

Research Article

Overcoming Elderspeak: A Qualitative Study of Three Alternatives

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Abstract

Purpose: This study identifies genres of communication that avoid the features of elderspeak and successfully engage cognitively or physically affected older adults in rich communicative interaction.

Design and Methods: The study examined 100 hr of audio- and video-recorded interaction between older Catholic nuns and their caregivers. The data were collected as part of a 7-year study on the linguistic and communicative factors that contribute to successful aging in a Catholic convent infirmary. Data analyzed in this article were selected from the corpus based on 2 criteria: (a) the interaction was absent of elderspeak and (b) the interaction was between a communicatively or cognitively impaired older adult and a caregiver.

Results: Linguistic analysis of the interactions revealed 3 alternatives to elderspeak that maintain lexically and grammatically rich communication while maintaining minimal opportunity for communicative failure or breakdown. These include: (a) offered and requested blessings, (b) jokes, and (c) narratives.

Implications: These 3 communicative strategies offer examples of lexically and grammatically complex ways to communicate with older adults who have little other opportunity for similarly complex interaction and may reduce resistiveness to care, and linguistic isolation, which has been linked to cognitive decline.

Keywords: End of life care, Qualitative analysis: Discourse analysis, Religion and spirituality, Social isolation

In recent decades, an increasing number of articles in the fields of gerontology and communication have found *elderspeak*, a register of speech used with older adults, to be associated with negative health outcomes. First described as “babytalk” (Caporael, 1981; Ferguson, 1964), the register includes: slow speech rate, exaggerated intonation, elevated pitch and volume, simple vocabulary, reduced grammatical complexity, changes in affect, collective pronoun substitutions, diminutives, and repetition (Nussbaum, Hummert, Williams, & Harwood, 1996; Ryan, MacLean, & Orange, 1994; Williams, 2011).

Elderspeak has been associated with communication problems and lower rates of communicative competency (Kemper & Harden, 1999; Kemper, Othick, Gerhing,

Gubarchuk, & Billington, 1998; Kemper, Othick, Warren, Gubarchuk, & Gerhing, 1996; Kemper, Vandepute, Rice, Cheung, & Gubarchuk, 1995) and has been shown to correlate with increased dependence (Ryan, Hummert, & Boich, 1995). A majority of older adults interpret elderspeak as disrespectful or patronizing (Edwards & Noller, 1993; Gould, Saum, & Belter, 2002; Ryan et al., 1995; Williams, Kemper, & Hummert, 2003). The presence of elderspeak has been found to trigger negative self-assessments of communicative competence (Kemper & Harden, 1999). Of greater concern, elderspeak seems to be associated with social isolation and cognitive decline (Salthouse, 1999; Williams, 2011), negative behaviors (Ryan et al., 1994), and increased resistiveness to care (Cunningham &

Williams, 2007; Williams, Herman, Gajewski, & Wilson, 2009; Williams, Perkhounkova, Herman, & Bossen, 2016). In sum, the literature suggests that elderspeak can negatively affect on the overall social and psychological health of older adults.

Interventions

Research on interventions to decrease elderspeak among caregivers has found that drawing caregivers' attention to their linguistic practices can reduce their use of elderspeak. One study found that after a 3-hr communication training, nurses in five nursing homes reduced their use of elderspeak, specifically using fewer diminutives, terms of endearment, collective pronouns, and fewer shortened sentence (Williams et al., 2003). The study found that residents assessed their caregivers' speech as "less controlling and more respectful" following the training and intervention (Williams et al., 2003, p. 242). A second study, with 13 nurses, found that elderspeak declined significantly following communication training and remained decreased in a follow-up study conducted 3 months later (Williams et al., 2016).

While this research shows that interventions seem to effectively reduce the incidence of some of the features of elderspeak, namely diminutives, terms of endearment, collective pronouns, and shortened sentences, the interventions did not target or modify all features of elderspeak. The four features of elderspeak that have not yet been addressed in intervention studies include: simple vocabulary, reduced grammatical complexity, slow speech rate, and repetition. Limited research suggests that slow speech rate and repetition may, in fact, be helpful for individuals' comprehension and retention of information; therefore, the maintenance of these two features in communication with older adults may not be entirely problematic (Kemper & Harden, 1999). However, even after successful communication training interventions, it appears that caregiver communication continued to engage two problematic features of elderspeak: *simple vocabulary* and *reduced grammatical complexity*.

