

# Ingroup/outgroup creation across activity types in interaction with elders: a case study in a Flemish nursing home

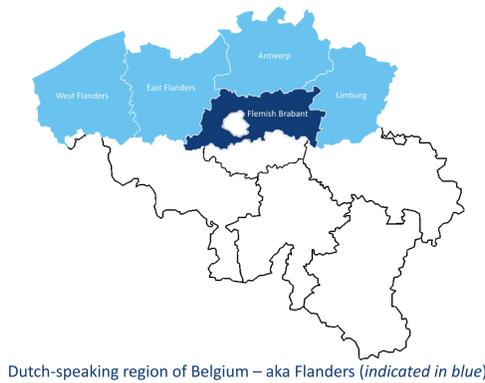
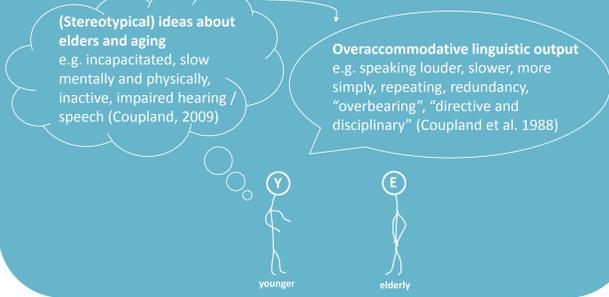
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INTRODUCTION

## ELDERSPEAK - “a distinctive sort of speech” (Cohen & Faulkner, 1986)



Dutch-speaking region of Belgium – aka Flanders (indicated in blue)

## VARIATION IN FLANDERS

Diaglossic situation (Auer, 2005)

**Standard Belgian Dutch (SBD)**  
 = exogenous Netherlandic Dutch standard variety introduced in Flanders in 20th century

**Colloquial Belgian Dutch (CBD)**  
 = endogenous substandard variety which emerged as a byproduct of the push for standardisation in Flanders

→ variation between SBD and CBD variants within CBD ‘zone’

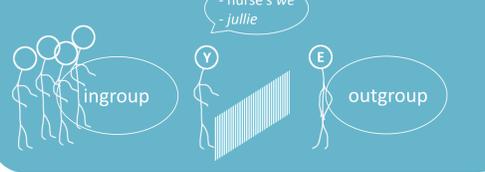


## IDENTITY CONSTRUCTION PROCESSES

Elderspeak marks the elderly addressee as old / less capable  
 → **outgrouping process** (gatekeeping, Tranekjær, 2015)

Deictic elements like pronouns (Ochs, 1993): ideal for analysing identity construction, as they mark positions across groups e.g. speaker-exclusive *we* (nurse’s *we*) (Fowler & Kress, 1979)  
*Are we having a bath?* (*we*=addressee)

## GATEKEEPING



- Pronominal variants (plural ‘you’):**  
 standard *jullie* /jylj:/ **outgrouping** (modern standard variant)  
 colloquial *gelle* /ɣɛlə/ **ingrouping** (older regional variant)
- Pronominal form *we* /wə/ (‘we’):**  
 speaker-exclusive use (nurse’s *we*) **outgrouping**  
 e.g. *Are we having a bath?* (*we*=addressee)

METHODOLOGY

## RESEARCH QUESTION

- What is the relation between the use of the Standard Belgian Dutch pronominal forms and the Colloquial Belgian Dutch forms across activity types?
- Are some activity types more marked with the nurse’s *we* form?

## DATA

Origin: nursing home in Flemish Brabant (dark blue)  
 5,5 hours collected in January of 2017 (audio+video)  
 - Nurse’s morning rounds  
 - Ergotherapist’s group baking activity

Pronouns	Observations
<i>we</i>	99
<i>jullie</i> / <i>gelle</i>	44



## METHOD

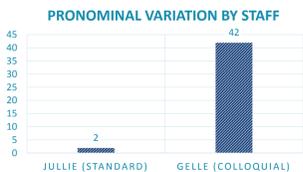
Transcription (Jefferson, 1984)  
 Quantitative and qualitative (variational pragmatics)

**VARIATIONAL PRAGMATICS** (Schneider & Barron, 2008)  
 variational + interactional (contextual)

Activity types (Levinson, 1992) → discourse types: variation within activity types (Sarangi, 2000)

DATA ANALYSIS AND RESULTS

## JULLIE (SBD) AND GELLE (CBD)



Overwhelming number of observations of CBD variant *gelle* + little use of SBD variant *jullie* (nurse: 0 observations)

