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SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

Elderspeak in Singapore: A Case Study

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Declaration of Authorship

I declare that this assignment is my own original work, unless otherwise referenced, as defined by the NTU policy on plagiarism. I have read the NTU Honour Code and Pledge.

No part of this Final Year Project has been or is being concurrently submitted for any other qualification at any other university.

I certify that the data collected for this project is authentic. I fully understand that falsification of data will result in the failure of the project and/or failure of the course.

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Name	Signature	Date

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I would also like to show my gratitude to NTUC Eldercare Silver Circle (Pasir Ris) for providing me with the opportunity to conduct my study at their institution. I would like to thank the care-givers and the elderly at the eldercare for giving me twelve interesting weeks of insights and guidance.

Lastly, I offer my regards and blessings to all of those who supported me in all aspects of the project.

Chee Yi Tian Felicia

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List of abbreviations

Abbreviations	**Word**
CM	Care-for-members (The elderly)
CG	Care-givers
Care-givers: 1) E 2) MN 3) LH 4) LL 5) L 6) T 7) R	Acronyms of the seven care-givers in the eldercare. The only care-giver excluded from the data analysis is the cook whose main duty is preparation of food instead of interaction with the elderly.

Note on transcriptions

For this experiment, researcher employed the research method of naturalistic observation and all features of elderspeak were noted down in the fieldnotes.

These fieldnotes and translations can be seen in Appendix (i) and Appendix (ii) respectively. Appendix (i) consists of fieldnotes that were taken throughout the course of observation while Appendix (ii) comprises of the fieldnotes that have been translated into the English.

The context where the elderspeak was used as well as the participants involved was noted down. To aid the researcher in recording the data as fast and as accurately as possible, shorthand and abbreviations were employed as seen in Appendix (i). As all the data was noted down discretely, the researcher may have lost some of the finer details in the process. However, I am confident that the main features of elderspeak were taken down with great accuracy.

Appendix (i) illustrates three different kinds of scripts – romanized, logographic and pin yin. These were used to note down the English, Mandarin Chinese and Hokkien data respectively. Han Yu Pin Yin the official system to transcribe Mandarin Chinese characters into Roman scripts was used to transcribe Hokkien data as the IPA transcription would have taken more time. Hence, it was not chosen as the researcher did not have much time during the observation because she needed to assist the care-givers and the elderly in their activities.

For the ease of understanding, Appendix (ii) then provides a translation of the data into English by the researcher.

Abstract

Elderspeak is the code that is used when communicating with the elderly. It is usually employed by the interlocutors when communicating with the elderly due to their perception that the elderly needs to be subjected to a different code.

Elderspeak is also termed “Secondary Baby Talk” as it shares many features of “Baby-Talk”. Some main characteristics are limited vocabulary, infantilizing and over-parenting speech and repetition. Research shows that its usage places the elderly in a negative feedback loop. This reinforces to the elderly that they are not able to care for themselves and causes negative stereotypes about ageing which may cause their self-esteem to be diminished. Elderspeak is hence seen as code that is insulting and demeaning instead of benefitting the elderly.

This study aims to research and understand elderspeak in the Singapore context, a country that had recently seen an increase in its older population. This paper discusses the features of elderspeak found in a NTUC eldercare centre. The results show that, - there are two types of elderspeak- the right and the wrong variety. Care-givers should employ the right type of elderspeak to benefit the elderly. Physical and cognitive abilities as well as the gender of the elderly will also cause the elderly to receive a different amount of elderspeak. Some general trends, suggestions and recommendations are also made regarding the usage of elderspeak.

Elderspeak in Singapore: A case study

1.0 Introduction

Language plays an important role in our life by allowing us to communicate and understand each another. Communication is successful as there are different varieties, dialects or styles used in a particular socially-defined population, and constraints which govern the speaker to make the choice (Gumperz 1977). Varieties can be associated with setting, activity domain, region, ethnicity, social class, status, and role, role relationships, sex, age and personality states which are either physiologically or socially determined (Saville-Troike 2003). Speakers tend to make the suitable choice for each situation accordingly.

Many factors affect one's choice of variety and in most speech communities age is a major dimension for social categorization (Saville-Troike 2003:81). This categorization can be done by acquiring information about the speaker, the receiver and the role-relationships between the two which are influenced by their relative age (Saville-Troike 2003). One of the common varieties associated with age is "Baby-talk" which is employed by adults to communicate with young children. "Baby talk" is characterized by the linguistic modifications which adults make when addressing young children. It is more than pure imitation of a child's language form (Saville-Troike 2003). Some modifications as listed by Ferguson (1964) would be the processes of reduction (especially in phonology), substitution, assimilation, generalizations, repetition of words, phrases and sentences, exaggerated intonation contours, deliberate articulations, diminutive affixes and high pitch. All these modifications are employed as children's linguistic abilities tend to be limited (Gleason & Ratner 1998). Therefore, parents would employ the above mentioned modifications to accommodate their speech to their children's.

In addition to being a variety associated with age difference, this code is also closely associated with caretaker role relationships (Saville-Troike 2003). Caretaker role relationships are also seen between elderly people and their care-givers where the elderly are placed on the same strata as a child and hence subjected to a similar type of "Baby Talk" (Yoong & David 2006; la Tourette & Meeks 2000). Due to its close resemblance with "Baby Talk", the code which care-givers employed in their conversation with the elderly is sometime termed "Secondary Baby Talk" or "elderspeak" (Simpson 2002).

"Elderspeak" is employed largely due to "ageism". According to Traxler (1980), "ageism" is any attitude, action, or institutional structure which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age. It is also known as "societal aging" as "aging" is the concept that is determined not only physiologically but also actively constructed by the society (Copper 1986:52). In short, it is a form of "prejudice or discrimination against or in favour of an age group" (Palmore 1990:4). "Ageism" affects the interlocutors' perception of their elderly conversational partners. This in turn affects the code and method that they employ in their discourse. The cognitive ability in comprehension and production of the elderly is often not regarded (Caporeal 1983) and young adults tend to see the elderly as being less competent due to their decreased ability to function as before. This discrimination that views elderly as less competent is often conveyed in their discourse as people talk to old people in a loud voice and at a very slow rate, assuming they are hard of hearing and losing mental faculties (Helfrich 1979).

Physiological factors that stem from "ageism" causes discrimination as the elderly are often viewed as having gradually lost the ability to care for themselves as they could before. This hence, causes them to be seen as a member of society that should be cared for by other adults. Gradually the elderly come to accept their role as a cared-for-member. As highlighted by sociologists (Gilleard & Higgs 2000; Macionis 2001; & Kart 1997), when an elderly person enters a nursing home or daycare center to be a cared-for-member, they tend to go through the stages of "desocialisation" and "resocialisation". "Desocialisation" is the process by which the elderly excuse themselves from their social roles; while "resocialisation" is when the elderly are influenced to accept the ways that they are treated in the nursing homes and conform to what is required of them. Upon "resocialisation", the elderly may also accept elderspeak as the code that is spoken to them.

1.1 Elderspeak

Studies of elderspeak have shown that it adopts many features of "Baby talk" where the elderly are accommodated by their interlocutors and subjected to similar simplified speech forms (Ashburn & Gordon 1981; Culbertson & Caporeal 1983; & Hummert & Shaner 1994). Caporael (1981) reported that the characteristics of this speech style are:

1) A slower rate

2) Exaggerated intonation

3) Elevated pitch and volume

4) Greater repetition

5) Simpler vocabulary and grammar than normal adult speech

These speech style characteristics which mirror "Baby Talk" could also be associated with role relationship. This is because, languages are consistently used to mark a particular role which the speaker assumes. By raising their voices, care-givers is adopting a powerful stance as compared to the "powerless speech style" which the elderly may respond in either a lower volume or whisper. This "powerless speech style" is also seen among the Sierra Popoluca (Mexico), where women whisper to their husbands as a mark of deference. As the elderly are often seen as cared-for-members, elderspeak is employed, featuring the care-givers as assuming a superior role and being in control and power. This role-relationship is commonly reflected through paralinguistics features such as elevated voice pitch or volume. (Saville-Troike 2003:75).

This style of communication is often seen as a variety suited for the elderly and considered as functioning similarly to "Baby-talk". However, the features of "Elderspeak" also implicitly questions the competence of older listeners and thus researchers have described it as patronizing insulting, and demeaning (Ashburn & Gordon 1981; Gibb & O'Brien 1990; Gubrium 1975; Lanceley 1985; Ryan, Hummert, & Boich 1995).