Exposure to rich linguistic interaction is important for the maintenance of cognitive and emotional well-being (Salthouse, 1999; Savage, Piguet, & Hodges, 2015) and older adults in residential care facilities who engage in interpersonal communication and relationships with staff have been found to live longer (Kiely, Simon, Jones, & Morris, 2000). Engagement in linguistically complex interaction is a key component in the maintenance of linguistic ability. To date, no intervention has presented methods of caregiver interaction that eliminate the remaining two detrimental features pervasive in elderspeak: simple vocabulary and reduced grammatical complexity.

Research Question

The qualitative research presented here examines which modes of communication caregivers who avoid elderspeak

employ when engaging in lexically and grammatically complex interaction with communicatively impaired older adults.

Methods

Data Collection

The data examined in this study were collected in a Franciscan convent in the Midwestern United States. The convent was selected as the ethnographic field site for a 7-year research project on aging, communication, and well-being (see Corwin, 2012, 2014, *In press*). Data collection for the study took place over the summers of 2008, 2009, 2010, 2012, and 2013, and a 5-month period in 2011 (a total period of 10 months). Data collection employed ethnographic methods including participant observation, interviews, and the collection of video- and audio-taped naturally occurring interaction. Participant observation involved attending daily activities with the nuns including meals, mass, prayer groups, and social interaction. Audio- and video-recordings focused on three types of interaction: (a) prayer practices in mass and in small groups; (b) social interactions during meals and card games; and (c) everyday care interactions between nuns providing and receiving care in the infirmary. In total, the corpus included over 100 hr of naturally occurring interaction in the convent.

The present question on elderspeak focuses on the interactions in the infirmary between caregivers and communicatively impaired individuals in the convent infirmary. Since the present study is designed to examine the role of communication among individuals with limited communicative ability, the study examines only the portion of the data in which those individuals were present. The sample for the present study used two inclusion criteria: first, identification by a nurse or caregiver that the individual had impaired communicative ability and second, identification by the researcher that the interaction demonstrated impaired or limited communicative ability in the linguistic interaction. Twenty-six visits between caregivers and nuns in the convent infirmary between 2 caregivers and 11 individuals with limited communicative ability met the inclusion criteria. The study examines these 26 visits. The individuals receiving care in the visits ranged from 81 to 92 years of age. The individuals' communicative abilities were constrained by a diverse set of chronic conditions, identified by the nursing staff as including: dementia, Alzheimer's disease, aphasia, stroke, and neurological deterioration. (These categories represent the terms the nursing staff use. As a linguistic anthropologist, I was able to confirm that each of the individuals demonstrated limited or impaired communicative ability, but could not confirm specific diagnoses.) The interactions lasted a range of 10–25 min with an average duration of 15 min. The interactions included "pastoral care" visits as well as foot massages in which one of the nuns, a licensed massage therapist, massaged the feet of her peers in the infirmary. This type of care was understood by the participants to provide both medical support (as it increased blood flow to the

feet) as well as social and spiritual support. Linguistic interaction was ongoing throughout the duration of the visits.

The study met UCLA IRB protocol (#G08-05-026-02).

Data Analysis

The data were evaluated for interactions that met two criteria: first that the interaction did not contain elderspeak and second that the interaction was between a communicatively or cognitively impaired older adult and a caregiver. Interactions were considered to contain elderspeak if they contained two or more of the standard elements of elderspeak, specifically: slow speech rate, exaggerated intonation, elevated pitch and volume, simple vocabulary, reduced grammatical complexity, changes in affect, collective pronoun substitutions, diminutives, and repetition. If the interactions contained two or more of these elements of elderspeak, the interactions were excluded from the corpus. (Remarkably, only two interactions, both of which involved a single caregiver, were excluded. The relatively low frequency of elderspeak in the convent speaks to the particular language ideologies in the community around aging and care.) Twenty-six interactions met the inclusion criteria. The 26 interactions were transcribed and qualitatively evaluated for the presence of lexically and grammatically complex interaction. These interactions were then coded by the researcher to identify genre, resulting in three primary genres of interaction: blessings, jokes, and narratives. Blessings were identified based on Bruder's model of a blessing sequence, involving a formal request to the divine to intercede in worldly affairs (Bruder, 1998). The genre of joking was identified by the presence of a joke followed by laughter from one or more of the interlocutors. While jokes can be particularly difficult to assess, the present study used the inclusion criteria of laughter either from the older adult or co-occurring laughter between both interlocutors. The narrative genre was identified based on Labov's definition of a narrative, defined as the recapitulation of past experience in which at least one event follows a second (Labov, 1972).

