From the Mouths of Babes: An Examination of Elderspeak in An Intergenerational Daycare Facility

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Abstract
As the population in the United States ages, it becomes increasingly important to understand how a new generation is learning to interact with older adults. This study examines the way that children and staff at an intergenerational daycare facility speak to older Americans. Kristine Williams observed the pervasive phenomenon of “elderspeak,” a linguistic register similar to baby talk used to speak to older adults in many settings, including a long-term care facility (Williams 2011: 4). Elderspeak was found to have extremely negative consequences on older individuals’ health outcomes. I analyzed twenty hours of audio data from naturalistic interactions I observed at my research site. This study found that using 1) age-avoidance terms, 2) a patronizing tone, 3) lack of honorifics, and 4) scolding by staff, older adults, and children linguistically separated older adults into a different and lower social status from staff members and children. This communicative practice impacted the social and linguistic environment of the intergenerational care facility. As elderspeak is socialized, it spreads across generations. The simplified register with a tone and structure of condescension is a reflection of local ideologies about aging.

Keywords: Elderspeak, intergenerational care, communication and aging

Introduction
Turn on the television for ten minutes and it becomes evident that negative ideologies related to aging are prevalent in the United States. Special skin creams, hair dyes, and even yogurt are marketed to women and men to help them avoid the aging process. By the year 2030, approximately one in every five Americans will be an older adult, totaling 72.1 million citizens over age 65 (DHHS, AoA). As each generation in the population ages, younger generations will be expected to interact with and care for older adults. Most of these individuals, young and old, are exposed to elderspeak, a linguistic register similar to baby talk, characterized as “overly directive or overbearing talk, frequently referred to as patronizing speech” (Williams 2011: 2). Though it may seem innocuous, elderspeak has negative consequences for the social and cognitive health of older adults and may often predispose a decline in health and cognitive capabilities (Kemper and Harden 1999: 660). This study examines how the pervasive phenomenon of elderspeak is socialized and will shed light on

1 I use the term older adult throughout this paper. According to the American Psychological Association, “elderly is not acceptable as a noun and is considered pejorative by some as an adjective. Older person is preferred” (APA 2001: 69). In addition, studies have shown that when asked, “what terms do you think are appropriate when referring to people ages 65-plus?” approximately 80% of respondents answered older adults (ASA Connection 2007).
how we, as a society, can begin to modify the way in which older adults are treated in everyday communication.

When I first entered the research site of this study, a three year-old girl asked me, “are you older than Hannah Montana?” In conversations with older adults at my research site, my age was often of great importance. The focus on age seemed to span young and old alike. To enhance understanding of this preoccupation with relative age and implications for older adults, I examined communication in a day care institution, which I call Zenith Care, that tries to bridge the gap between children and older adults. In particular, I sought to understand how elderspeak is used: who uses it, in which contexts, how it is propagated through language socialization and how it may contribute to the stigmatization of older adults.

This is one of the first anthropological examinations of elderspeak and it contributes to a literature that exists mostly for care providers. I hope that my findings strike a note with caregivers for older adults and anthropologists interacting with aging populations, but also with the many children, grandchildren, and friends of older Americans that may find that they no longer know appropriate or effective ways to speak to aging relatives.

In the United States, older adults are often positioned as cognitively and physically diminished social persons, reducing their status in the social hierarchy, despite a mythos of respect for elders. If we are lucky, all of us will reach old age. To advance health, wellbeing, and successful aging, it is relevant to examine how, perhaps unwittingly, old age is stigmatized. To this end, the present study documents the institutionally sanctioned deployment of elderspeak in a community of older adults.

**The Setting and the Participants: Zenith Care**

I conducted my research at an intergenerational daycare facility, “Zenith Care.” It contains a preschool for children from six weeks to six years old and an adult daycare for seniors, particularly low-income, homebound, and medically frail individuals. Primarily, the older adults have been diagnosed with Alzheimer’s Disease or other forms of dementia; long-term illnesses such as cancer, HIV/AIDS or Parkinson’s Disease; some of whom have suffered strokes.

During the summer of 2012, I spent six weeks observing and recording Zenith Care activities involving groups of young children and older adults. Overall, I collected over twenty hours of audio data of naturally occurring speech used during intergenerational activities as well as during the children’s preparation and return from these events. In addition to elder-child encounters, the recordings captured interactions between teachers and children, the older men and women in the adult daycare program, and the caretakers and nurses working with the older adults during their daily activities.

The primary focus of the study is documentation of communication between children and older adults. Employees guide and coordinate activities between older adults and preschool students once a day for each of the three preschool classes. One class is made up of children from one and a half to two and a half years old, the next class is three to four years of age, and the oldest students are between five and six (many of these children transitioned to kindergarten during the summer). The study focused on the oldest students, because they were the most talkative during intergenerational activities. Each class has a scheduled time to walk from the preschool building to the separate adult day care building and participate in a
range of activities that got both age groups involved. Many of these activities are focused on arts to inspire collaboration between the children and older adults. Others involve sports to get both age groups moving; older adults are encouraged to participate from a seated position. These activities motivate communication, often encouraged or facilitated by staff members.

