



Elderspeak revisited: Cross-cultural insights from French and Chinese nursing homes[☆]

Weiwei Guo^{a,*} , Marie Lefelle^b

^a CeRLA, Université Lumière Lyon 2, France

^b STL, Université de Lille, France

ARTICLE INFO

Keywords:

Elderspeak
Institutional caregiving settings
China
France
Autonomy
Aging
Cultural norms

ABSTRACT

This study aims to offer a more nuanced examination of elderspeak, which most research on elderly care communication considers to have a negative effect on the dignity of older adults. To do this, we drew on data collected in two very different countries/cultures, France and China, in order to fill the gap in cultural diversity in elderspeak studies (existing work mainly concerns English) and to broaden the focus to include cultural and institutional contexts. Multimodal data analyzed in the current study include meal assistance, sensory workshops, and memory games. The diversity of communicative situations (daily care vs. social activities, informal vs. structured) makes it possible to identify the contextual elements that favor the use of elderspeak and the varied effects of the same communication strategy depending on the individuality of the residents. Preliminary findings suggest that certain elements of elderspeak, such as repetition and simplified phrasing, when adapted to residents' cognitive capacity, can enhance comprehension and participation. Similarly, compliments, when sincere and proportionate, contribute positively to the construction of older people's social identity. Finally, the design of activities plays a decisive role in the use of elderspeak: in a task-oriented activity where the professional-resident power relationship is asymmetrical to the detriment of residents, communication is likely to be condescending, whereas an exchange on equal terms allows for better participation and self-expression on the part of residents. All these elements lead us to propose a new definition of elderspeak: rather than focusing on linguistic appearances which vary according to cultural contexts, we should focus on effects. This opens up new avenues for reflection in caregiver training. Proposing a guide to good practices is not a satisfactory solution; instead, professionals need interactional skills to adjust their communication style to the specific needs and abilities of residents.

1. Introduction

Institutional care for older adults is not limited to providing physical assistance, but also includes the preservation of autonomy, dignity and social engagement. In other words, it is not just about “surviving,” but about “living.” In this perspective, communication between professionals and residents is of particular importance. One critical communication issue in nursing homes is the use of “elderspeak,” a simplified speech style, similar to that used for young children, often directed toward older adults (also referred to as “second baby talk” in the 1980s when studies of this phenomenon emerged). Elderspeak is characterized by a slower speech rate, repetition (Schroyen et al. 2018),

exaggerated intonation (C. A. Shaw & Gordon, 2021), the use of collective pronouns like “we” or “us” (Schnabel et al. 2020), simplified vocabulary (Kemper et al. 1998; C. A. Shaw et al. 2022), etc. Ryan et al., (1995) have summarized the verbal and nonverbal characteristics of condescending communication.

Most existing studies have a critical view of this phenomenon. Researchers have noted negative effects on older adults, both psychologically and in terms of their relationship with caregivers. According to them, elderspeak conveys a very negative image of older adults: the patronizing and infantilizing tone makes older adults feel less competent and does not foster the maintenance of autonomy (C. Shaw, Ward, & Weimar, 2023). In addition, some researchers have observed resistance

[☆] Field research in China was carried out during my research stay as an invited scholar at the Institute for Advanced Studies in Humanities (IASH), Sun Yat-sen University. I gratefully acknowledge the support and hospitality of the IASH, which made this work possible.

* Corresponding author.

E-mail address: weiwei.guo@univ-lyon2.fr (W. Guo).

<https://doi.org/10.1016/j.laheal.2026.100080>

Received 11 September 2025; Received in revised form 26 December 2025; Accepted 20 January 2026

Available online 2 February 2026

2949-9038/© 2026 The Authors. Published by Elsevier B.V. on behalf of Shandong University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

behaviors in older adults when addressed in such a language register (Zhang et al., 2019). These analyses contrast with the views of caregivers, who see it as a way to show their kindness and facilitate communication, especially among older adults with cognitive disorders (Grimme, Buchanan, & Afflerbach, 2015; Shaw & Gordon, 2021). This divergency invites us to take a more nuanced approach to elderspeak.

In France, and to a lesser extent in China, nursing homes have become a major tool for responding to the accelerated aging of population. Despite significant differences in their approaches, due to cultural, historical, and institutional factors, elderspeak remains a common phenomenon in both contexts and raises questions about the balance to be found between kindness, efficiency at work, and the dignity of residents. Bringing together examples from two different cultures allows us to observe common elements and cultural variations. Each other's practices provide a source of reflection and mutual enrichment.

Drawing inspiration from the person-centered care developed by Kitwood (1997), we propose to deepen our reflections on preserving the autonomy and dignity of older adults beyond linguistic forms, but to question the design of activities and the institutional framework. These aspects are still largely unexplored in caregiver training programs. Based on authentic examples, our analysis could provide some applicable proposals.

2. Historical context and professional training in elderly care

The modern approach to elderly care in France began with the Laroque report in 1962,¹ which emphasized integrating older adults into society and promoting an “active, autonomous, and participatory” phase of life. It promoted independent living through adapted housing, home assistance, social services, and leisure activities.² This laid the groundwork for the development of nursing homes, specifically Établissements d'Hébergement pour Personnes Âgées Dépendantes (EHPAD). In 2023, France has approximately 7500 EHPADs which offer over 600 000 places. Yet this does not meet the growing need. The occupancy rate of nursing homes is 97.5 %, and the waiting period could be as long as 18 months.³ Demographic projections call for 108 000 additional places by 2030 and 211 000 more by 2050.⁴ Whereas institutional elderly care in China was virtually non-existent until the 1980s, when accelerated population aging created an urgent need for modern care facilities (Krings et al. 2022). Since then, the number of elderly care facilities continues to grow in order to meet new needs related in particular to the evolution of family structure (increased geographical mobility and reduction in the size of nuclear families) and the elderly population increase. In 2023, China had 404 000 elderly care facilities across the country.⁵ The estimated need for caregivers is 6 million, while only 500 000 professionals hold a qualification in elderly care (Wang et al., 2025). Training programs are mostly short, informal, and lack instruction on

communication techniques for working with cognitively impaired residents.⁶

In France, elderly care within nursing homes involves two key categories of professionals: paramedical staff, such as nurses and care assistants, and professionals from the social and medico-social sectors, including educational and social companions. The latter group receives the AES qualification (Accompagnant Éducatif et Social), established in 2017, which replaced older credentials like the Auxiliaire de Vie Sociale (AVS) and Aide Médico-Psychologique (AMP).⁷ These qualifications prepare caregivers to assist a wide range of dependent populations, from children with developmental issues to adults with disabilities, and older adults with frailty or cognitive impairments. However, they often do not take into account the specific communication needs of elderly residents with neurocognitive disorders, such as Alzheimer's disease. This issue was pointed out in the 2022 Cour des comptes report on medical care in nursing homes.⁸ The same report also emphasized the need to improve training for caregiver in order to better handle the specific communication demands of residents with cognitive impairments.