- = particularly meaningful, because
- the staff participants are **prone to using the SBD variety** (ergotherapist was raised in SBD; nurse received speech therapy for a decade)
- gelle*, in the diaglossic continuum, stands out as originating from regional varieties (= less ‘neutrally’ CBD)

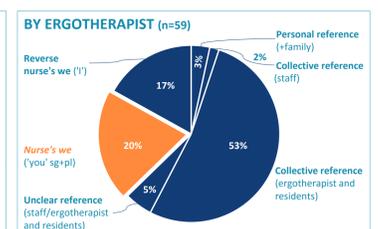
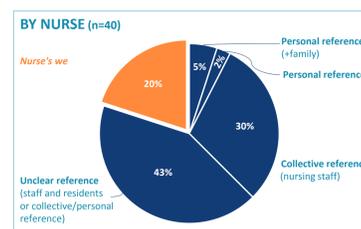
- Are staff participants (over)accommodating perceived incapacities in their elderly addressees?
- Are they marking **solidarity** with the elders (through convergence)?

## NURSE’S WE

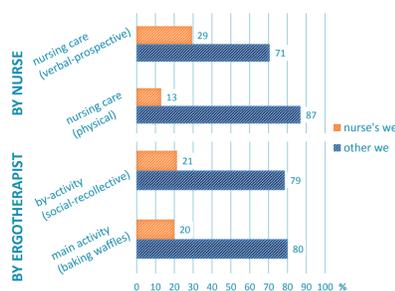
1/5 of *we* pronouns is a nurse’s *we* →

- Is this a lot? / Does this underscore expected patronisation?
- Perhaps, but two remarks that question ‘disrespectful’ nature:

- Shared activity responsibility:** often very unclear when to label something as a ‘pure’ nurse’s *we*
- Increased community identity / shared environment**
  - ‘you-becomes-we’: e.g. 5 of 8 nurse’s *we* (in nurse data) originate from 1 delicate situation after a fall (raised alertness and care by nurse, who steps up in a situation that requires adequate supervision)
  - nursing home individuals as a community → overwhelming portion of unclear *we* (which subgroup, if any) and collective cross-group reference
  - ‘reverse nurse’s *we*’ (traditionally *pluralis majestatis*, but here different indexical value): particularly the ergotherapist includes her addressees when *she* does the described event



## WE PRONOUNS ACROSS DISCOURSE TYPES



- Nurse’s *we* proportions generally remain ± 1/5, but
- Verbal nursing activities (more nurse’s *we*):** more advising and concern voicing (=prone to nurse’s *we* for persuading someone to agree with a suggested approach)
- Physical nursing activities (less nurse’s *we*):** physical activity is ongoing, no discussing and persuading, and more routine (less *we*-concern and *we*-persuasion)
- Ergotherapeutic group activity:** social togetherness is prominent, no fluctuation in nurse’s *we* proportions

## EXAMPLES: ELDERSPEAK OR SOLIDARITY?

### 1 During morning care interaction (hair grooming)

NUR you had a wild night.  
 RES yes (.) but it is so short isn’t it (.) it always stands upright.  
 NUR then we’ll have to comb it won’t we.

**shared activity responsibility**  
 RES: owns hair, comb + permission  
 NUR: physical execution  
 (cf. *animator?*, Goffman, 1981)

### 2 After resident had been found on the floor in the morning

NUR (...) I’ll give you your walker to see if you’re standing alright (.) and we’re going to completely wash ourselves first (.) put on slippers?  
 RES yes you can (.) xxx I don’t know how that happened (.) it was all wet there.  
 NUR yes yes yes hold onto this.  
 RES I wanted to put on something warmer.  
 NUR yes yes yes but we’re going to wash ourselves first alright.

**‘you-becomes-we’**  
 raised alertness/urgency in delicate situation  
 • avoiding another fall + circumventing confused state of resident  
 • by stepping up and filling in nursing role to a maximum extent

CONCLUSIONS

## ECOLOGY OF THE NURSING HOME

- Many activities are **shared** between staff and resident, some more than others depending on the nature of the resident’s impairment (e.g. washing, grooming, dressing).
- Residents and staff live and work alongside each other for long periods of time, which allows for personal relationships and **identity assimilation** (*you and I* becomes *we*).



## CONCLUSION

- More nurse’s *we* in verbal nursing activities due to advising nature (as for *jullie/gelle*: too little data)
  - Ingrouping/outgrouping is not clear-cut, as varied interpretations are possible
- Remaining question: <img alt="arrow icon" data-bbox="610 885 625 895"/> elderspeak (overaccommodation, age profiling, power, ...) ?  
 solidarity (convergence, group identity, shared experience, ...)?