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Communication with seniors in a family

Keywords: communication, senior, physiological ageing, pathological ageing

Abstract
The communication in a family is a process of a linguistic connection between its members. The proper communication influences the relations which occur in a family. There can appear some disruptions with a person with a physiological ageing as well as with a person with a pathological ageing. The purpose of this article is to describe the quality and quantity changes in seniors' speech and to indicate the ways to deal with noises which make the effective and satisfying communication impossible. The awareness of processes present in seniors' speech and application of enumerated rules which make the noises minimized – can have a great impact on the quality and effectiveness of seniors communication in a family environment.

Introduction

Communication is a process of linguistic connection. Besides speech, it also includes nonverbal symbols such as reading, writing and gestures. For communication to exist, a sender must convey a message to a recipient. In order to avoid confusion, the information must be embedded in the common contex for both, the sender and the recipient. It must also be conveyed with the same code (e. g. a language) and physical or mental relationship between the communication participants is necessary.

The most essential and ideal way of presenting thoughts, feelings, needs or asking questions is speech. When it comes to speech, it must be remembered that it is physiological as well as social phenomenon. Thus, the utterance of words involves

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participation in a certain type of social contact (Austin, 1993). Social dimension of linguistic behaviour has a special meaning when we describe the situation of the elderly in a contemporary family and generally in a society.

The importance of the family for people is enhanced by the fact that no form of foster care meets such a great range of needs as a family. Optimally functioning family provides seniors with safety, care and satisfaction, at the same time being of highest value for them (Borowik, 2015, p.139–150). Family is most effective in solving emotional, organizational and material problems or those connected with daily functioning, resulting from old age (Trafiałek, 2014, p. 152–162).

Retiring, which is the most noticeable, disruptive change of an elderly person's life, involves different lifestyle preferences. Seniors may aquire passive attitude, withdrawing from active life (passive style), focus their attention entirely on domestic issues (home-centred style), focus their attention on spirituality and religiousness (pious style), actively participate in local communities, homeowner associations and clubs (committed type), devote their time to interests and hobbies, e. g. gardening (hobby type) or focus on the closest relatives (familial type) (Czerniawska, 1998, p. 19-24). Usually seniors are eager to take care of grandchildren or other members of the closest family, despite the fact that it is, physically and mentally, a demanding activity. They want to feel needed, so apart from taking care of the grandchildren, they often support their family financially and emotionally.

One of the most important factors conditioning the way a family functions is the quality of relations among its members (Czekanowski, 2013, p. 55–77). The character of those relations is influenced, among other things, by correct communication. It is often disrupted by characteristic noises resulting from both physiological processes occuring in a senior's body and diseases and disorders appearing more frequently in people 60+.

The aim of this article is to describe quality and quantity changes in seniors' speech and indicate the ways of dealing with the noises which make effective and satisfying communication impossible.

Speech of the elderly – changes in physiological ageing

Changes in seniors' mood, thinking and appearance are very much related to each other. The three areas influence self-perception, the way other people see seniors and their relations with the others. Those changes also influence seniors' family situation.

Not in all people with physiological ageing speech differs greatly from young people's speech. However, quality and quantity changes are noticed more often. Slowing down of executive functions, typical for the elderly, results in lower verbal fluency (Rosińczuk-Tonderys et al., 2013, p. 88–93). Seniors often wander off of the topic of conversation, make digressions unimportant for the discussion, interject autobiographical strands. These are phenomena characteristic for people 60+. Frequency of

the above mentioned behaviours increases with age. The phenomenon was called Off Target Verbosity (OTV). Seniors utter too many words hardly focusing on the topic of the dictum, information provided by them is also very chaotic. In seniors' speech a phenomenon called Tip-off-the tounge (TOT) can be distinguished. Its Polish equivalent is „mam to na końcu języka". It occurs in young people as well, but it is much more common in seniors. It is difficulty with producing well-known words. Message sender cannot recall the word she/he knows, which would be the most adequate in a given communication situation. It is upsetting and when occuring frequently results in low self-esteem in terms of communication skills usage, and in consequence withdrawing from social interactions (Świątek, 2007, p. 69–78).

Syntax of the speech of the elderly also changes with age, becoming less complex, pauses appear more frequently, sentences are incomplete, short and simple. Structure of sentences is connected to the state of memory. Thus, the better seniors' memory, the more elaborated syntax structure of created sentences.