In nursing homes, staff often report high levels of stress due to frequent conflicts with residents or their families and the emotional overload of managing distressing or painful situations. Physical demands, including repetitive movements, manual handling of residents, prolonged standing, and uncomfortable working postures, further increase these challenges, as noted in the 2016 annual report of the Directorate for Research, Studies, Evaluation, and Statistics (DREES, 2016). These conditions reduce the time and energy caregivers can devote to residents, particularly those with cognitive impairments. This further underscores the need for effective communication strategies to maximize the quality of care in constrained environments.

Residents in Chinese nursing homes interact primarily with geriatric caregivers (护工 *hugong*) and social workers (社工 *shegong*), two relatively new professions.⁹ Caregivers provide daily routine care, such as meals, getting up, sleeping and bathing, while social workers organize social activities to provide emotional support and maintain residents' social connections. Despite the crucial role of both professions, they are undervalued and not very attractive. Elderly care facilities regularly face staff shortages. 85.6 % of nursing homes report a shortage of care staff. Most caregivers work over 10 h per day, and are required to look after four residents simultaneously (Aging Research, 2024).

In addition to the heavy workload, there is also a lack of training. The first national standard for geriatric caregiving was only established in 2019.¹⁰ The profession faces a critical shortage of experienced workers. A 2023 survey (Aging Research, 2024) revealed that 28.5 % of caregivers have only 1–3 years of work experience, while 20.5 % have less than one year. Most caregivers receive short-term training from their employers, either before or during their employment. Formal qualifications remain rare. Only 11.5 % of caregivers hold a professional diploma, and the first bachelor's degree program in geriatric caregiving was established as recently as 2019.¹¹ The lack of structured training results in professionals being inadequately prepared to meet the growing needs of elderly care, particularly in communication with older adults

¹ Pierre Laroque (1907–1997) was asked by the prime minister at the time Michel Debré to reflect on the application of Social Security legislation, and in particular on old-age policy. In 1962, he drafted a report entitled *Old Age Policy (Politique de la vieillesse)*, famous both in France and abroad as the *Laroque Report (Rapport Laroque)*.

² [https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662940/IPOL_STU\(2021\)662940\(ANN02\).EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662940/IPOL_STU(2021)662940(ANN02).EN.pdf), accessed October 20, 2024

³ <https://www.masolutionsenior.fr/article/delai-attente-place-ehpad/>, accessed October 20, 2024

⁴ <https://synerpa.fr/ehpad-des-disparites-doffre-observees-en-2024/>, accessed October 20, 2024.

⁵ National Development Bulletin on Aging 2023 <https://www.gov.cn/lianbo/bumen/202410/P020241012307602653540.pdf>, accessed November 21, 2024.

⁶ In a elderly care training program (32 h), communication strategies are grouped together with psychological support. Only 2 h and 15 min are dedicated to this module. <https://peking.bjd.com.cn/content/s691823c5e4b02424b0c307d2.html> Accessed December 20, 2025.

⁷ <https://solidarites.gouv.fr/accompagnant-educatif-et-social>. Accessed October 20, 2024.

⁸ <https://www.comptes.fr/sites/default/files/2022-02/20220228-prise-en-charge-medicale-Ehpad.pdf>. Accessed October 20, 2024.

⁹ <http://health.people.com.cn/n1/2020/0515/c14739-31710049.html>. Accessed November 22, 2024.

¹⁰ https://www.gov.cn/xinwen/2019-10/17/content_5440977.htm. Accessed November 22, 2024.

¹¹ https://www.sohu.com/a/www.sohu.com/a/357654261_214420. Accessed November 22, 2024.

with cognitive impairments.

3. Data collection and research contexts

In France, the study focused on an EHPAD in Oignies, operated by the French group La Vie Active ('Active Living'). This nursing home accommodates 100 residents, including 38 in a special Alzheimer's unit. Like most facilities in France, the average age of residents exceeds 80, and women make up the majority. Nearly 40 % of the residents suffer from Alzheimer's or other cognitive impairments,¹² making communication between caregivers and residents a critical issue.

In 2019, a corpus of 34 fully transcribed audio and video recordings was collected from this EHPAD. These recordings cover various caregiving scenarios, such as meal assistance, helping residents out of bed, preparing them for sleep, and facilitating group activities. The data include various interaction situations and provide insights into the complexities of caregiving in such environments, particularly with regard to communication strategies. It allows us to analyze how communication styles like elderspeak might influence the effectiveness of care and demonstrates the importance of adopting person-centered communication (Kitwood, 1997).

The Chinese data for this study were collected from a private nursing home located in central Guangzhou, Southern China. Opened in January 2019, this facility provides approximately 150 places for elderly residents, both with and without dementia. Medium to higher-income families make up the target customers, as the monthly costs range from 6 000–10 000 RMB, which is notably higher than the average urban income in Guangzhou (6 708 RMB). The nursing home is divided into three sections according to residents' dependency level: one for healthy older adults, one for those with mild cognitive impairments, and one for those with severe dementia.

The data, totaling approximately 20 h of video recordings, was collected in May 2024 in the mild cognitive impairment section. The nursing home employs a social worker whose main task is to organize small group activities for residents in this section. Two activities, one in the morning and one in the afternoon, are offered daily throughout the week, with a specific theme each day. The aim is to stimulate residents' five senses (vision, hearing, touch, smell, and taste) through structured exercises. The social worker invites five to six residents to participate. Participants, mostly women (8 out of 11), are between 71 and 90 years old. Activities, except for the choir, take place in a dedicated room, where participants sit around a rectangular table, while the social worker moves among them to conduct the session.

4. Methodological framework

Both corpora were transcribed in accordance with Conversational Analysis convention: in addition to verbatim transcription of speech, overlaps, pauses, cut-offs and, when relevant, prosodic emphasis are also annotated. We also integrated in the transcripts gestures, gaze, and the handling of material objects used during activities (e.g., fruits cards, spoons, colored sticks) when they shape the progression of the activity or the interpretation of elderspeak features.

