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Avoiding ego-centric demonstrative usage in elderspeak for empathetic communication

While empathy is a cornerstone principle in nursing practice, existing scholarship lacks micro-level investigations into the mechanisms through which specific linguistic components function in caregiver-caree discursive interactions. Previous studies have not only exhibited conflicting perspectives on elderspeak but also demonstrated inconsistent definitions regarding its linguistic features. Building on cognitive empathy theory and the dual (ego-centric vs. allocentric) cognitive mechanisms of human spatial perception, this study proposes that caregivers should adopt a careeoriented perspective and strategically prioritize the caree's reference frame when verbally interacting with older adults. Such practices not only respect individual cognitive differences among the aged but also enhance mutual cognitive and affective engagement between caregiver and caree by aligning linguistic communication with the caree's perceptual and cognitive abilities. This study contrasts the effects of speaker-egocentric (caregiver-oriented) versus speaker-allocentric (caree-oriented) demonstratives (e.g., here/there, this/that) through preliminary comparative analyses of discursive interactions in multiple caregiving settings. Empirical evidence demonstrates that caree-oriented demonstrative uses (e.g., "this medicine on our nightstand") mediate both cognitive processing and emotional connection more effectively than caregiver-oriented terms (e.g., "that pill I gave you"). Based on these findings, we propose distinguishing empathetic elderspeak (caree-centered strategies prioritizing shared perceptual reference frames) from apathetic elderspeak (caregiver-dominant terms that risk disorienting or confusing carees) and emphasize the integration of allocentric spatial deixis in caregiver training programs to improve care collaboration.

Keywords: empathy, elderspeak, spatial perception, reference frame, demonstratives, verbal interaction

Biography

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