The Influence of Age Stereotypes on Communication: A Comparison between Japan and New Zealand

Adrienne GARDEN, Yuko SUMIYA*

(平成19年 9 月25日受理)

This research examines caregivers' communication with the elderly in Japan and New Zealand, two countries among those all over the world whose welfare and health care systems are undergoing great change as their populations age. The influence of caregivers' stereotypes of the elderly on their communication with them is considered one of the most important aspects of care of the aged. The aim of the research is to distinguish communication problems which can occur in care facilities for the aged in Japan, as compared to New Zealand, which has inherited English health care traditions. It examines, by means of a questionnaire, differences in stereotyped views of the aged and the manner of communication used by caregivers in each country. Differing views of the elderly and communication styles were found between the two countries.

Introduction

Demographic projections of the graying of the population for the next decade mean many more health and care providers will become involved in caring for people over 65, 70, 80 and 90 all over the world. Japan's population is one that is aging especially rapidly. The associated emerging need to provide the younger generation with health/care skills has prompted Japan's government to make policy changes in the area of caregiving education, with more emphasis on better quality nursing, caregiving and assistance to promote the well-being of older people. Appropriate and often specialized communication skills and knowledge are especially vital for health and care providers who work with the elderly, whose needs and resources vary greatly from one individual to another and from one time period to another (Giles, et al., 1990). The fact that more emphasis on individual needs and accommodation and preventive caregiving has been put on aged care education in Japan calls for more information about caregiving work in other countries with rapidly aging populations such as New Zealand, whose nursing and welfare was based on English traditions, but which like Japan has been going through drastic changes and transformation (Shibata, 2004; Sumiya, 2007).

Ageing is occurring at a greater speed in Japan than other industrialized

countries including New Zealand. Japan's sixty-five and over age group made up 20.8% of the population in 2006, and will reach 21% sooner than expected, when Japan will become a "Super Aged Society."[1] This age group is now expected to reach over 25% in 2013 and in 2055 the increase rate will reach 40.5% and one out of 2.5 people will be over 65 (The Aged Society White Paper 2007). Like Japan's, New Zealand's population is also ageing. The population of people 65 years and over is 12.1% at present but the increase rate is 17.5% (Statistics N.Z., 2006). It will reach 25.5% by 2051.

It is considered that the amount of experience with the elderly can greatly affect later attitudes and views held about the elderly and ageing in general (Nakatani, 1991; Yoshida & Hiyamizu 1991; Dellmann-Jenkins, et al., 2001). At present only about 30% of Japan's population live together with people over the age of 65, and the percentage in New Zealand is even lower, yet age-associated communication difficulties and generational differences in communication patterns can have a significant influence on health and caregiving interactions. To obtain a clearer understanding of the views of workers who communicate with the elderly when providing care, we have attempted to make a comparative interdisciplinary study on views of the elderly and ageing between Japan and New Zealand. We consider this to be a preliminary and exploratory study aimed at identifying issues and suggesting methods for future studies.

Communication, Stereotypes and Ageism

Studies on age-associated communication have been widely conducted (Ryan & Butler, 1996; Baltes & Wahl, 1996; Bergstrom & Nussbaum 1996; Touretee & Meeks, 2000; Watson & Gallois, 2002), in part on the assumption that "older individuals may frequently experience a diminished interpersonal environment due to their age" (Ryan & Butler, 1996). Age-biased communication patterns with the elderly in health care situations were shown to sometimes include "avoidance, impatience, controlling talk, baby talk with a high pitch and exaggerated intonation, simplified speech, overly familiar talk, shouting, dismissive comments, overparenting, selective reinforcement for dependent behavior, and disapproval" (Ryan et al., 1995; Hummert et al., 1998).

While it is generally agreed that it is natural to adjust behavior to the characteristics of those with whom we interact, younger people especially often accommodate their behavior to fit the beliefs they hold about older people, which results in overaccommodation for the people who do not fit those beliefs. Such accommodations can include speaking more slowly or loudly, or with exaggerated intonation, higher pitch, or simplified grammar. Overly simplified forms of address (e.g. "dearie") and infantile words and expressions may also be used, or demeanor may be overly warm. Hummert et al. (1998) found, for instance, that

participants in their study showed a greater tendency to use patronizing talk with targets fitting a negative stereotype (which he calls Despondent) than with ones with a positive stereotype (Golden Ager). The extent and type of patronizing talk was affected by the context and the age of the communicator, with older participants less likely to give patronizing messages to all targets than younger participants. Similarly, in a Japanese study on nursing students' views of the elderly and "baby talk" it was found that more baby talk was used with older patients in a hospital situation (dependent relation) than with older adults in a working situation (equal relation), indicating that the subjects tended to change their verbal behavior to fit the image they have of their communicators. Images of older people were found to be generally more negative than those of adults and the students rated older people's appearance negatively although they perceived the elderly as being more"warm" and "friendly" (Fujita, 2007). These differences were seen to be a product of differing views and stereotypes of the elderly.

Information received about the elderly is often ambiguous, and stereotypes override our perception of them, hindering face-to-face interpersonal communication. Stereotypes are formed from generalizations of certain groups of people based on the values and social systems of the given culture and applied to the group without regard to personal differences, therefore tending to govern our behavior by obscuring characteristics even clearly visible to unbiased observers (Brislin, 1991; Hazan, 2000). Although stereotypes help reduce anxiety and threat in facing the unknown by making the world predictable, overgeneralized second-hand beliefs interfere with objective viewing of cues to guide "the imagination toward the other person's reality." Stereotypes are firmly established as "myths or truism" in each national culture, sometimes serving to rationalize prejudice, and are maintained by the tendency to perceive selectively only those pieces of information that correspond to the image (Barna, 1991). In the 1970s Butler named the stereotyping and discrimination of older people 'ageism', which can lead to communication with older individuals on the basis of stereotyped characteristics rather than on recognition of their highly variable individual characteristics, and may consequently create distance between conversational partners and failure of helpers to identify with the client (Ryan & Butler, 1996, p.192). Although age prejudice is not as marked today as in former decades, negative expectations concerning productivity, health, independence, memory changes, and communication skills continue to exist (p.192).

In Hazan (2000) the most pronounced stereotypes of the aged in Western cultures claim that the elderly are "conservative, inflexible, and resistant to change," and that "ordinary" old people are seen to have entered "a state of intellectual sterility and emotional impotence" and be "devoid of sexuality" (p.15). Another common stereotype is that the elderly are "senile," which relates to the

common image of ageing as an illness in the form of senile dementia or Alzheimer's disease. Thus, there is a popular tendency to consider certain behavior as proof of senility, such as loss of certain emotional and cognitive capacities and loss of mental abilities such as memory, orientation, and verbal communication.