For our analyses, we primarily rely on conversational tools that highlight the micro-organization of communication (Sacks et al., 1978). Turn-taking, repair, overlap, cut-offs, and pauses serve as key indicators of the residents' level of participation. Several studies have already adopted this approach to examine communication in elderly care settings (Drew & Heritage, 1992).

However, our study is not limited to sequential organization. We would like to broaden the focus to include power dynamics and role

negotiation. The framework for interactional analysis developed by Kerbrat-Orecchioni (2016) appears to be a particularly interesting tool. With its broad definition of speech acts, we can discern role negotiation through the choice of vocabulary or pronouns. The concept of "socio-relational" value helps us understand why certain forms of interaction occur in specific contexts. Together, conversational and interactional analysis allow us to examine elderspeak not as a fixed register, but as a situated communicative practice that is both culturally and contextually sensitive.

5. Analysis

Building on previous contextual framework, the current section examines the nuanced role of language in caregiving interactions. We have compiled a wide range of scenarios in which caregivers strive to encourage resident participation with kindness. As we may observe, the results are not always successful. This illustrates the complexity of gerontological interactions and the uses of elderspeak. Through nuanced analysis, we attempt to highlight the difficulty of finding a balance between kindness and infantilization, between saving face and being condescending. We also pay particular attention to the cultural and institutional context, which shapes the ways in which interactions take place.

5.1. Encouraging autonomy and participation

Excerpt 1 presents an interaction from an olfactory activity in the Chinese nursing home. The social worker uses a basket filled with plastic toy fruits and image cards of fruits and vegetables (exactly the same as those used in early childhood education). She begins the activity by picking a fruit and asking the residents to identify it.

Excerpt 1. Olfactory activity in the Chinese nursing home.

1. 社工：呵呵。这个是石榴来的哈，那这个呢？
Social worker: Haha. This is pomegranate (ha),¹³ then what about this one?
2. 老人1：雪梨
RES 1: Pear
3. 社工：不是哦，这个也是粉红色的，大一点点，大一点点
Social worker: No (oh), this one is also pink, a little bigger, a little bigger
4. 老人2：就是你问我，[(inaudible)] 这个是，[这个是
RES 2: If you ask me [(inaudible)] this is, [this is
5. 社工：[这个是 这个是3个字
Social worker: [this is, this is 3 words
6. 社工：有一点点毛的
Social worker: It has a little fuzz
7. 老人3：[(inaudible)...
RES 3: [(inaudible)...
8. 老人2：[什么果，我不记得了哈
RES 2: [what fruit, I don't remember (ha)
9. 社工：你不记得了？
Social worker: You don't remember?
10. 老人2：[(inaudible)] 不知道
RES 2: [(inaudible)] I don't know
11. 社工：好眼熟哦，看一下哈
Social worker: Looks familiar (oh), let's take a look (ha)
12. 老人2：桃，这个是桃，这个是桃
RES 2: Peach, this is a peach, this is a peach
13. 社工：是，这个是桃。是什么桃来的呀？
Social worker: Yes, this is a peach. What kind of peach is it (ya)?

¹² <https://drees.solidarites-sante.gouv.fr/publications-communique-de-presse/etudes-et-resultats/des-residents-de-plus-en-plus-ages-et>. Accessed October 22, 2024.

¹³ As model particles in Chinese convey emotions or interactional cues without adding lexical meaning, they are transcribed in this study.

14. 老人2 : 这个是红桃啊
RES 2: This is a red peach (ah)
15. 老人4 : 加工来的这个
RES 4: This is artificial
16. 社工 : 人工做的这些东西啊 , 这个是假的哈
Social worker: These things are man-made (a), this is fake (ha)
17. 老人 ? : 那些是假的啊
RES ? : Those are fake (ah)
18. 社工 : 假货来的。有毛的哦。 是啊。 这个是水蜜桃哈
Social worker: Counterfeit. It has fair (oh). Yes, this is a honey peach (ha).

This excerpt reveals an asymmetrical relationship between the social worker and the residents. The social worker controls the interaction (asking questions, evaluating, and validating answers). She therefore adopts the position of a knowledge holder. This dynamic often leads to a condescending or patronizing tone. We observe several elements generally associated with elderspeak, such as repetition, simplified vocabulary, and certain modal particles. When residents show difficulty recalling the fruit's name, a symptom frequently observed in Alzheimer's patients (Ortiz et al. 2024; Silagi, Bertolucci, & Ortiz, 2015), the social worker provides repeated cues, such as the physical traits ("this one is also pink (oh), a little bigger, a little bigger", "It has a little fuzz"), the number of characters in the name ("This is, this is three characters"), and other information to narrow the choice ("looks familiar"). These strategies help guide residents in their memory and understanding. By repeating questions ("You don't remember?") and instructions ("Looks familiar (oh), let's take a look (ha)"), the social worker keeps residents engaged. Without this, residents may easily give up, as shown by the refusals expressed at the beginning of the excerpt ("I don't know", "I don't remember"). Kemper and Harden (1999) argue that the repetition and simplification can aid comprehension without necessarily being infantilizing, as long as the tone remains respectful. In this expert, seeing that the clue about the number of characters in fruit name elicits no response, the social worker immediately offers a more concrete clue, which is the physical appearance of the fruit. This is an adaptation that corresponds to the cognitive abilities of the residents, because, as we can see later in the excerpt, the residents are able to express directly observable elements ("red peach"), but have more difficulty with less tangible characteristics (水蜜桃, literally juicy and sweet peach). Rather than supplying the correct answer outright and asking residents to memorize it, an approach observed in other workshops, the social worker offers clues that lead residents to find the answer themselves. This tactic brings satisfaction (as witnessed by the enthusiastic tone of the resident who found the answer) and builds a positive self-image, in contrast to the frustration behind "I don't know" responses.

We observe frequent use of modal particles, such as "哈" ("ha"), "啊" ("ah"), "呀" ("ya") and "哦" ("oh"), by the social worker. These modal particles are usually used in conversation to soften tone or add warmth (Chu, 1998). They are particularly common in conversations with children. However, in the current case, the residents themselves regularly use these particles ("what fruit, I don't remember (ha)"; "Those are fake (ah)"). This reciprocity reduces the risk of her guidance appearing as overtly patronizing.

Her communication strategies create a low-pressure environment where residents feel encouraged and supported. For example, when a resident correctly identifies the fruit, she immediately validates that response ("Yes, this is a peach") before guiding him toward the more accurate answer ("What kind of peach is it?"). Her clues and prompts, adjusted to the participants' cognitive abilities, make the activity collaborative and inclusive. Her approach combines clarity and encouragement to help residents feel competent and valued despite cognitive limitations. This corroborates Ryan et al. (1995)'s analysis: communication strategies that encourage participation and respect autonomy can enhance residents' self-esteem and well-being.

