Beyond language choice: Code switching and bilingual care conversations in the context of cultural diversity and dementia

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Abstract. This article deals with the code switching of bilingual individuals in the institutional setting of an explicitly multicultural care facility in the German Ruhr area. In an institution that is not exclusively geared towards a specific population group, situations arise in which residents and staff sometimes do not understand each other or the choice of a particular language becomes a necessity. Focusing on two residents of Turkish origin and their interactions with care staff and residents of different origins, the article uses video-ethnographic data to address the potential, but also the problems that arise in the context of code switching. It is shown how code switching is used for (a) problem solving and problem avoidance as well as (b) linguistic-cultural inclusion and exclusion and (c) how it influences people with dementia. In this way, it becomes clear that code switching is more than just the choice of one language over another and even touches on migration- and integration-related questions as well as therapeutic issues.

Keywords. code switching, bilingualism, dementia, culturally sensitive care

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1 Introduction

Within the research field of language and aging, which is largely concerned with dementia (see e. g., Hamilton 1994, 2019; Guendouzi and Savage 2017), great importance has always been attached to the topics of bilingualism, multilingualism and code switching (Hyltenstam and Stroud 1989; Friedland and Miller 1999; Plejert,

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Lindholm, and Schrauf 2017; De Bot et al. 2020; Davis and Maclagan 2022). Conversation analysis and ethnographic studies describe the speaking behavior of older people (with dementia) and caregivers depending on the interaction constellation, i. e., the respective counterpart and the situational framing. The studies by Lindholm (2017) and Müller (2017), which focus on very specific social and institutional conditions, should be emphasized here. The institutions described in the studies mirror a part of the social conditions framing them insofar as two groups represented in the overall population are focused on in relation to each other (Swedish-speaking Finns and non-Swedish-speaking Finns; Irish-speaking Irish and exclusively English-speaking Irish). In other words, the institutions in question address a specific population group without excluding the majority population. In this way — like the Jewish care facility described by Kontos (2006) — it is possible to tailor services to a specific target group and to match the staff employed to the residents in terms of language skills, cultural backgrounds and / or religious orientation. This creates almost ideal conditions for the respective target groups in which they can live out their language preferences, and for people with dementia, this is also likely to unleash potential for delaying the course of the disease.

However, the complex social entanglements of modern immigration societies are less easy to translate into the institutional setting of geriatric and dementia care. In Germany, as much as 25.2 % of the population have a history of immigration (Statistisches Bundesamt 2024). Of these 21.2 million people, those from Türkiye (11.9 %), Poland (9.2 %), Kazakhstan (6.7 %), Russia (6.5 %) and Syria (6.0 %) are the most strongly represented. While some population groups have only come to Germany during more recent immigration movements — e. g., from Ukraine (4.9 %) or Syria — other population groups have already been established for decades and for several generations, meaning that the number of people with roots in these countries is likely to be significantly higher than the statistically recorded figures.[2] Many former guest workers have aged in Germany and sometimes need care. They can be addressed institutionally either through the establishment of various group-specific services or through a setting that attempts to address the complexity of conditions in society. Especially regarding integration-specific issues and the avoidance of parallel societies, the latter suggestion appears to be quite desirable.

Against this background, this article deals with code switching in various interaction constellations in an explicitly *multicultural* care facility in the German Ruhr area — a metropolitan region that has always been culturally diverse due to its history of coal mining and the recruitment of guest workers. In line with the above-mentioned work on bi- and multilingualism, the choice of language in interactions between bilingual residents (with dementia) and care staff in a multicultural and multilingual *sociotope* (Meier zu Verl 2020) will be traced. In view of the linguistic and cultural complexity of the setting addressed, the focus will also be on constellations that limit the possibilities of code switching due to the participation of monolingual individuals, but at the same time provide potential for linguistic exclusion and inclusion. The aim is therefore not only to describe who chooses which language and

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2. In order to be considered to have an *immigration history*, either people themselves or both parents must have immigrated to what is now Germany from 1950 onwards. Compared to the *migration background*, which also includes those people who only have one parent who was not born in Germany, the immigration history is therefore even more narrowly defined (Statistisches Bundesamt 2024). People who still identify with their society of origin in the third generation are not included in the statistics.

when, but also to discuss *why* the respective language is chosen, *what* code switching achieves in each case and *to what extent* a negotiation of (a) problems, (b) complex culturally diverse relationships and (c) dementia-related restrictions also takes place in the context of code switching. Thus, the choice of language is considered in relation to (inter- and intra-) cultural constellations and dementia-related characteristics. First, the institutional setting, the methodological framework and the residents primarily considered are presented (Section 2). The core of the article is formed by the subsequent analyses of (triadic) conversation constellations and their connection to cultural and dementia-related issues (Section 3). The impressions gained are then summarized and discussed (Section 4), before the article closes with a conclusion and an outlook on potential follow-up projects (Section 5).

2 A video ethnographic approach to code switching in a multicultural care facility

In the context of conversations between multilingual speakers, code switching can refer to the insertion of a single word from one language into an episode in another language, or to the mixing of phrases and contributions in different languages (Auer 1998, 1; Plejert, Lindholm, and Schrauf 2017, 5). In line with the sociolinguistic approach of Gumperz (1977), code switching is defined here as the juxtaposition of passages of speech belonging to two different grammatical systems or subsystems within the same conversational episode. The extent to which such a language switch expresses more than a linguistic preference will be presented further below using data from a multicultural care facility in the German Ruhr area. The facility was established in 1997 as the first of its kind. The opening year also marked the beginning of a discourse that intensified in Germany around the turn of the millennium under the title of *culturally sensitive care* (Arbeitskreis Charta für eine kultursensible Altenpflege 2002; Bundesministerium für Familie, Senioren, Frauen und Jugend 2005). The concerns of this discourse are comparable to those pursued internationally under the title of *transcultural nursing* (Leininger 1991; Campinha-Bacote 2002; Purnell 2002; Giger and Davidhizar 2008) and consist above all in specifically addressing people with a migration background in the context of care and support service. According to the facility, a quarter of the residents and half of the staff have a migration background:

> "Auf ihre unterschiedlichen Bedürfnisse und Wertemuster wird Rücksicht genommen—ob in der Pflege, in der Freizeitgestaltung oder bei spirituellen Angeboten. Das alles gelingt, weil das [multikulturelle Seniorenzentrum] eng vernetzt ist mit den Akteuren des Gemeinwesens—von den türkischen Gemeinden über die christlichen Kirchen bis hin zu lokalen Vereinen oder der Bezirksvertretung."