As in other western countries, views of ageing and the elderly in New Zealand are influenced by myths and stereotypes in the culture. *Age Concern New Zealand,* a large and very respected and influential organization for the elderly, lists common stereotypes in *Myths and Realities*, published as part of their *Ageing is Living Project* (2007), and these indicate that older people are seen as mostly "frail, ill or disabled" and "likely to live in institutions." They may also be seen as "conservative in their views and approach to life" and considered "unable to learn new skills or absorb information." A prevailing myth is that older people are "past it." Another is that of the "greedy oldies", selfishly taking away resources from younger people. These views of younger people ignore the real contributions that older people make to the community.

In Japan, because of very fast and drastic social changes, there are two contradictory views of ageing. While respect for the elderly is still regarded as one of the essential virtues of Japanese society (Palmore & Maeda, 1985), social services for the elderly that are indispensable for their well-being are much less developed compared with those of Western countries (Maeda, 1993). In Soeda (1986) five characteristics of stereotypes of the elderly, derived from the traditional retirement system firmly established since the Edo era, are described as "declined mental and physical power", "retired from the mainstream of social activities", "financially dependent on families", "honored by family members", "respected for their experience and knowledge of the customs" (p.88). It is noted, however, that stereotypes such as these which were prevalent before the 1950s have changed since the 1960s in such a way that they now mean people "should respect and honor the elderly," but in reality "see them as the weak in society," and people are in fact indifferent to the aged and regard them as "the ugly and powerless old" (p.109).

Research has been done in an attempt to grasp existing images and perceptions of ageing, and some has been done to compare them cross-culturally and intergenerationally. In Japan, research done with young and older adults (Inoue, 1980; Hosaka & Sodei, 1988) profiled an image of old people characterized negatively as "conservative, somber, leisurely, inactive, slow, gray, passive, sad, weak, small, nonproductive, dull, stubborn" and favorably as "warm, quiet, wise, and kind." Some cross-cultural and intergenerational studies show that people's attitudes toward and views of the elderly vary and change and that differing attitudes can be the result of cultural and social factors. While younger children reveal positive views (Zandi, et al., 1990), attitudes change to negative ones around

the age of puberty, and as age increases, people tend to accept the reality of aging and have a more positive image (Adams-Price et al., 1998). Fujita (2007) assumed that school education may have played a role in creating negative perceptions of ageing, and the result of her study with students from elementary schools to universities showed that as their grades advanced, views of the elderly became more negative. Her research of textbooks currently used in social studies classes at elementary, junior high and senior high schools has shown that they all emphasize the increasing need to develop the "social welfare and social security" of the country to take into account the rapid increase in the aged population, and thereby tend to alienate the elderly in society. She concludes that the more students study society, the more they see the elderly as the "weak in the society" in Japan (2007, p. 54).

Of particular relevance for the present study is a cross-cultural, intergenerational study of social representations and cultural stereotypes of elderly Chinese and European New Zealanders conducted from 1996 to 2000 by Liu et al. (2003), which showed that the most consensual stereotypes were the Nurturant and the Curmudgeon (following Hummert et al., 1994).[2] Traits of the positive "Nurturant," were "courteous, helpful, kind, supportive, friendly, generous, and happy" combined with more instrumental traits such as "knowledgeable, intelligent, and skilled" (p.160). While Chinese participants' responses combined traits of the helpful, generous and courteous Nurturant Golden Ager with being "healthy, optimistic, relaxed, understanding and active", New Zealand European respondents combined nurturing with more instrumental qualities, creating a more comprehensive image of an ideal positive leader (p.166). The second consensual stereotype subtype, the Curmudgeon, was an older person who was perceived as "rude, ill-tempered, mean, greedy, arrogant, selfish and snobbish," and also as "ignorant, racist, and loud" (p. 160). Among New Zealand Chinese the Curmudgeon was a much more powerful figure and "loud, domineering, and self-righteous," while among New Zealand Europeans the Curmudgeon was more pitiful, being "slow-thinking, bored, poor, neglected, and victimized" (p.166).

Liu et al's (2003) research and the already citied studies indicate that differing attitudes toward and views of the elderly can be the result of cultural and social factors which contribute to stereotyped views of the elderly and aging. There are, however, few studies which compare two different cultures in order to examine the influence that professional care providers' views have on communication in their work. This paper reports on an attempt to conduct such a study and find further evidence for the influence of stereotypes on communication.

Research

The aim of this research is not to examine stereotypes and communication styles of Japanese and New Zealanders in a way that will produce new conclusions, but to examine the stereotypes which lie behind the patronizing speech and begin to investigate how the kinds of speech acts used in care situations in different cultures may in fact be culturally related. This is done in preparation for a more in depth study of the issue.

Overview of the research questions

Three primary questions were addressed in the present study:

1. What images do people involved in caregiving work have of the elderly in general and in actual settings? How are they stereotyping ageing? Are the images positive or negative? In what aspects do they tend to stereotype ageing?
2. How do the workers (communicators) perceive the older people's self-images?
3. How do their perceptions of the elderly affect their communication styles?

Method

Participants

The participants were 38 Japanese care workers (including nursing home caregiving helpers and individual home caregiving helpers) with a range in professional work experience of 3 years to 8 years. Their ages range from late 20s to early 60s and they all have 40 hours technical training in caregiving. The eleven participants in New Zealand consisted of nursing home caregivers, nurses and workers, similar in age diversity, with professional work experience of 8 months to more than 10 years. All of them have caregiving training or aged care education. The Japanese participants were given a questionnaire in Japanese and the New Zealand participants in English. The study was conducted during July and August, 2007.

Procedure

The questionnaire consisted of four parts (Appendix). Two types of tests (qualitative and quantitative) were conducted in a questionnaire format: an open-ended written test and an evaluative test. In the open-ended test in Part I, the participants were asked to describe their images of the elderly in general, the elderly in their own work places, and their view of elders' self-images by giving 5 words or phrases. The questions put were: 1. "When you think of an old person what are the first things that come to mind?"; 2. "When you think of the elderly

people in your facility what are the first things that come to mind?"; 3. "When elderly people think of themselves, what do you think might be the first things that come to their minds?" The words were analyzed and grouped in four categories to profile the participants' views of the elderly.

In the evaluative test in Part II, to further assess the participants' images of ageing, a subset from Palmore's Facts on Aging Quiz (Miller and Dodder, 1980; Palmore, 1977), which consists of true-false items on stereotypes of the elderly and has been found by researchers in Japan and the United States to be reliable (Levy, 1999), was used. In the present study, instead of giving T/F answers, participants chose from 1 to 5 (1=completely agree to 5=completely disagree) to show their degree of agreement on each item. The results were calculated to give mean scores to profile views of the stereotypes.

Further, in Part III, in order to look for any relationships between these views and communication styles, participants were asked to choose from 1 to 5 (1=always to 5=never) to show the frequency of their use of chosen styles. One item about the use of polite language was added to the list of questions. The answers were calculated to give mean scores to show any correlation with the participants' views of the elderly.