The site consists of two neighboring buildings, one for the adult daycare and one that houses the preschool. They are connected by a short paved walkway that is used to get from one building to the other. The room where most of the intergenerational activities take place serves as a craft room, a place to watch television, and a sitting area where older adults color, do crosswords, read the newspaper or magazines, nap, and a variety of other things.

The preschool consists of two areas of classrooms separated by a main office. Three rooms house children aged six weeks through one and a half years old. Older adults visit these classrooms once a day and often help to feed or comfort young toddlers. The other three classrooms hold older students. These groups walk from their classrooms to the adult daycare once a day.

Each class consists of twenty-four students. To maintain a consistent student to teacher ratio at all times teachers can take a maximum of twelve students across the walkway to the adult daycare’s craft room (See Figure 3). The craft room holds four large, round tables with seating for six people. Employees divide up older adults at each table before the children enter for the activity. Older adults usually sit at every other seat so that a child may occupy the chair next to them, leading to consistent interaction between the age groups. At most, twelve older adults sit at the four tables. Chairs line the unused walls so older adults may choose to watch the activities instead of participating directly. This rarely happened, but when it did, the older adults were encouraged to participate at the tables instead (See Figure 4).
Figure 2: This picture shows a view from the patio at the adult day care facility. From this view it is easy to see how close the two buildings are in proximity to each other.

Figure 3: This is the entry to the area where the older classes of children are housed. On the left side, out of sight, are the doorways to the classrooms.
All of the activities are voluntary, so the number of children and older adults vary day-to-day. Some older adults and children are “regulars” and always choose to participate. These older adults range from their late sixties to late eighties and have differing levels of ability to participate both physically and mentally. In addition to ability to participate, the modes of interaction vary. While some older adults seem to enjoy speaking with and participating with children, others seem to enjoy their presence but are unsure in their interactions with the children.

**Previous and Relevant Research**

**Eldercare**

In many societies, families live as multi-generational units for generations (Daly 2003: 778). As the United States shifted toward the nuclear family structure in the past decades, older individuals have been pushed to the periphery of the family unit (Hendricks 1982: 323). This has encouraged ageism and the segregation of many older adults to nursing homes and other eldercare facilities. Aging is feared and stigmatized in the United States (Nelson 2004: 324-331). As a result, many Americans go to great lengths to avoid becoming “old” and losing independence.

Many older adults without family care struggle to remain independent as they age. Older adults often endeavor to stay in their residences despite their inability to perform key aspects of daily living. These activities of daily living, or ADLs, include bathing, dressing, eating, and management of continence (Wallace and Shelkey 2008: 64). When one or more of these becomes difficult or impossible for an individual to perform, they may move to an assisted living facility. These facilities range in level of assistance and quality of care, which affect the trajectory of an older adult’s life course and may lead to successful or unsuccessful aging.
Elderspeak

One of the key communicative characteristics of nursing homes, especially those facilities specializing in dementia care, is that interactions between staff and residents tend to be infrequent, task-oriented, and “encourage dependency” (Williams, Kemper, and Hummert 2003: 243). This institutional style of communicating contrasts with the observation that some residents can communicate effectively. Indeed, these residents attempt to “maximize their independence, maintain their connection with family and others, receive quality care, and enhance their sense of self-worth and dignity” (Lubinski 2011: 41).

Communication is critically important for all human beings, including residents of eldercare institutions, as a means to maintain connection with others and a sense of self (Williams 2011: 1). Older adults may become withdrawn or silent upon changing environments. When almost all of their physical needs are anticipated, they may be less frequently prompted to speak (Grainger 1995: 418-419). As such, a self-fulfilling state of affairs may result, whereby caregivers’ underestimation of the linguistic and cognitive capabilities of their patients may propel the decline in those very capabilities, especially when they infrequently engage in sustained communication.

Much of the communication that does occur between patients and caregivers is task-oriented and requires very little reaction on the part of the older adults (Grainger 1995: 418-419). Physicians often spend less time with older patients than their younger counterparts and tend to be “more condescending, abrupt, and indifferent with older patients” (Belsecker and Thompson 1995: 399). Coupled with the possible cognitive and sensory limitations that may accompany old age, doctors, caregivers, and family members may “alter their speech to meet the assumed needs of the older person” (Belsecker and Thompson 1995: 398 and Williams 2011: 6-7).