Researchers in the field of Gerontology often reflect negatively on "elderspeak" and view it as an insulting code towards the elderly as it leads to damage to the individual's sense of self as a competent individual. This often results in negative impact upon the elderly self-respect as well as their identity (Davies 2000; Baillie 2007; Baillie 2008; Gallagher et al 2008; Matiti & Trorey 2008; Webster & Bryan 2009). Thus, they see this code as not being beneficial as instead of engaging the elderly in interpersonal relationship, it places the elderly in a negative feedback loop. This negative feedback loop constantly reminds the elderly that they are not capable. Poor public and self image of the elderly leads them to gradually accept elderspeak as the mode of communication that others use with them. This then reinforces the negative stereotypes about ageing and results in the diminishing of their self-esteem (Ryan et al. 1986).

Elderspeak can also be seen as demeaning as apart from being an "infantilisation" code which is strategically used to recapture an intimacy associated with children, it is also a strategy of power play (Albert 2000). This is, however, context-dependent as infantilizing found in

elderspeak can either be interpreted as sharing an affectionate relationship or insulting (Saville-Troike 2003). The elderly in nursing homes are also found to be more receptive towards elderspeak than the home-cared elderly (O'Connor & Rigby 1996). Despite the negative connotations that are attached with using elderspeak, some care-givers firmly believe in retaining the use of it and view it as appropriate, especially towards those elderly who are less cognitively alert (la Tourette & Meeks 2000). Their reason for the continuation of elderspeak with the elderly is due to the belief that it aids comprehension. However, Kemper & Harden (1999) found that features of elderspeak: altered prosody, shortened sentences, and slowed speech of elderspeak had failed to improve comprehension for the elderly in their study and were perceived negatively by these elderly participants. In addition, studies have shown that the elderly in nursing homes respond to care and live longer when they are engaged in interpersonal relationships with staff (Kiely et al. 2000; Walk, Fleishman, & Mandelson 2000).

Despite the negative attitudes and impact on the elderly, elderspeak is still prevalently used as care-givers do not encounter any resistance by the cared-for-members. Researchers in Western societies have recently started addressing this issue and are determined to improve care giving to elderly by intervening and reducing elderspeak (Williams, Kemper & Hummert 2003). A study conducted by Williams, Kemper & Hummert (2003) attempted to address this issue by conducting a communication-training program to Certified Nursing Assistants in five nursing homes in the northeastern Kansas communities. This was to increase staff awareness of intergenerational speech modification such as elderspeak and employ strategies to enhance communication. The findings of this study also concluded that it is successful as education of elderspeak provided health care providers more knowledge regarding elderspeak's potential negative impacts on older adults. In exchange, it reduces care-givers usage of elderspeak in the nursing homes (Williams, Kemper & Hummert 2003).

Most of the research on elderspeak has focused on Western societies with little research conducted in Asia. Culture differences and attitudes may arise between the East and West. In the West, less emphasis is placed on familial and community obligations, and instead a greater focus on the individual (Weber 1968). Hence, the elderly have a higher chance to be subjected to unfavourable stereotypes (Brewer et al. 1981) and treated as relatively powerless members in their community (Bytheway 1995). As opposed to the focus on individuals, the Easter cultures value collectivity. The elderly are highly regarded due to the traditional notion

of filial piety. This is a result of the strong influence of Confucianism which views filial piety as its core (Bellah,Sullivan, & Swidler 1985).

Cross-cultural aging stereotype studies had shown that East and West do not have many variations in terms of the way people of both cultures stereotype the elderly as they are generally viewed as more dependent and less competent (Ryan 2010). In comparison to the younger adults, the elderly would more often be considered to be in a poorer state of health. With age, the elderly may be viewed as wise and trustworthy; however, negative stereotypes of them are still often seen in interactions where they are spoken to with elderspeak, which comprises age stereotypes of dependency and incompetence (Ryan 2010:77). The elderly in nursing homes with visible disabilities further face a higher chance to be linked to the more negative stereotypes (Hummert, Garstka, Ryan, & Bonnesen 2004). Hence, despite being culturally distinct, East and West do have similar stereotypes towards the elderly.

However, it is nonetheless important to understand ageism and elderspeak in Asia as demographic changes in recent years have led to an increasingly ageing population in many parts of Asia. Asia now faces low birth rates and fast growth of the elderly population. Singapore in particular has seen remarkable growth rates of its elderly population and will double the numbers of 65 years of age and above in less than 17 years (Gerlock 2006). The increasing numbers of elderly makes it vital for Singapore to understand and have more knowledge of elderspeak. This would allow Singaporeans to be better prepared for our ageing population and determine the best linguistic practice to employ with the elderly.

Furthermore, as Singapore is facing an aging population, it is of utmost importance that we have a greater understanding of our elderly linguistic needs in order to provide the best care for them.

2.0 Rationale

In Singapore, the elderly are often seen as members of society with valuable experience and worthy of our respect. A study conducted by Cheong, Wong & Koh (2009) regarding Attitudes Towards the Elderly among Singapore Medical Students found out that the majority of Singaporean medical students had positive attitudes towards the elderly. In their study, Cheong, Wong & Koh (2009) accounted for their findings to the moral codes and social

norms which are most likely to be influenced by Confucianism (Sung 2001). Furthermore, in Singapore, even among the quarter of non-Chinese population, filial responsibility is also emphasized and practiced (Cheong, Wong & Koh 2009:859). High level of respect towards Singaporeans elderly are also accounted by the active roles that the elderly plays in the family arena by extending their help in taking care of their grandchildren and maintaining the household while their offspring are at work (Meha & Alexander 1995). This shows that the elderly in Singapore are generally respected by the society.

Cross-cultural differences have been noted in past research (Sachweh 1998; Hofstede 2001) and it is plausible to assume that there will be differences in the use and attitudes towards elderspeak in Singapore. Sachweh (1998) reported on elderspeak in Germany. He found that elderspeak was not deemed negative by the elderly. Some of the German elderly had instead reacted positively towards it. This is different from the attitudes of the American elderly who responded negatively to it as seen in the study by Hofstede (2001). Hence, as cultural differences can be seen between American and German use of elderspeak. It would thus be very useful to find out whether the Singaporean elderly context also shows similar practices and if so, are they more similar to the US or the German situations.

As Singapore is also a very industrialized country, just like most Western societies, it is important to note that changes in the occupational structures have seen young adults who work and leave the care for the elderly to professional care-givers. For this research project, the care-giving in an eldercare was chosen rather than observing home-based elderly. This was to ensure that a larger base of care-giver discourse by Singaporeans care-givers would be available.

3.0 Aims & Objectives

This study aims to study elderspeak in Singapore and to see if its use is prevalent and, if so how it is used and its characteristics. By researching the care-giving situation in the eldercare this study focuses on and examines the discourse of the care-givers towards the cared-for-members (the elderly).

4.0 Eldercare in Singapore

Singapore has one of the fastest aging populations in Asia. To cater for this, in recent years, Singapore had established an increasing number of public policies for the growing number of

Singaporean senior citizens. Currently 7% of the population is over the age of 65, and by 2030 this will increase to 19% (Inter-Ministerial Committee on Aging Report 1999).

One of the services established to accommodate our senior citizens is the NTUC Eldercare Co-operative Limited which was set up in 1997 to provide quality and affordable eldercare services for the elderly in the community. These services include a centre-based daycare programme, known as Silver Circle, and home-based service, known as Care@home. There are 8 Silver Circle centres located around various parts of Singapore. The daycare programme engages citizens in physical and cognitive activities during the day while their family members are at work (http://www.ntuceldercare.org.sg/eldercare/live/Our-Services/Our-Services/daycare.html).

5.0 Methodology

Over a period of three months, from August 2011 to October 2011, approximately 12 visits were made to an elder day-care centre on a weekly basis. Each visit was around two and a half hours to three hours.

Before the start of naturalistic observations, only the centre's supervisor was informed of the purpose of the researcher's visit. During the visit, the researcher volunteered to help out with the daily routines and care for the elderly in order to build a rapport with the care-givers and the elderly. This was to ensure that care-givers would feel comfortable in the presence of researcher and continue to employ their usual speech style and, therefore, minimize "Observer's Paradox" (Labov 1972).

Data was collected via naturalistic observation. Interactions between the elderly and care-givers were observed, in particular conversations where elderspeak was used was written down. All these field notes were taken down in a discrete manner to prevent the care-givers from becoming overly conscious with their speech. As data collection was based on note-taking, not all parts of the conversations were transcribed fully. Recordings were not used to collect the data as permission was not granted by the eldercare and it would have been a breach of ethics to do so.