In Part IV, the participants were asked to describe their own communication style and any problems occurring in communicating with the elderly in their workplace. Their answers were listed up and compared and contrasted for use as ready reference data. This data gave clues to the way stereotypes can manifest themselves in communication styles.

Results

Part I

The keywords in Part I were divided into four categories: state of mind, physical condition, cognitive status and other. The keywords within each category were then considered to see to what extent they could be further grouped in ways that would qualify and quantify the respondents' views of the elderly. The Japanese answers were translated into English at this stage, the translations being chosen to represent items which could be grouped because of their related meanings.

1. Images of Japan's elderly as seen in the keywords

1. I. 1. The responses to this question were grouped into state of mind (39), physical condition (43), cognitive status (13) and other (which includes social condition) (32). Word associations given in this category indicate that the respondents see the emotional state of the elderly as *lonely* and *fearful* (20), as well as *stubborn* and *self-centered* (19). Physically they are seen to be either *bed*

TABLE 1: Number of Japanese Responses by Question and Category

Question no.	State of Mind	Physical Condition	Cognitive Status	Other	Total Entry
Part I. 1.	39 (31%)	43 (34%)	13 (10%)	32 (25%)	127
2.	47 (41%)	40 (35%)	12 (11%)	15 (13%)	114
3.	45 (42%)	29 (27%)	5 (5%)	29 (27%)	108

*Not all respondents wrote five key words for every question, and a small number were excluded from the data, because they were not key words and could not be included in any category.

ridden (7) or *movement impaired* to some degree (16) and also suffering from *dementia* to some degree (13). Other keywords indicate the elderly are *the weak, socially isolated, disadvantaged* and *independent* (8) and some respondents see the elderly as a '*grandpa*' or '*grandma*' and as having *white hair, wrinkles* and being *little* with a *bent back.* Four respondents used words indicating the elderly are to be *respected for their wisdom* and *experience.* The most notable feature of the respondents' word associations is that they show the respondents to have a very negative impression of the elderly, and the focus is on physical condition and appearance.

1. I. 2. Interestingly, the respondents' views of the elderly they themselves care for is somewhat more positive. The number of key words given in reply to this question was 114; of these 47 words related to emotional condition, 40 to physical condition, 12 to cognitive condition and 15 to other aspects. As would be expected among the elderly in care, they suffer from *incontinence* and *impairment to mobility* (26) and *dementia* (12). More interesting for the purposes of this research are words relating to the emotional state of the elderly. *Stubborn* or *inflexible* appeared 11 times, *sad* and *lonely* only 4, while *cheerful, fun, happy, smiling* (15) and *active, talkative* (7) were notable for their relative frequency. Being *proud* and *concerned about what others think* (5) were also notable for their appearance. Other words, neither specifically positive nor negative in tone, were related to life in a care facility e.g. *recreation, hobbies, enjoying bathing, talking and singing* (4).

1. I. 3. Words indicating the view the elderly have of themselves were largely negative. They are considered to be feeling *sad, lonely, miserable* and *wishing for death* (24), with *wishing for death* or *feeling depressed* at their state accounting for 5 of these words. They are considered to see themselves as *forgetful* or the equivalent in 4 cases, and are *happy, smiling* and *thoughtful* (12) as well as *wanting kindness and conversation* (7). As might be expected, they are considered to have concerns about their *home* and *family* (6) and *money* (5), which those in care generally do not have. Other concerns related to everyday problems of daily life like *meals, transport, assistance* and *not wishing to be a nuisance to others* (7). The word *hobbies* appeared one time (1).

2. Images of New Zealand's elderly as seen in the keywords

TABLE 2: Number of New Zealand Responses by Question and Category

Question no.	State of Mind	Physical Condition	Cognitive Status	Other	Total Entry
Part I. 1.	12 (23%)	10 (19%)	2 (4%)	28 (54%)	52
2.	23 (51%)	14 (31%)	4 (9%)	5 (11%)	45
3.	16 (36%)	11 (25%)	1 (2%)	16 (36%)	44

*Not all respondents wrote five key words for every question, and a small number were excluded from the data, because they were not key words and could not be included in any category.

2. I. 1. The responses to this question were grouped into state of mind (12), physical condition (10), cognitive status (2) and other (which includes social condition) (28) with the total number of keywords given being 52. In this category the respondents viewed the emotional state of the elderly rather positively as being *caring, loving, funny, interesting, warm* and *sweet* (7) and to a lesser extent negatively as being *grumpy, demanding*, and *don't value themselves* (3). Physically the elderly in general are seen to be either *frail, fragile* (4) or *movement impaired* (2) and *incontinent* (1), but *look good* and *agile* (2) as well. The most common view, a positive one, came under other factors and was identified by such words as *wisdom, experienced, knowledge* (8) and *stories to tell, lots of life lived, full of facts* (5) as well as *respect* (2), keywords also seen in the Japanese responses. Although physical appearance such as *wrinkly face* and *dull clothing* was mentioned, there were no indications of isolated social status or living alone.

2. I. 2. In this question, the respondents' views of the elderly they themselves care for were more realistic and consequently less positive given that the elderly do need care, and focus more on emotional state (23) than on physical condition (14), cognitive status (4) or other aspects (5). The total number of key words given in reply to this question was 45. As with the Japanese responses, phrases indicating *incontinence* and *impairment to mobility* (4) and *frail/fragile* (2) appear in physical condition and *confused* and *dementia* (3) in cognitive status. The key words in the state of mind category indicate that the elderly often tend to be seen positively as *interesting, fun* (4), *independent* (2) and *caring, warm, thankful, funny, gentle, pleasant*, and *happy* (7), but sometimes also negatively as *needy* (2), *grumpy, insular, unpleasant, frustrated*, and *set in their ways* (5).

2. I. 3. Words indicating the view the elderly have of themselves were somewhat negative, and varied in their number in the four areas, with 16 referring to state of mind, 11 to physical condition and 16 to other and only 1 to cognitive condition out of a total of 44 keywords. While such phrases as *lonely, helpless, no use, ready to die* (5) and phrases concerning *illness* and *impairment to mobility* (5), and *concerns about manageability* (3) show their negative views, *independent, sociable*

and phrases indicating a recognition of the desire to be *independent, think young, being well, not giving in, being themselves* (6), which did not appear in the Japanese responses, indicate a positive view. As with the Japanese responses, the elderly are considered to have concerns about *being a burden, family, money, age* (8) and others related to daily life problems like *meals, appearance, family visits* (3).

Although words indicating negative stereotypes of the elderly were given in both countries, the Japanese participants' view was much more negative than that of the New Zealand participants, who described the elderly with more positive, sometimes affectionate words, and showed a respect for their experience in life. The picture of the elderly actually in their care was more positive for both the Japanese and the New Zealand participants, and they tended to describe states of mind. Words describing views of the elderly's self-image were negative in the responses from both countries, although those of the New Zealanders were tempered by words indicating attempts to remain optimistic.

