kha!

I said left leg! Left leg! I am still seeing people using right leg! Not left! I said left leg!

In another incident, a carer intervening (again in Hokkien) in a dispute over a seat scolded an 83-year-old female client who was complaining about a fellow client taking her usual seat. Upon receiving the reprimand, the elderly complainer fell silent, accepting the carer's dominant positioning.

2. CG: (in a reprimanding tone) Li mai ta? pai an ni khuan. Yi tsei to teng ming tsing e sai liao?

Li e kau suã bo ti liao hor!

Don't always be like that! Won't it be okay once she returns to her bed? Your supporter is no longer around to back you up!

The use of the pragmatic particle 'hor' is indicative here as it is often used in a jibe. In this instance, its use is unfriendly, calling into attention, the absence of 'complainer's 'protector'. This veiled threat is conveyed ominously in the particle which conveyed the message 'There is no one to help you, so behave yourself'. When the center's elderly did occasionally try to position themselves in ways that would grant them a bit more power, these attempts were often blocked by the carers. In one instance, an elderly client we'll call Red⁵ requested more rice and gravy for her lunch. This positioning of herself as a customer in a customer service storyline is arguably a very legitimate one since the elderly (or their families) were, in fact, paying for the center's services. The carer's Mandarin Chinese response to this request, however, effectively repositioned Red as a powerless individual with no authority to make such a request and Red responded to this re-positioning with silence, accepting the re-positioning.

3, CG: (in response to Red's request for more rice and gravy)

Aiyoh! ni buyao meichi zheyang la! Deng yixia zai gei ni! (哎哟你不要每次这样啦！等一下再给你！)

Aiyoh! Stop being like this all the time! I will give it to you in a while!

Constant reminders about the use of the washroom served as another way for carers to position their elderly charges as powerless. Given the age range and the health status of the residents, urinary incontinence, is a major concern for this group of senior citizens. As pointed out by Mitteness & Barker (1995) this is also a potent symbol of their loss of control and independence. Although carers no doubt considered their continuous checking of clients' urinary status to be out of genuine concern for their welfare, these checks also unfortunately served as an infantilizing means of positioning them as utterly dependent and lacking good judgment on even the most basic bodily maintenance matters. Carers' repeated toilet reminders were not limited to the wheelchair-bound elderly or those with dementia. They were, in fact, frequently directed to all the elderly at the center as a group. The following, for example, is an instance in which a carer, during morning exercises, conveys such a reminder to all the elderly clients present – first in Hokkien and then in Mandarin Chinese:

Hokkien

4. CG: tsit tsun gun nang hui sek tsap hun tseng hou bo? Wu lang ai khi pang lio bo?

Shall we now take a break for ten minutes? Anybody need to go to pee?

Mandarin Chinese

5. CG: xianzai women xiuxi shi fenzhong, you ren yao qu cesuo ma? Bu yao luan luan pa qi lai ah! Deng women lai okay!

(现在我们休息十分钟，有人要去厕所吗？不要乱乱爬起来啊！等我们来 okay!)

Shall we now take a break for ten minutes? Anybody need to go to the toilet? Do not get up on your own recklessly! Wait for us, okay!

Reminders to use the toilet directed at individuals occurred frequently. In one instance, ‘Terry’, an elderly client with dementia, requested to take a nap after lunch, but was told by a carer to first use the washroom:

6. CG: ah popo ah – qu toilet xian cai qu shui

(啊婆婆啊 – 去 toilet 先才去睡。)

Granny – go to the toilet first before taking your nap.

Terry: Toilet? (High intonation) bu yong lah!

(不用啦!)

Toilet? No need la!

7. CG: qu la! Bu ran ni deng yixia yao qi lai hen mafa.

(去啦! 不然你等一下要起来很麻烦)。

Go la! It will be very troublesome if you need to get up later.

In response, Terry smiles, shrugged her shoulders, and went to the toilet. Her body language is noteworthy here, for Saville-Troike (2003) identifies “deprecatory cough, giggle, head scratch, shoulder shrug or foot shuffle” (p. 257) all as signs of powerlessness. Again, we see an elderly client’s attempts at asserting her will, in this case, a simple decision about bodily functions overruled by a carer’s more dominant counter-positioning.

In addition to positioning the center’s elderly as powerless, carers regularly equated their position to that of children and babies – sometimes quite explicitly. In the following example, a

carer urges a group of relatively healthy elderly clients to do their daily exercises before a traditional festival celebration, telling them in Mandarin Chinese to be “just like the children.”