Naturalistic observation and qualitative research methodology were chosen over quantitative research because of the nature of the data. Although the amount of data collected was somewhat limited, the researcher managed to collect a significant amount of data for analysis.

5.1 The Research Site

This research was conducted at one of the eight Silver Circle centre, located in the residential area of Pasir Ris.

5.1.1 The Care-Givers

The centre has eight permanent full-time paid staff members, ranging from their 30s to 60s, with a total of seven Chinese female and one Chinese male. These eight staff members include a supervisor, a nurse, five care-givers and a cook. All are versed in Mandarin Chinese, English and the vernaculars – Hokkien, Teochew and Cantonese. The job scope of the care-givers generally includes looking after the elderly personal needs (e.g. taking care of their toiletry needs & engaging the elderly with simple cognitive and physical activities), kitchen work (e.g. preparing food and washing the dishes) and additional roles as facilitators for physiotherapy sessions. Data analysis revolved around seven care-givers with the exclusion of the cook.

5.1.2 The Elderly Participants

The elderly at the daycare centre are a mixture of healthy elderly, dementia elderly and wheelchair bound elderly. There are around 30 elderly at the centre and it varies each day as elderly may be away on medical leaves or other medical appointments. Among these 30 elderly, there are 8 males and 22 females. The ethnic ratio of the elderly is a majority of Chinese elderly with the exception of 3 Indians – 1 male and 2 females. There are also 8 wheelchair bound elderly out of the 30 elderly - 2 males and 6 females.

The elderly are mostly versed in their vernaculars while some could understand and communicate in both Mandarin Chinese and the vernaculars. An exception would be the Indian male who communicated in English. However, one of the female Indian elderly is proficient in Teochew. Also, only one of the elderly in the centre can communicate in English, this Chinese female elderly is hence capable of communicating in three languages – Hokkien, Mandarin Chinese and English.

While most of the elderly have been diagnosed with dementia to a varying degree, -for ease of analysis, the researcher categorized the elderly into three groups. The three groups are:

1) Wheelchair-Bound

2) Serious cases of Dementia

3) Healthy

Healthy elderly are hence the group which is least demented and not wheelchair-bound.

Comparisons will be made across these three groups of patients to determine if various groups are subjected to different amount of elderspeak. It should also be noted that wheelchair bound elderly could either be healthy or serious cases of dementia patient. This will be indicated in each example before analysis.

In the process of this research, informal chats were conducted with the care-givers. They repeatedly emphasized that the method which they employed in conversing with the elderly is one which is meant to be encouraging.

6.0 Data analysis

Upon analysis of the fieldnotes, a number of characteristics of elderspeak were found and analysed using the following characteristics:

1) Limited vocabulary & Intonation

2) Infantilising and over-parenting speech

3) Repetition

These will be discussed in details in the next sections.

6.1 Limited Vocabulary

A prominent feature of elderspeak is the usage of limited vocabulary which is similar to “baby talk” that is used with a child during language acquisition. The simplified phrase and sentence structures (Gleason & Ratner 1998) are distinct in both motherese and elderspeak. Examples of such shortened speech structures are illustrated in Examples (1):

Example (1):

Fieldnotes 7

Context: Care-giver E (from now on CG E) was asking care-giver MN (from now on MN) where is the elderly and instructing the cared-for-member (from now on CM) to come forward to the table to cut the cake as it is her birthday. This CM is a female elderly who is demented.

For the purpose of our study, English code is seen in the normal fonts while Chinese code is *italicized* and Hokkien code is underscored. Pseudonyms are also used in our data to ensure the confidentiality of our participants.

Turn

1 CG E: Who is the birthday girl? Where is our birthday girl?

2 CG MN: There! Rose is over there! Come! Come!

3 CG E: Ah! Come here Rose! Here she is! Here comes our birthday girl! Our baby! See! She is wearing so beautiful today! Beautiful Rose!

Example (1) illustrates a scenario where an elderly woman had been instructed to come forward by the care-givers to cut her birthday cake. Turn 2 reveals the use of simplified condensed directive such as “come” and exclamations to catch the attention of the elderly.

In example (1), another interesting observation contrast is in the speech used towards the elderly and among the care-givers themselves. When communicating and instructing the elderly, care-givers used simplified key words and short sentence structures. However, full sentences were employed in turn 3, when addressing another care-giver. This difference seems to suggest that care-giver makes the choice to accommodate with short single keywords to aid the elderly in understanding the instructions.

Furthermore, attributing labels is also observed in this example where the care-givers address the elderly as “birthday girl” and “our baby”. This term of affection will be further discussed in the next section of infantilizing and over-parenting speech.

6.2 Infantilising and over-parenting speech

Another discourse method observed is such that care-giver often assumes the role of a "parent" while the elderly (cared-for-members) takes the role as a "child". This "parent-child" relationship is prevalent as elderly are often seen to follow the instructions given by their care-givers. This discourse feature will be discussed through the following issues:

- Toiletry needs
- Label attributions
- Overt display of affection
- Domination and reprimands
- Treating elderly as children

6.2.1 Toiletry needs

Urinary incontinence is a major concern for the majority of the elderly and this is a symbol of their loss of control of adulthood and independence (Mitteness & Barker 1995). It is observed that toiletry needs is often brought up in the eldercare towards individuals as well as the group. Constant reminders of toiletry needs are observed in the eldercare and this seems to reflect the care-givers' viewpoints that elderly are not capable of controlling their bladder. This constant checking of "urinary-status" makes the elderly go through "infantilisation". This means that care-givers are in control of the elderly (by checking upon their urination) and simultaneously retain intimacy (by caring for their welfare) (Albert 2000).

Example (2):

Fieldnotes 10

Context: A dementia female elderly requested to take a nap after lunch but was told to visit the washroom first by care-giver LH.

Turn

1 CM: *I need to go and take a nap. Old people cannot do without a nap.*

2 CG: *Granny, go to the toilet first before taking a nap.*

3 CM: *Toilet? No, it is not necessary.*

4 CG: *Go go! It will be very troublesome for you to get up from bed later.*

5 CM: (Smiled, shrugged & went to the toilet after that)

Example (3):

Fieldnotes 4

Context: After their morning exercise, during the 10 minutes interval before the next clapping exercise. Care-giver LL asked the elderly if they need to go toilet and instructed them to remain in their seats before help comes.

Turn

1 CG: (In a reinforcing tone) Let's take a break for a while. Anybody needs to use the washroom?

2 CG: *We will take a ten minutes break. Anybody needs to use the washroom? Do not attempt to go by yourself! Wait for assistance alright?*

Example (2) shows a care-giver LH asking a dementia elderly to go to the washroom. While in example (3) it is asked to all after their morning exercises. These two examples highlight that toiletry need is a main concern in the eldercare as it is not directed only towards the dementia elderly. It is for all the elderly and constant reminders are given to them. This seems to reflect the care-givers' concern that the elderly are incapable of their own toiletry needs.

Example (2) further show that apart from being seen as incapable, care-givers do not allow the elderly to decide for themselves as it is being insisted upon that the female dementia elderly visits the washroom before an afternoon nap. In example (2), the elderly is a dementia patient and hence the care-giver uses elderspeak to aid her in her decision she is judged as not being capable to make cognitive judgment by herself. This scene mirrors that of a parent-child relationship where a child does not dare to defy an adult's order. The powerless of the elderly is also reflected in her body language where she smiled and shrugged her shoulders. This is considered a powerless reflection as Saville-Troike listed "deprecatory cough, giggle, head scratch, shoulder shrug or foot shuffle" as signs of powerless (Saville-Troike 2003:257).

In addition, example (3) further illustrates that toiletry concern is not only directed towards dementia patients who are seen to have lost their ability to function as independent adults. Example (3) shows the care-giver directing the question to everyone in the center and this was done in both Hokkien and Mandarin Chinese. This code-alternation (Gumperz

1976/1982) is an advantage the bilinguals have over monolinguals, which gives them the option of choosing which group to identify with as well as the denotative meanings that is conveyed by the code itself (Saville-Troike 2003:49). Furthermore, code-alternation is also a strategy to ensure that instructions conveyed were understood by the elderly. As seen in example (3), the code had been alternated from Hokkien to Mandarin Chinese. This may be due to Hokkien being a vernacular that is not understood by all the elderly while Mandarin Chinese is a common code among them.

