

# CONVERSATIONAL USE OF ENGLISH IN BILINGUAL ADULTS WITH DEMENTIA

Kristina Kokorelias, Ellen Ryan and Gail Elliot



## Background

### 'Is Regression to Mother Tongue in Dementia Reversible?'

- It is unclear how a bilingual's two languages are stored and retrieved<sup>1</sup>
- Changes in language ability closely correspond to the stages of dementia<sup>2</sup>
- Unsettled dispute over the effect variants have in language regression<sup>3</sup>
- Individuals choose languages based on social constructions<sup>4</sup>
- Montessori Methods for Dementia® can elicit higher levels of adaptive behaviour than traditional programs<sup>5</sup>

## Present Study

- 1) Develop a better understanding of the factors influencing language regression by contrasting a monocultural LTC facility with a multicultural facility
- 2) Using a case study approach, to explore and expand the use of English by Greek-English bilinguals with dementia in two LTC sites.

## Research Questions

How do the language choices used in each site vary? Is the language(s) used impacted by a) the social context in which the language is used b) the topic of conversation c) the responsive behaviours of the participant?

Are Montessori-based activities successful in facilitating the use of English in older adults regressing to Greek?

## Participants and Procedures

- Five participants of Greek backgrounds were recruited.
- Participants were residents in LTC with mild to moderate dementia, experiencing regression to mother tongue (Greek.)

### Structured Interview

- Family members responded to structured interview questions about the bilingual language learning and skills of the participant

### Participant Observation

- Participant observation of the use of English and Greek by each participant in social areas of their facility.
- Five observational periods where the individual speaks at least 10 times; repeated after the individual sessions were completed

### Individual Sessions

- Seven sessions (lasting approximately 30 minutes) intended to expand the use of English through conversational prompts as well as Montessori-based interactive learning activities to support memory

## Observations Within LTC

- All participants' family members' reported a worsening of their loved one's English communication since entering LTC
- Conversations in Greek lasted significantly longer than conversations in English.
- Extreme emotion (agitation, frustration, apathy) sparked a return to Greek
- In Site A Greek was used almost exclusively by residents and staff
- In Site B, all staff would only communicate with the residents in English



## Case Study Results

### MRS. A- Site A

Age of Immigration	5
Most Used Language	English
Reported Difficulties in English Prior to Diagnosis	No
Age of Learning of English	1-5
Highest Level of Education	Grade 11
Length of Stay in LTC	5 years

While **Amalia Leos** seemed to be the most fluent, less impacted of the group, characterized by clear English speech and ability during activities. Very rarely did she begin a conversation in English unless spoken to in English. This did not improve across the sessions and Amalia continued to need verbal coaxing to speak in English. Amalia was also the most overtly interactive of the group and tended to position herself where others were conversing. Amalia often began conversations with other residents and verbally greeted staff.



## Thematic Analysis of Session Excerpts

**Amalia: Greek (Translated: My son doesn't visit me. He has two children. I never see them. He lives far). He doesn't visit.**

**PI: Comforting Amalia**

**Amalia: Is this the game we were playing?**

Amalia was able to respond in English, and in many instances can introduce and maintain new topics over several turns. However, Amalia began speaking Greek when visibly upset, despite talking about the emotional event in English just moments before.

*Activity: DementiaAbility™ Work It Word Search*

### MR. B- Site B

Age of Immigration	14
Most Used Language	Greek
Reported Difficulties in English Prior to Diagnosis	No
Age of Learning of English	14
Highest Level of Education	N/A
Length of Stay in LTC	4 years

**Ellis Ballas** was often seen walking around the home, incessantly "talking." However, when it came to the sessions, Ellis would show signs of contentment, such as smiling, but spoke very little, and almost exclusively in Greek. Many sessions were cut short with Ellis due to his level of disengagement. Further, even when other staff/CAs sat beside him and tried to engage him in the planned activity, Ellis would engage momentarily then make it clear that he had enough by walking away and re-focusing on his explorations. By the last session, Ellis was able to concentrate for longer periods of time.



## Thematic Analysis of Session Excerpts

**Ellis: Greek (Translated: I can do it)...Oh shoot! No!**

**PI: It's okay Ellis. Try again. Match up the fish to the other animals, like the cats we did before?**

**Ellis: Yes. The cats?...**

*[To translator in Greek: I can't do this. I can't find the fish. Where is the fish. I can't find this. I do not like this].*

Ellis showed his ability to retain culturally used expressions when other aspects of language became difficult. Repetition was very typical in Ellis' linguistic behaviour in English conversations, and was also constant when he was visibly upset. Talking about his frustrations triggered a language change back to Greek, probably due to lexical retrieval difficulties.

*Activity: Word Sorting Activity*

## Conclusion

- Montessori Method For Dementia® can increase in English conversational opportunities when needs are matched with abilities and participants are regularly engaged in activities that support language (reading, word searches, etc.)
- Multicultural LTC homes encouraged residents to communicate in English more frequently and thus, residents were better able to maintain English conversational skills
- There appears to be a need for memory supports, such as Montessori Method For Dementia® activities to reinforce the use of one's second language
- Further research might also expose the differences between excess disability (the disability from disuse) and the decline associated with dementia.

## References

- <sup>1</sup>Bayles, K., Tomoeda, C., & Trosset, M. (1992)
- <sup>1</sup>de Bot, K., & Makoni, S. (2005)
- <sup>2</sup>Hyltenstam, K., & Stroud, C. (1989)
- <sup>2</sup>Hyltenstam and L.K. Obler (Eds.)
- <sup>3</sup>Acton, G. J., Yauk, S., Hopkins, B. A., & Mayhew, P. A. (2007)
- <sup>4</sup>Silva-Corvalan, C. (1994)
- <sup>5</sup>Camp, C. J. (2006)

## Contact

Kristina Kokorelias  
 kkokorel@uwo.ca  
 Ellen Ryan  
 ryaneb@mcmaster.ca  
 Gail Elliot  
 gail.elliott@dementiaability.com