Pathological ageing

Pathological ageing is an accelerated process of ageing as a result of adverse influence of diseases or environment. The most frequent ailments in old age are dementia, hearing impairments and cerebral strokes.

Communication in dementia

Dementia is a natural symptom of ageing and the effect of neurodegenerational processes of the brain. In people of 65 years of age and older the range of cognitive functions efficiency may fluctuate from the lack of meaningful cognitive impairment through mild dysfunctions to dementia processes. About 30 million people in the world suffer from dementia impairment. It is predicted that the number will increase and double in 2030, and in 2050 will reach the number of 114 million. The increase in occurrence of dementia impairment in people of 65 years of age and older is significant (Barcikowska, 2006, p. 34–51). The most frequent cause of white people dementia is Alzheimer's disease (Clifford et al., 2011, p. 256–262).

Dementia makes communication very difficult. Changes in speech appear over the course of several or dozen or so years and they are irreversible. They are concomitant and conjugated with disorders in different areas (cognitive, mental or behavioral). In contact with the patients, one may expect a variety of linguistic impairments. At the beginning disorders are insignificant, however as the process of neurodegeneration progresses they become more conspicuous, eventually making communication with the patients impossible. Prior to this, long pauses at the beginning of a sentence and at the borders between sentences, unfinished phrases, TOT phenomenon, self-corrections occur most frequently in the picture of speech impairment in Alzheimer's dementia at the onset of the illness. Later, syntax becomes simplified and semantic paraphasia and naming impairment occur. In fluency, it is

easier for the patients to enumerate words in semantic categories than in formal ones. Prevalence of superordinate names to meronyms appears (e. g. instead of „hand", the patient uses the word „arm") (Łuczynek, 1985, p. 111–149). As the illness develops the loss of speech control progresses, the logic of disquisition ceases, digressions and inconsistent statements appear. In the last phase of the illness, in extreme cases, total mutism occurs. Reading and writing skills are retained for a relatively long time, although with time they are reduced to automatic form, without understanding of the read content. (Domagała, 2008, p. 297–311).

In the first stage of the illness it is crucial to maintain the involvement of the patients and their contact with others. Often it becomes necessary to initiate and continue the conversation. Face should be turned towards the interlocutor and eye contact should be kept. It is worth helping the patients to find the word which is „at the tip of their tongue". The patients should be given a choice by asking simple questions to which the answer is „yes" or „no". It is inadvisable to use phrases and collocations that are unclear, ambivalent or sarcastic. What is important, helping with communicating should be natural, without emphasizing the limitations of the interlocutor. In the next stage of the illness, when disorders become more serious, the aim is to retain the normal style of conversation as long as possible. It is necessary to keep an eye contact and focus the attention on oneself. The missing words should be prompted and then the whole sentence completed with the words omitted by the patient and repeated. One should speak slowly with the support of writing, illustrations and gestures. After changing the subject of the conversation one should wait for a while. At this stage the question asked should have limited number of answers (it is worth supporting oneself with pictures). It is necessary to constantly involve the patient in communication, avoiding pronouns and creating short, simple, sentences. In the last stage of the illness, the aim of communication is encouraging the patient to interact (in order to begin a conversation one can smile, nod or look). As it was mentioned before, one should speak looking directly in the eyes, with simple sentences, concurrently using verbal and nonverbal techniques as well physical contact (touching the patient with one hand, and use the other to present illustrations) (Gustaw et.al., 2009, p. 255–268).

Hearing impairment

According to National Institute of Health, 1 in 3 persons over 60 years of age has problems with hearing, 50% are those over 80 years of age. Undiagnosed hypoacusis brings the greatest consequences as it may lead to depression or social isolation. Listening to television or radio loudly, asking for repeating a sentence, avoiding conversation or meetings with others may be a sign for a family that a senior may have problems with hearing.

In a conversation with a senior with hearing impairment one should remember about several principles which may improve communication. Reduction of environ-

mental noise is necessary, sometimes it is enough to turn off the radio or TV or close the window, for the message to be received correctly. It must be remembered to speak with a face turned towards the recipient, in full light (when seniors see the face of interlocutors they may read their lips and facial expressions, it is important to synchronize facial expression with the message). The sender must say the words in a slow manner and loudly (but without shouting). Thoughts should be expressed precisely, preferably in the form of short sentences. Speaking during meals should be avoided, as on one hand the sender's speech is unclear due to chewing the food and on the other the sender has a problem with lip reading. When one of the senior's ear is more functional than the other, the sender should speak to that ear. When the hearing impairment is deep, using gestures and communicating with the use of capital letters writing is necessary (e. g. makaton).