Repetition in both languages is also used while checking upon the elderly needs. This is another feature of elderspeak which would be covered in the following section. From example (3), the elderly once again are seen as submissive patients who are not capable of caring for themselves as they are reminded to go to the washroom and told to "wait for assistance".

6.2.2 Label attribution

Attribution of labels is another common scene that is observed in the eldercare where care-givers use endearing terms and positive attributions to address the elderly. This seems to forge an intimate relationship with the elderly which is associated with children (Albert 2000).

Example (4):

Fieldnotes 5

Context: Upon visiting the toilet, the demented female elderly was curious about the decorations that were hanging around. She stood by to take a look and was coaxed back to her seat by care-givers LL & MN.

Turn

1 CG: aiyo Mi Mi* be good be good! Go and sit down alright? (Laughed)

2 CM: (Laughed along)

*Mi Mi: Nickname of elderly.

Example (5):

Fieldnotes 8

Context: The elderly were engaging in a bowling game.

Turn

1 CG L: Ahhh you are so good! So good! See you hit the bottles!

Example (6):

Fieldnotes 21

Context: The elderly were engaged in a bowling game.

Turn

1 CG MN: *Here comes our monitor! Come on! Strike and win the BMW alright? I have faith in you!*

Example (7):

Fieldnotes 18

Context: Care-givers L & E were trying to entertain the elderly by sharing stories with them.

Turn

1 CG: *Come on elder sisters and brothers! Share with me your stories! Come on share with us!*

Examples (4) to (6) all illustrate the label of attributions towards the elderly. In example (4), care-giver addresses “Mi Mi” with nickname rather than her actually name. The assignment of nickname for the elderly reflects an adult-child relationship where adult addresses children with nicknames to foster a closer relationship. Furthermore, labeling the elderly with diminutive names usually implies affection which is often given to small children (LeCrone 1992).

Example (4) also shows the use of infantilizing tones where care-giver repeatedly uses “be good” to hoax “Mi Mi” like a child. From Example (4), we can see that “Mi Mi” responded positively. “Resocialisation” seemed to have taken place and “Mi Mi” is receptive towards elderspeak.

By praising and labeling positive attributes such as “Elder sisters and brothers” in example (7), care-giver is boosting the elderly positive face (Brown & Levinson 1987). Positioning the elderly as a senior implies that the elderly is either the leader or experienced personnel. This would also forge a rapport between the elderly and care-giver as the elderly feel positive about themselves. However, this is also a reflection of infantilization as adults frequently praise and compliment the children to boost their confidence.

6.2.3 Expressing affection

Physical contact, affectionate tones and engagement of positive terms by the care-givers are signs of recapturing intimacy, which is normally associated with children. In the eldercare, care-givers are seen to overtly express their affection towards the elderly by hugging as well as praising and encouraging them.

Example (8):

Fieldnotes 11

Context: A group of elderly people were engaged in their morning exercise when one of the elderly suddenly pretended that she was talking to the phone and started crying. Care-giver E attended to her and asked the researcher to get a sweet for her, saying that she is just like a child now who needs some pampering.

Turn

1 CG: (Affectionate tone) *Mou Mou* be good be good! Don’t cry anymore!* (Hug)

2 CM: (Continued crying)

3 CG: *Wow! See what’s this? It’s a chocolate! Do you want it?*

4 CM: (Stopped crying and stared at the chocolate)

5 CG: (Affectionate tone) *This is for you! Let me help you open alright? There you go!*

*Mou Mou: Nickname of the elderly.

Example (9):

Fieldnotes 6

Context: A wheelchair-bound elderly male who has suffered a stroke arrived late at the center and was welcomed by the care-givers T & LH at the door.

Turn

1 CG T: Aiyo Jason ah, why are you so late aiyoyoyo. Come in come in! (Walked towards entrance swiftly and welcomed the elderly with opened arms)

Example (10):

Fieldnotes 9

Context: After lunch, a wheel-chair bound healthy female elderly requested help from a care-giver L to go to the washroom.

Turn

1 CM: *I want to go to toilet.* (Stretched hand out to care-giver)

2 CG (L): *Ah, I thought you just went to the toilet? Beat you ah!*

(In a joking manner before giving the elderly a pat on the back)

Examples (8) to (10) illustrate the warm and affectionate tone of the care-givers. This is accompanied with physical contact of hugging in example (8) to console and reassure the elderly. Similarly in example (9), overt affection is expressed as care-giver T raises her intonation and uses the interjections “aiyoyoyo” to capture the attention of “Jason” (the elderly) and gave him a warm welcome. Example (10) expresses such affection through physical contact such as a pat on the back with the elderly before aiding him. Such overt expression of affection is similar to the intimate relationship that is shared between adult and child.

Example (10) also brings about an interesting observation as elderly expresses the affection by stretching out to the care-giver. This may be due to “Resocialisation” which causes the elderly to view themselves as incapable and in need of care from others. This in turn resulted

in teasing by the care-giver. However, teasing in this context is in a friendly manner which is only possible between people who share a close rapport. In addition, example (10) also illustrates the power play where care-giver has the power to question the elderly regarding her toiletry need and teasing her that she deserves to be 'beat' and 'scolded' because of her request. This is a reflection of an adult and child relationship where the elderly is placed in the child's position.

An observation drawn from these examples is that overt affection is used with those elderly who require extra care due to either their cognitive or physical condition. Hence, this feature of elderspeak is more specific as it is not catered to all the elderly. It is only used with those with special needs and this could be due to the perception that elderly with special needs are more incapable of looking after themselves as compared to the others.

6.2.4 Domination and Reprimands

Another type of relationship that is observed through elderspeak is the domination by the care-givers through language. This is often seen in the form of reprimanding and criticizing the elderly for their behavior. Care-givers plays the role of superior and thus given the authority to judge the elderly.

Example (11):

Fieldnotes 13

Context: Three healthy female elderly were sitting at a table. May sat in what was normally Rebecca's seat and Rebecca was upset about it. She complained to Alice and this was overheard by care-giver LL. Following this, the care-giver "scolded" Rebecca.

Turn

1 CG: Do not always be so grumpy about this. She will just return to her seat and problem will be resolved, isn't it? No one is here to help you anymore!

2 CM: (Silence)

Example (12):

Fieldnotes 14

Context: The group of elderly was doing their morning aerobics exercise and were scolded by care-giver LL when some of them did it wrongly.

Turn

1 CG LL: (In a reprimanding tone) I said right leg! Right leg! I see people doing on the wrong leg! Not left! Right leg!

2 CM: (Continued doing their exercises with no response)

Example (13):

Fieldnotes 17

Context: A healthy female elderly requested for more rice and soup (giving the care-giver LL instructions over the portion) before lunch.

Turn

1 CM: *I want a little bit of rice with more gravy. More gravy.*

2 CG LL: *Aiyo! Enough of this! I will give it to you later!*

3 CM: (Silence)

Examples (11) to (13) show care-givers talking down and reprimanding the elderly. This is often responded with silence by the elderly who then refuse to talk for a while. These examples reflect the low hierarchy that elderly is often positioned as compared to the elderly. The elderly often react with silence and this can be seen as a negative impact of elderspeak on the elderly. Silence may be a form of resentment and decrease in self-esteem as the elderly's conversations and actions are often put down by the care-givers.

An interesting trend observed in this feature of elderspeak is that examples (11) to (13) are all between healthy elderly and care-givers only. This is a contrast to the elderly group which was constantly showered with affection. Hence, although elderspeak is used consistently to

all the elderly, it seems that various features of elderspeak are only directed towards specific groups of elderly. Domination and reprimands are not observed towards elderly who are in need of care as care-givers may feel that their physical and cognitive abilities had already been compromised thus they do not want to be harsh towards them.

6.2.5 Equating elderly as children

Despite the attempt to encourage the elderly, care-givers subconsciously see the elderly as a child. Furthermore, care-givers constantly remind the elderly of their similarity to children. This is observed in both the way they speak as well as the content of the conversations.

Example 14:

Fieldnotes 19

Context: Care-giver LL urging the group of elderly people to do their daily exercises before a traditional festival celebration.

Turn

1 CG LL: *Come on, let's be like the children! Children always need to do their homework before they can get to play! So, let us do some exercises before we commence with the celebration!*

Example 15:

Fieldnotes 16

Context: A female dementia elderly was sitting around looking upset and felt like vomitting. Care-giver E tried to talk to her but to no avail. Another care-giver LL stepped in to give advice on getting the elderly attention.