> "Their different needs and values are taken into account—whether in care, leisure activities or spiritual offerings. All of this succeeds because the [multicultural facility] is closely networked with community stakeholders—from the Turkish communities to the Christian churches to local associations or the district council." (DRK Nordrhein 2025)

This quote from the institution's homepage avoids an explicit juxtaposition by referring to national ("Turkish communities") and religious ("Christian") categories. How-

ever, the implicit interweaving of nationality and religion does mark out two target groups: a Christian target group, which includes not only the majority population of people without a history of immigration, but also Christian people with a history of immigration, and people with a Turkish migration background, who can be distinguished from the first target group based on the dominance of Islam. And indeed, people with a Turkish migration background (as well as Muslims in general) are also addressed by means of specific offers (e. g., a Turkish brunch and a Koran reading). In view of the complexity of society, which does not allow all (potentially) represented migration backgrounds to be specifically addressed, the institution has therefore adopted a compromise that dissolves national distinctions as long as there is an overlap in terms of Christian orientation, while at the same time selecting a prominently represented group (people with a Turkish migration background) as a target group among the population groups with a greater assumed distance to the majority population — probably due to their religious orientation.

The facility was visited on 48 days in the first field phase. Two researchers collected video-ethnographic data on each day (2–6 hours) relating to 11 residents with and without dementia and with and without a migration background and their interactions with care staff and relatives. A total of 24 hours of video material was recorded.[3] Three interactions were selected from this material for the following analyses. The situations described concern residents with a Turkish migration background: Ismail, who was 89 at the time of the study, and Makbule, who was 76. Ismail had only moved into the multicultural facility a few weeks before the start of the research. He was born in Türkiye, has Turkish citizenship, and prefers to speak Turkish but can also make himself understood in German. Ismail is physically limited, but regularly moves around the corridors of the facility in a stooped position and supported by his rollator. He has not been diagnosed with dementia, but staff still describe him as suffering from dementia. Ismail also appeared disoriented at times to the research team. Makbule immigrated to Germany from Türkiye in 1972 but returned to Türkiye with her husband when he retired. Even after his death, she initially remained in Türkiye until she moved to Germany to be with her children in 2021 due to her significantly deteriorating health. She has been living in the facility since 2022 — almost 1½ years at the time of our study. She is in an advanced stage of dementia. According to her daughter, Makbule spoke Turkish and German before her illness, but now only speaks Turkish, which is also becoming increasingly precarious and incomprehensible.

The residents and interactions selected for this article consider the circumstances at the institution: Although there is a variety of migration backgrounds represented in the facility, we were able to observe code switching exclusively between Turkish and German in interactions between staff and residents. Italian-German and Spanish-German code switching was visible in interactions between residents and relatives. We also received reports of employees who, due to their French or Arabic mother tongue, acted as translators in conversations with a Moroccan resident who had just moved in. The dominance of the Turkish language and Turkish-German code switch-

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3. In addition, there are several hundred pages of field notes and about 5 hours of audio material (walk along interviews), which will not be referred to in this article (see Mollenhauer 2025a). The study obtained the official approval of the ethics committee of the faculty of humanities at the University of Duisburg-Essen. The participants of this study did not give written consent for video and audio material to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

ing is in line with the focus set by the facility, and may be because constellations involving (at least) two speakers of Turkish and German regularly occur in everyday institutional life. Care staff of Turkish origin often specifically address residents of Turkish origin in Turkish, which is presumably not to be seen as a preference for a specific group of residents but is due to complex expectations linked to group identities (see Mollenhauer 2025b). A more detailed classification of the dominance of Turkish-German code switching against the background of cultural and integration-specific questions as well as dementia-related phenomena is made along with the following interactions and their analyses.

3 Code switching: Potentials and problems in a multicultural setting

In the context of code switching, (situation-dependent) language preferences of bilingual individuals can be identified. Among the bilingual residents of the multicultural facility, people with a Turkish migration background regularly have opportunities to choose one of two languages in everyday interactions. Even if they have a fundamental preference for Turkish, however, they cannot completely avoid using German in contact with monolingual partners. In the following example, we will therefore first look at situations in which residents (diachronic or synchronous) encounter at least two interlocutors and are sometimes restricted in their choice of language when trying to solve a problem (Section 3.1). On this basis, an example will then be discussed that reveals the relations of code switching and linguistic as well as cultural inclusion and exclusion (Section 3.2), before the final example further increases the complexity of the intersectional entanglements through a reference to dementia (Section 3.3).

3.1 Code switching and problem solving in multicultural constellations

The situation described below concerns an interaction involving Ismail, Antonella, an 88-year-old resident with an Italian migration background, and Esra, a care worker with a Turkish migration background. Ismail is standing next to his rollator at a table in the facility's forum. There are cups and bowls on the table. There is still some cocoa in a cup that is ready to be cleared away. Ismail is in the process of pouring the rest of the drink from the cup into a bowl on a plate but pours some of the liquid next to the bowl. Antonella is standing to one side of him with her rollator, shaking her head and apparently annoyed as she watches.