This practice constitutes the linguistic register called “elderspeak.” Kristine Williams, a leading researcher on communication, cognition, and care-giving issues, identifies elderspeak by the use of “slower speaking rate, exaggerated intonation, elevated pitch and volume, greater repetition, simpler vocabulary, and reduced grammatical complexity…overly directive or overbearing talk, [it is] frequently referred to as patronizing speech” (Williams 2011: 2). The nonverbal aspects of elderspeak include “prosody, gaze, facial expression, proximity, and gestures,” as well as added diminutives (Williams 2011: 5). Elderspeak is derived from baby talk (also known as motherese), a speech register targeted at infants and children (Ferguson 1964, Kemper and Harden 1999: 667). When directed at children this register is seen as “an expression of affection, tenderness, and intimacy” (Solomon 2011: 128). In contrast, rather than positively affecting older interlocutors, it “frequently communicate[s] messages of dependence, incompetence, and control” (Williams, Kemper, and Hummert 2003: 242).

Elderspeak has been assumed to accommodate the perceived communication needs of older adults. Yet, it rarely does so and often has the opposite effect. “If persons outside the communication dyad observe a patronizing interaction, they may assume that the older adult benefits from the accommodations. In their future interactions with that older person, they may accordingly employ elderspeak. In effect, elderspeak may, in the worst cases, even be blamed for its [own] occurrence” (Williams 2011: 6-7). That is, “the use of elderspeak presumes that the older adult is cognitively impaired” (Kemper and Harden 1999:656). Instead, elderspeak is not necessarily cued by a display of comprehension problems on the part of the “elder.” Indeed, it is frequently used with cognitively cogent individuals. Syntactic simplifications and prosodic
exaggeration have been observed to trigger negative self-assessments of communicative competence by older adults, leading to more self-rated communication problems (Kemper and Harden 1999: 660).

The use of simplified speech with older individuals occurs across many societies and is associated with negative impacts on older adults’ health outcomes (Williams 2011: 4). As noted, elderspeak creates a self-fulfilling prophecy: if an older adult is treated as if they are old and disabled, they may begin to feel older and act older (Williams 2011: 7). Though elderspeak attempts to “promote effective communication” and assure understanding on the part of the older adult, it often fails to accomplish these goals (Williams 2011: 8). By not challenging the older adults to use their cognitive abilities to process and respond to information, they lose motivation to maintain a high level of cognition, predisposing a decline. Elderspeak is especially prevalent in dementia care institutions. Unfortunately, “many of the practices and characteristics of institutions… induce dependency” (Grainger 1995: 427). “Hired caregivers at these institutions used high levels of elderspeak and it was more likely to be with those residents considered to be the most dependent (Grainger 1995: 427).

The features of elderspeak that may aid communication include “providing semantic elaboration and reducing the use of subordinate and embedded clauses” (Kemper and Harden 1999: 656). Yet, reducing sentence length, slowing speaking rate, and using high pitch may result in more communication problems and reflect an imbalance of power in which the older adults assume the sick role (Kemper and Harden 1999: 656; Williams 2011: 3). It is often difficult for caregivers to tell the difference between secondary baby talk and clarifying communicative practices (Solomon 2011: 123). To combat the negative effects of elderspeak, most scholars promote institutional interventions that increase adult caregivers’ awareness of the features of speech that patronize and increase dependency.

Ageism in Intergenerational Care

The majority of the research about elderspeak has involved clinical care settings. As a result, there has been limited research about young people’s use of elderspeak. Susan Kemper and Tamara Harden, who focus their research on psycholinguistics and gerontology, found that young adults spontaneously adopt a form of elderspeak when paired with older adults (Kemper and Harden 1999: 656). Williams argues, “older adults are perceived to have sharply declining abilities, dependency needs, and a desire to disengage. Because of these stereotypes, of which the younger adult may not be aware, younger partners alter their speech to meet the assumed needs of the older person” (Williams 2011: 6-7).

In the United States, older adults are often separated from society at large. This circumstance may reflect a cultural bias toward the young. Sheree Kwong See, Carmen Rasmussen, and S. Quinn Pertman conducted a study that examined children’s underlying stereotypes about age using a modified Piagetian conservation task and different questioners following the task (Kwong See, Rasmussen, and Pertman 2012: 163). They found that five-year-old children responded differently to older adults than to individuals in middle age,

2 For the purposes of this study, I define young age as those under 25. Older adults can be considered over age 65, as this is considered full retirement age for Social Security. The population at Zenith Care did include some individuals under 65, some of whom had Down Syndrome or some form of cancer and were unable to be cared for in their homes during the day.
believing that middle-aged individuals knew something that neither they nor the older adults understood. Already, the children had formed a stereotype that “aging is associated with a decline” (Kwong See, Rasmussen, and Pertman 2012: 163). When conducting a study that looked at responses to an attitude scale and measures of children’s social interaction with older adults compared to middle-aged interlocutors, Leora W. Issacs and David J. Bearinson found that ageism can operate without conscious awareness. Ageism was shown behaviorally among four-, six-, and eight-year olds who sat farther from the older adult at the table when working on a puzzle together. They “initiated eye contact less often, spoke fewer words, initiated conversation less frequently, and made fewer appeals for assistance or verification” with the seventy-five-year-old compared with the thirty-five-year-old (Isaacs and Bearinson 1986: 178).