Excerpt 2 illustrates a comparable situation during meal assistance in the French setting.

In this scenario, the caregiver (PRO1) is feeding a resident. This is a typical situation in elderly care that can encourage infantilizing interactions, as the elderly person is in a state of dependency reminiscent of childhood. Thus, the interaction has a dual purpose: to meet the physical and immediate need to feed the resident properly, and to encourage the resident's active participation and long-term independence.

Excerpt 2. Meal assistance interaction in the French nursing home (Monica)

1. PRO1: Tu n'as pas tout mangé, Monica. Tu n'en veux pas? Tu n'as plus faim? Ça va, Rémi? Ouais? Il écoute la musique, il est dans le rythme de la musique, hein? < (à RES1)> Tu veux prendre ta cuillère toute seule? < (en tentant de saisir la main de la résidente)> Voilà. Donne-moi ta main. Donne-moi ta main, l'autre, c'est celle-là. Prends ta cuillère, allez, tu sais manger toute seule.
PRO1: You didn't eat everything, Monica. You don't want it? You're not hungry anymore? You good, Rémi? Yeah? He's listening to the music, he's in the rhythm of the music, right? < (to RES1)> Do you want to take your spoon by yourself? < (reaching for the resident's hand)> Here. Give me your hand. Give me your hand, the other one, this one. Take your spoon, come on, you know how to eat by yourself.
2. PRO1: Je peux vous débarrasser, monsieur ?
PRO1: Can I clear this for you, sir?
3. PRO2: < (en chantonnant)> Laura ! Laura !
PRO2: < (humming)> Laura! Laura!
4. RES1: Ouais.
RES1: Yeah.
5. PRO1: Prends ta cuillère.
PRO1: Take your spoon.
6. RES1: Ouais.
RES1: Yeah.
7. PRO1: (Bah alors) vas-y.
PRO1: (Well then) go ahead.
8. RES1: C'est pas gra- gra-
RES1: It doesn't mat- mat-
9. PRO1: C'est pas gra- gra-
PRO1: It doesn't mat- mat-
10. RES1: C'est pas gra- gra- [(incompréhensible)] non, non, non.
RES1: It doesn't mat- mat- [(incompréhensible)] no, no, no.
11. PRO1: < (en donnant à manger à RES1)> Voilà (...) ça y est.
PRO1: < (feeding RES1)> There (...) there we go.
12. RES1: Ça y est.
RES1: There we go.
13. PRO1: Ouais, une dernière.
PRO1: Yeah, one last one.
14. RES1: C'est bon, hein ?
RES1: It's good, huh?
15. PRO1: C'est bon.
PRO1: It's good.
16. RES1: Hein, c'est bon.
RES1: Right, it's good.
17. PRO1: < (en donnant à manger à RES1)> Voilà la dernière cuillère.< (en mettant le jus dans la main de RES1)> Prends ton jus, tiens, bois, prends ton jus.
PRO1: < (feeding RES1)> Here's the last spoonful.< (putting the juice in RES1's hand)> Take your juice, here, drink, take your juice.

At first glance, there are many linguistic elements that fall under elderspeak: informal address (using the informal 'you' *tu*), repetition, closed questions, and imperatives. However, we believe it is essential to

recontextualize their use. The resident has difficulty expressing herself verbally, as evidenced in turns 8 and 10. This is a classic symptom of neurodegenerative diseases. Her oral comprehension is probably also affected. Short sentences facilitate understanding and communication. Throughout the conversation, the caregiver tries to involve the resident. He constantly seeks the resident's opinion by asking her questions. Instead of giving direct instructions (which are likely to put the resident in a passive position), the caregiver begins by involving the resident in the decision-making process ("Do you want to take your spoon by yourself?"), accompanies the words with gestures, and encourages the resident by expressing her confidence in her ability.

With the exception of turn 1, where two conversations overlap (PRO1 and RES1, PRO1 and PRO2), the exchanges are generally balanced: PRO 1 and RES 1 take turns and the sentence lengths (although all very short) are similar. The resident initiated several turns, demonstrating her willingness and ability to participate actively in the conversation.

Repetitions appear several times, but their pragmatic functions are not identical. In turn 9, PRO1 repeats the RES1's unfinished sentence to show attentive listening and shared effort in the act of communication. The repetition also helps to give rhythm to the conversation and avoid putting too much pressure on the resident to finish the sentence. In turn 12, the resident repeats PRO1's last sentence to share her satisfaction at having succeeded. Turns 14, 15, and 16, which contain exactly the same sentence, form an interesting dynamic. The resident, having made the effort to feed herself, initiates the turn by asking PRO1 if her effort is sufficient. PRO1 confirms this by repeating her sentence, but with an affirmative tone. The resident closes this sequence with the same sentence, which validates the decision they have made together. We could almost say that repetition is a communication game between PRO1 and RES1: by repeating the same sentences, they build the conversation together.

5.2. Closed questions

In France, admission to a nursing home is determined by the level of dependency of the elderly person (GIR: Iso-Resource Group). The ability to hold a conversation is one of the eight assessment criteria.¹⁴ This is why caregivers regularly assist residents whose verbal expression is significantly reduced. However, maintaining verbal communication remains crucial, as verbal interaction provides multimodal stimulation: hearing, prosody, and affect. It helps maintain cognitive and emotional functions. Excerpt 3 also concerns a meal assistance scenario. Resident Jean-Paul has virtually no verbal expression ability left, but actively participates in conversation by using isolated syllables, facial expressions, and body language.

Excerpt 3. Meal assistance interaction in the French nursing home (Jean-Paul)

1. PRO1: elle s'est bien occupée de vous Maria ce matin ? Maria ouais ?
PRO1: She took good care of you this morning, Maria, didn't she? Maria yeah?
2. PRO1: ça s'est bien passé vous avez le sourire < ((en donnant à manger au résident)) tenez vous en voulez encore un peu ?
PRO1: Everything went well, you're smiling. < (while feeding the resident)> Here you go. Do you want a bit more?
3. RES: ((hoche la tête))
RES: ((nods head))
4. PRO1: oui, allez on continue, votre femme elle est venue ce week-end ?
PRO1: Yes. Alright, let's keep going. Did your wife come this weekend?