(1) Video data, December 2023, 00:00–01:40. I = Ismail, resident; A = Antonella, resident; E = Esra, nurse. Conversation in German and Turkish.

```
01 00:04 A: <<an I gerichtet> was machst du jetzt da>
            <<addressed to I> what are you doing there>

02          <<an E gerichtet> gucke mal da
            <<addressed to E> take a look there

03          guck mal da>
            take a look there>
```

(continued)

```
04  E: schatz bitte mach das nicht
```
honey please do not do that

```
05     <<nimmt I das Geschirr weg> kartal>
```
<<takes the dishes away from I> kartal>

```
06     yapma amca yapma
```
do not do that uncle do not do that

```
07     nein bu senin değil
```
no this is not yours

```
08     <<an I gerichtet> bu senin değil>
```
<<addressed to I> this is not yours>

```
09  I: <<an E gerichtet> bu benim çayım>
```
<<addressed to E> this is my tea>

```
10  E: bu çay değil
```
this is not tea

```
11     ben sana çay getircem
```
i will get you some tea

```
12     hadi git sen otur
```
go on go sit down

```
13     ben sana çay getircem
```
i will get you some tea

```
14     kartal ismail amca hier ist dein stuhl
```
kartal uncle ismail here is your chair

```
15     sandalyen burda
```
here is your chair

```
16     <<fragend> çay mı istiyorsun>
```
<<asking> do you want tea>

```
17  I: ((unverständlich))
```
((incomprehensible))

```
18  E: tamam sen otur
```
ok sit down

```
19     <<räumt währenddessen den Tisch ab> ben sana çay getircem>
```
<<clears the table in the meantime> i will get you some tea>

```
20  A: hah <<zwei Finger hebend> zwei Tage nicht hier>
```
hah <<lifting two fingers> two days away>

```
21     hatte ruhe
```
was at peace

```
22     jetzt wieder da
```
now back

(continued)

```
23      katastrophe
        disaster

24      (2.0)
        (2.0)

25  I:  [wer        ]
        [who     ]

26  A:  [katastrophe]
        [disaster]

27      du
        you
```

Antonella asks Ismail what he is doing there and points in the direction of the table (Lines 01–02). Ismail does not react. Antonella's gaze wanders directly to the nurse Esra, who is working in the background, to whom she now speaks in German — still pointing to the table and the mishap (*guck mal da*; Lines 02–03). Esra quickly notices the problem, comes to the table, and asks Ismail in German to stop his activity (*schatz bitte mach das nicht*; Line 04). She puts the cup away with her right hand and positions her left hand above Ismail's right hand — presumably to stop him from making any more mishaps. Ismail remains standing at the table, visibly confused and seemingly unaware of the situation, while Esra clears away the rest of the dishes and wipes away the spilled liquid with a napkin (Figure 1).
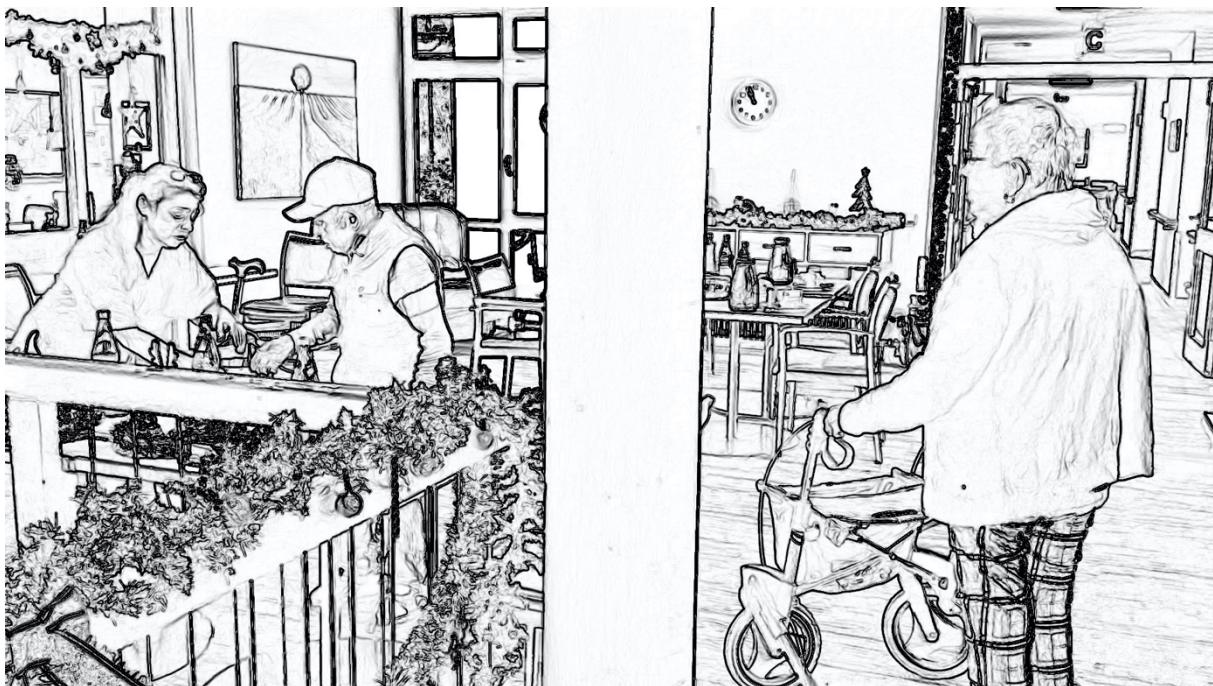

Figure 1: Esra (left) cleans up the mishap. Ismail (center) looks on. Antonella (right) observes the incident attentively.