8. CG: Lai, women xiang xiao haizi yi yang, zuo gongke liao cai neng wan. Women lai zuo yi xie yundong cai wan hao ma?

(来。我们要像小孩子一样，做功课了才能玩。我们来做一些运动才玩好吗?)

Come – Just like little kids, we should only play after finishing our homework. Shall we do some exercises before playing?

In some instances, equating the centre’s elderly clients with children was even more explicit. When Margaret, an elderly women affected by dementia, burst into tears suddenly and without warning, a carer attended to her, giving her a chocolate while telling the researcher in English, “She is like a child now – need to pamper her a little and comfort her.” On another occasion, Margaret got upset and the same carer (CG A) tried to console her, but to no avail. The following excerpt from the interaction begins when another carer (CG B) stepped in and offered advice in English, saying Margaret is “like a baby.” With a smile on her face, Carer B then, in Teochew, called for Margaret to come, addressing her with a nickname⁶.

9. CG: You must smile to her first! She is like a baby! Oh, Wei Wei, muey lai!

Oh, Wei Wei, *come here!*

Use of first names and nicknames was observed regularly at the facility. In another example showcasing the use of a nickname to address the center’s elderly, May, a female client affected by dementia, was curiously examining decorations that were hanging around the room when carers wanted her to be seated. A carer, amused by May’s attraction to the decorations,

laughed and directed her in Teochew to “be good,” repeating this directive and addressing May with a nickname (rendered here as ‘Mei Mei’).

10. CG: (laughing) Aiyo Mei Mei! Ah – kuai la kuai la! khi tso la.

Aiyo Mei Mei! Ah – be good be good! Go and sit down.

May: (laughs along as she heads toward her seat)

Though researchers like Ryan (1995) classified the use of first names and nicknames as a feature of patronizing communication, in such cases, this interpretation is attenuated by the fact that the use is facilitative and an expression of care. However, this comes at a cost. May’s laughing along as she acquiesced to the carer’s demand, like Terry’s shoulder shrug as she reluctantly headed to the washroom, is arguably an indicator of May’s sense of powerlessness in the face of incessantly being positioned as incapable of any individual agency. While the use of simple vocabulary and repetition of “guai le guai le” (*be good be good*) likely facilitated May’s understanding, addressing her with the nickname and employing imperative forms telling her to be good and sit down in a manner that one might reprimand a naughty child unfortunately positioned her as just that - a naughty child.

Other terms of address used at the center also explicitly likened the elderly clients to children and infants, such as “our birthday girl” and “our baby” in the following example. Here, two carers (CG A and CG B) instruct ‘Rose’, a female Indian client affected by dementia, in English to come forward to cut her birthday cake.

11. CG A: Who is the birthday girl? Where is our birthday girl?

CG B: There! Rose is over there! Come! Come!

CG A: Ah! Come here, Rose! Here she is! Here comes our birthday girl! Our baby! See!

She is wearing so beautiful today!⁷ Beautiful Rose!

Just as was the case with May, use of simple vocabulary and repetition no doubt facilitated Rose's understanding, but again we also see employment of the imperative (Come! Come!) and forms of address that explicitly liken Rose to an infant.

Further Observations and Discussion

Carers at this eldercare facility genuinely believed that the manner in which they communicated with their clients was appropriate. It is possible that carers may in fact have increased their overaccommodative practices to demonstrate to the researcher how caring and/or authoritative they were⁸. The effect of 'observer's paradox' may be unavoidable. Though the carers were under the impression that the researcher was only a volunteer and were unaware of the research objectives, the desire to create a positive impression for the researcher due to her status as a relative outsider at the facility would certainly not be unreasonable. In conversations with the researcher, they repeatedly emphasized that the communication methods they employed were meant to be encouraging, and they were indeed quite liberal with the encouragement they doled out to clients. "e sai eh!" (*You can do it!* in Hokkien) was frequently heard during physiotherapy sessions, as in the following example in which a carer is trying to encourage Hazel, a female client in relatively good health, to lift her weighted leg during a physiotherapy session, first in Mandarin Chinese, and then in Hokkien, accommodating to Hazel's dominant language:

12. CG: ah, gao yi dian, gao yi dian

(Ah 高一点, 高一点!)