Part II

The degree of agreement with the items from the facts on ageing quiz was calculated to obtain the mean score from 1 to 5 for each item. The mean scores in TABLE 3 show the average view of the participants on ageing. Since true/false answers were not asked for, the scores do not indicate their judgment on whether the item is fact or opinion.

The scores that show a notably high level of agreement among the Japanese respondents were seen in #6 "Physical handicaps are the primary factors limiting the activities of older adults" (M=1.68: F), #21 "The reaction time of most older adults tends to be slower than that of most younger people" (M=1.7: T), and #9 "Physical strength tends to decline in old age" (M=1.94: T); these items give negative views of physical aspects. The views can be seen to correspond to the negative views expressed about the physical condition of the elderly in Part I. The items on which the Japanese participants disagreed most notably were #19 "Rarely does someone over the age of 65 produce a great work of art, science or scholarship" (M=3.94: F), #11 "The majority of older adults say they are happy most of the time" (M=3.57: T), and #18 "The majority of older adults say they feel irritated or angry most of the time" (M=3.51: F). Among the items where disagreement was marked, #11 is a true statement about the elderly and needs to be interpreted according within the context of each culture to allow accurate interpretation. This view of the Japanese participants also corresponds to the small number of positive and affectionate words such as "happy" and "smiling" in Part I. The word "happy" is not used as often in Japanese as it is in English, and is taken to mean "satisfied" as well in English. Instead, the word "genki" tends

TABLE 3: Mean Scores on the Facts on Aging Quiz: General Views on Stereotypes

Statement	MEAN SCORES: Japan (of 38)	New Zealand (of 11)
4. The majority of older adults will become senile (defective memory, disoriented demented) during old age. (F)	2.55	3.18
5. Most older adults have difficulty adapting to change; they are set in their ways. (F)	2.44	2.36
6. Physical handicaps are the primary factors limiting the activities of older adults. (F)	1.68	2.54
7. Declines in all five senses (sight, hearing, smell, taste, touch) normally occur in old age. (MF)	2.5	2.72
8. Older adults take longer to learn new things. (T)	2.0	2.72
9. Physical strength tends to decline in old age. (T)	1.94	1.8
10. Intelligence declines with old age. (MF)	3.02	3.9
11. The majority of older adults say they are happy most of the time. (T)	3.57	2.36
12. The majority of older people say they are healthy enough to carry out their normal daily activities independently. (T)	2.81	2.18
13. In general, most older adults tend to be pretty much alike. (F)	3.08 (/37)	2.72
14. The majority of older adults say they are lonely. (F)	2.7 (/37)	3.18
15. Old age can be best characterized as a second childhood. (F)	2.54 (/37)	4.0
16. Most older adults tend to be preoccupied with death. (F)	2.71 (/38)	3.9
17. Pain is a natural part of the aging process. (F)	2.56 (/37)	3.0
18. The majority of older adults say they feel irritated or angry most of the time. (F)	3.51 (/37)	4.09
19. Rarely does someone over the age of 65 produce a great work of art, science or scholarship. (F)	3.94 (/37)	4.18
20. With age comes wisdom. (MF)	3.1 (/37)	2.45
21. The reaction time of most older adults tends to be slower than that of most younger people. (T)	1.7 (/37)	1.63

* Question: To what extent do you agree with the following statements about the elderly?
* * T = true, MT= mostly true, F = false, MF = mostly false
* * * *1 = completely agree, 2 = pretty much agree, 3 = neither agree or disagree, 4 = pretty much disagree, 5 = completely disagree*

to be used more often, and can mean being physically active, powerful and energetic as well as feeling active, cheerful and happy.

Further, in Item 5, which is a false statement about "difficulty adapting to change," although the mean score was 2.44, twenty-two respondents out of 38

chose "pretty much agree". The number of respondents who believe this is significant, as is the number of appearances of "stubborn" and "self-centered" in Part I. Some of the respondents appear to view the elderly's attachment to family and social traditions in Japan rather negatively, which is perhaps a sign of a generation gap.

In a way similar to the Japanese, the New Zealand respondents most agreed on #21 (M=1.63: T) and #9 (M=1.8: T). They disagreed on #19 (M=4.18), #18 (M=4.09), #15 "Old age can be best characterized as a second childhood" (M=4.0) and somewhat disagreed on #10 "Intelligence declines with old age" (M=3.9) and #16 "Most older adults tend to be preoccupied with death" (M=3.9), which are all false statements. An interesting point arising from the New Zealanders' scores in this part which supports their responses in Part I is that in #16, unlike the Japanese, they disagreed with the view that the elderly are preoccupied with death and reinforced this by indicating that they were "ready" to die as opposed to "wanting" to die in Question 3, Part I, which may perhaps be taken as an indication of satisfaction with a life well lived.

With regard to this, there is a big difference between the Japanese (M=2.71) and New Zealand respondents (M=3.9). Other marked differences between the Japanese and the New Zealanders are found in #6, #11 and #15, which indicate the views of the Japanese are more negative than those of the New Zealand participants. Over all the Japanese respondents' view was more darkly negative.

Part III

The frequency with which the participants use the stipulated ways to communicate with the elderly in their work places was calculated to obtain the mean score from 1 to 5 in each item. The mean scores in TABLE 4 show the average attitude of the participants toward the particular communication styles.

TABLE 4: Mean Scores on the Frequency of Use of Communication Styles

Communication Style	MEAN SCORES: Japanese (/36)	New Zealand (/11)
22. short sentences and childlike vocabulary	4.02	3.54
23. loud or slow speech, careful articulation	1.44	3.09
24. forms of address like "dear" or nicknames	4.08	3.27
25. a demeaning emotional tone	4.39	2.9
26. deliberate/careful use of polite language	2.33	3.9

* Question: When talking with the patients you care for, do you ever find yourself using any of the following ways to communicate? Choose from 1~5 to show the frequency with which you use the way of communicating.

* * 1=always, 2=frequently, 3=sometimes, 4= rarely, 5=never

Significant differences in preferred verbal communication styles between the Japanese respondents and the New Zealand respondents were marked in #23, #25, and #26. It is noticeable that the Japanese respondents tend to use "loud or slow speech" and "careful articulation" (#23) and "polite language" (#26) more often. The Japanese participants' frequent use of "loud or slow speech with careful articulation" (1.44) may indicate negative stereotyping and overaccommodation of the elders' physical and cognitive decline, which appeared in the results of Part I and II. Deliberate and careful use of honorific or polite language (2.33) is a common practice toward any older person or any one in a superior status in Japan and may be affected by the Japanese respondents' traditional stereotyped view of the elderly. On the other hand, it is rarely used by the New Zealand respondents (3.9), which may imply that an over emphasis on formality or politeness is considered to be inappropriate for maintaining egalitarian values and showing friendliness in English language use.