At this point, Esra calls Ismail by his last name (*kartal*, Line 05) and then switches to Turkish to prevent the seemingly overwhelmed Ismail from continuing his activities. Ismail only responds explicitly to the request in Turkish to stop the activities and the hint formulated in this context that it is not his drink by replying—also in Turkish—that the tea on the table belongs to him (Line 09). Esra briefly switches to German when she instructs Ismail to take a seat on his rollator (*hier ist dein stuhl*; Line 14), but then repeats her announcement in Turkish immediately afterwards (*sandalyen burda*; Line 15). She accompanies her words gesturally by lightly hitting his rollator with her hand. Ismail finally takes a seat on his rollator, whereupon Esra takes the dishes away. Antonella, who observes the entire Turkish-language interaction between Ismail and Esra without comment, breaks her silence when Esra leaves the forum. She sets off with her rollator and approaches Ismail.

When she is standing directly in front of Ismail and has made sure of the mutual eye contact, she turns to him again (Figure 2). With her remarks in German, she creates a causal relationship between Ismail's presence in the facility (he was temporarily with his family) and the well-being of the other residents and employees (Lines 20–23). The repetition of the exclamation *katastrophe* creates the impression of a clear attribution: Ismail's presence is not only the cause of one catastrophe or another, but Ismail himself is the catastrophe. Ismail also seems to recognize a personal reference but is probably unsure who exactly should be called a catastrophe, so he asks in German who is meant (*wer*; Line 25), which is answered briefly and clearly by Antonella (*du*; Line 27). Antonella then leaves the lounge. Another nurse brings Ismail a cup of tea and pushes him closer to the table on his walker. In the meantime, they both talk in Turkish.

Figure 2: Ismail has taken a seat on his walker and is looking towards Antonella, who is addressing him with her right hand raised.

The situation described comprises various successive constellations. At the beginning, Antonella addresses Ismail in German. As both Ismail and Antonella regularly take part in the Turkish brunch and regularly meet in the forum of the institution, it can be assumed that Antonella identifies Ismail as a speaker of Turkish and German. She herself has no knowledge of Turkish and in everyday situations (apart from family meetings, which are dominated by the Italian language) only speaks German anyway. Addressing Ismail in German is therefore obligatory here and there is no alternative if mutual understanding is to be achieved.

The same applies to the subsequent address to Esra, in which Antonella draws Esra's attention in German to Ismail and the misfortune for which he is responsible. The short, consecutive conversational dyads between Antonella and Ismail (drawing attention to the spilled liquid, attempting to create an awareness of the problem) and Antonella and Esra (drawing attention to Ismail and the liquid he has spilled, hinting at the existence of a problem, implicit request to intervene), neither of which exhibit the characteristic of shared bilingualism, are followed by a longer conversational dyad between Ismail and Esra, which Antonella observes. Although both participants are now fluent in Turkish and Ismail prefers to speak it, Esra opens the conversation in German. We can only speculate about the reasons for this. It is possible that the German-language initiation by Antonella is still having an effect here. It is also conceivable that Esra wants to explicitly indicate to Antonella, whose speech she does not directly return, that she is taking care of the problem. A switch to Turkish follows promptly, however, when Esra encounters a lack of understanding and an apparent sense of being overwhelmed by Ismail. Although neither the external observer nor Esra can clearly see whether this is a linguistic or situational misunderstanding, the change of language has the potential to resolve the misunderstanding and overcome the communicative crisis (Meyer 2016). It is only with the Turkish request to refrain from (misguidedly) pouring the drink, and the additional remark that it is not Ismail's drink, that an explicit negotiation of the problem and a positioning on Ismail's part occurs.

The interactions within the described situation show possibilities of language choice, but also necessary decisions for a specific language, which arise depending on the respective counterpart of bilingual residents. In a completely multicultural environment, bilingual individuals—depending on the languages spoken—are only partially able to freely choose the language of conversation (like the residents with a Turkish immigration history who are the focus here), can only switch languages during private visits (like Antonella, who appears in the example) or have no opportunity to code switch at all. The consequences of this finding in the context of cultural negotiation processes and dementia-related peculiarities are only hinted at in the example chosen here. Ismail's lack of awareness of the problem and his interim difficulties in interpreting the situation may be partly responsible for Esra's change of language, but in view of the lack of a diagnosis, Esra cannot attribute it beyond doubt to dementia. On the other hand, there are indications that language and culture may be intertwined when, while switching to Turkish, Esra also makes a change in politeness or distance and respectfully addresses Ismail as *amca* 'uncle'. This creates a contrast to the previous German-language address as *schatz* 'honey', which is to be understood as affectionate but also as less distanced and, in the context of intergenerational communication outside the family, sometimes evokes associations with patronizing communication and "baby talk" (Coupland, Coupland, and Giles 1991). The rela-

tionships between language changes and cultural negotiation as well as identification processes are discussed in more detail in the following paragraph.

3.2 Code switching in the context of linguistic-cultural inclusion and exclusion

The situation described in the next example also takes place in the facility's forum. Ismail is sitting at a table next to Makbule. The latter is being served lunch by Esra. Ismail also has a plate of potatoes and sauce in front of him when care worker Anna approaches him from behind. There are also two other residents of Turkish origin at the table. One of these residents joins in the interaction at the end of the sequence.