Senior after cerebral stroke

A person after cerebral stroke finds it difficult to read and write. Thus, communication options both verbal and nonverbal are limited.

Disorders of speech resulting from cerebral stroke usually take a form of mixed aphasia. It means that the patient has difficulties both at the stage of verbal thinking and language planning and at the stage of planning speech movements. Aphatic speech is characterized by anomie, disorders of verbal fluency and articulation, occurrence of agrammatism, paragrammatism, paraphasia, disorders of repetitions, prosody and understanding of language functions. Cognitive impairments which may appear after cerebral stroke influencing the quality of communication are agnosia (perception disorder), apraxia (disruption in programming and executing purposeful, exercised movements), as well as attention, thinking, memory and executive functions disorders. Agraphia, alexia or acalculia are integrally connected with aphasia (Rosińczuk et al., 2014, p. 14–19).

It is important not to rush a person after cerebral stroke and ensure time for thinking. As in case of people with hearing impairment, the place where conversation takes place should be peaceful and quiet. While speaking, changing the subject too quickly should be avoided, thoughts should be formed concisely but at the same time, the elderly after cerebral stroke should be treated as any other adult (message should be directed to an adult, it should not be infantilized or overly simplified). As problems with understanding of speech often occur, sometimes it is necessary to rephrase the sentence (when seniors do not understand what a given word means – it should be described). Understanding the message send by a senior with aphasia by a healthy interlocutor may also be difficult (often verbal behaviours are not synchronized with the nonverbal ones – seniors use wrong words, which may have opposite meaning to the ones they actually want to use). It is important not to focus on how they speak (what words they use, whether they are grammatically correct, etc.) but what they

say. It is often necessary to ask if the message send by the patient is understood properly (one can ask: „do I understand correctly that you want…").

Sometimes when verbal communication is impossible it is necessary to adapt the language of gestures and symbols. However, even in those cases one must provide seniors with a choice of making decisions from trivial ones such as what they want for breakfast, to more important ones. It may be achieved by asking questions to which the answer is limited to „yes" or „no" (which can be expressed with head, hand or eye movements, picture, etc.) or preparing an appropriate set of pictures/symbols.

After cerebral stroke, the patients are usually aware of their inabilities and need acceptance, respect and understanding. Possibility of deciding about themselves, even in apparently trivial matters prevents seniors from self-esteem decrease. The presence of close relatives and their involvement in therapeutic process is vital, as the family is a factor greatly influencing senior's mental condition (Rosińczuk et al., 2016, p. 139–151).

Benefits from communication with seniors

Seniors are extremely valuable when it comes to shaping worldview of younger generations (Sendyk, 2006, p. 151-159). They have wisdom which they joyfully share with their grandchildren. They tell stories about the past and build the sense of identity in young people, tightening the bonds between generations. Due to becoming acquainted with the past, young people can recognize the threats and the chances of the contemporary times. Seniors give better advice when it comes to more complex matters. Their experience allows them to predict consequences of decisions.

They are grandchildren's secret keepers being more understanding than the parents and definitely more patient. Ensuring that they want the best for them gives the grandchildren a feeling of safety. Grandparents are the only members of the family who have time to listen, advise and console their grandchildren as opposed to busy, overworked parents. Benefits for the younger generation from communicating with the elderly are priceless but seniors also profit from the situation.

Seniors' quality of life is significantly influenced by the relations they have with the closest relatives. Usually family becomes the greatest value for the elderly and they have the need to help. Communicating with the members of the family, especially with grandchildren is highly rewarding. It enables them to play new social roles (depending on possibility – caretaker of grandchildren, wise man, head of the family).

Conclusion

Communication is the basis of gratifying functioning in the society. In physiological ageing as well as in pathological one, disorders and disruption in communication with seniors are observed. They result from debilitation of the body functions. Ageing slows down the transmission of nerve impulses, impairs the sight and hearing

which adversely influences the quality of communication. Disorders do not occur at all times, to the same extent or in all seniors, however they are common.

It is important for seniors to have someone to talk to. Frequent use of difficult words, taking care of the language may limit disorders resulting from age. In case of communicating with the elderly, principles outlined in this article should be followed to make communication correct, leading to fulfillment of defined needs. In pathological ageing it is worth to consult a speech therapist, who will present strategies of behaviour adjusted to individual needs and capabilities of a given patient or will teach alternative communication to seniors and their caretakers.

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