In the United States, when individuals were asked to conjure an image of and describe an unknown older person, most described a depressed, lonely, disabled older adult. Children often used terms such as “tired, ugly, helpless, generally ill and ready to die” (Aday et al. 1996: 38). This negative association with old age seems to disappear when the same people were asked to think of an older individual whom they know, such as a grandparent or friend. When describing an older person with whom they have a relationship, individuals’ descriptions paint a much brighter picture (Dr. Daphna Gans, personal communication, June 5, 2012).

The intention of intergenerational care is to change the negative perception of older adults into a more accessible and realistic picture of the aging process. Intergenerational programs connect younger and older generations for mutual benefit. Children and older Americans increasingly find themselves in non-familial care settings. These are often age-segregated, which may lead to negative attitudes about other age groups. It has been demonstrated that “negative stereotypes about aging and the aged create an increased fear of our own aging…If left unchallenged, attitudes formed early will tend to have enduring qualities that affect people’s thought and behavior throughout life” (Aday et al. 1996: 38-39).

To combat this negative image of aging, intergenerational programs bring the young and the old together in shared activities. Shared site intergenerational programs (SSIPs) are defined as, “those in which children/youth and older adults receive ongoing services and/or programming at the same site concurrently” (Jarrot and Bruno 2007: 240). SSIPs make intergenerational activities a part of everyday life. SSIPs increase exposure to older adults, as a result children cease to see older Americans as an unapproachable group and instead focus on individual relationships. This is a mutually beneficial environment. Older adults report feeling more connected to the younger generation (Aday et al. 1996: 46). By combating negative stereotypes early on, intergenerational programs can “serve to overcome the drift toward an age-graded society; to relieve possible future tension between the generations; to provide a historical awareness of the past, present, and future; and to provide a sharing of multicultural diversity and life-styles” (Aday et al. 1996: 40).

**Language Socialization**

Elderspeak stems from a misunderstanding of the communicative needs of older adults. It is perpetuated through language socialization, the process through which one is socialized into and through language forms and practices. Children are born with the ability to adapt to any language environment. Because of this, language socialization begins at the moment of
social contact in the life of a human being (Schieffelin and Ochs 1986: 165). Every interaction is a potentially socializing experience to impart language ideology in a group or to someone in a particular group. Children’s understanding of how to use language in social interactions is partially a function of their experiences and the nature of their communicative environment (Schieffelin and Ochs 1986: 178). Language socialization continues throughout the life-course and is not limited to childhood. Thus, for example, caregivers in adult day-care institutions are socialized into ways of talking to the individuals under their care. We encounter new situations and cultural contexts as we move through life. It is also the case that language socialization is a two-way street: as caregivers socialize their charges through the way they talk to them, they are also being socialized by how their charges respond to them. As such, language is an interactional process, “all parties to socializing practices are agents in the formation of competence” (Ochs and Schieffelin 2011: 5-6).

Acquiring culturally appropriate language for use in social settings is based on many processes by which novices learn from veteran participants and from each other. According to linguistic anthropologist Elinor Ochs, “novices become acquainted with activities not only from their own and others’ attempts to define what transpires in an activity, but also from how those participating in the activity respond to them” (Ochs 2002: 107). This means that novices, specifically children, learn communicative practices based on the behaviors of those around them, including their peers (Goodwin and Kyratzis 2011: 296). The way in which children are socialized to use language is undergird by social expectations: "Part of the meaning of grammatical and conversational structures is sociocultural. These structures are socially organized and hence carry information concerning social order… Language use is then a major if not the major tool for conveying sociocultural knowledge and a powerful medium of socialization… children acquire a world view as they acquire a language" (Ochs and Schieffelin 1986: 2-3). The way children use language reveals local language ideologies and impacts the world through its use (Riley 2011: 298). The ideologies and practices imparted to novice speakers through language may include negative social attitudes towards sectors of the population, as evidenced by the socialization of children into elderspeak.

Methods

As I assimilated into the community of Zenith Care as an observer and volunteer, I collected audio recordings of naturalistic interactions between children and older adults as well as between children and staff members. Using participant observation, I shadowed children from three classrooms as each class visited the older adults once a day. I collected over twenty hours of audio data. Data collection focused on twelve children from three age groups to ensure continuity, as they attended intergenerational activities every other day. The age groups ranged from approximately one and a half years in age to six years old. In addition, I observed the teachers as they interacted with the children, the men and women in the adult daycare program, and the staff members who stay with the seniors during all of their daily activities at Zenith Care.