"Short sentences" "baby talk" (#22) or "forms of address like 'dear'" (#24), which can be the equivalent of "chan" normally used to address a child in Japanese, do not seem to be commonly used in Japan (4.08), and "a demeaning emotional tone" (#25) is almost never used (4.39). Although infrequently, but more often than among the Japanese respondents, the New Zealand respondents seem to use "short sentences," "child-like speech" (3.54); and "'dear' or nicknames" (3.27); also "loud or slow speech," "careful articulation" to about the same extent (3.09); and "a demeaning emotional tone" slightly more (2.9). Some instances of loud, careful speech may be a way to accommodate deafness among the elderly and thus ensure their understanding, while the use of "a demeaning emotional tone" may be an indication of overaccommodation in an attempt to establish a friendlier relationship.

Part IV

Not all respondents wrote this part, and a small number of items were excluded from the data because they were not meaningful for the purposes of this study. There were 40 Japanese entries, with 29 statements about particular manners they take and 11 statements of problems they face in caregiving, and 18 New Zealand entries with 16 statements of manners and only 2 statements about problems.

Although some of the listings are similar between the two countries, they can be interpreted slightly differently on the basis of target cultural values. Among the listed manners and problems of communication with the elderly at their workplaces, entries notable for their frequency among Japanese participants and NZ participants respectively are seen in Table 5.

TABLE 5: Manners and Problems in Caregiving Communication

MANNERS

- speaking slowly and clearly/ talk a little slower and louder (J: 3, NZ: 2)
- changing the way of speaking according to the person's personality and life experience/ care with the way of speaking depending on the individual person/ trying to use words to convey meaning easily/ the tone in which I speak to them/ being able to communicate at their level (J: 3, NZ: 2)
- getting their attention and making eye contact is very important effective communication/ try to keep eye contact as much as possible (J: 5, NZ: 1)
- try to be friendly and approachable/ enjoying 1 to 1 relationship conversations. Being friends/ try to make comfortable atmosphere to talk/ enjoying a laugh/ talking like friends/ try to find common topics, old stories (J: 3, NZ: 2)
- try to listen carefully/ try to listen to repetitious clients, agreeing with them/ sometimes getting the person to focus on what requires attention and not being distracted of chatting on about something else requires listening skills and lots of patience (J: 4, NZ: 1)
- the use of non-verbal communication with a person who cannot talk/ body language and facial (positive) expression very important to enable a positive response/ presenting information that is visually appropriate—large print, black ink (J: 1, NZ: 2)
- try not to ask questions that are too private/ try not to tell the truth directly (about incontinence for instance)/ take care to ensure their privacy and dignity is at an optimum level (J: 2, NZ: 1)
- smiling/ try to put a smile on their face (J: 1, NZ: 2)

PROBLEMS

- Problems mostly relate to ensuring effective communication with those with hearing and vision deficits and those who can no longer respond or talk/ problems with clients with dementia/ hard to communicate with those with left hemisphere cerebral palsy (J: 3, NZ: 2)

Japanese responses for which there was no equivalent in the New Zealanders' responses were "try to understand the person's feelings," "try to know the person's personality," "consideration of the person's feeling," and "empathizing with the other," along with "changing the way of speaking according to the individual person,"; these responses may be an indication of the current emphasis on "personalized care giving" in Japan (Sumiya & Suzuki, 2001). On the other hand, responses of the New Zealand participants like "making sure they have heard what you have said," "I make sure they can hear me," and "ensuring understanding" did not appear in the Japanese responses, something that was also

found in a previous qualitative study by Sumiya & Suzuki (2001). Statements like "try not to say 'try hard'" ('Ganbatte' in Japanese), "try to use polite language, considering they are seniors" are cultural and uses that are unique to the Japanese language.

The Japanese respondents listed more problems than the New Zealand participants. One common problem described is a communication problem inherent to caregiving. Other problems listed by the Japanese were more psychological, regarding their reaction to the clients: "while talking, I don't know how to react to 'I know' said sharply," "irritated when asked the same thing repeatedly in a short span of time," "have a hard time when forced to respond to pessimistic words like 'I cannot manage'," "when they want to be more friendly than necessary," and "sometimes cannot understand dialects or old usage of words." The responses may suggest that these incidents could lead to communication problems such as neglect or the use of an overly loud voice and perhaps a general unwillingness to interact with the elderly on a personal level.

Finally, it should be noted that the participants from both countries who responded negatively in Part I, with words such as "dementia, incontinent, grumpy, stubborn, weak," and in Part II (from 2.2 to 2.5, individual average scores on 18 items) were likely to indicate more frequent use of the given speech styles (Japanese individual average scores ranging from 2.6 to 3.8; New Zealand average scores from 1.8 to 3.4), and mentioned in particular "slow and loud speech," "change the way of speaking," and "being able to communicate at their level". Throughout the present study, there is some consistency in the way the responses indicate negative/positive images and communication styles.

Discussion

The stereotypes of the elderly in Japan and New Zealand

The Japanese respondents' view of the elderly was depressingly dark. They are seen to be failing in health, and concerned about how they will live while out in the community. Enjoyment of old age and satisfaction with a life well spent are not part of the scenario according to the data about stereotyped views of the elderly which was gathered for this research. Living in a care facility seems to offer more security and more, although minor, pleasures, than living at home. In contrast to previous studies, the middle-aged participants in the present study had views negative enough to note. Further, while the Japanese respondents saw the elderly as "the weak and isolated in society" as well as being physically, emotionally and cognitively weak, the New Zealand respondents indicated that their stereotypes are of more positive and nurturing elderly people whom they see positively as "knowledgeable", individuals to be "respected".

Something that can be presumed to have promoted the Japanese' negative views of the elderly and thus negative stereotypes is the way the mass-media, along with academia, portrays the elderly as the helpless victims of conmen, and of Japan's mismanaged social security and pension systems (Fujita, 2007). Another influence in Japan is cultural values; age is a key principle in the stratification of Japanese society and "acting one's age" may be more important in Japan than other societies, New Zealand for instance. This pattern fits in with the value placed on playing social roles appropriately and certainly affects the actual condition of the aged in Japan as well as stereotyped views of them as compared to New Zealand, where freedom of movement within all areas of society is taken for granted.

A feature of the status of the elderly in New Zealand that may affect their image is that older people are more likely to own their own homes as New Zealanders have traditionally had a high rate of home ownership. This gives older people the equity as well as the need to consider other living arrangements as their care requirements increase with age. They may sell their house to obtain the capital to move into a comfortable care facility, or smaller accommodation, so they can enjoy the rest of their assets. In Japan only 62.1% of householders own their houses; among families living with the elderly, 83.5% own their own homes; 86.4% of elderly couples own their homes; 64.9% of elderly people living alone own their own homes (Statistics Japan, 2007, with the 2005 Census), but these elderly people do not feel free, for cultural and family reasons, to dispose of their homes and enjoy the income from the sale as they wish.

