The Social Psychology of Communication and Living With Dementia

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FOR

ICLASP 14
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In the UK –

The hereditary principle applies...

*Not the President of IALSP*
Overview of this talk

1. My background
2. My research
   - Intercultural communication and language learning
   - The ‘internationalising’ university
   - Communication and living with dementia
3. IALSP past, present and future
My background

Born and bred...
Where I’m from…

Cumbria and the Anglo-Scottish Borders
Where IS everyone...?

The Lake District
The physical border...

Hadrian’s Wall
A border town – note the thickness of the walls...

Carlisle
My background

- University, work, university (and work!)...
My research and ICLASPs past and present

- Intercultural communicative competence in language teaching
- Attitudes to ‘Englishes’
- Adaptation and adjustment in the ‘internationalising’ university
- Communication and living with dementia
Dementia – an epidemic

- One of the greatest social, economic and health challenges currently facing societies

- Now about 40 million people living with dementia (PLWD) worldwide

- 115 million by 2050 (?)
Thus far, very ‘western’

Largely bio-medical

Communication can make a real difference
Communication and dementia

- Poor practice prevalent in social care and (especially) health sectors
- A ‘malignant social psychology’?
- Existing advice and protocols:
  - Minimal in scope
  - Non-individualised
  - Context specific
  - Don’t link theory and practice
  - Not much used
The need for good communicative practices

- The need for interaction increases with the condition, but...

- Interaction becomes more difficult

- Need for a response...
DEMTEC – Dementia Toolkit for effective communication

Level One
Beliefs and principles about the importance of communication
Approaches to communication which acknowledge personhood and so promote empowerment

which guide and inform

Level Three
Actual communication involving people living with dementia
their care plans
guidance for informal carers
guidance and training for health-care providers.

Level Two
which guide and inform

Eight components of good communicative practice
Consisting of:
What = definition
Why = rationale for inclusion
How = specific considerations and behaviours

1. Conversation
2. Non-verbal communication / body language
3. Environmental considerations
4. Anxiety reduction
5. Mindfulness & empathy
6. Understanding behaviours
7. Retaining a sense of self
8. Checking understanding
A free to use (and adapt) website

Try it out...
**Level One**

Beliefs and principles about the importance of communication

Approaches to communication which acknowledge personhood and so promote empowerment

**Level Two**

which guide and inform

Eight components of good communicative practice

Consisting of:
- **What** = definition
- **Why** = rationale for inclusion
- **How** = specific considerations and behaviours

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**Level Three**

Actual communication involving

people living with dementia

their care plans

guidance for informal carers

guidance and training for health-care providers.

DEMTEC – Dementia Toolkit for effective communication
Some stories and experiences

http://www.demtalk.org.uk/stories/
Ongoing developments...

- Social care institutions
- Translation and dialogue
- Medical education
- Intergenerational communication
Some ideas...

- Personhood and person-centredness
- Self-categorisation (PWD vs PLWD)
- Intercultural dialogue and learning
Fitting into a long and proud tradition...

IALSP Presidents past...

- Peter Robinson
- Howard Giles
- Cindy Gallois
- Sik Hung Ng
- Richard Clement
- Jon Nussbaum
- Itesh Sachdev
- Bernadette Watson
Some hopes for the future...

- Even more engagement with young scholars and early career researchers...
- Reaching out internationally...
Some recent publications

- **Young T.J.**, Tullo ES, Lee R. (2014). “It’s up there with the most difficult things you have to deal with”. Medical students’ perspectives on person-centred communication in dementia care. Under review.
Thank you!

Mahalo!

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