Turn

1 CG LL: You must smile to her first! She is like a baby!

2 CG LL: Come on over here Mou Mou*! oh come here Mou Mou*!

*Mou Mou: Nickname of the elderly.

Example (14) is directed to all the elderly by the care-giver. This was meant as a form of encouragement and instruction to the elderly. Such comparisons of elderly to children are

also common in the eldercare as supported by example (15). Example (15) is an example of the perception of the elderly as children, in this case “babies”. Although such forms of speech are meant to encourage the elderly, it can also be equated to being demeaning and insulting.

Another observation from these two examples is that equating the elderly as children is regardless of the elderly’s cognitive and physical abilities. As seen in example (14), all the elderly were capable of doing their daily exercises but were nonetheless equated to children. A difference between example (14) and (15) would be the higher level of healthy elderly being labeled as “school children” who are knowledgeable while the dementia patient is seen as a “baby”. In comparison, example (15) would be more insulting than example (14) and hence there is still a contrast between the way healthy and dementia elderly are regarded and treated.

6.3 Repetition

One of the main features of elderspeak is repetition (la Tourette & Meeks, 2000). An important observation in elderspeak is the frequent use of repeated lexical items. To facilitate comprehension among the elderly, semantic elaboration is often employed which includes repetition, expansion and comprehension checks (Kemper 2001).

Example (16):

Fieldnotes 1

Context: Care-giver LH helping a wheel chair-bound dementia female elderly (Candy) at the rehab center. Candy had stopped doing the pulling and stretching exercise.

Turn

1 CG LH: *Don’t keep talking talking ah! Must do your physiotherapy ar!*

2 CM: (Laughed & Started to do her physiotherapy)

Example (17):

Fieldnotes 3

Context: Care-giver LH encouraging a healthy female elderly who is weaker in her right leg to attempt the exercise with weights on it.

Turn

1 CG*: Come on! Higher! Higher!*

2 CM: No strength ah!

3 CG: You can do it! Higher! Higher!

4 CM: (Tried her best and finally did it)

5 CG: See! You can do it!

6 CM: Haha lazy la!

Example (16) was noted during a physiotherapy session. Candy (the elderly) was chatting happily with others. The care-giver LH first reprimanded her and switched to a concerned tone to remind her to continue with her exercises. The care-giver LH expressed herself in a high intonation for "Don't" to capture the attention of Candy. Following that, she echoed and repeated "talking" to highlight to the elderly that she should not be talking further. This is also observed in example (17) with lexical repetition of "higher" in turn (1) and turn (3).

Repetitions of lexical items are constantly used to ensure that elderly manage to get the message from their care-givers. Apart from the above, examples (1), (4), (5), (7), (8) and (12) also show repetition of lexical items which serve the purpose of reinforcing the important message to the elderly. Repetition is an important and unique feature of elderspeak as Bollinger & Hardiman (1989) had constituted a set of 'guidelines' to facilitate communication with the elderly. In these 'guidelines', "repetition" is seen as a vital aspect of elderspeak as hearing loss is a major threat to the elderly (Tesch-Romer 1997; Wahl & Tesch-Romer 2001). Hence speaking with a loud intonation and repeating the key words ensures that the elderly get the message.

7.0 Results & Discussion

Consistent with previous research, many features of elderspeak were observed in this study of eldercare in Singapore. These features consist of the three main features of limited vocabulary, infantilizing and over-parenting speech and repetition. Both verbal and non-verbal features of elderspeak were observed in most of the interaction between the care-givers and the elderly. Verbal elements of the elderspeak are in terms of vocabulary, grammar, forms of address and topic management. Non-verbal elements of elderspeak are the voice, gaze, proxemics, facial expression, gesture and touch (Ryan, Hummert & Boich 1995). However, not all non-verbal elements observed during the data collection of this project were discussed in the previous sections as most of the time, these were not easily noted down. Because of this, discussion here focuses on the verbal elements of elderspeak.

In addition to observing the above features, three general trends seem to be closely related to the amount of elderspeak employed towards the elderly. These three factors are gender of the elderly as well as the physical and cognitive abilities of the elderly in the centre and the situation or context.

7.1 Physical & Cognitive Abilities

One main trend across this study seems to be the usage of elderspeak with the elderly who were more dependent on the care-givers. This is especially so towards demented elderly who were seen to have lost the cognitive ability to decide for themselves. This finding is in line with other findings in the literature in elderspeak where degree of alertness is a factor that affects elderspeak (Caporael & Culbertson 1983; De Wilde & de Bot 1989; Ryan, Hummert & Boich 1995).

All three features of elderspeak – limited vocabulary, infantilizing and over-parenting speech and repetition were strongly engaged on dementia patients. An interesting feature to note would however be the “domination and reprimands” section of infantilizing and over-parenting speech. Even though the dementia elderly were subjected to a greater amount of elderspeak, they were usually not spoken to in a domineering and reprimanding tone. This may be due to the care-givers perception of dementia patients as being more in need of care and concern therefore adopting an affective and nurturing attitude towards them.

Wheelchair-bound elderly were subjected to an almost equal amount of elderspeak by the care-giver as the dementia patients. This seems to imply that a cognitive ability is the most crucial feature which triggers the use of elderspeak. However, wheelchair-bound elderly were

still subjected to slightly more elderspeak as compared to the healthy elderly. This can be seen in example (10) where a closer bond is forged between the elderly and care-givers due to the physical assistance which the elderly requires from the care-givers. Elderspeak was often used both verbally and non-verbally. Wheelchair-bound elderly were subjected to more non-verbal elements of elderspeak as compared to healthy elderly as care-giver usually aid them in the basic tasks such as toiletry needs and thus a closer bond and affectionate bond was forged. Apart from the elderly who suffered from a decrease in their cognitive and physical abilities, healthy elderly were also subjected to elderspeak.

In short, the amount of elderspeak employed to the elderly can be summarized in the sequence of:

1) Dementia Patients (Cognitively weaker → Most elderspeak)

2) Wheelchair-Bound elderly (Physically weaker)

3) Healthy elderly (Cognitively & Physically able→ Least elderspeak)

7.1.1 Situations where elderspeak is employed

Apart from gender and physical as well as cognitive abilities, certain situations also result in differing amount of elderspeak being used. Most of the time, elderspeak was observed when the elderly required the care-givers' guidance such as during physiotherapy, aerobics exercises, toiletry and meal times. These situations would see the care-giver employing more elderspeak as they perceive it as necessary to aid the elderly in comprehending their messages thus being able to carry out the task during physiotherapy and aerobics exercises. Similarly during toiletry and meal times, care-givers were concerned with the welfare of the elderly and thus would take up the adult role of caring for the elderly. Encouragements to boost the elderly positive face would also lead to the usage of elderspeak as the care-givers see the need to care for the elderly by raising their self-confidence such as in Example (5).

In summary, elderspeak is employed towards all three groups of elderly in the eldercare. However, the amount of eldercare is in relation to the level of dependency which the care-givers perceive. The elderly who suffered from dementia is usually the bunch that is perceived to require the most amount of care and concern, thus the employment of elderspeak in a nurturing manner. In situations where the care-givers perceive that the elderly requires more help and were dependent upon their guidance would also result in elderspeak as seen from the examples of the healthy elderly.

7.2 Gender differences

Gender stereotypes had been a common and distinct factor and it is believed that characteristics of women and men are extended into the elderly population (Kite 1996). Previous studies analyzing attitudes towards aging and the elderly have often found that older women are often viewed more negatively than older men (Berman, O'Nan, & Floyd 1981; Deutsch, Zalenski, & Clark 1986; Laurence 1964). This phenomenon was first referred to as the "double standard of aging" by Sontag (1972).

However, as highlighted by Nelson (2002) "gender stereotypes have been so well-documented, it is surprising that many researchers, both historically and now, generally ignore target gender when examining attitudes and beliefs about aging" (Nelson 2002:142).

The data analysis showed that more than half of the elderspeak is directed towards the female elderly. Ten of the seventeen examples above showed elderspeak being addressed specifically to the female elderly. Regardless of their cognitive and physical abilities, female elderly are more often spoken to in elderspeak. The male elderly who were of the similar physical and cognitive abilities were subjected to less elderspeak as the female elderly.

Furthermore, out of the three features of elderspeak, infantilizing and over-parenting speech in particular is observed to be solely towards the female elderly. Wheelchair-bound and dementia male elderly were not treated in a similar way as the female elderly. However, they may be subjected to other features of elderspeak such as limited vocabulary and repetition. Dominations and reprimands are not directed towards the male elderly despite his similar behaviors of commanding the care-givers. This is particularly highlighted by the Indian male elderly. He is constantly asking the care-givers for the next activity but was never reprimanded. It is a contrast from the female elderly as they were reprimanded for their request such as in example (13).