During the first stage of data collection, I observed all of the daily activities in the classroom communities. I identified the children who most often participated in intergenerational activities. I also took their level of interaction into account when selecting focal subjects. I identified and recorded the activity periods during which the children
interacted with the older adults and when staff members provided meta-communication about how to talk to or about the older individuals. I took field notes, paying particular attending to socialization activities and the children’s and staff members’ communicative styles. Participant consent was obtained from caregivers, older adults, and parent consent for child participants.

The second stage of data collection focused on the four children in each class as they interacted with the older adults. During recordings of these naturalistic interactions, I paid particular attention to staff members. Recordings included classroom preparation (5-10 minutes) for intergenerational activities, as well as interaction with the teachers following these visits (5-10 minutes) to capture any socialization interaction. One child was recorded during each visit to collect high quality audio data. Interviews with one teacher from each class were conducted to elicit their perspective about the interactions between children and older adults. I also tried to assess their language ideologies, specifically about the way that they speak to the children and older adults. For example, I asked the teachers about the differences in linguistic behavior that I observed when children entered their classrooms as opposed to the adult daycare facility. Finally, I led a focus group discussion among six girls from four and half to six years old. To address children’s language ideologies and self-awareness of how they speak to the older adults, I asked them how they speak to different groups of individuals.

Elderspeak at Zenith Care

Analysis of the audio data provides evidence that individuals at the intergenerational care facility use language to differentiate older adults into a distinct social category from staff members and children. They used a particular linguistic register that included: age avoidance terms, specialized voice quality (a feature of elderspeak), lack of honorifics, and scolding by staff, older adults, and children. I observed the propagation of this register through modeling in the presence of young children. The features of the register index how the speakers view the social status of the older adults to whom it is directed.

Use of Age Avoidance Terms

Age avoidance terms are used to do just what they are named for, avoid mentioning the age of the interlocutor. This practice was put in place to avoid ageism, one of the goals of the intergenerational facility. However, these terms take on age-related meanings, despite the intention to reduce age-related discrimination in conversation. The site uses many specific techniques to mitigate the use of age related terms among children and adult staff. Two of the most prevalent terms used to refer to the older adults are “friend” and “neighbor.” Both of these age avoidance terms may be used by staff, older adults, or children.

In the example below, one of the teachers, Naomi, uses the term “friend” to ask several children to choose an older adult as a partner. Eleven students in the “Koala class” are going on a walk with eight older adults.

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3 All names used are pseudonyms.

4 Transcription conventions are provided in Appendix A.
“Friend” is used to avoid the use of a term that connotes the age of the individuals being asked to participate. Though there is no age-related term used, it is clear that the teacher directs the child to hold the hand of an older adult. Although the age of Robin is not clear from the audio excerpt, visual cues indicate Robin’s status as an older adult. Robin is depicted as someone who “doesn’t have a friend” and is grouped into the category of “neighbors,” but this term “friend” could just as easily be assigned to a child. Joel is directed to hold Robin’s hand and in so doing is assigned as a “friend.”

The term “neighbor” originates from the close proximity of the buildings that house the preschool and the adult day care. The buildings are separated by a short walkway and thus the people who spend time in one are “neighbors” to those individuals housed in the other facility. Though “neighbor” may be used in reference to a child or an older adult, it is usually used to indicate that the individual being described is an older adult. The word “neighbors” indexes the act of going to the neighboring building. Children would often say to me, “I want to go to neighbors,” meaning that they wanted to participate in the intergenerational activity planned for the day. In the following example, one of the teachers, Judy, is going through the attendance sheet to ask students whether or not they would like to go to visit the “neighbors.”

1 J: Dante neighbors?
2 D: (nods)
3 J: (0.1) yeah are you going to be a good listener? [(0.2)]
4 D: [((nods))]
5 J: yeah (.)
6 J: Jord?an is not he?re.
7 J: Jo::el?[do you (want to go to neighbors?)]
8 S: [yeah]

Use of the word “neighbors” is infused with meaning. When Judy says, “Dante neighbors?” she does not have to specify what it is she is asking about the word. It’s meaning in this situation is “going to participate in an activity with the neighbors” and the reference to “neighbors” implies that they are older adults.

In another situation, a teacher asked a child to sit next to an older adult by saying, “Stewart, come sit next to neighbor Lester.” In another setting a teacher asked a child to stop hitting another student by saying, “Please stop hitting my friend.” Special emphasis is placed on these words to separate them from their everyday meanings and focus on the relationships between the interlocutors. Yet, these terms are also used to avoid the relationship between an individual’s age and the pronoun used to describe them. Despite this, the terms are imbued with contextually derived meaning.