Results

The three categories of interaction caregivers used to engage older adults in lexically and grammatically complex language were present in the data. These categories, the first of which includes two subcategories, include:

1. Blessings
 - a. Offered by caregiver
 - b. Requested by caregiver
2. Jokes
3. Narratives.

The three modes of communication offer unique affordances for interaction with individuals suffering from cognitive or physical decline that affect linguistic ability. Many genres

of communication commonly used in everyday interaction, such as the question-answer sequence, require a specific type of response (see Schegloff, 2007). For example, if one asks "how are you," only a limited set of responses would qualify as a coherent response (namely, a response to how the person feels) while a vast range of utterances could be seen as incoherent and therefore interpreted as communicative breakdown (e.g., incongruent responses such as "sugar" or "blue sky" would not qualify as an adequate response to the question "how are you"). These genres of interaction, which require a specific type of response from the interlocutor, raise the possibility of communicative failure. If one fails to respond coherently, she risks communicative breakdown. The communicative genres that emerge in the present analysis are unique in that they have three features. First, they allow caregivers to produce speech that is linguistically complex. Second, the genre allows the recipient to participate in the interaction. Third, crucially, the interaction does not require the recipient to respond.

These genres offer the possibility for caretakers to provide rich linguistic interaction that allows their interlocutors to participate without resorting to elderspeak and without raising the possibility of communicative failure.

First Category: Blessings

Blessings Offered by the Caregiver

In the corpus, blessings were the most frequently used genre that exhibited both lexical and grammatical complexity. Blessings involve a request to the divine to deliver material, emotional, or social provisions (Bruder, 1998). Blessings are a unique genre of speech in that they follow a standard structure and linguistic form but they contain unique content that is authored by the speaker. In a blessing, the speaker addresses the divine, requesting the divine to intercede in worldly affairs. During the blessing, the speaker does not directly address the other individual in the room. This party is an audience for the blessing, listening as the speaker addresses the divine, but they serve as an overhearer, not an addressee (Capps & Ochs, 2002). Blessings are therefore pragmatically distinct from many other genres of speech.

Since the person receiving the blessing is not the addressee of the caregiver's speech, she is not responsible for a linguistic response. The recipient of the blessing is expected to say nothing or simply "Amen." Both the caregiver and the older adult can participate in meaningful interaction without the possibility for communicative breakdown if the recipient of the blessing is not able to respond. The genre therefore allows an older adult to be exposed to linguistically rich communication without the pressure to respond in ways that could be cognitively or physically difficult.

Blessings Requested by the Caregiver

In many instances, after the caregiver recited a blessing, the caregiver would request a blessing from the older adult. These requests were not isolated to individuals with full

communicative competence; many requests were made to individuals who had physical or cognitive impairments that affected their communicative ability. In these instances, after the caregiver's request, the older interlocutor would produce a blessing. In many instances, for example, if the interlocutor was aphasic, the speech was produced but not linguistically clear to the caregiver. However, in this genre of interaction, the individual's inability to produce clear speech did not disrupt the communicative success of the interaction. Again, the divine, not the caregiver, is the blessing's addressee. Therefore, the interaction can be communicatively successful no matter what utterance the speaker is able to produce.

The following transcript exemplifies both a blessing offered by the caregiver and a blessing requested by the caregiver. In this excerpt, the caregiver, Sister Irma (all names are pseudonyms), a licensed massage therapist who conducts pastoral care and foot massages with her peers in the infirmary, has just finished massaging Sister Helen's feet. Sister Helen has aphasia as well as a deteriorative neurological disorder that restricts the control she can exert over her physical movement. As a result, it is extremely difficult to make out her verbal communication. She is able to produce the only sounds "mmm" and "ahhh" with variation in prosody.