This result supports the findings that differences between the genders exist. However, there is still much to be learnt regarding our differing attitudes towards the elderly women and men (Nelson 2002:144).

In conclusion, although elderspeak is supposed to be directed to the elderly, it is more commonly seen in the female elderly.

8.0 Conclusion

Elderspeak, as shown in the study, is widely employed by the care-givers in the Singapore context. This includes the use of limited vocabulary, infantilizing and over-parenting speech as well as repetitions. From the analysis of the data, the elderly are also often seen to either react with silence or laughter and shrugs which illustrate their powerlessness as compared to the care-givers. The elderly did not react against or resist the care-givers as seen in Example (2). The elderly reactions may be due to the constant exposure which leads them to be caught in the negative loop that causes them to gradually accept elderspeak as the code which is used with them. This could also be explained by the stage of "resocialisation" where the elderly in the nursing homes had been influenced to accept the treatments of the nursing homes and hence accept elderspeak as the code that is used with them (Gilleard & Higgs 2000; Macionis 2001; & Kart 1997).

This research has shown that elderspeak is used in the eldercare even though the care-givers were not aware of it. Hence, the care-givers' motives of using elderspeak seem to be to aid the comprehension by the elderly as well as expressing care and encouragements through infantilizing and over-parenting speech.

This study highlights the importance of being more conscious of elderspeak as varying effects arise with the use of elderspeak. These effects can either be positive or negative depending on the right or wrong type of elderspeak that is used. The care-givers in this study firmly believe in encouraging the elderly. However, some of the observations illustrate the negative effect of elderspeak being employed. The right type of elderspeak is being affective but not too patronizing and avoiding semantic and syntactic complexities. The right type of elderspeak improves comprehension, and hence is valued positively by the elderly. This is seen in Example (3) and Example (17) where a code-alternation and repetition is made to enhance comprehension of the elderly which aids them in understanding the instructions given.

In contrast, the wrong type of elderspeak includes a slow speech rate and exaggerated intonation, and over-short and choppy sentences. These are seen in infantilizing and over-parenting speech which is detrimental to communication. These are seen in Examples (2), (11), (12), (13) and (14) where the elderly chose to remain silence instead of responding. Such employment of elderspeak will lead to detrimental effects as the elderly will gradually choose not to communicate due to a decrease in self-respect in the elderly (De Bot & Makoni

2005). This is due to their lack of understanding by the care-givers of what elderspeak is and its effects on their charges and hence the knowledge of the right and wrong type of elderspeak is critical.

Furthermore, from this study, we have a better understanding of the features of elderspeak and the situations where it is used. Elderspeak has its advantages and should be employed as long as care-givers or users of elderspeak are aware of the right types of elderspeak. In addition, an important step is to first have a positive stereotype of the elderly and treat them with respect. This study shows that on the whole, used with respect, the elderly do not feel that elderspeak is insulting and demeaning as seen in Example (4) where the elderly responded by laughing heartily and followed the care-givers' instructions. This shows that there are the benefits of the right type of elderspeak and it can be adopted at the right time and in the right context.

Hence, we should not eliminate elderspeak completely and categorize it as a condescending code. This is because, the right types of elderspeak does aid the elderly in comprehending and understanding the necessary instructions given by the care-givers. Thus, elderspeak's advantages should be maximized.

In conclusion, it is crucial to understand and employ the right type of elderspeak as good quality interaction is essential in maintain or slowing down the loss of linguistics abilities in the elderly (De Bot & Makoni 2005). From this case study, Singaporeans have also proven that they are multilingual and care-givers were able to speak in all the languages which cater to the elderly participants. Hence, the problem of lack of communication due to the incompetency of a language does not exist in Singapore. This is in contrast to care-giving in the Western Societies where nursing homes are gradually becoming multilingual due to the nature of migrants into their countries (De Bot & Makoni 2005). However, as the migrants age, there tend to be language reversion such as the Dutch migrants in the Australian society. This is due to their low proficiency level in English and the lack of Dutch language skills by the care-givers (De Bot & Clyne 1989). This would then lead to serious problems as the migrant elderly who were admitted into eldercare or nursing homes then face care-givers that are not able to communicate and understand their needs. The elderly will also have a lack of communication partners which then lead to severe communication problems and social isolation (De Bot & Makoni 2005).

Being given the multilingual nature of our country and the communication needs of the elderly and the care-givers, our focus should then be seeking the right way of elderspeak. This then ensure that the elderly do not face a decline in self-respect and continue their social interactions enabling them to maintain their cognitive and linguistic abilities even as they enter eldercare and another phase of their life. Hence, the right type of elderspeak is essential for an emotionally healthy population of elderly in Singapore.

9.0 Limitations and Recommendations

From this study, we understand the positive and negative effects of elderspeak. Hence, a concrete recommendation from this research is that care-givers in Singapore should be educated about the wrong and the correct use of elderspeak. This may help to reduce the care-givers' usage of the wrong type of elderspeak.

In addition to educating the care-givers about elderspeak, future studies can also measure the attitudes of Singaporean elderly towards the right type of elderspeak and evaluate whether it indeed brings about positive outcomes.

Lastly, due to the lack of substantial numbers of ethnic groups in the eldercare, a study of the differences in attitude by the various racial groups of elderly could not be carried out. Future research can study if there is difference in attitude towards the elderspeak by the different races in Singapore, is there a difference in the type of elderspeak used towards different ethnic groups and if the amount of elderspeak varies accordingly.

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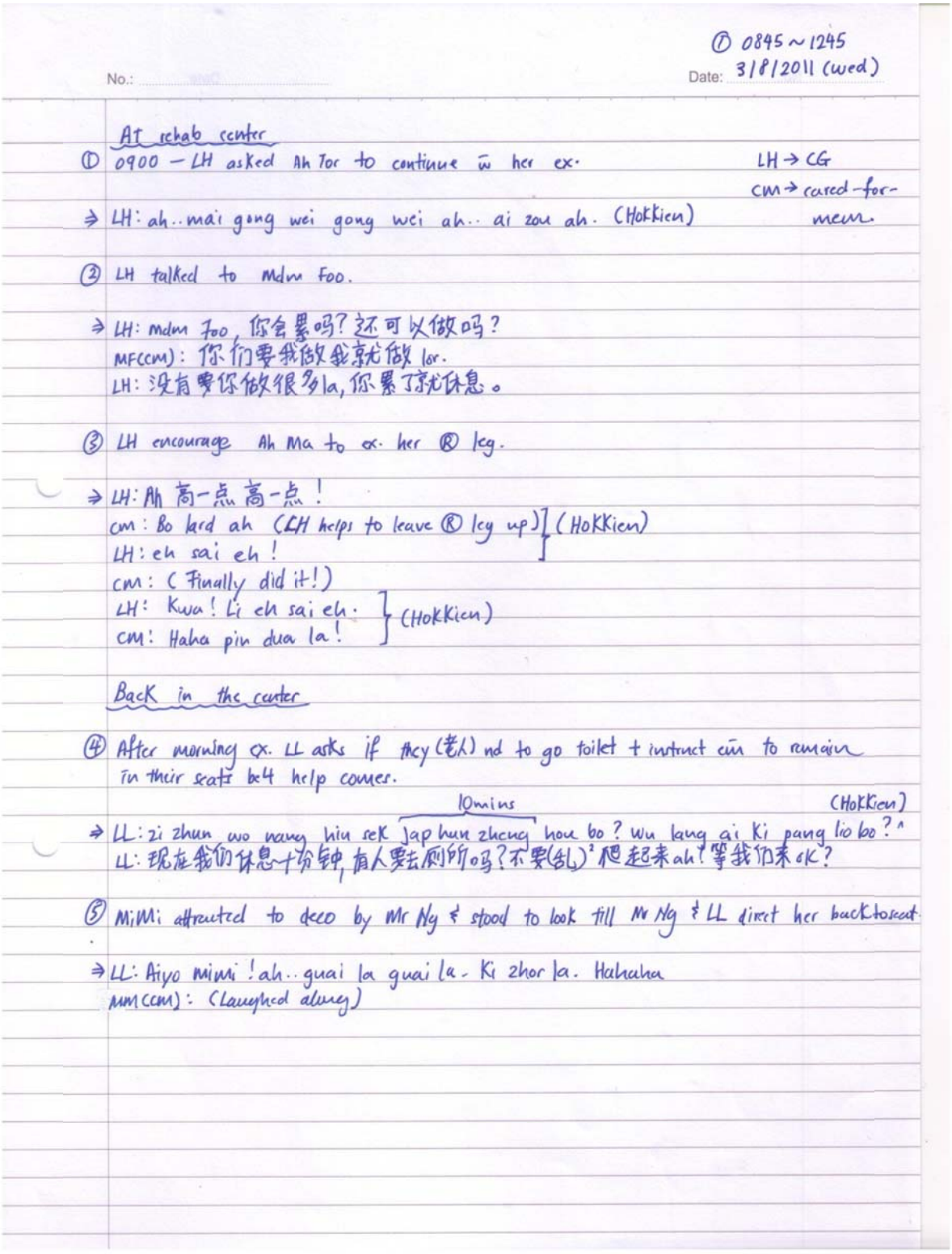
Appendix (i)



No.: Date: ① 0845 ~ 1245 3/8/2011 (wed)

At rehab center

① 0900 – LH asked Ah Tor to continue w her ex. LH → CG cm → cared-for-mem.