5. RES: ((hoche les épaules))
RES: ((shrugs))
6. PRO1: ça vous dit rien nan ? elle est pas venue, vendredi il me semble ça devait être ça vous rappelle quelque chose ? nan ?
PRO1: Doesn't ring a bell, huh? She didn't come? I think it was supposed to be Friday, wasn't it? Does that remind you of anything? No?
7. RES: nan nan [(inaud.)]
RES: No, no [(inaud.)]
8. PRO1: < ((en donnant à manger au résident)) tenez> vous n'en voulez plus ?
PRO1: < (while feeding the resident)> Here you go. You don't want any more?
9. RES: (nan nan) [(inaud.)]
RES: (No, no) [(inaud.)]
10. PRO1: j'vous embête plus alors
PRO1: I won't bother you anymore then.

In Excerpt 3, the caregiver's speech consists mainly of closed questions, a common form of elderspeak. But this "simplistic" form allows Jean-Paul to express his point of view using multimodal means: smiling, nodding, shrugging his shoulders, and making sounds of disapproval. The caregiver systematically verbalizes Jean-Paul's responses to ensure that she understands him correctly.

Furthermore, the questions do not only concern the meal ("Do you want a bit more?" "would you like any more?" "You don't want any more?"), but also Jean-Paul's personal life, such as his wife's visit, the care he receives, etc. These are questions usually asked in the context of interaction between acquaintances. This is what Fukaya et al. (2019) refer to as "Life-Worldly Communication" (LWC). Unlike in Excerpts 1 and 4, the caregiver's questions are not intended to assess Jean-Pierre's cognitive ability, but to express a real interest in his social world. It is also a way of recognizing that residents are not just recipients of care, but have social lives like everyone else. There are no right or wrong answers to these questions. The answers would enrich the caregiver's knowledge of Jean-Paul's individuality, and foster a more personalized relationship. From this perspective, simple and clear questions prove to be an effective tool for building the resident's identity.

5.3. Praises

In elderly care settings, praises are commonly used to encourage participation and foster a supportive environment (Backhaus, 2011; Grainger, 1993). Many studies on pro-resident interactions in routine activities demonstrate that such a strategy risks being patronizing and patronizing, especially in response to simple tasks (Jansson, 2016). Few studies have examined how praises function in group activities. Our field observations suggest that the impact of praise depends heavily on context and delivery.

Excerpt 4 comes from a color memory workshop. The social worker presents colored sticks and asks participants to respond as quickly as possible.

Excerpt 4. Color memory workshop in the Chinese nursing home

1. 老人 1 : 绿色啊。
RES 1: green (a)
2. 社工 : 哇绿色, 嗯, 厉害, 她抢答成、成功啦。
Social worker: wow green, yeah, awesome! She got it right (la)!
3. 社工 : 我再来问一下哈, 我看下谁答得快啊, 这个是什么颜色啊 ?
Social worker: let me ask again, let's see who answers fastest. What color is this?
4. 老人 2 : 蓝[色]咯。
RES 2: b [lue] (lo)
5. 老人 3 : 是[蓝色]咯。
RES 3: it's [blue] (lo)

¹⁴ <https://www.grille-aggir.fr/> Accessed October 22, 2024.

6. 社工：嗯，对啦，蓝色啊，好。
Social worker: yes, that's right, blue (a) Okay
7. 老人 2：这个大家都知道啦，是不是？
RES 2: Everyone knows this, right?
8. 社工：那这个呢？
Social worker: what about this one?
9. 老人 2：红色，个个都知道啦。
RES 2: red, everyone [knows].

In turn 2, the social worker responds with enthusiastic praise to a correct answer. However, the subsequent turns suggest that the task is too easy for the group: in turns 4 and 5, two participants give simultaneously the correct answer, using the modal particle 咯 *lo* which typically signals shared knowledge or obviousness. The social worker does not acknowledge this cue and continues to repeat the answer, possibly to validate the answer and to reinforce memorization. RES 2 then comments, "everyone knows this", indicating that the task lacks challenge. Despite this, the social worker continues the activity, and RES 2 reiterates the point. Thus, the initial compliment seems disproportionate and appears to be received as such by the residents, as evidenced by their lack of enthusiasm in response.

Excerpt 5 presents an exchange observed during a cognitive workshop on aromatic plants. After practicing the identification and memorization, the social worker asks the participants to repeat the names of the plants.

Excerpt 5. Aromatic plants cognitive workshop

1. 社工：嗯，是吧，四种啊。苗叔，你也跟我来说下这四种。
Social worker: Yes, right, that makes four. Uncle M, repeat these four names.
2. 老人 4 (唱)：好一朵美丽的茉莉花。
RES 4 (Singing): What a beautiful jasmine flower
3. 社工：那一种啦，茉莉花。第二种呢？
Social Worker: that makes one, jasmine. What's the second?
4. 老人 4 (唱)：香叶香叶是香叶，还有一种是艾叶。
RES 4 (Singing): the fragrant leaf, the fragrant leaf is it. And there's the mugwort leaf.
5. 社工 (笑)：好有才哦。
Social Worker (Smiling): how talented

In turn 2 and again in turn 4, the resident, formerly a theatre actor, subverts the repetition task by singing a popular melody that embeds one of the plant names. This response demands mental agility and musical knowledge. The social worker does not immediately compliment. She rephrases his answer to bring it into the institutional frame and resumes the scripted prompt. This intervention reveals a tension between institutional control and the supportive ethos of geriatric care. When the resident later repeats the musical answer (with the invented words) in the next turn, the social worker offers an unreserved praise ("how talented"). This compliment aligns with his performative gift and personal history. By valuing his contribution, the social worker gives him a positive image of himself and thus strengthens his social identity beyond the nursing home.

In group cognitive workshops, it is often necessary to find a balance between complimenting an individual and maintaining group harmony (not singling out one member). This is not always an easy exercise, particularly in cultures such as China's where modesty and collective respect are valued. When a praise is overly general, it may appear insincere and dismissive. Its effects are often contrary to the original intention of encouragement. Excerpt 6 shows an interaction during a coloring workshop:

Excerpt 6. Interaction during a coloring workshop in the Chinese nursing home

1. 老人 2：你看她涂得这么漂亮。
RES 2: Look, she colored so beautifully

2. 社工：她涂、她涂得比较慢，比较认真细致。
Social worker: She colors, she colors slower, more carefully and meticulously
3. 老人 2：就是漂亮，就是说她的漂亮。
RES 2: It's beautiful, I mean her work is beautiful
4. 社工：静姨涂[的]都很好看。
Social worker: Aunt Jing's coloring [others'] are also good
5. 老人 2：[没那么好看，没那么好看啊]。
RES 2: [Not that good, not that good]
6. 社工：一样，一样都是好看的。
Social worker: It's the same, all are good