Another difference is that fewer elderly are gainfully employed in New Zealand. In 1996 just under 10% of older New Zealanders were in the labor force and more than half of these worked on a part-time basis (Statistics NZ, 2007). In Japan, 90.1% of men and 62.2% of women from 55 to 59 years are in paid work; 68.8% of men and 42.3% of women from 60 to 64 and 49.5% of men and 28.5% of women from 65 to 69 stay in paid work, and over 50% of unemployed people over 60 desire to work (The Aged Society White Paper, 2007, p45).

Although increasing numbers of older New Zealanders are remaining in paid work, because of changes in the eligibility age for receiving national superannuation[3] and the removal of the upper age limit for employment[4], their desire to do so is not as strong as in Japan. New Zealanders have traditionally looked forward to retirement and the time when they will automatically receive national superannuation as a time for a leisure-centered lifestyle. People of retirement age in New Zealand have a strong interest in both overseas and domestic travel. In 1999, for instance, roughly one-third of New Zealanders aged 65 to 69 years took a short trip overseas. There is also a sizeable number of elderly who move their place of residence within New Zealand, leaving urban

centers for other areas where the life style is more attractive to them (Statistics NZ, 2007). In Japan, according to a study of baby boomers conducted by Osaka Prefectural Institute of Industry Development, 40.6% people want to continue to work, but 24.2% want to enjoy hobbies, 9.1% want to join volunteer activities, and the remainder are undecided (Fujita, 2007).

Such differences in the real situations of the elderly in Japan and New Zealand affect stereotypes. As the data shows, elderly New Zealanders are perhaps not stereotyped so negatively because they are more likely to be better prepared for the years after sixty-five financially and psychologically. Most do not wish to work after 65 but to enjoy their "Golden Years". The Japanese on the other hand have more financial considerations as well as psychological ones. Many need to work to support themselves and many men in particular see their working years as their "Golden Age", and lose status in their own and others eyes when this period in their lives ends.

On the basis of these actual differences in the place of the elderly in the society of each country, it can be inferred that New Zealanders tend to look forward to their Golden Years whereas Japanese tend to have old age forced upon them. This may affect the stereotypes that exist among care workers in the two countries; the respondents in New Zealand see the elderly in their care as people with interesting lives who have been forced into care by failing health, while the Japanese respondents see them as old people who have been forced into care because they are aged and infirm.

Matters for particular attention in a future study are differences in real and stereotyped images of the elderly between males and females, the images the elderly have of themselves, and the images of the elderly held by people over 65 who are not in care facilities.

Communication styles

It is a complex task to try to discern clear-cut effects of stereotypes on communication styles and postulate reasons for them. One of these can perhaps, however, be related to the finding that the Japanese participants use slow, loud and clear speech more deliberately than the NZ participants. This, and the frequent references to physical and mental health problems, indicates the Japanese see the elderly in their care as just aged, infirm, weak, lonely old people who are wishing for death and needing care. In contrast the New Zealanders seem to be more genuinely interested in the responses of individual elderly people in their care and try to ensure their understanding. The New Zealanders see them more positively as lively and interesting individuals whose experiences in life they respect, and whose understanding, responses, and continued enjoyment of life are of genuine concern. This was indicated by more positive references to their

personalities and emotional needs, and fewer references to their declining physical condition. The extreme version of this view would then be that in Japan care workers tend to speak slowly and clearly to the elderly in their care because they do not understand easily, but it is important to make them do so to ensure their adequate care. While this approach is also necessary for elderly New Zealanders in care, they are at the same time considered to be interesting as individuals and their enjoyment of shared conversations a priority.

There may be educational and cultural factors involved in this differing communication behavior. Among Japanese, the tendency not to express emotions verbally, especially feelings of affection, which is an acknowledged Japanese cultural trait, could affect this difference. Accordingly, Japanese care givers tend to pay less attention to individuals' responses, needs and mental states. Further, while textbooks and other material about age-related communication written in the U.S.A. deal more with stereotypes, ageism, and patronizing speech, along with communication skills (Harwood, 2007), Japanese communication books for nurses, care and social workers mainly deal with communication skills such as polite language usage, keeping eye-contact at "the same height" to avoid directive (patronizing) speech, active listening, empathy training, but not at all with stereotypes or perception of the elderly (Arima, 1999; Suwa, 2001; Tanaka, 2001; Koreeda, 2002). As a result of Japanese collectivism value orientation, care giving workers may perhaps tend to follow patterns they learned, perceiving the elderly as a whole and applying skills without making distinctions. One positive attitude, however, as seen in Part IV, is the Japanese care workers' mention of "considering/knowing the personality of the person," which may be the result of the recent educational emphasis on 'individualized care' in Japan, something that should be further emphasized and pursued.

Compared with the Japanese respondents, the New Zealand respondents showed that they tend to use the stipulated inappropriate communication patterns equally and slightly more frequently. Especially the incidents of the use of "a demeaning tone", "baby talk" and "forms of address like 'dear'," which can be considered overaccommodation, were also found in a previous qualitative study by Sumiya & Suzuki (2004). This may be related to the influence of stereotyping, as seen in the consistency in some of their negative responses and changes in their speech manners. There are, however, occasions in which caregivers have to change their words and manner of speaking, depending on the cared person's life experience, cognition level, cultural background, emotional state, level of disability, and the nature of the communicated content, which was also found to be common in Australia, Japan, and the U.S.A. (Sumiya & Suzuki, 2004). This could not be taken into account in this study and needs further study, by examining reactions and responses of the elderly who receive communication and care.

Conclusion

Similarities and differences in stereotypes and communication styles were found between caregivers in Japan and New Zealand, and some reasons were postulated for these. Over the study as a whole, however, there is a certain consistency in the image of the elderly and the choice of communication styles. As noted in the discussion, social, cultural and economic factors influence stereotypes caregivers in the two countries have of the elderly and these in turn can affect the way they interact with the elderly in their care. Each of these areas is complex and interesting in itself and warrants more detailed and in-depth study. This, however, was far beyond the scope of the present study, but the analysis of the data collected in this research does indicate directions for new research which would take into account more of these factors in order to provide data about age-related communication in the care providing profession as well as promote the provision of successful ageing.

Notes

AUTHORS' NOTE: The authors wish to thank contacts in Japan and New Zealand who cooperated with the collection of data and caregivers who answered the questionnaire.

* Yuko Sumiya is an associate professor in the Care and Welfare Department at Shizuoka University of Welfare Junior College.

[1] The society with over 7% of population 65years old and over is called "the aging society"; the society with 14% of people over 65 is "the aged society"; the society with over 20% "the super aged society" (Fujita, 2007).