Higher higher!

Hazel: Bo lat ah.

I have no strength.

13. CG: E sai eh!

You can do it!

(With CG's assistance, Hazel is finally able to lift her leg.)

14. CG: Kuã! Li e sai eh.

See! You can do it!

Hazel: (laughing) Pin tuã la!

I am lazy la!

In examples 13 and 14, the encouragement was proportionate to the effort required. Another instance of encouragement, however, was directed at a client who was not physically impaired. The context was a bowling activity in which the carer conveyed exuberant praise in Cantonese and Mandarin Chinese when the client successfully knocked over some plastic bottles – a feat that was actually not terribly challenging for this particular client:

15. CG: Ahhh hou leng ah! 你打到 leh!

Ahhh that's beautiful! You managed to hit it!

Given the fact that this praise was directed an individual for whom the bowling accomplishment required little effort, this is arguably a case of “exaggerated praise for minor accomplishments,” identified by Ryan et al. (1995, p. 154) as a feature of patronizing communication.

Distinguishing, however, between patronizing over-the-top exaltations for accomplishments that require little effort and well-deserved praise and encouragement beneficial to motivation and self-esteem is often not a clear-cut enterprise. A minor accomplishment for one elderly person could be a major feat for another. Whether an elderly individual regards praise as patronizing also, of course, depends a lot on the particular relationship with the carer.

Genuinely affectionate relationships that carers claimed to be striving to nurture with the elderly at the center were frequently quite evident in their interactions – both in the carers’ tone and their body language. In the previously mentioned instance in which Margaret suddenly started crying, the carer’s attempts to console her in Mandarin Chinese with the use of a nickname (depicted here as ‘Wei Wei’), while arguably quite infantilizing, were also very poignant in that they displayed genuine warmth and caring:

18. CG: (with a very affectionate tone)

Ah Wei Wei, Ah Wei Wei ah, guai la! guai la! bu yao ku la!

(Ah Wei Wei ah Wei Wei ah 乖啦！乖啦！不要哭啦！)

Ah Wei Wei ah Wei Wei ah be good be good! Don't cry la!

(CG hugs Margaret, who continues to cry)

19. CG: (presenting Margaret with a chocolate, and with an exaggerated, but still very affectionate tone)

ni kan! Chocolate leh! Yao bu yao?

(你看！Chocolate leh! 要不要？)

See! Chocolate leh! Do you want it?

(Margaret stopped crying and stared at the chocolate)

20. CG: (still with an affectionate tone) Nah! Gei ni de! Bang ni kai okay?

(Nah! 给你的！帮你开 ok?)

Nah! This is for you! I'll help you to unwrap it, ok?

In general, the degree of infantilization observed in the speech and behavior of carers was proportionate to the degree of elderly clients' cognitive and physical impairment. Those in advanced stages of dementia or with severe physical impairments were viewed as more incapable of caring for themselves, and thus more likely to be addressed in a manner that one might address an infant. This observation is in-line with the results of other studies that have found degree of alertness to be a factor affecting communication directed at the elderly (Culbertson & Caporeal, 1983; Ryan et al., 1995). Overt displays of affection, such as the one seen in the interaction between the carer and Margaret, were never observed with the center's relatively healthy clients. Conversely, the harsh reprimands clearly positioning carers as authority figures and the elderly as naughty 'children' were not observed in one-on-one interactions with clients who were cognitively or physically impaired, but seemed to be directed more at those who were relatively healthy. The relatively healthy elderly at the center were routinely equated with primary school-aged children and addressed as such by carers. They were 'scolded' when their behavior was deemed inappropriate. Those affected by dementia and, to a slightly lesser degree, those that were wheelchair bound, are regarded by carers as infants due to the dependant nature of their relationship. Just as the use of harsh reprimands and highlighting one's domination over an infant would be regarded by most of us as inappropriate and wrong, so too would be such actions directed toward an elderly client whose cognitive and/or physical abilities are compromised.

An eloquent illustration of the applicability of the CPA model, especially with regards to healthy, more able elderly, can be found in Julian Barnes' novel *Staring at the Sun*:

You grew old first not in your own eyes, but in other people's eyes; then, slowly, you agreed with their opinion of you. It wasn't that you couldn't walk as far as

you used to, it was that other people didn't expect you to; and if they didn't, then it needed vain obstinacy to persist. (Barnes, 1987, p. 139).