In turn 1, a resident offers an unsolicited compliment to a peer. The social worker responds in turn 2 by noting the peer's careful and meticulous work. In the turn 4, the social worker performs a repair. Initially, she confirms the resident's praise but then seems to realize that singling out one participant may not be polite towards the others. To address this, she adjusts her response by offering collective praise, stating that everyone's work is good. The overlap between the 5 and 6 reveals a brief disagreement. The resident's remark "Not that good, not that good" reflects self-devaluation, a typical expression of modesty in Chinese culture. Rather than signaling actual dissatisfaction, this response functions as a polite way to show humility and avoid appearing boastful.¹⁵ Self-effacement is common in Chinese interactions as a way to show respect for others and prevent any perception of arrogance. Recognizing this, the social worker immediately reassures the resident in the next turn ("all are good"). She interprets self-deprecation as a sign of modesty and politeness, and consequently adopts a conflict avoidance strategy to maintain group harmony. In a total institution such as a nursing home, maintaining group harmony is particularly important, since interpersonal relationships are at the heart of the social environment (Goffman, 1955).

However, even though collective praise may create a supportive atmosphere and encourage participation in group activities,¹⁶ this strategy has to be used judiciously. Particularly in nursing homes, even though group workshops often have an educational aspect (as we can see from the excerpts analyzed), the goal is not so much to evaluate individual performance as it is to maintain residents' cognitive abilities and provide them with a space for socialization. In a nursing home, the community of residents is often formed by necessity, rather than affinity. Some residents may feel vulnerable in group settings. Therefore, it is essential to preserve their self-esteem and well-being. The social worker attempts to create a positive atmosphere by giving compliments equally to everyone. However, it is important to find the right balance when using this strategy. If she constantly avoids personalized and differentiated feedback by saying "everyone is great," the kindness is only superficial. Her compliments could be perceived as insincere and condescending, as if the participants were incapable of judging the quality of their work or accepting criticism.

5.4. Absence of elderspeak

Excerpt 7 illustrates an interaction that differs from the previous ones. It is a newspaper reading session led by a caregiver. She reads an excerpt about the "Yellow Vests" (*Gilets jaunes*) protest, a prominent French grassroots movement that is shaking the country, and invites the participants to comment.

Excerpt 7. News reading in the French nursing home

¹⁵ Throughout our field observation, this resident regularly expressed negative judgments about herself. In the current excerpt, it is not entirely impossible that she is genuinely dissatisfied with her own work.

¹⁶ In this section, we will not analyze the role of the social worker as an evaluator, as this point has already been addressed previously.

1. PRO: Ah bah samedi y a encore eu les "Gilets jaunes." Ouais, bah ouais, tout à fait, ah ouais. Bah ouais, ils le disent de toute manière, ils n'arrêteront pas tant qu'ils n'auront pas.
PRO: Oh well, on Saturday there were the "Gilets jaunes" again. Yeah, absolutely, oh yeah. Well, yeah, they're saying they won't stop until they get what they want.
2. RES?: Bah l'essence, il paraît qu'elle augmente encore.
RES?: Well, apparently gas prices are going up again.
3. RES?: Bah ouais, l'essence elle a augmenté.
RES?: Yeah, gas prices have gone up.
4. RES?: Comment ça va finir cette histoire ?
RES?: How is this going to end?
5. PRO: Bah comment ?
PRO: Well, how?
6. RES?: J'sais pas moi, hein.
RES?: I don't know.
7. PRO: Faudra bien qu'ils cèdent un jour, ou j'sais pas trop comment ça va aller.
PRO: They'll have to give in one day, or I don't really know how it's going to go.
8. RES?: Il a dit, il a dit, il change pas d'avis.
RES?: He said he won't change his mind.
9. PRO: Ouais bah ouais, ouais, mais bon les Gilets jaunes, je pense pas qu'ils vont changer d'avis non plus, hein.
PRO: Yeah, well, yeah, yeah, but I don't think the "Gilets jaunes" are going to change their minds either.

We can observe that the elderspeak is completely absent in this excerpt. The conversation resembles one might hear in a café or on a street corner where people are chatting about the news. The caregiver brings up the subject without positioning herself as an expert. In this sense, she is on equal terms with the participants. She expresses doubts (turns 5 and 7) and aligns herself with the participants while adding nuances (turn 9).

Fukaya et al. (2009, 2016, 2023) distinguish nurse-elderly verbal interactions into two categories: Type I, which is task oriented, and Type II, referred to as LWC, mentioned earlier. The authors' observations in nursing homes reveal that residents participate more actively when an exchange resembles normal social conversation: they initiate turns more frequently and formulate longer sentences. Although Fukaya's work does not directly address elderspeak, this theoretical framework remains relevant to our analysis. Commenting on current events is a common form of socialization. In this context, residents are engaged as citizens. They contribute to conversations with their experiences and life stories. Unlike activities such as memory games, which reveal their cognitive shortcomings and thus reinforce stereotypes about old age (Adam et al., 2017; Hughes et al., 2013)(Hughes, Geraci, & De Forrest, 2013), discussions about current events value their competence. This type of activities, which are meaningful to residents and resonate more with their past, bring them greater satisfaction and improve their well-being.¹⁷

6. Discussion

In nursing homes, as in other contexts, interactions between professionals and residents are rooted in a complex set of cultural and institutional norms. In the Chinese context, the most salient influence is that of Confucian tradition, which emphasizes respect for older adults. Professionals refer to residents using family terms such as "Aunt X" or "Uncle Y", never by their first names. This formal rule contrasts with Western cultures, where addressing residents by their first names is a common feature of elderspeak (Shaw & Gordon, 2021). However, the pyramidal institutional structure (and, to a greater extent, Chinese

society) has the effect of encouraging infantilizing behavior.¹⁸

In the nursing home where we collected data for this study, infantilizing elements are mostly hidden in the overall structure of the facility. Indeed, the general living environment of the residents is designed like a school.¹⁹ Every day, certain residents are "on duty (值日)": distributing newspapers, marking the date on the whiteboard, etc., and they are rewarded with little stars marked next to their names. This is exactly the same practice in elementary schools, where pupils are given minor responsibilities and evaluated. The residents seem to have internalized this underlying structure: they address social workers as "teachers (老师)" and submit "homework (作业)," while the activity room is called "classroom (教室)." In parallel, during activities, social workers "test (考)" participants. This hierarchical dynamic reinforces the school setting, where residents are assigned the role of dependent and/or ignorant children. The asymmetry of power provides fertile ground for the emergence of elderspeak.