Anna approaches Ismail from the right, bends down to him and puts her left hand on his shoulder (Figure 3). She asks him if he still wants to eat something and then uses her right hand to point to the plate, which is still full, and again focuses on the food (Lines 02–03). Ismail answers in Turkish and initially seems to be addressing Anna (Line 05). However, his statement that he does not want to eat does not provoke a reaction from Anna, given the language he has chosen. Esra then raises her eyes, looks at Ismail and joins in the conversation. She points to Ismail with her index finger and then to his plate and says in Turkish that Ismail wanted to eat potatoes (*hani sen patates istedin*, Line 08). A discussion ensues in Turkish, during which Esra always tries to maintain mutual attention (*halloo*, Line 10) and persistently and insistently (*tamam ben getirdim yesene*, Line 15) wants Ismail to eat the potatoes in accordance with his original wish. Ismail's attempt to get bread instead of potatoes goes unheard by Esra — as do his incomprehensible objections. It is only when Ismail asks for water (Line 16) that Esra relents.

Figure 3: Anna addresses Ismail while placing her left hand on his shoulder, leaning down towards him and pointing to the still full plate with her right hand. In the background, Esra brings a spoon to the mouth of the resident Makbule.

(2) Video data, January 2024, 00:29–06:12. I = Ismail, resident; A = Anna, German nurse; E = Esra, Turkish nurse; Z = Zehra, resident. Conversation in German and Turkish.

```
01 00:29 A: <<legt ihm die Hand auf die Schulter> herr kartal
            <<puts a hand on his shoulder> mister kartal

02          möchten sie noch essen>
            would you still like to eat>

03          <<auf den Teller zeigend> mittagessen>
            <<pointing to the plate> lunch>

04       I: ((das Wort zunächst an Anna gerichtet, die nicht reagiert))
            ((first addresses Anna, who does not react))

05          ben yemicem
            i am not eating

06          yok yemicem
            i am not eating

07       E: ((schaltet sich auf Türkisch in das Gespräch ein))
            ((joins the conversation in Turkish))

08          <<mit einer Geste zu Ismails Teller> hani sen patates istedin>
            <<with a gesture to Ismail's plate> i thought you wanted
            potatoes>

09          bak patates
            look potato

10          halloo
            helloo

11       I: ben ekmek istiyorum
            i want bread

12       E: <<zu Ismail gebeugt mit aufgebrachter Stimme> halloo
            bak sen patates istedin
            <<bent to Ismail with an angry voice> look you wanted potatoes

13          ha patates yesene>
            ha eat potatoes>

14       I: ((unverständlich))
            ((incomprehensible))

15       E: tamam ben getirdim yesene
            okay i brought it eat it

16       I: ben su istiyorum
            i want water

17       E: <<sich im Aufenthaltsraum umschauend> ha su>
            <<looking around the common room> ha water>

18          <<an A gerichtet> möchte wasser
            <<addressed to A> wants water
```

(continued)

19   ein glas wasser>
       a glass of water>

20 I: <<A hinterherrufend> ((unverständlich))>
       <<calling after A> ((incomprehensible))>

21 E: nein bardak getiriyor sana
       no she is bringing you a glass

22   bardak
       a glass

23   sen biraz öne gelsene
       why don't you come forward

24   ((geht zu Ismail und rückt ihn näher an den Tisch))
       ((goes to Ismail and moves him closer to the table))

25 I: <<den Blick hebend und A anschauend> is das wasser>
       <<raising his eyes and looking at C> is that water>

26 A: is wasser
       is water

27 I: şeker
       sugar

28 A: ((schaut I mit irritiertem Blick wortlos an))
       ((looks at I wordlessly with an irritated expression))

29 Z: <<mit aggressiver Stimme an I gerichtet>
       <<addressed to I in an aggressive voice>

30   suya şeker attılırmı>
       is sugar added to the water>

31 I: ne
       what

32 Z: <<noch aufgebrachter und erneut an I gerichtet>
       <<even angrier and again addressed to I>

33   suya şeker attılırmı>
       is sugar added to the water>

34 E: <<mit einer Flasche Limonade auf den Tisch zulaufend, an Z gerichtet> ne istiyor ki>
       <<approaching the table with a bottle of lemonade, addressing Z> what does he want>

As she looks around the forum, she underlines her willingness to agree to Ismail's request in Turkish (*ha su*, Line 17), but shortly afterwards switches to German to translate Ismail's request into an order for Anna (Lines 18–19). The latter was present

during the entire discussion but remained silent and almost impassive in the background (Figure 4).

Anna moves from the table to the kitchen in the background and gets Ismail a glass of water. Ismail seems to be giving Anna some more instructions in Turkish, but Anna has already moved away. Esra explains to Ismail, introduced by a German-language negation (*nein*, Line 21), but then in Turkish, that Anna will be right back with the requested water (*bardak getiriyor sana bardak*, Lines 21–22). She then asks — still in Turkish — why Ismail is sitting so far away from the table, whereupon she goes to him and pushes him closer to the table with his chair. A few seconds later, Anna approaches Ismail again from behind and places a glass of water on the table.

Ismail raises his eyes, looks at Anna and asks in German if it is the water he wanted (*is das wasser*, Line 25). Ismail replies to Anna's confirmation (*is wasser*, Line 26) with the Turkish word *şeker* 'sugar' (Line 27), which apparently causes irritation in Anna, but no verbal reaction. While Anna remains wordlessly next to Ismail for a few more seconds, Zehra, who is sitting at the other end of the table, intervenes. In an angry voice, she asks in Turkish whether sugar is added to water (*suya şeker attılırmı*, Line 30).

The suggestive nature of this question becomes apparent at the latest when it is repeated (even louder and more aggressively and following a question of Ismail's understanding). Esra, who returns to the table with a bottle of lemonade she has fetched from the kitchen, also expresses her lack of understanding of Ismail's wish with a question that conveys irritation (*ne istiyor ki*, Line 34).

Figure 4: Esra is talking to Ismail. Anna has left the interaction and stands frozen in the background.