Even though these terms are meant to override an age-related referential meaning, they act as a linguistic device that promotes otherization (Piller 1999). Older adults may be called “neighbor” or “friend,” just as a young child might be, but based on the context of the situation
the terms have a different effect. Your friend Lester, an eighty-two year old man in a wheelchair, is not identical to your friend Dante, a five year-old boy. Instead of aligning or equalizing the older adult in the situation, it places him in a different sphere of reference, indicating a linguistic and social distinction between a more usual “friend.” Though the terms used to describe them are the same, the context allows participants to make this distinction and results in/is a result of other linguistic phenomenon used to differentiate older adults.

Use of a Simplified Register Based on Interlocutor

Despite the practices the facility adopts to avoid ageism, a specialized register that often seems patronizing is used when speaking to older adults. As outlined above, the conventional term for this simplified register when directed at older adults is elderspeak (Williams 2011: 4). The traditional features of elderspeak include a slower speaking rate, exaggerated intonation, elevated pitch and volume, greater repetition, simpler vocabulary, and reduced grammatical complexity (Williams 2011: 4). It is also characterized as overly directive or overbearing talk. In this intergenerational facility the use of a high pitch and prosody as well as the elongation of vowels exemplify the simplified register. A nearly identical tone is used by staff when speaking to the preschool students as well as older adults.

This use of elderspeak in the facility is ubiquitous. Volunteers and staff members switch between a simplistic style of communication marked by exaggerating pitch and intonation and a register where these features are absent. When staff members, volunteers, and parents or caregivers speak to each other, their speech is generally not marked by these features, unless a child is present with the parent or the nurses are simplifying a technical concept to caregivers and family members. The majority of the time code-switching between elderspeak and other registers occur when staff members speak with other staff members during an intergenerational activity.

In the following example, one of the staff members begins by speaking to the group of children and older adults and interjects a comment aimed at one of the teachers and me. The italics indicate elderspeak and bold face indicates a quick change in tone. The main interlocutors are Harriet (an older adult), Maya and Jocelyn (staff members), and me. Harriet often uses baby talk to the children, but I do not note this in the transcription because it does not occur in this excerpt.

1 H: are we going to eat these [today?       ]
2  M: [we are going]
3  M: to make bracelets first
4  M: E?vans back?, aIRight E::van?
5  H: come on Evie? get a spot babe (.) Missed our song but now you’re
6  H: here (.)
7  M: Evans here today (.)
8  M: we’re all here today (.)
9  M: WE’re so happy that you’re here today (.)
10 M: >do you want to sit here?< Amanda can sit here too
11 A: ok sure
12 M: alright we’re making cheerio bracelets
13 M: we ARE NOT EAting yet we’re not eating yet
14 M: so everybody gets their bowls and then we string them on to
Maya, a staff member switches several times between using a simplified register with exaggerated voice quality and the unmarked register of speaking to peers several times throughout this conversation. She switches when speaking to those also considered competent adults in this situation. This occurred quite often and involved a shift from honeyed, high pitched, and simplified propositions to softer voice, lower pitch, and faster pace of speaking. A common parallel to this situation occurred when parents or adults conversed when their child is in the room, while not addressing them or acknowledging them as a ratified or acknowledged participant in the dialogue. Staff members often initiated personal, tangential conversations during intergenerational activities, while children were participating in the activity and then quickly shifted into elderspeak or baby talk when giving instructions to children or older adults, especially while scolding. Register-shifting illuminates the precise deployment of elderspeak and the ease with which this register is slipped into when addressing older adults.

_Lack of Honorifics_

Staff members generally avoided age-related honorifics in addressing older adults. This is a part of Zenith Care’s effort to create a more egalitarian environment and reduce age-related discrimination, similar to the use of age-avoidance terms. Everyone, young and old, were generally referred to by first names. Whether a child, teacher, office staff member, or older adult, titles were rarely used. Last names were avoided as well. The more common specialized honorifics used in this facility are related to occupation; these include Teacher and Nurse. For example, children often call their teachers over by saying, “Teacher Judy, Teacher Judy” or simply “Teacher.” In addition, a staff member may ask a participant to “go see Nurse Carrie.” An exception to the avoidance of honorifics occurred when an activity leader, staff member became upset when speaking to an older adult. In these instances, they might use a ‘respectful’ address term, such as “sir” or “ma’am.” Staff members, however, did so with a stern voice, as if scolding a child. When the honorifics were used at Zenith Care the terms served as markers of disrespect rather than terms of respect. Here, the honorific marked social distance between the speaker and the older adult and disrespect rather than respect due to the change in tone and intention of the staff member to reprimand.

_Scolding_

Scolding often occurred in the facility. In most instances scolding was used to ask a participant to change their behavior and was often related to personal safety, for example to prevent a child or older adult from falling. Scolding occurred in many different incarnations: children scolding children, adults scolding children, older adult scolding children, adults scolding older adults, and children scolding older adults.