Other semiotic signs also contribute to creating an infantilizing environment. For example, educational tools for young children that have not been adapted, decor reminiscent of a nursery, fonts with rounded traits often used for children, etc. This environment conditions residents' perceptions of their status within the facility and the way they interact with professionals. By offering a space and activities that resemble a school setting, the institution imposes a regressive social identity on residents and implicitly suggests that they are no longer fully competent adults. Salari and Rich (2001) argue that infantilization is manifested both socially and environmentally, with damaging effects on the interaction patterns of older adults. They suggest that when older adults are placed in settings that are not age-appropriate, their social interactions suffer.

Similar dynamics exist in French elderly care settings, where the interplay between physical environments and communication styles also affects residents' experiences. However, some practices differ from those in China. For example, unlike in Chinese settings, French caregivers commonly address residents by their first names, a practice intended to bring familiarity and warmth. Similarly, French distinguishes between two personal pronouns: "vous" and "tu", the latter being reserved for informal settings or when addressing a child. Formally, professionals are required to address residents using "vous." However, some residents prefer "tu," and some others, particularly those with cognitive impairments, respond better to "tu." When used judiciously, these informal terms help to create a relationship of trust. But when combined with an overly simplified or overly directive style of speech, they can come across as infantilizing (Schroyen et al. 2018; C. A. Shaw & Gordon, 2021).

French institutions also employ activities like "memory games," "memory workshops," or "memory stimulation exercises," which parallel the school-like activities in Chinese settings. These activities often emphasize residents' cognitive deficits rather than valorizing their life experiences or strengths. They often make little sense to residents. In contrast, activities such as news commentary sessions, where residents engage in discussions about current events, offer more meaningful interactions. However, these opportunities are generally reserved for residents without cognitive impairments.

¹⁸ In her recent study of intergenerational communication in eldercare facilities, Lin (2024) reports the conscious use of self-infantilizing strategies by caregivers as a means of power negotiation. In certain contexts, particularly those centered around tasks, residents possess the power to decide whether or not to cooperate. This phenomenon further underscores the complex and multifaceted nature of discursive strategies in eldercare communication, particularly in relation to power dynamics and solidarity.

¹⁹ This phenomenon is not specific to this institution. Lin (2024) has reported on school-like activities elderly care settings in other parts of the world.

¹⁷ Adam, S. (2012). Interview: Des activités, oui, mais pas n'importe lesquelles ! Vie@home (magazine à usage des professionnels - revue digitale).

7. Conclusion

Elderspeak is a common phenomenon in nursing homes in France and China. However, its linguistic and interactional characteristics, its uses, and its integration into training curricula differ in the two countries. In France, caregivers are trained to manage a wide range of dependency situations. The specific needs of communicating with elderly residents, particularly those with cognitive impairments, remain inadequately addressed. In China, elderly care training is still in its developing stage. Caregivers often receive short, informal training provided by employers, with an emphasis on everyday care. They are therefore not prepared to handle the complexities of elder care communication.

As our analyses have shown, some linguistic forms labeled as elderspeak, such as simplification or repetition, should not be rejected outright. Depending on the situation, they could facilitate communication and encourage residents to participate. That's why when we talk about elderspeak, we shouldn't stop at the linguistic level, but rather think about the effects on older adults' self-esteem and dignity. It is essential to include a module on elderspeak awareness in caregiver training, so that professionals understand how language, activities, and environments interact to shape residents' autonomy and agency. It is also important for these training modules to provide caregivers with concrete tools to better adapt their interactions to residents' needs.

Activities focused on memory, where elderspeak is particularly prevalent, are a priority area for reform. This type of activity is rooted in the negative perception of older people: our memory fails us as we age. So even if the initial intention is good (to strengthen memory or slow its decline), instead of valuing participants' skills, the activity constantly reminds them of their shortcomings. In consequence, it is crucial to offer activities that are meaningful to residents, and to involve them in the design of activities. Recent studies have shown the positive effects of this type of approach (Bourgeois, 2025). Adapt one's speech, encourage participation, or simply acknowledge what others have to say is not an innate skill, but rather a skill that requires training and awareness. In France, as in China, linguists have much to offer caregivers in this field.

CRedit authorship contribution statement

Weimei Guo: Writing – review & editing, Writing – original draft, Methodology, Formal analysis. **Marie Lefelle:** Writing – original draft.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data Availability

The data that has been used is confidential.