Together with Zehra, she talks Ismail out of his wish. While Ismail seems overwhelmed by the situation, Anna moves away from the table. Ismail is then spoken to several more times in Turkish by nursing staff. He answers them each time in Turk-

ish and finally eats the potatoes. The glass of water, however, remains untouched and Ismail does not take any other drink.

In the situation described, it is initially noticeable that, apart from Anna, all the participants are bilingual, although the residents involved clearly prefer to use Turkish. This constellation was not unusual during the research stay in that it was the traditional table of residents of Turkish origin. The spatial separation of residents of Turkish and non-Turkish origin can also be considered from the point of view of integration-specific issues (Mollenhauer 2025b) but is particularly interesting here because a linguistic-cultural microcosm exists that reverses the fundamental conditions in the institution and can also be seen as a correlate of overall social phenomena and linguistically and culturally specific localities. Anna enters this space from the perspective of a stranger (Schütz 1944), who is only minimally familiar with the foreign language (Section 3.3). In this respect, she is dependent on linguistic inclusion (Gumperz 1982), which can only be achieved through code switching—i. e., the use of German by Esra and the residents involved. Such inclusion fails right at the beginning when Ismail responds in Turkish to Anna's request. It is not possible to decide whether Ismail is deliberately excluding Anna or even speculating that Esra will intervene. Although he later uses German with Anna, he then quickly switches back to Turkish. The fact that Anna does not react to Ismail cannot only be explained by Ismail's choice of language but may also be due to Esra's presence—on whose intervention Anna could simply rely. Esra's choice of language, which upholds Anna's exclusion, is not a necessary consequence of Ismail's choice of language but is a natural result of Anna's lack of understanding and the implicit demand for Esra's knowledge of Turkish. It may also—as discussed in more detail elsewhere (Mollenhauer 2025a)—be the result of a sense of obligation towards one's own community and should therefore not be seen as an intentional exclusion of Anna. Nevertheless, the code switching here causes an exclusion that leads to Anna temporarily remaining completely uninvolved in the background (Figure 4). This situation is only resolved when Esra translates Ismail's wish for water into German and thus includes Anna linguistically. On the one hand, this inclusion is due to the demands of the situation (Esra is still preoccupied with Makbule), but at the same time it marks a point at which Anna can resume her interaction with Ismail and realize her intended assistance. In this reading, the conversation conducted in Turkish presents itself as an interposed problem-solving process that communicatively resolves a crisis that has arisen due to the use of different languages. The fact that Esra begins her explanation of Anna's activities to Ismail with a German-language *nein* (Line 21) following Ismail's interjection may still be seen as an after-effect of the translation addressed to Anna. When Ismail then makes sure that Anna has served him a drink and promptly receives confirmation from Anna, it becomes clear that he can indeed communicate in German. Immediately afterwards, however, Ismail switches back to Turkish, provoking the reaction of a Turkish-speaking audience for the second time. The fact that Zehra intervenes may also be due to Esra's brief absence. The (conscious or unconscious) code switching here again contributes to the fact that Turkish-speaking people present feel addressed by the choice of language or at least called upon to intervene—which is possibly reinforced by the knowledge of Anna's lack of language skills.

3.3 Code switching and dementia

The complexity of code switching is further increased by dementia and the dynamics of dementia communication (Meyer 2014; Wray 2020), especially since information on language switching behavior prior to the onset of cognitive decline is rarely available (De Bot and Makoni 2005, 66) and the first and second languages may or may not be impaired to varying degrees (see Nanchen et al. 2017, 50). In the following sequence, Makbule is sitting in her wheelchair at her usual table in the forum of the facility. Next to her is Anna, the non-bilingual care worker who was already involved in the situation described above. The latter is holding an orange balloon in her hands. As part of the playful movement training, Makbule is supposed to catch the balloon thrown by Anna and throw it back to Anna. The bilingual researcher recording the action is addressed by Anna during the interaction and then actively participates in the interaction.

(3) Video data, November 2023, 00:02–03:12. M = Makbule, resident; A = Anna, German nurse; R = researcher. Conversation in German and Turkish.

```
01 00:02 M: ((fängt den Ballon, gibt ihn zurück und lacht))
            ((catches the balloon, hands it back and laughs))

02       A: ja super
            yes great

03          <<wirft den Ballon erneut> frau yavuz>
            <<throws the balloon again> mrs.yavuz>

04          oh
            oh

05       M: ((fängt den Ballon))
            ((catches the balloon))

06          ((unverständlich))
            ((incomprehensible))

07       A: <<lachend> ja sehr schön>
            <<laughing> yes very nice>

08       M: ((unverständlich))
            ((incomprehensible))

09          ((legt den Ballon auf den Tisch))
            ((places the balloon on the table))

10       A: soll der da liegen bleiben
            should it stay here

11       M: ((nickt))
            ((nods))

12       A: ja
            yes
```

(continued)

13   okay
    okay

14   ((setzt sich an den Tisch))
    ((sits down at the table))

15   <<ihre linke Hand streichelnd> frau yavuz>
    <<**stroking her left hand> mrs.yavuz>**

16   <<fragend> nasilsin>
    <<**questioning> how are you>**

17 M: iyiyim
    i am fine

18 A: okay
    okay

19 M: oyun güzel
    the game is good

20 A: <<greift nach dem Ballon> sollen wir nochmal versuchen>
    <<**reaches for the balloon> should we try again>**

21   wir beide
    both of us

22   ((unverständlich))
    ((incomprehensible))

23 M: ((fängt den Ball und lacht))
    ((catches the balloon and laughs))

24 A: ja sehr schön
    yes very nice

25 M: ((unverständlich))
    ((incomprehensible))

26   ((dreht den Ballon mit ihren Fingerspitzen im Kreis und legt ihn erneut auf den Tisch))
    ((turns the balloon in a circle with her fingertips and places it on the table again))