In the table below, I note the frequency with which scolding occurs and the groups of interlocutors that engage in scolding behavior.
In the 77 situations in which scolding occurred, children never scolded adults other than older adults, including staff members and teachers. Scolding increases as the children grow older. In addition, one and half to three year old children speak the least during intergenerational activities but are often scolded for safety reasons. The most common occurrences were child-to-child scolding and adult-to-child scolding. Because this took place in a preschool setting, this is not too surprising. Children are being socialized into school appropriate behavior. Peer interactions and corrections by teachers are prevalent in many school settings. In the social hierarchy of the facility, children and older adults fell below staff members. The register used to speak to the two groups was almost identical. Scolds were similar when they occurred between adults and children or staff members and older adults. The children were the only group that may have had a lower status than older adults. When an older adult scolded a child, they may have sought to regain power in the dyad that they are not granted by the staff members. The scolding of older adults to a child often occurred when a child correctly interpreted instructions and an older adult did not. Or, the older adult did not approve of the child’s behavior, although it was acceptable to staff members and volunteers. In the following excerpt, Loretta, an older adult, scolds Isaac, three, for trying to paint on their shared paper.

1 L: don’t you do that UNH (.1)
2 L: STAy on your side (.0) THIS my=side? stay on YOu rside (0.4)
3 L: STop,

Isaac was later given his own sheet of paper, as Loretta moved the sheet into a position that Isaac could not reach. Loretta scolded Isaac for participation that she misinterpreted as improper. He did not reply but, rather, sat patiently waiting for an adult staff member to affirm the scold or approve of his behavior. I requested that he be able to paint on his own. His teacher did not scold him, and Loretta muttered under her breath for the rest of the activity about her ownership of the artwork. Loretta was trying to regain social status in the dyad by scolding Isaac. The staff members undermined this effort by not reinforcing the scolding behavior and praising Isaac for his patience.

In other situations, children scolded older adults. This is significant, because it demonstrates that children were being socialized into features of elderspeak. The children did not scold middle-aged adults. They scolded older adults with the approval of their teachers and the staff members observing these interactions. In one situation, a child named Jordan observed an older adult, named Sonia, blowing bubbles with a group of younger students.

1 J: YOU’re not doing=it Right (0.1)
2 (Sonia does not respond))
3 STOP? you’re not do::ing it RIght
4 sto::::::p?
Jordan scolds Sonia for her use of a bubble wand but does not offer suggestions about how to change her behavior. In this instance, Jordan was not even supposed to be participating in the activity. One of the supervising teachers came over and told Jordan to go play “because it was not his neighbor time.” The teacher did not scold Jordan or apologize to Sonia.

In another interaction, one of the older adults, Esther, visited the classroom of five to six year olds to participate in an intergenerational activity. Esther was telling a story about being careful when you are young to illustrate the point that these actions may affect you later in life. This woman had a disability due to a childhood accident. A child, Clementine, repeatedly tried to get Esther’s attention by saying, “exCUSE me, hell:::o, HELLO.” As an afterthought she added, “MAYbe? you can’t hear me because (. ) <YOU (.) ARE (.) OL:::::D.>” Clementine expresses disapproval and then reproaches Esther due to her lack of attention and attributes it, unkindly, to the fact that she may be hard of hearing. That Clementine was not sanctioned for her lack of respect by surrounding adults, who did acknowledge her utterance, indicates that she was being socialized into a social milieu where this kind of scolding is acceptable.

Scolding, in addition to avoidance of age related terms, use of a simplified register based on the interlocutor, and the lack of honorifics, were used to create what is supposed to be an egalitarian environment, avoiding age related discrimination. Yet, these practices did not have the intended result. Often these features of speech served to otherize older adults by putting them in a separate sphere of reference from both adults and children in the facility. These older adults were neither explicitly accepted nor rejected, but the language practices used with them placed them in a separate and lower social category based on their age. The children picked up these patterns through language socialization into the use of elderspeak used at the site.

Language socialization apprentices novices into culturally appropriate ways to act, think, and feel in a certain situation. Most of the children at the research site did not regularly speak with older adults, especially those that are not a part of their immediate family. The use of elderspeak at the facility was ubiquitous, and the attitudes associated with it were not altogether positive. The language that these children were surrounded by reinforced the idea that older adults are different, that they are not competent, and as such they are “below” the other adults with whom they regularly interact.

The differences in the way that staff members speak to one another compared to the way that they speak to older adults influences the behaviors that children are socialized to use in their local environment and society at large. The elderspeak used at my research site exerted a powerful socializing effect on more than just the children. Despite the fact that I was completely aware of the shift in tone and the negative cognitive and social consequences of elderspeak, I found myself speaking to children and older adults in an altered tone and simplified register, much like staff members. The linguistic factors perpetuated by language socialization have an impact on all of the interlocutors at this site, including me.