⇒ LH: ah.. mai gong wei gong wei ah.. ai zou ah. (Hokkien)

② LH talked to Mdm Foo.

⇒ LH: Mdm Foo, 你会累吗? 还可以做吗?
MFCcm): 你们要我做我就做 lor.
LH: 没有要你做很多la, 你累了就休息。

③ LH encourage Ah Ma to ex. her ® leg.

⇒ LH: Ah 高一点高一点!
cm: Bo kard ah (LH helps to leave ® leg up) } (Hokkien)
LH: eh sai eh!
cm: (Finally did it!)
LH: Kwa! Li eh sai eh. } (Hokkien)
cm: Haha pin dua la!

Back in the center

④ After morning ex. LL asks if they (老人) nd to go toilet + instruct cm to remain in their seats b4 help comes.

10mins (Hokkien)

⇒ LL: zi zhun wo mang hiu sek jap hun zhong hou bo? wu lang ai Ki pang lio bo?
LL: 现在我们休息十分钟, 有人要去厕所吗? 不要(乱)爬起来ah! 等我们来ok?

⑤ MiMi attracted to deco by Mr Ng & stood to look till Mr Ng & LL direct her back to seat.

⇒ LL: Aiyo mimi! ah.. guai la guai la. Ki zhor la. Hahaha
MM(cm): (Laughed along)

No.: Date: 4/8/11 (Thurs)

② 0900 ~ 1330

① Wheelchair (M) elderly arrived.
(walks v. fast + arms wide open)
⇒ Nurse Tan: "Aiyoyo Jansun ah, why are you so late aiyoyoyo.

② Gotta ready to celebrate an elderly b'day in conjunct⁼ to Nat. day.

⇒ E: Who is the b'day girl? Whr is our b'day girl?
MY: There! Mary is over there! Come! Come!
E: Ah! Come here mary! Here she is! Here comes our b'day girl! Our baby!
See! She is wearing so beautiful today! Beautiful Mary!

③ Bowling Game

⇒ L: Ahhhh how long ah! 你打到 leh!

No.: Date: 8/8/11 (mon)

③ 0930 ~ 1245

① After lunch, wheelchair ah ma (1-leg) ask Linda to help her to ō washroom.

⇒ cm: 我要去厕所 (Stretches hand out)
L: Ah! 你不是刚刚去toilet? 打你Ah! (Joking-ly)

② Ah Jor getting ready for her afternoon nap after lunch.

⇒ cm: 我要去睡觉了。没有睡觉不可以。
me: 好的婆婆。
LH: 啊婆啊.. 去toilet先才去睡。
cm: Toilet? (↑ intonation) 不用啦!
LH: 去la! 不然你等一下要起来很麻烦。
am: (smiled @ me & went to ē toilet)

After toilet, while getting ready for bed.

⇒ LH: 啊婆要帮脱掉你的鞋了。
cm: ah haha ah 我没有用了。没有用了。(Laughed)

No.: Date: ④0930 ~ 1230 15/8/11 (mon)

① Mou² suddenly pretended 牛 she's talking on 电 phone 与 cry. Eikan attended to her 与 ask me to get 一 sweet 与 wrapper for her. Commenting 牛 maiman 说 just like a child who nds pampering now.

⇒ E: ah mou mou ah, 乖啦! 乖啦! (Hugged her) 不要哭啦!
MMC(M): (Cont. crying)
E: Ah! 你看! Chocolate leh! 要不要?
MMC(M): (Stopped Cry 与 + Stared at chocolate)
E: Hor! 给你的! 帮你开 ok? (Opens 与 pass to Mou²)
E → me: She is like a child now, need to pamper her a little 与 comfort her.

② B4 lunch, ah ter attempted to take her medication but all dropped. CG & R scolded her 与 discussed among each other that they should not give her med. b4 lunch again.

⇒ R → MY: 改说要喂她的药先。
R → CM: Aiyo 叫你不要吃药了! 要吃饱饭先才吃! 不用紧! 我来找!
(ah ter was trying to find her medi.)

③ LL heard 83 yr old Ⓕ elderly complaining to ~~you~~ ah ma abt ah ma Chua occupy her seat. LL reprimanded 83-yr-old.

⇒ LL: (Reprimand 与 tone) li mai da pai ar nei kuan. Yi zay tou tang meiy jin ae sai liao? Li e kua sua bo di liao hor? (Hokkien)
CM: (Did not respond)

No.: Date: ⑤ 0945 ~ 1230 22/8/11 (Mon)

① The elderly did their morning exercises wrongly.

⇒ LL: (High Pitch & Vol.) wa Kong tou Ka! tou Ka! wa Kun tio wn mmng zou jia Ka! wa Kong tou Ka!

CM: (No1 reacted, Just Cont. doing their ex.)

No.: Date: ⑥ 0925 ~ 1200 29/8/11 (Canon)

① The elderly seemed restless while doing their ex. LL attempted to cheer 'em up.

⇒ LL: un zua bo gio gio? (Hokkien)
LL: 昨天日暗了苦瓜湯啊?
LL: bai lark ki bai kun ka zuī a? lai gio gio! Dan zei exercise liao ka sang game han bo? (Hokkien)

② Mou² sitty and looky upset & felt like vomitty. Eileen tried to talk to her to no avail. LL gave Eileen advice.

⇒ LL → E: You must smile to her first! She is like a baby! Oh...
LL: mai man lai ... (Hokkien) (don't smile on her face).

No.:

Date: ⑦ 0950~1235 5/9/11 (mon)

① Red hair elderly requested for more rice & soup. (Gave instruction over 6 portion) b4 lunch

⇒ LL: Aiyo! 你不要每次这样啦! 等一下再给你!

No.:

Date: ⑧ 0940 ~ 1200 12/9/11 (Mon)

① Linder & Eileen trying to entertain the elderly by sharing stories w them. After which, they tried to encourage e elderly to share.

⇒ E: 来来姐姐 kor kor! 跟我讲你们的故事 leh! 来 share share!

② LL urge e elderly to do exercise b4 mooncake festival celebration.

⇒ LL: 来 (lengthened), 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?

No.: Date: ⑨ 1000 ~ 1200 26/9/11 (Mon)

① The elderly were engaged in a bowling game. Mr Ng waiting for elderly (M) to come.

⇒ MN: 棘，我们的到王长来了！全部打倒 ok? 不要丢我的脸呀可！

No.: Date: (10) 3/10/11

① The elderly were distracted by things & LL told em e importance of focusg.

4:

⇒ 来来！我跟你们说，当我们在前面说话时，你们要看前面。我们这里就好像课室一样。有人说话你就要听，要专心和尊重她。你们是我的长辈，我尊重你们但是我要让你们知道坐在前面的人的感受。知道吗？

② The elderly were distracted by someone at e entrance during their morning ex & were reprimanded by e CG (LL)

⇒ LL: 看这边看这边！刚刚叫你们看前！你们现在又这么不专心?! 天天每天都有来的吗麻！专心！专心！看前面！跟我一起！(Reprimanding tone)

No.: Date: ⑪ 10/10/11

① LL quarrelled w the elderly. (Red hair elderly)

⇒ CM: zei lei mi Kia Ka lup luo lai! (Ref. to ē pulley ex. machines)
LL: Kio li mai dang lieo! mai dang! da bai ang lei Kuan eh li!
mai dang eh sai bo! (Irritated tone)
CM: (Stares & Sit down)
LL → E: She is always like this! That thing was up there!
E: Yes, I know I know. Just let it go alright?