The obstinacy that Barnes refers to in this passage could involve nothing more on the part of a healthy elderly individual than exerting his or her relative independence and ability, as Red did in requesting more rice and gravy. Obstinance cues, perceived alongside the CPA model's aging cues (which could constitute simply having an elderly appearance) could therefore result in carer positioning of the sort Red received – positioned as an obstinate naughty child.

In one observed interaction, a carer did scold a physically-impaired elderly client, but this was done in jest. In this instance, Elly, a wheelchair-bound female client, requested, with outstretched arms, a carer's assistance to go to the washroom and the carer responded by scolding Elly in a playful joking manner:

21. Elly: wo yao shang cesuo (Stretches her arms out)

(我要上厕所!)

I want to go to the toilet!

CG: ni bu shi ganggang qu toilet? Da ni a. (as she playfully pats Elly's back)

(你不是刚刚去 toilet? 打你啊)

I thought you just went to the toilet? Do you want a smack!

By reaching out to the carer as she made her request to go to the washroom, Elly indicated that she saw herself as incapable and in need of care from others. The request resulted in a bit of teasing by the carer – a playful pat on the back (a mocked smack) and the mock threat *da ni ah* (打你啊) (literally, *beat you ah*). This sort of friendly teasing could be seen as an expression of affection by the carer and does indicate a close rapport between her and Elly. Nevertheless the

tone is still one that is used with a naughty child who deserves to be beaten and scolded for her inability to accurately regulate her own bodily needs.

Finally, it should be pointed out that, in one-on-one interactions, all observed instances of carer infantilization and domination were directed at the center's female clients. In the three months that the researcher volunteered at this eldercare facility, not a single instance of infantilizing speech, domineering behavior, or harsh scolding was seen in a one-on-one interaction with an elderly male. This is not to say that male clients were not addressed accommodatively. They clearly were. Speech accommodation toward male elderly at the center, however, was restricted to those features that are arguably quite beneficial for facilitating communication with the elderly, such as repetition and simplified grammar/vocabulary choices. Given the fact that female clients outnumbered male clients, there was, of course, a greater chance of the overaccommodation being directed at one of the 22 females than one of the eight males. However, it is still striking that in all the visits, not a single case of negative overaccommodation was observed directed at a male client. This was directed exclusively at female clients. This was particularly highlighted by carers' behavior toward the Indian male client. Although he was constantly positioning himself as a 'customer' in a customer service storyline, incessantly requesting activities in the same manner Red requested more rice and gravy, he was not once reprimanded for his requests or re-positioned in the condescending manner Red was. These observations are reminiscent of previous studies in other contexts, which found older women to often be viewed more negatively than older men (Deutsch, Zalenski, & Clark, 1986; Laurence, 1964). As observed by Barreto & Ellemers (2005), the infantilizing treatment of dementia-affected and physically impaired female clients, benevolent sexism could also have been at play here, with carers viewing the women as more delicate and therefore in

need of a particularly soft touch compared to the mentally and physically impaired male clients⁹. Since the carers observed in this investigation were themselves all female, they could have simply been more at ease with women than men, resulting in their skewed behavior. The findings here certainly point to a need to take into account gender effects – both of the clients and the carers to have a more complete sense of the phenomena.

The carers were also all ethnically Chinese, and their overaccommodation was directed mostly towards the Chinese, which comprised the vast majority of the center's clients. Recall, however, that they did display overaccommodative behavior with Rose, the Indian “birthday girl.”

Conclusion

This investigation of interactions between aged Singaporeans and their carers at one eldercare facility provides some initial insights into stereotypes of aging among Singaporeans who have chosen eldercare as a profession. Based on the observations outlined here, we feel the stereotype of aged individuals as lacking in vitality is very much a driving force in influencing the manner in which elderly Singaporeans, at least those that are female, are addressed and positioned by carers. Whether positioning cognitively and physically-impaired elderly as totally dependent infants or relatively healthy elderly as children in need of disciplining, both practices contrast sharply with the unquestioned respect that the elderly have traditionally been granted in Singaporean society.

