

# Honey, Sweetie, Dearie: The Perils of Elderspeak

A new training program teaches aides to stop baby talk and address older people as adults.



Credit...Medar de la Cruz

By [Paula Span](#)

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A prime example of elderspeak: Cindy Smith was visiting with her father in his assisted living apartment in Roseville, Calif. An aide who was trying to induce him to do something — Ms. Smith no longer remembers exactly what — said, “Let me help you, sweetheart.”

“He just gave her The Look — under his bushy eyebrows — and said, ‘What, are we getting married?’” recalled Ms. Smith, who had a good laugh, she said.

Her father was then 92, a retired county planner and a World War II veteran; macular degeneration had reduced the quality of his vision and he used a walker to get around, but he remained cognitively sharp.

“He wouldn’t normally get too frosty with people,” Ms. Smith said. “But he did have the sense that he was a grown up, and he wasn’t always treated like one.”

People understand almost intuitively what “elderspeak” means. “It’s communication to older adults that sounds like baby talk,” said Clarissa Shaw, a dementia care researcher at the University of Iowa College of Nursing and a coauthor of [a recent article](#) that helps researchers document its use.

“It arises from an ageist assumption of frailty, incompetence and dependence.”

Its elements include inappropriate endearments. “Elderspeak can be controlling, kind of bossy, so to soften that message there’s ‘honey,’ ‘dearie,’ ‘sweetie,’” said Kristine Williams, a nurse gerontologist at the University of Kansas School of Nursing and another coauthor.

“We have negative stereotypes of older adults, so we change the way we talk.”

Or caregivers may resort to plural pronouns: *Are we ready to take our bath?* There, the implication “is that the person’s not able to act as an individual,” Dr. Williams said.

“Hopefully, I’m not taking the bath with you.”

Sometimes, elderspeakers employ a louder volume, shorter sentences or simple words intoned slowly. Or they may adopt an exaggerated, singsong vocal quality more suited to preschoolers, along with words like “potty” or “jammies.”

With so-called tag questions — *It’s time for you to eat lunch now, right?* — “You’re asking them a question but you’re not letting them respond,” Dr. Williams explained.

“You’re telling them how to respond.”

Studies in nursing homes show how commonplace such speech is. When Dr. Williams, Dr. Shaw and their team analyzed video recordings of 80 interactions between staff and residents with dementia, they found that [84 percent](#) had involved some form of elderspeak.

“Most of elderspeak is well intended. People are trying to show they care,” Dr. Williams said. “They don’t realize the negative messages that come through.”

For example, among nursing home residents with dementia, [studies have found a relationship](#) between exposure to elderspeak and behaviors collectively known as resistance to care.

“People can turn away or cry or say no,” Dr. Williams explained. “They may clench their mouths shut when you’re trying to feed them.” Sometimes, they push caregivers away or strike them.

She and her team developed a training program called CHAT (for Changing Talk), three hourlong sessions that include videos of communication between staff and patients, intended to reduce elderspeak.

It worked. Before the training, in 13 nursing homes in Kansas and Missouri, almost 35 percent of the time spent in interactions consisted of elderspeak; that number was only about 20 percent afterward.

At the same time, resistant behaviors accounted for almost 36 percent of the time spent in encounters; after training, that proportion fell to about 20 percent.

A study conducted in a Midwestern hospital, again among patients with dementia, found [the same sort of decline in resistance](#) behavior.

What's more, CHAT training in nursing homes was associated with [lower use of antipsychotic drugs](#). Though the results did not reach statistical significance, due in part to the small sample size, the research team deemed them "clinically significant."

"Many of these medications have a black box warning from the F.D.A.," Dr. Williams said of the drugs. "It's risky to use them in frail, older adults" because of their side effects.

Now, Dr. Williams, Dr. Shaw and their colleagues have streamlined the CHAT training and adapted it for online use. They are examining its effects in about 200 nursing homes nationwide.

Even without formal training programs, individuals and institutions can combat elderspeak. Kathleen Carmody, owner of Senior Matters Home Care and Consulting in Columbus, Ohio, cautions her aides to address clients as Mr. or Mrs. or Ms., "unless or until they say, 'Please call me Betty.'"

In long-term care, however, families and residents may worry that correcting the way staff members speak could create antagonisms.

A few years ago, Carol Fahy was fuming about the way aides at an assisted living facility in suburban Cleveland treated her mother, who was blind and had become increasingly dependent in her 80s.

Calling her "sweetie" and "honey babe," the staff "would hover and coo, and they put her hair up in two pigtails on top of her head, like you would with a toddler," said Ms. Fahy, 72, a psychologist in Kaneohe, Hawaii.

Although she recognized the aides' agreeable intentions, "there's a falseness about it," she said. "It doesn't make someone feel good. It's actually alienating."

Ms. Fahy considered discussing her objections with the aides, but "I didn't want them to retaliate." Eventually, for several reasons, she moved her mother to another facility.

Yet objecting to elderspeak need not become adversarial, Dr. Shaw said. Residents and patients — and people who encounter elderspeak elsewhere, because it's hardly limited to health care settings — can politely explain how they prefer to be spoken to and what they want to be called.

Cultural differences also come into play. Felipe Agudelo, who teaches health communications at Boston University, pointed out that in certain contexts, a diminutive or term of endearment "doesn't come from underestimating your intellectual ability. It's a term of affection."

He emigrated from Colombia, where his 80-year-old mother takes no offense when a doctor or health care worker asks her to “tómese la pastillita” (take this little pill) or “mueva la manito” (move the little hand).

That’s customary, and “she feels she’s talking to someone who cares,” Dr. Agudelo said.

“Come to a place of negotiation,” he advised. “It doesn’t have to be challenging. The patient has the right to say, ‘I don’t like your talking to me that way.’”

In return, the worker “should acknowledge that the recipient may not come from the same cultural background,” he said. That person can respond, “This is the way I usually talk, but I can change it.”

Lisa Greim, 65, a retired writer in Arvada, Colo., pushed back against elderspeak recently when she enrolled in Medicare drug coverage.

Suddenly, she recounted in an email, a mail-order pharmacy began calling almost daily because she hadn’t filled a prescription as expected.

These “gently condescending” callers, apparently reading from a script, all said, “It’s hard to remember to take our meds, isn’t it?” — as if they were all swallowing pills together with Ms. Greim.

Annoyed by their presumption, and their follow-up question about how frequently she forgot her medications, Ms. Greim informed them that having stocked up earlier, she had a sufficient supply, thanks. She would reorder when she needed more.

Then, “I asked them to stop calling,” she said. “And they did.”

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