[2] Hummert et al (1994) found at least seven strong subtypes of older people across different age-groups of participants in a trait sorting task: Golden Ager, John Wayne Conservative, Perfect Grandparent, Shrew/Curmudgeon, Recluse, Despondent, and Severely Impaired (in Liu et al., 2003).

[3] The New Zealand Superannuation Scheme is facing threat of failure. From 1992 the eligibility age for New Zealand Superannuation was gradually extended and reached 65 in 2001, which led to a sudden increase in the number of people working part time. It is estimated that the present rate of 18 people over 65 years old against 100 people in work will increase to 43 people over 65 years old against 100 working people (Statistics NZ, 2006). The labor force aged 65 years and over is expected to increase from an estimated 38,000 in 2001 to 102,000 in 2021 (Statistics NZ, 2007).

[4] The Age Discrimination in Employment Act (ADEA) was passed in the U.S.A. in 1967, in Canada in 1978, and in New Zealand in 1992. Legislation to ban age

discrimination in the workplace has not yet been put in place in Japan, where 'equal opportunity for employment regardless of age' is still only an aim.

References

Adams-Price, C. E., Henley, T. B, and Hale, M. (1998). Phenomenology and the meaning of aging for young and old adults. *International Aging and Human Development*, 47, 4, 263-277.

Ageing is Living—a guide to positive ageing. (2007). Age Concern New Zealand.

Arima, Y. (1999). *Language Usage Checklist for Care Giving and Nursing Work* (Kaigosyoku • Kangosyokno tameno Kotobatukai Checklist). Tokyo: Ishiyaku Shuppan.

Baltes, M. and Wahl, H. W. (1996). Patterns of communication in old age: The dependency-support and independence-ignore script. In Ryan, E. B. (ed), *Health Communication* (Special Issue: Communication, Aging, and Health), 8(3). Mahwah, New Jersey: Lawrence Erlbaum Associates, Publishers.

Barna, L. M. (1991). Stumbling blocks in intercultural communication. In Samovar, L. A. and Porter, R. E. (eds.), *Intercultural Communication: A Reader.* Belmont, CL: Wadsworth.

Bergstrom, M. J. and Nussbaum, J. F. (1996). Cohort Differences in Interpersonal Conflict: implications for the Older Patient-Younger Care Provider Interaction. In Ryan, E. B. (ed), *Health Communication* (Special Issue: Communication, Aging, and Health), 8(3). Mahwah, New Jersey: Lawrence Erlbaum Associates, Publishers.

Brislin, R. W. (1991). Prejudice in intercultural communication. In L. A. Samovar, R. E. Porter (eds.), *Intercultural Communication: A Reader.* Belmont, CL: Wadsworth.

Dellmann-Jenkins, M., Blankemeyer, M. and Pinkard, O. (2001). Incorporating the Elder Caregiving Role into the Developmental Tasks of Young Adulthood, *International Journal of Aging and Human Development*, 52(1), 1-18.

Fujita, A. (2007). *The Elderly will Support the Super Aged Society: Productive Aging beyond Ageism* (Chokoreisyakaiha Koreishaga Sasaeru — Nenrei Sabetsuwo Koete Souzouteki Oihe). Osaka: Osaka Daigaku Shuppannkai.

Giles, H., Coupland, N., and Wiemann, J. M. (eds.). (1990). *Communication, Health and the Elderly.* Manchester: Manchester University Press.

Harwood, J. (2007). *Understanding Communication and Aging.* L. A.: Sage Publications.

Hazan, H. (2000). The cultural trap: The language of images. In J. F. Gubrium, J. A. Holstein (eds.), *Aging and Everyday Life.* Molden, MS: Blackwell Publishers.

Hosaka, K. and Sodei, T. (1988). Images of the elderly held by university students: An analysis by the SD method (Daigakuseino rojin image - SD houniyoru bunseki), *Social Gerontology* (Shakai Ronenn Gaku), 27, 22-33.

Hummert, M. L., Shaner, J. L., Garstka, T. A. and Henry, C. (1998). Communication with older adults: the influence of age stereotypes, context, and communication age, *Humman Communication Research*, 25(1), 124-151.

Inoue, K. (1980). The death view of the elderly (Rojin no shiseikan). In K. Inoue and K. Nagashima (eds.), *Gerontological Psychology* (Ronen Shinrigaku). Tokyo: Asakura Shoten.

Koreeda, S. (ed). (2002). *Communication Handbook for Home Helpers.* Tokyo: Nippon Iryoukikau.

Levy, B. (1999). The inner self of the Japanese elderly: A Defense against negative stereotypes of aging, *International Journal of Aging and Human Development,* 48, 2, 131-144.

Liu, J. H., Ng, S. H., Loong, C., Gee, S. and Weatherall, A. (2003). Cultural stereotypes and social representations of elders from Chinese and European perspectives. *Journal of Cross-cultural Gerontology*, 18, 149-168.

Maeda, D. (1993). In Palmore, E. (ed), *Developments and Research on Aging: An International Handbook.* Westport, CT: Greenwood Press.

Miller, R. B. and Dodder, R. A. (1980). A revision of Palmore's Facts on Aging Quiz. *The Gerontologist*, 20, 673-679.

Nakatani, Y. (1991). Children's attitudes toward the elderly: Use of an "attitude" questionnaire and exploring the factors affecting attitudes, *Social Gerontology* (Shakai Ronen Gaku), 34, 13-22.

Palmore, E. (1977). Facts on aging: A short quiz. *The Gerontologist*, 17, 315-320.

Palmore, E. and Maeda, D. (1985). *The Honorable Elders Revisited.* Durham: Duke University Press.

Ryan, E. B. and Butler, R. N. (1996). Communication, Aging, and Health: toward understanding health provider relationships with older clients. In Ryan, E. B. (ed), *Health Communication* (Special Issue: Communication, Aging, and Health), 8(3). Mahwah, New Jersey: Lawrence Erlbaum Associates, Publishers.

Ryan, E. B., Meredith, S. D., MacLean, M. J., and Orange, J. B. (1995). Changing the way we talk with elders: promoting health using the communication enhancement model, *International Journal of Aging and Human Development,* 41, 87-105.

Shibata, H. (2004). What did the experience of New Zealand, a free market nation, teach Japan? (Kiseikanwa Taikoku • Shijokokka New Zealandno Keikenha Nipponni Naniwo Oshietanoka). In Boston, Dalsiel, St John (eds.), *Restructure Problems, Policies, Provisions of New Zealand, a welfare state nation.* Tokyo: Horitubunkasha.

Soeda, Y. (1986). Views of the aged in contemporary Japan (Gendai Nippon niokeru ronenkan). In M. Ito, H., Kawai, Y. Soeda, S. Tsurumi, S. Hinohara (eds.), *Discovery of Aging 2: A Paradigm of Aging* (Oi no Hakken 2: Oi no Paradigm). Tokyo: Iwanami Shoten.

Statistics, New Zealand 2006.

Statistics, New Zealand 2007.