Participants:

SI: Sister Irma

SH: Sister Helen

- 1 SI: There ya go. You ready for your blessing?
- 2 SH: Ahhhhh.
- 3 SI: Okay. May the Lord bless you and keep you.
- 4 May He give you courage to live each day knowing He is with you.
- 5 Amen.
- 6 SH: Ahhh.
- 7 SI: And now I'd like to have a blessing, okay? Can you bless me?
- 8 SH: mmmhhh, mmhh, mmhhh, mmhh, mmmhhh, mmmhh ahhh
- 9 Mhh mhhmm, mmmmm, mhmm
- 10 SI: Amen. Thank you.
- 11 SH: Ahh.

Since success of the interaction does not rely on the caregiver's understanding of the speech, the genre allows both the caregiver and the older adult to participate in meaningful interaction without the possibility for linguistic "failure" if the speaker is not able to produce a clear utterance. In the above interaction, Sister Helen is engaged as a recipient of a blessing, where Sister Irma directs her speech to the divine (lines 3–5). Sister Helen's failure to produce clear speech in response to Sister Irma's utterance (line 6) does not disrupt the interaction. Nonetheless, her production of the "Ahh" (line 6) demonstrates her engagement in the activity. In the subsequent interaction, Sister Irma requests that Sister Helen produce a blessing. Sister Helen complies (lines 8–9). Although the individuals in the room cannot

make out the linguistic meaning of Sister Helen's utterance, the interaction is nevertheless a "successful" interaction since the blessing is directed to the divine and the nuns hold the language ideology that God understands Sister Helen's words (Corwin, 2014). The "success" of this interaction is demonstrated by Sister Irma's lack of clarification questions and the production of "Amen. Thank you" in line 10, indicating a recognition of the blessing. The blessing genre allows the older adult to engage in meaningful interaction without the constraint of coherence or caregiver comprehension.

Second Category: Jokes

A second genre of communication commonly used by caregivers in the convent infirmary is joking. Unlike blessings, jokes are not a form of religious language. Many of the caregivers told jokes to the older nuns. These jokes were answered with smiles and/or laughter. The joke genre allows the caregiver to produce potentially lexically and grammatically complex speech without requiring clear communicative production from the interlocutor. Although the joke genre allows the possibility for the interlocutor to engage verbally, the interlocutor can alternatively engage through a nod, a smile, or shared laughter. In this way, the joking genre allows the caregiver to communicate using lexically or grammatically complex language without requiring linguistic production from her interlocutor.

Below is an example of Sister Irma, the caregiver introduced above, with Sister Juliette who experiences pronounced dementia, which, in many interactions, significantly impairs her ability to follow and engage in conversation. In the following interaction, Sister Irma tells a joke while she is massaging Sister Juliette's feet. This interaction directly follows Sister Irma's report about what happened in mass that morning, Palm Sunday. Sister Juliette either did not attend or did not remember attending mass that morning.

Participants:

SI: Sister Irma

SJ: Sister Juliette

- 1 SI: ... Yes. The donkey that carried Jesus into Jerusalem on Palm Sunday.
- 2 He thought it was all about him
- 3 'cause the people started to clap and sing and yell Hosanna.
- 4 He said, the donkey said,
- 5 "I didn't know my name was Hosanna."
- 7 SJ: ((laughter))

In this interaction, Sister Irma's joke contains relatively linguistically complex language. The subsequent laughter (line 7) demonstrates Sister Juliette's engagement and participation in the interaction. A little later in the interaction, Sister Juliette has forgotten who Sister Irma is, despite the fact that they have known each other for over four decades and see each other almost daily in the convent. Sister Irma responds

to this moment of possible communicative breakdown and discomfort with a joke:

Participants:

SI: Sister Irma

SJ: Sister Julette

- 1 SJ: And I forgot your name.
- 2 SI: Irma.
- 3 SJ: Irma.
- 4 SI: We used to play cards together.
- 5 SJ: Irma...?
- 6 SI: Coleman.
- 7 SJ: Coleman.
- 8 SI: Sister Irma Sometimes some of 'em call me
Fatty Irma, or Ratty Irma,
- 9 or Bratty Irma.
- 10 I get all kinds.
- 11 But then I give 'em right back.
- 12 ((joint laughter))
- 13 SJ: You don't pay attention to any of 'em.
- 14 SI: Nah, it's fun.
- 15 They're just teasing me. Right?
- 16 SJ: You learned how to take a teasing.