27 A: <<an R gerichtet> ich glaub genug>
    <<**addressed to R> i think enough**

28 M: yoruldum vallah
    i am tired

29 A: <<an R gerichtet> können sie übersetzen>
    <<**addressed to R> can you translate>**

30   <<schüttelt fragend den Kopf> sie auch nicht>
    <<**shakes her head questioningly> neither do you>**

(continued)

```
31  R: sie hat gerade gesagt dass sie jetzt erschöpft [ist]
        she has just said that she is exhausted [now]

32  A:                                          [ja ]
                                            [yes]

33  R: [dass sie nicht mehr] weitermachen möchte
        [that she no longer wants] to continue

34  A: [<<nickt> mh mh>    ]
        [<<nods> mh mh>          ]

35     <<nickend, an M gerichtet> bleiben wir ein bisschen zusammen ja
        <<nodding, addressed to M> we stay a little together yes>

36     leiste ich ihnen mal gesellschaft
        i will keep you company

37     <<den Ballon wegräumend> ich leg den ball auch zur seite>
        <<clearing away the balloon> i also put the ball aside

38     ja
        yes

39  M: ((hustet))
        ((coughs))

40  A: <<reicht M ein Taschentuch> ein tuch>
        <<hands M a tissue> a tissue

41     ((unverständlich))
        ((incomprehensible)

42  M: <<an R gerichtet, lachend> ne güldün>
        <<addressed to R, laughing> why are you laughing

43  R: cok güzel oynadiniz
        you played very well

44     <<fragend> yoruldunuzmu>
        <<questioning> are you tired>

45  M: ben buraya geldim
        i came here

46  R: ne zaman geldiniz
        when did you come

47  M: iki gün önce geldim ve buraya oturdum
        i came two days ago and sat down here
```

(continued)

```
48      ((unverständlich))
```
((incomprehensible))

```
49  R: <<an A gerichtet> habe ich leider nicht verstanden>
```
      <<addressed to A> unfortunately I did not understand>

```
50  M: ((unverständlich))
```
((incomprehensible))

At the beginning of the sequence, Makbule happily catches the balloon and hands it back to Anna. The latter comments on Makbule's action in German with praise (*ja super*, Line 2), attracts Makbule's attention by addressing her by her last name (Line 3) and throws the balloon to her again (Figure 5). Makbule catches the balloon again and then makes an incomprehensible comment (presumably in Turkish), which Anna responds to with a laugh and further praise (*ja sehr schön*, Line 07). Makbule makes another incomprehensible statement and then puts the balloon down on the table, whereupon Anna tries to make sure whether Makbule wants to stop the game. Makbule answers Anna's question (*soll der da liegen bleiben*, Line 10) with a nod. Anna repeats this affirmation verbally (*ja*, Line 12) and signals her agreement with Makbule's decision (*okay*, Line 13). She takes a seat on a chair, which she positions in front of Makbule's wheelchair and reaches with her right hand for Makbule's left hand, which she now holds and strokes (Figure 5).
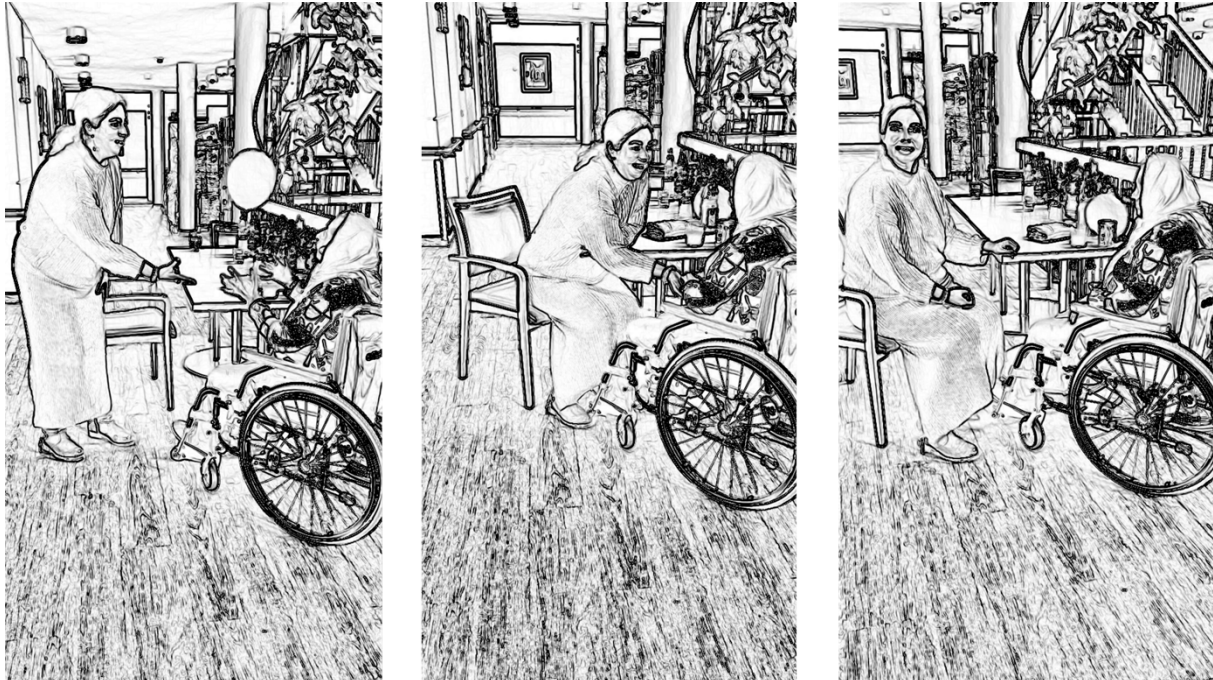

Figure 5: (a) Anna throws the ball to Makbule; (b) Anna strokes Makbule's hand while asking her about her well-being in Turkish; (c) Anna asks the researcher to translate Makbule's utterance.