Statistics, Japan 2007.

Sumiya, Y. (2007). A Brief Comparison in Aged Care: Australia and New Zealand, *Journal of Shizuoka University of Welfare*, 3, 63-72.

Sumiya, Y. and Suzuki, S. (2004). Communication with the elderly: a comparative study between Japan and English speaking countries, *Journal of Shizuoka College of Welfare and Computer Studies*, 12, 29-57.

Suwa, S. (2001). *Interpersonal Assistance and communication* (Taijinenjoto Communication). Tokyo: Chyuohoki Shuppan.

Tanaka, K. (2001). *Skills in Communication with the Elderly*. Tokyo: Chyuohoki Shuppan.

The Diet Bureau (ed). (2007). *The Aged Society White Paper 2007*. Tokyo: Gyosei.

Touretee, T. R. and Meeks, S. (2000). Perceptions of patronizing speech by older women in nursing homes and in the community: impact of cognitive ability and place of residence, *Journal of Language and Social Psychology*, 19(4), 463-473.

Watson, B. and Gallois, C. (2002). Patients' interactions with health providers: a linguistic category model approach, *Journal of Language and Social Psychology*, 21(1), 32-52.

Yoshida, J. and Hiyamizu, Y. (1991). Children's personal contacts with elderly persons, *Social Gerontology* (Shakai Ronen Gaku), 34, 3-12.

Zandi, T., Mirle, J. and Jarvis, P. (1990). Children's attitudes toward elderly individuals: A comparison of two ethnic groups, *International Journal of Aging and Human Development*, 30, 3, 161-174.

Appendix

Questionnaire

Nationality/Ethnicity ( ) Occupation ( )
Training/education ( ) Years working with elderly ( )

I. *Answer these questions about your image of an elderly person*

1. When you think of an old person what are the first things that come to mind? Write five words (or phrases).

2. When you think of the elderly people in your facility what are first things that come to mind? Write five words (or phrases).

3. When elderly people think of themselves, what do you think might be the first things that come to their minds? Write five words (or phrases).

II. To what extent do you agree with the following statements about the elderly? Choose from 1~5. *1 = completely agree, 2 = pretty much agree, 3 = neither agree or disagree, 4 = pretty much disagree, 5 = completely disagree*

4. The majority of older adults will become senile (defective memory, disoriented, demented) during old age. _____
5. Most older adults have difficulty adapting to change; they are set in their ways. _____
6. Physical handicaps are the primary factors limiting the activities of older adults. _____
7. Declines in all five senses (sight, hearing, smell, taste, touch) normally occur in old age. _____
8. Older adults take longer to learn new things. _____
9. Physical strength tends to decline in old age. _____

10. Intelligence declines with old age. _____
11. The majority of older adults say they are happy most of the time. _____
12. The majority of older people say they are healthy enough to carry out their normal daily activities independently. _____
13. In general, most older adults tend to be pretty much alike. _____
14. The majority of older adults say they are lonely. _____
15. Old age can be best characterized as a second childhood. _____
16. Most older adults tend to be preoccupied with death. _____
17. Pain is a natural part of the aging process. _____
18. The majority of older adults say they feel irritated or angry most of the time. _____
19. Rarely does someone over the age of 65 produce a great work of art, science or scholarship. _____
20. With age comes wisdom. _____
21. The reaction time of most older adults tends to be slower than that of most younger people. _____

Part III

When talking with the patients you care for, do you ever find yourself using any of the following ways to communicate. Choose from 1～5 to show the frequency with which you use the way of communicating. (1=always, 2=frequently, 3=sometimes, 4=rarely, 5=never)

22. short sentences and childlike vocabulary _____
23. loud or slow speech, careful articulation _____
24. forms of address like "dear" or nicknames _____
25. a demeaning emotional tone _____
26. deliberate/careful use of polite language _____

IV. When you communicate with the elderly in your facility, are there things you take particular care about, or which have caused you problems? Please give examples.

アンケート調査

国籍（　　）　職種（　　）　職歴年数（　　）

Ⅰ．高齢者のイメージについて、下記の質問にお答え下さい。

1．一般的に高齢者について、最初に頭に浮かぶ言葉あるいは表現は何ですか。5つ挙げて下さい。

2．あなたの施設の高齢者について、最初に頭に浮かぶ5つの言葉あるいは表現をお書き下さい。

3．一般的に高齢者が自分のことを考えたとき、最初に頭に浮かぶ言葉あるいは表現は何だと思いますか。5つ挙げて下さい。

Ⅱ．下記の高齢者に関する記述についてどのように思いますか。1～5から選んで下さい。

1＝全く同意する、2＝やや同意する、3＝どちらでもない
4＝やや同意しない、5＝全く同意しない

4．大半の高齢者はぼけるようになる（高齢での記憶障害、見当識障害、認知障害）＿＿＿
5．大半の高齢者は変化に適応しにくい。頑固一徹である。＿＿＿
6．肉体的衰えは高齢者の行動を制限する主因である。＿＿＿
7．通常高齢期に5感すべてに衰えが起こる。＿＿＿
8．普通高齢者は、新しいことを学ぶのにより時間がかかる。＿＿＿
9．肉体的強さは高齢期に低下する傾向にある。＿＿＿
10．高齢とともに知能は低下する。＿＿＿
11．大半の高齢者は大体いつも幸せであると言う。＿＿＿
12．高齢者は日常生活の活動を独自で行えるほど健康であると言う。＿＿＿
13．一般的に言って、大半の高齢者は似たり寄ったりになりがちである。＿＿＿
14．大半の高齢者は孤独であると言う。＿＿＿
15．高齢は第2の幼児期と特徴付けられる。＿＿＿

16. 大半の高齢者はいつも死について考えがちである。 _____
17. 痛みは加齢の自然な成り行きの一部である。 _____
18. 大半の高齢者はほとんどイラついたり怒ったりしていると言う。 _____
19. 65歳以上の人が芸術、科学、学問で偉業を成すことはめったにない。 _____
20. 年とともに賢くなる。 _____
21. 大半の高齢者の反応時間は大半の若者よりも遅くなりがちである。 _____

Ⅲ. 利用者の方とコミュニケーションを取っているとき、下記のような表現、口調などを用いたことがありますか。1～5から選んで下さい。
1＝いつも　2＝ときどき　3＝たまに　4＝めったにない　5＝全くない

22. 短い文、幼児言葉 _____
23. 大きな声、ゆっくりした話し方、注意深い発音 _____
24. 愛称やニックネーム、“ちゃん”づけ _____
25. こびる話しかた _____
26. 意識的な丁寧な表現 _____

Ⅳ. 利用者の方とコミュニケーションを取る際、気をつけていること、あるいは困っていることなどありましたらご自由にお書き下さい。

＊このアンケートは個人情報には一切関係ありません。今後の研究・教育に役立てさせて頂きます。ご協力どうもありがとうございました。