This example again demonstrates that the joking genre allows the caregiver to communicate using lexically or grammatically complex language, here using a playful and creative rhyming scheme, without requiring specific linguistic production from her interlocutor. We see that the interaction allows Sister Julette to engage through laughter (line 12) and through speech production (lines 13 and 16). Another important element of this interaction is that the joking genre diffused a potentially uncomfortable interaction as Sister Julette had forgotten the name of someone she has known well for more than four decades. The joking genre allows for complex communicative engagement while lowering the stakes for communicative failure.

Third Category: Narratives

Finally, in a genre similar to joking, caregivers in the corpus often produced narratives using linguistically rich language without requiring a specific response from their interlocutors. The narratives often included accounts of recent activities in the convent. Interlocutors had the opportunity to engage in the narrative or to remain silent. Narratives also allow caregiver the opportunity to communicate using complex language without requiring linguistic production from their interlocutor. As with the first two categories of interaction, this genre allows the individual to engage in the interaction without risking conversational breakdown. The following passage contains an example of a narrative about a contemporary named Sister Alice who passed away 1 year earlier. Just before the narrative begins, Sister Irma asked Sister Julette if she remembered Sister Alice; Sister Julette responded that she did not. Sister Irma responds here to the lapse in Sister Julette's memory with a narrative:

Participants:

SI: Sister Irma

SH: Sister Julette

- 1 SI: Today in,
- 2 down in the rec hall.
- 3 They told funny stories about her.
- 4 SJ: Oh.
- 5 SI: One night the lights went out where
they lived.
- 6 And, they always played cards at night. But
she would never,
- 7 she didn't want to play cards. She'd never play.
- 8 That night, they had candles around. So, she
came out with 'em
- 9 'cause she didn't want to be in the dark.
- 10 And she played and she won!
- 11 She won the game ((laughs)) and enjoyed it!
I thought that was...
- 12 SJ: Yeah, she's a nice person.
- 13 SI: Yes. She ended up being a librarian.

This passage begins with a potentially difficult moment as Sister Irma asked if Sister Julette remembered a friend (Sister Alice). For individuals like Sister Julette who suffer from pronounced dementia, this type of question can result in an emotionally difficult moment. Sister Irma responded to this potential tension by launching into a narrative about Sister Alice. The narrative allowed Sister Irma to communicate using linguistically complex language without requiring linguistic production or a specific affirmation of a memory, from her interlocutor, Sister Julette. Although linguistic engagement was not required for the communicative success of the narrative, the narrative provides the opportunity for engagement through assessment, comments, or second stories. In this excerpt, Sister Julette engaged with the narrative with her comment in line 12 ("Yeah, she's a nice person"). As with the joking genre, the narrative genre affords complex communicative engagement while simultaneously lowering the stakes for communicative breakdown. While Sister Julette's response is only marginally relevant to the topic at hand, the narrative genre is flexible enough to accommodate a wide range of responses following the closure of a narrative, rendering many responses conversationally appropriate.

Discussion

Previous work has shown that elderspeak is detrimental to individuals and that lexically and grammatically complex communication is important for individuals' well-being. The present study provides examples of naturally occurring interaction between caregivers and individuals who have communicative limitations. The study identifies three genres of communication that provide lexically and grammatically complex ways caregivers in the data communicate with older adults who may have little other opportunity for

similarly complex interaction. The study finds that the three genres: blessings, jokes, and narratives offer robust alternatives to elderspeak. These genres share the features of lexical and grammatical complexity and they allow but do not require participation from interlocutors, thereby affording complex linguistic interaction without risking communicative breakdown. While this study does not address outcomes for the care recipients, the findings from the study offer potential communicative exchange patterns that could be used by care providers who strive to avoid elderspeak with the older individuals with whom they interact.

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