No.: Date: ⑫ 24/10/11

① E's last day at ē center. MN made ē elderly give a word of thanks to her. CM reluctant but were asked to by force.

⇒ MN: 来啦！来啦！起来说一点话给我们的 E. 今天是她的最后一天了！
CM: 不要啦！不要！
MN: 来啦！来！(Pulls elderly up by force!)
CM: (No choice but to stand up & gave a gd speech!)
↳ such situation is always seen whr MN pulls em up by force. Against their will. ‼

Appendix (ii)

1) Limited Vocabulary

Fieldnotes 7

Context: Care-giver E (from now on CG) was asking care-giver (from now on MN) where is the elderly and instructing the cared-for-member (from now on CM) to come forward to the table to cut the cake as it is her birthday. This CM is a female elderly who is demented.

Turn

1 CG E: Who is the birthday girl? Where is our birthday girl?

2 CG MN: There! Rose is over there! Come! Come!

3 CG E: Ah! Come here Rose! Here she is! Here comes our birthday girl! Our baby! See! She is wearing so beautiful today! Beautiful Rose!

2) Infantilizing and over-parenting speech

- Toiletry needs

Fieldnotes 4

Context: After their morning exercise, during the 10 minutes interval before the next clapping exercise. Care-giver LL asked the elderly if they need to go toilet and instructed them to remain in their seats before help comes.

Turn

1 CG: Let's take a break for a while. Anybody needs to use the washroom?

2 CG: *We will take a ten minutes break. Anybody needs to use the washroom? Do not attempt to go by yourself! Wait for assistance alright?*

Fieldnotes 10

Context: A dementia female elderly requested to take a nap after lunch but was told to visit the washroom first by care-giver LH.

Turn

1 CM: *I need to go and take a nap. Old people cannot do without a nap.*

2 CG: *Granny, go to the toilet first before taking a nap.*

3 CM: *Toilet? No, it is not necessary.*

4 CG: *Go go! It will be very troublesome for you to get up from bed later.*

5 CM: (Smiled, shrugged & went to the toilet after that)

- Label attributions

Fieldnotes 5

Context: Upon visiting the toilet, the demented female elderly was curious about the decorations that were hanging around. She stood by to take a look and was coaxed back to her seat by the care-givers LL & MN.

Turn

1 CG: aiyo Mi Mi* be good be good! Go and sit down alright? (Laughed)

2 CM: (Laughed along)

*Mi Mi: Nickname of elderly.

Fieldnotes 8

Context: The elderly were engaging in a bowling game.

Turn

1 CG L: Ahhh you are so good! So good! See you hit the bottles!

Fieldnotes 18

Context: Care-givers L & E were trying to entertain the elderly by sharing stories with them.

Turn

1 CG: *Come on elder sisters and brothers! Share with me your stories! Come on share with us!*

Fieldnotes 21

Context: The elderly were engaged in a bowling game.

Turn

1 CG: *Here comes our monitor! Come on! Strike and win the BMW alright? I have faith in you!*

- Overt display of affection

Fieldnotes 11

Context: A group of elderly people were engaged in their morning exercise when one of the elderly suddenly pretended that she was talking to the phone and started crying. Care-giver E attended to her and asked me to get the sweet for her, saying that she is just like a child now who needs some pampering.

Turn

1 CG: (Affectionate tone) *Mou Mou* be good be good! Don't cry anymore!* (Hug)

2 CM: (Continued crying)

3 CG: *Wow! See what's this? It's a chocolate! Do you want it?*

4 CM: (Stopped crying and stared at the chocolate)

5 CG: (Affectionate tone) *This is for you! Let me help you open alright? There you go!*

*Mou Mou: Nickname of the elderly.

Fieldnotes 6

Context: A wheelchair-bound elderly male who has suffered a stroke arrived late at the center and was welcomed by the care-givers T & LH at the door.

Turn

1 CG T: Aiyo Jason ah, why are you so late aiyoyoyo. Come in come in! (Walked towards entrance swiftly and welcomed the elderly with opened arms)

Fieldnotes 9

Context: After lunch, a wheel-chair bound healthy female elderly requested help from a care-giver L to go to the washroom.

Turn

1 CM: *I want to go to toilet.* (Stretched hand out to care-giver)

2 CG L: *Ah, I thought you just went to the toilet? Beat you ah!*

(In a joking manner before giving the elderly a pat on the back)

- Domination and reprimands

Fieldnotes 13

Context: Three healthy female elderly were sitting at a table. May sat in what was normally Rebecca's seat and Rebecca was upset about it. She complained to Alice and this was overheard by care-giver LL. Following this, the care-giver "scolded" Rebecca.

Turn

1 CG: Do not always be so grumpy about this. She will just return to her seat and problem will be resolved, isn't it? No one is here to help you anymore!

2 CM: (Silence)

Fieldnotes 14

Context: The elderly were doing their morning aerobics exercise and were scolded by care-giver LL when some of them did it wrongly.

Turn

1 CG: (In a reprimanding tone) I said right leg! Right leg! I see people doing on the wrong leg! Not left! Right leg!

2 CM: (Continued doing their exercises with no response)

Fieldnotes 17

Context: A healthy female elderly requested for more rice and soup (giving the care-giver LL instructions over the portion) before lunch.

Turn

1 CM: *I want a little bit of rice with more gravy. More gravy.*

2 CG LL: *Aiyo! Enough of this! I will give it to you later!*

3 CM: (Silence)

Fieldnotes 12

Context: Before lunch, a female dementia elderly attempted to take her medication by herself but it dropped onto the floor. Care-givers scolded her and discussed among each another that they should not give her the medication before lunch again.

Turn

1 CG R to CG MN: *We should only give her the medication after lunch.*

2 CG: *Aiya ah tor ah! Told you not to have your medication already! You have to have your lunch before having your medication. It is ok! Do not move around! I will look for the medicine for you.*

Fieldnotes 15

Context: The group of elderly was restless while doing exercise and care-giver LL attempted to cheer them up.

Turn

1 CG: *Why is nobody smiling? Had you all drank bitter gourd soup yesterday or rested too much over the weekend?* Come! Let's smile! After we finish our exercise then we shall play games alright?

Fieldnotes 22

Context: While doing their morning exercises, elderly were distracted by someone at the entrance and were reprimanded by the care-giver LL. (Continuation from fieldnotes 21)

Turn

1 *Just told all of you to look at me and look in front. Why are you all so distracted? She comes in everyday. Focus, focus, look in front and follow me.*

- Treating elderly as children

Fieldnotes 19

Context: Care-giver LL urging the group of elderly people to do their daily exercises before a traditional festival celebration.

Turn

1 CG LL: *Come on, let's be like the children! Children always need to do their homework before they can get to play! So, let us do some exercises before we commence with the celebration!*

Fieldnotes 16

Context: A female dementia elderly was sitting around looking upset and felt like vomitting. Care-giver tried to talk to her but to no avail. Another care-giver LL stepped in to give advice on getting the elderly attention.

Turn

1 CG LL: You must smile to her first! She is like a baby!

2 CG LL: Come on over here Mou Mou*! oh come here Mou Mou*!

*Mou Mou: Nickname of the elderly.

Fieldnotes 21

Context: Before their daily exercises, care-giver LL explains to the elderly the importance of focusing and looking in front.

Turn

1 CG: *Come come! Let me tell you all, when we talk you have to look in front. The setting over here is like a classroom setting. (Care-givers sit in front of all the elderly) When someone talks, you have to respect her and give her your attention. I respect you all as my elderly but I feel that there is a need to let you all know how I feel as someone who is sitting up front here.*

3) Repetition

Fieldnotes 1

Context: Care-giver LH helping a wheel chair-bound dementia female elderly (Candy) at the rehab center. Candy had stopped doing the pulling and stretching exercise.

Turn

1 CG LH: *Don't keep talking talking ah! Must do your physiotherapy ar!*

2 CM: (Laughed & Started to do her physiotherapy)

Fieldnotes 3

Context: CG LH encouraging a healthy female elderly who is weaker in her right leg to attempt the exercise with weights on it.

Turn

1 CG*: Come on! Higher! Higher!*

2 CM: No strength ah!

3 CG: You can do it! Higher! Higher!

4 CM: (Tried her best and finally did it)

5 CG: See! You can do it!

6 CM: Haha lazy la!