The degree to which the overaccommodative practices observed over a limited period of time at this particular center reflect those at other eldercare centers in Singapore remains to be seen. More such studies need to be done at other facilities with more in depth attention given to

gender factors and also to different degrees of cognitive and physical decline. Also needed are studies examining the extent to which the elderly in Singapore – including those with dementia – feel that overaccommodative treatment is, in fact, demeaning. Though it is clear that overaccommodative behavior is well-intentioned, and meant to be facilitative, carers could be trained to use other strategies. Williams, Kemper and Hummert (2004) have convincingly demonstrated that carers can be successfully trained to reduce damaging overaccommodation resulting in a better sense of well-being in the elderly clients they work with. More recently, Barbosa, Nolan, Sousa and Figueiredo (2015) have also reported positive outcomes of intervention to help carers work in a genuinely facilitative ways with dementia residents. More importantly, awareness and training also resulted in the carers' better management of occupational stress.

We see this study as just a first step that will hopefully serve to increase awareness of overaccommodative behavior towards the elderly in Singapore and prompt discussion of the issue, for at the present time, both are lacking. Singaporeans are well aware of their rapidly aging society and discussions abound on eldercare and preparing for one's golden years. This discourse, however, is entirely focused on the practical considerations of where the elderly are to be cared for (at home or at an eldercare facility), by whom (family members or paid carers), and who pays for their care (themselves, their families, or the government). Conspicuously absent are discussions of the micro-interactions between the elderly and their carers, not just in Singapore but in Asia generally, despite the fact that this topic has been given considerable attention elsewhere. With the rapidly aging population, there is pressing need to do fundamental baseline research as interactional patterns are culturally and contextually sensitive.

Marsden and Holmes (2014) aptly pointed out that the field of ‘elderspeak’ has typically problematized the interactions between carer and the elderly and often the carers are seen as culpable. We prefer to see this as a wider societal problem of how we perceive aging and recognize that the carers have a difficult and highly stressful job. In Asia, where the caring is often displaced into the home, there is urgent need to educate the public and the carers to better manage this social change ahead of us. In Singapore at least, the needs are multiple. Apart from the specific needs of aligning interactions to best achieve well-being for both carers and the elderly, there is also the issue of the diversity of language backgrounds of the elderly and the decreasing language repertoire of the carers. As can be seen from these examples, the interactions are multilingual – in Hokkien, Teochew, Cantonese, Mandarin Chinese and English. As argued by Cavallaro and Ng (2014) Singapore is gradually moving from multilingualism to bilingualism. So, in 20 years time, we may have the challenging situation where the carers are bilingual and the elderly are multilingual and there may be no common language between them.

The Singapore government has recently launched a series of health-care policy initiatives intended to show appreciation for the struggles and sacrifices of the ‘pioneer generation’ – those Singaporeans who were at least 16 years of age when Singapore became an independent nation in 1965. With further research on and discussion of the interactions between members of the pioneer generation and those of younger generations, we can gain a better understanding of both the factors that facilitate communication and impact the self-esteem of elderly Singaporeans. With these insights, we can develop programs in which carers – professionals and family members alike – are specifically trained in the best interactional practices for communication with the elderly in the Singapore context. Only by addressing the interactional issues alongside the practical considerations can we hope to create a society in which appreciation for the pioneer

generation is truly demonstrated. If this is done, we might just be able to characterize aging in Singapore as genuinely successful.

¹ Giles & Williams (1994), for example, examine instances in which young people are at the receiving end of overaccommodation by older adults.

² The fifth carer, a Chinese male, had far less interaction with the elderly at the center. His main responsibility was driving the van that transported them to and from the facility.

³ The usual practice of referring to these languages as ‘dialects’ in the Singaporean context reflects their lack of prestige in relation to Mandarin Chinese. Hokkien and Teochew are mutually intelligible, but there is no mutual intelligibility between Mandarin, Cantonese, and Hokkien/Teochew .

⁴ In the examples presented here, Chinese characters are used to show the use of Mandarin Chinese while Hokkien, Teochew and English use are depicted using the Roman alphabet and IPA. English translations are italicized.

⁵ All of the names of the center’s elderly clients mentioned in this article are pseudonyms.

⁶ The nicknames used in this article are also pseudonyms and not the nicknames that were actually used to address the elderly.

⁷ In Singapore English, *wear* can be used intransitively. *She is wearing so beautiful today!* thus has the same meaning as *She is dressed so beautifully today!*

⁸ We extend thanks to an attendee at our ICLASP14 talk in Honolulu for pointing out this potential Observer’s Paradox situation.

⁹ This was a suggestion made by another attendee at the same ICLASP14 talk, for which we are also grateful.

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