References

- Adam, Stéphane, Missotten, Pierre, Flamion, Allison, Marquet, Manon, Clesse, Audrey, Piccard, Sébastien, Crutzen, Coline, & Schroyen, Sarah (2017). "Vieillir En Bonne Santé Dans Une Société âgiste. *NPG Neurologie - Psychiatrie - Gériatrie*, 17, 389–398.
- Aging Research, China Center for. 2024. "Survey on the Situation of Elderly Care Workers." Information and Analysis. (<https://www.hrssit.cn/info/3244.html>).
- Backhaus, Peter, ed. 2011. *Communication in Elderly Care. Cross-Cultural Perspectives*. Continuum.
- Bourgeois, Cécile. 2025. 'La Méthode Montessori Appliquée à l'accompagnement de Personnes Avec Des Troubles Neurocognitifs Majeurs En Établissements d'hébergement Pour Personnes Âgées Dépendantes. Quels Bénéfices Pour Les Résidents, Les Personnels et l'établissement.' Université de Montpellier Paul Valéry.
- Chu, Chauncey C. 1998. *A Discourse Grammar of Mandarin Chinese*. Peter Lang.
- DREES (Direction de la Recherche, des Etudes, de l'Évaluation et des Statistiques). (2016). *Activity Report 2016*. https://drees.solidarites-sante.gouv.fr/sites/default/files/2021-02/2016_RaportActivite-DREES.pdf.
- Drew, Paul., & Heritage, John. (1992). *Talk at work: Interaction in institutional settings*. Cambridge University Press. (<https://library.wur.nl/WebQuery/titel/1679758>).
- Fukaya, Yasuko, Kawaguchi, Minato, Okabe, Meiko, Koyama, Sachiyo, & Kitamura, Takanori (2023). Development of the life-worldly communication scale to improve quality of life: daily conversation as care for older adults. *Health Communication*, 1–11.
- Fukaya, Yasuko, Kitamura, Takanori, Koyama, Sachiyo, Yamakuma, Kanako, & Sato, Shinobu (2016). Analysis of utterances by older persons in 'life-worldly' communication with caregivers in Japan. *The Journal of Nursing Care*, 5, 1–10.
- Fukaya, Yasuko, Koyama, Sachiyo, Kimura, Yusuke, & Kitamura, Takanori (2009). Education to promote verbal communication by caregivers in geriatric care facilities. *Japan Journal of Nursing Science: JJNS*, 6(2), 91–103.
- Fukaya, Yasuko, Kitamura, Takanori, Wakabayashi, Ritsuko, & Kawaguchi, Minato (2019). Development of Life-Worldly Communication Scale for Older Persons: A Pilot Study (SSRN Scholarly Paper No. 3510839). <https://papers.ssrn.com/abstract=3510839>.
- Goffman, Erving (1955). "On face-work; an analysis of ritual elements in social interaction. *Psychiatry*, 18(3), 213–231.
- Grainger, Karen (1993). That's a lovely bath dear": reality construction in the discourse of elderly care. *Journal of Aging Studies*, 7(3), 247–262. [https://doi.org/10.1016/0890-4065\(93\)90014-B](https://doi.org/10.1016/0890-4065(93)90014-B)
- Grimme, Tracy M., Buchanan, Jeffrey A., & Afflerbach, Shelby Marie (2015). Understanding elderspeak from the perspective of certified nursing assistants. *Journal of Gerontological Nursing* 41 (11) *J Gerontol Nurs*, 42–49. <https://doi.org/10.3928/00989134-20151015-05>
- Hughes, Matthew, Geraci, Lisa, & De Forrest, Ross L. (2013). Aging 5 Years in 5 min. *Psychological Science*, 24(12), 2481–2488.
- Jansson, Gunilla (2016). You're doing everything just fine": praise in residential care settings. *Discourse Studies*, 18(1), 64–86. <https://doi.org/10.1177/1461445615613186>
- Kemper, Susan, Finter-Urczyk, Andrea, Ferrell, Patrice, Harden, Tamara, & Billington, Catherine (1998). Using elderspeak with older adults. *Discourse Processes*, 25, 55–73.
- Kemper, Susan, & Harden, Tamara (1999). Experimentally disentangling what's beneficial about elderspeak from what's not. *Psychology and Aging*, 14(4), 656–670.
- Kerbrat-Orecchioni, C. (2016). Les actes de langage dans le discours: Théorie et fontionnement. Armand Colin.
- Kitwood, T.M. 1997. *Dementia Reconsidered: The Person Comes First*. Buckingham [England]; Philadelphia: Open University Press.
- Krings, Marion F., van Wijngaarden, Jeroen D. H., Yuan, Shasha, & Huijsman, Robbert (2022). China's elder care policies 1994–2020: a narrative document analysis. *International Journal of Environmental Research and Public Health*, 19(10), 6141–6141.
- Lin, Shumin (2024). Power, solidarity, and saijao in dementia care. *Concentric Studies in Linguistics*.
- National Working Commission on Aging (2023). National Development Bulletin on Aging, 2023. Retrieved November 21, 2024, from <https://www.gov.cn/lianbo/bumen/202410/P020241012307602653540.pdf>.
- Ortiz, Karin Zazo, De Lira, Juliana Onofre, Minett, Thais Soares Ciariancullo, & Bertolucci, Paulo Henrique Ferreira (2024). Language Impairments in Alzheimer's disease: what changes can be found between mild and moderate stages of the disease? *Clinics*, 79, Article 100412. <https://doi.org/10.1016/j.clinsp.2024.100412>
- Ryan, Eellen Bouchard, Hummert, Mary Lee, & Boich, Linda H. (1995). Communication predicaments of aging: Patronizing behavior toward older adults. *Journal of Language and Social Psychology*, 14(1–2), 144–166. <https://doi.org/10.1177/0261927X95141008>
- Ryan, Ellen, Meredith, Sheree, Maclean, MiCheal, & Orange, Joseph. (1995). Changing the Way We Talk with Elders: Promoting Health Using the Communication Enhancement Model. *International Journal of Aging & Human Development*, 41, 89–107.
- Sacks, Harvet, Schegloff, Emanuel A., & Jefferson, Gail (1978). A Simplest Systematics for the Organization of Turn Taking for Conversation. In J. Schenkein (Ed.), *Studies in the Organization of Conversational Interaction* (pp. 7–55). Academic Press. <https://doi.org/10.1016/B978-0-12-623550-0.50008-2>.
- Salari, Sonia Miner, & Rich, M. N. (2001). Social and environmental infantilization of aged persons: Observations in two adult day care centers. *The International Journal of Aging and Human Development*, 52, 115–134.
- Schnabel, Eva-Luisa, Wahl, Hans-Werner, Streib, Christina, & Schmidt, Thomas (2020). Elderspeak in acute hospitals? The role of context, cognitive and functional impairment. *Research on Aging*, 43, 416–427.
- Schroyen, Sarah, Schroyen, Sarah, Adam, Stéphane, Marquet, Manon, Jerusalem, Guy, Stéphanie, Thiel, Anne-Laure Giraudet, & Missotten, Pierre (2018). Communication of Healthcare Professionals: Is There Ageism? *European Journal of Cancer Care*, 27(1).
- Shaw, Clarissa A., & Gordon, Jean K. (2021). Understanding elderspeak: An evolutionary concept analysis. *Innovation in Aging*, 5(3). <https://doi.org/10.1093/geroni/igab023>
- Shaw, Clarissa, Ward, Caitlin, & Weimar, Lisa (2023). Do Older adults appraise elderspeak communication as patronizing or respectful in hospital dementia care?, 928–928 *Innovation in Aging*, 7. <https://doi.org/10.1093/geroni/igad104.2981>.
- Shaw, Clarissa A., Ward, Caitlin, Gordon, Jean, Williams, Kristine N., & Herr, Keela A. (2022). Characteristics of elderspeak communication in hospital dementia care: Findings from the nurse talk observational study. *International Journal of Nursing Studies*, 132, Article 104259.
- Silagi, Marcela Lima, Bertolucci, Paulo Henrique Ferreira, & Ortiz, Karin Zazo (2015). Naming ability in patients with mild to moderate Alzheimer's disease: What changes

- occur with the evolution of the disease? *Clinics*, 70(6), 423–428. [https://doi.org/10.6061/clinics/2015\(06\)07](https://doi.org/10.6061/clinics/2015(06)07)
- Wang, Yejie, Yichen, He, & Yu, Jiayi (2025). ‘老了，谁来照顾你’. *China Youth*. January, 15.
- Zhang, Min, Zhao, Hui, & Meng, Fan-Ping (2019). “Elderspeak to resident dementia patients increases resistiveness to care in health care profession. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, 57.