The notable change in my tone was a result that I was not expecting. The purpose of the research was to observe a setting in which elderspeak occurred and examine whether or not children used it when speaking to older adults in everyday interactions. I did not think that I would alter my speech once I reached Zenith Care. Yet, language socialization transpires across the life span in a very subtle process. I adjusted my language use as I spent time at the research site. Although I did not use many diminutives or take place in the scolding of older adults, my register changed most often as I spoke to children and sometimes when I spoke to...
older adults. The effects of language socialization should be taken into account when planning educational interventions and strategies to mitigate the use of elderspeak.

Conclusions
To advance the health, wellbeing, and successful aging of older Americans, it is important to examine why old age is stigmatized, how this fear manifests, and what can be done to change the status quo. My research looks at the linguistic interactions between children, older adults, and staff members at an intergenerational daycare facility to explore the use of elderspeak. Elderspeak is more than just speaking down to older adults; it has been linked to the reduction of cognitive functions that can change the course of an individual’s life (Kemper and Harden 1999: 660). This study found that using 1) age-avoidance terms, 2) a patronizing tone, 3) lack of honorifics, and 4) scolding by staff, older adults, and children linguistically separated older adults into a different and lower social status from staff members and children. This communicative practice impacted the social and linguistic environment of the intergenerational care facility.

As elderspeak is socialized, it spreads across generations. The simplified register with a tone and structure of condescension is a reflection of societal ideologies about aging. Intergenerational care facilities expose children to older adults early in life, hoping to change their perceptions about old age. The staff and teachers at Zenith Care report that the intergenerational activities at the research site build positive relationships between children and older adults. It is yet to be determined, however, how these reports can be reconciled with the prevalence of elderspeak in guided interactions between young children and their older “friends” and “neighbors” and the impact of elderspeak modeling by staff members.

Significance and Recommendations
Elderspeak can negatively influence the state of an older adult’s health and cognition (Williams, Kemper, and Hummert 2003: 242). As such, it is important to create programs that help caregivers to overcome prevalent use of elderspeak through awareness and self-monitoring as well as through formal educational programs that can help to promote successful aging for older adults. As I found at my research site, language socialization is a very powerful process. Communication behaviors are difficult to change (Williams, Kemper, and Hummert 2004: 7). Educational programs targeted on just a few select characteristics of elderspeak can significantly improve the messages that caregivers send to older adults (Williams, Kemper, and Hummert 2004: 6). By modeling different communicative practices, staff members can in turn apprentice the children in treating older adults with respect and care. These strategies include: replacing diminutives with an older adult’s full name or preferred name, avoiding the use of inappropriate plural pronouns such as our and we, tagging questions to prompt a reply that does not imply that the older adult cannot act alone, and avoiding the use of shortened sentences, slow speech rate, and simple vocabulary (Williams, Kemper, and Hummert 2004: 7). At Zenith Care it would be important to reduce baby talk at the same time as self-monitoring for features of elderspeak. Many of the characteristics of elderspeak are shared with baby talk; these features probably lead to the proliferation of elderspeak and its associated attitudes.
Elderspeak is ubiquitous in the United States. The attitude toward older adults heavily influences the language ideologies and practices of young Americans. This study reveals that even in a daycare facility that is dedicated to promoting positive relationships between children and older adults that elderspeak is apprenticed to children early in life. This observation indicates the prevalence of societal discrimination against aging.

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APPENDIX A

Transcription Conventions

This transcription notation system is an adaptation, provided by Dr. Netta Avineri, of Gail Jefferson’s work (see Atkinson & Heritage (Eds.), 1984, pp. ix-xvi).

. The period indicates a falling, or final, intonation contour, not necessarily at the end of a sentence.
?

A question mark indicates a rising intonation, not necessarily a question.
,

The comma indicates ‘continuing’ intonation,’ not necessarily a clause boundary.
]

Brackets indicate onset of overlap in talk
]::::

Colons indicate stretching of the preceding sound proportional to the number of colons.
-

A hyphen after a word or part of a word indicates a cut-off or self-interruption.
word

Underlining indicates some form of stress or emphasis on the underlined item.

hhh/.hhh H’s indicate audible outbreaths, possibly laughter. The more h’s, the longer the aspiration. Aspirations with periods indicate audible inbreaths (eg., .hhh). H’s within parenthesis (eg., ye(hh)s) mark within-speech aspirations, possibly laughter.

WOrd

Upper case indicates loudness.

= The degree signs indicate segments of talk that are markedly quiet or soft.

> < The combination of ‘more than’ and ‘less than’ symbols indicates that the segments of talk between them are compressed or rushed.

< > In the reverse order, they indicate that a stretch of talk is markedly slower.

= An equals sign indicates no break or delay between the words thereby connected.

( ) A period in parenthesis indicates a brief pause.

(1.2) Numbers in parenthesis indicates a silence in tenths of a second.

(word) When all or part of an utterance is in parenthesis, this indicates uncertainty on the transcriber’s part.

((action)) Double parenthesis enclose descriptions of conduct.