At this point, Anna, who does not actually speak Turkish, switches to Turkish with a question about Makbule's well-being (*nasilsin*, Line 16), thus evoking a Turkish-language answer from Makbule, with which she refers to the content of the question and describes her well-being as good (*iyiyim*, Line 17). Anna switches back to German with her comment (*okay*, Line 18), but Makbule continues in Turkish and expresses her pleasure at the game she has just played. Although this statement is made in Turkish, Anna picks up the balloon again shortly afterwards and asks Makbule in German whether she would be interested in playing the game again (*sollen wir nochmal versuchen*, Line 20), focusing on the interaction dyad (*wir beide*, Line 21). The game is resumed without verbal feedback from Makbule, but Makbule signals her approval at the latest with her laughter when she catches the balloon. Following renewed praise from Anna (*ja sehr schön*, Line 24), Makbule makes another incomprehensible comment, turns the balloon in a circle in her fingers and puts it back on the table. Anna classifies this as an interruption of the game but does not address her comment (*ich glaube genug*, Line 27) to Makbule, but to the researcher involved in the video recording. Anna uses the joint attention with the researcher to ask her to translate (*können sie übersetzen*, Line 29) Makbule's subsequent utterance (*yoruldum vallah*, Line 28) (Figure 5). Shaking her head, she indicates her own lack of understanding and asks the researcher whether she has not understood either (*sie auch nicht*, Line 30). However, the researcher translates Makbule's statement and informs Anna about the exhaustion expressed by Makbule (*sie hat gerade gesagt dass sie jetzt erschöpft ist*, Line 31). Parallel to Anna's agreement (*ja*, Line 32), the researcher specifies her assessment (*dass sie nicht mehr weitermachen möchte*, Line 33). Anna accepts this assessment and then turns back to Makbule, tells her that she wants to keep her company and puts the balloon away before handing the coughing Makbule a tissue. Makbule's attention then turns to the researcher, who is still busy with the recording. A brief conversation ensues in Anna's presence, which Makbule opens verbally.

Makbule laughs at the researcher and shows with her Turkish-language question that she is affected by the researcher's laughter (*ne güldün*, Line 42). The researcher responds in Turkish with a positive comment on Makbule's game (*cok güzel oynadiniz*, Line 43) and a subsequent question about Makbule's previously expressed exhaustion (*yoruldunuzmu*, Line 44). Makbule does not respond to the question, but instead states without further context that she has come here. Makbule answers a question from the researcher, who tries to frame the statement in terms of time (*ne zaman geldiniz*, Line 46). But the comment that she arrived two days ago and took a seat (*iki gün önce geldim ve buraya oturdum*, Line 47) is not fully understandable in terms of content. Makbule's subsequent remarks are no longer comprehensible. The researcher then breaks off the conversational dyad with Makbule and turns to Anna, whom she informs of the incomprehensibility of Makbule's utterances (*habe ich leider nicht verstanden*, Line 49). These utterances then turn into a monologue.

The interpretation of the situation described must always consider Makbule's dementia and her language decline (McMurtray, Saito, and Nakamoto 2009), especially the fact that although Makbule is basically bilingual, she now articulates almost exclusively in Turkish. However, Makbule shows that she still has basic receptive skills in dealing with the German language when she nods in response to Anna's question as to whether the balloon should remain on the table (Lines 10–11). The smooth flow of the interaction or the game at the beginning of the sequence is presumably also due to the non-verbal and para-verbal level (facial expressions, intonation of

praise, laughter, posture), which contributes to an affectation (Capiac-Claver and Levy-Storms 2007) here. Regarding code switching, Anna's question about Makbule's well-being (Line 16), asked in Turkish after an initial pause in the game, represents a significant turning point. Previously, Makbule had only expressed herself incomprehensibly, but now she answers clearly and unambiguously and — although Anna has already returned to German — even adds a clearly understandable comment in which she refers to the game in retrospect. This shows a positive influence of the language change, which is not code switching in the narrower sense, as Anna cannot be considered bilingual and probably does not understand Makbule's answer at all. The fact that Anna knows single Turkish words is mainly due to the institutional setting and the exchange with colleagues of Turkish origin. The influence of Anna's statement on the interaction — and apparently also Makbule's well-being — can also be considered in view of Anna's limited language skills, not only against the background of an inter-weaving of bilingualism and dementia, but also in relation to culturally sensitive care. The specific consideration of people with a migration background addressed by this care concept is now increasingly being replaced by person-centered concepts (Kitwood 1997) and is also increasingly viewed critically in social science discourse (Meier zu Verl 2020; Mollenhauer 2025b), especially as it promotes (origin-related) stereotyping and an essentialist approach to culture. Makbule's linguistic and emotional reaction nevertheless shows the positive effects that addressing bilingual people with dementia in their mother tongue can have. Although Makbule's utterances subsequently become incomprehensible again at first, she resumes the game happily and laughing (Line 23).

A further break occurs with the second pause in the game. When Makbule no longer throws the balloon back, but instead turns it with the fingers and then puts it away, Anna opens the interaction with her German-language commentary (Line 27) towards the researcher. Whether Makbule's Turkish-language expression of exhaustion follows on from Anna's previous comment cannot be decided here. What is striking, however, is how Anna uses the opportunity (of established joint attention with the researcher) to draw on resources outside the dyad with Makbule. Although the given research situation is not part of the everyday life of the facility, interactions between monolingual care and nursing staff and bilingual residents in the presence of other bilingual staff are not uncommon in the facility. Against this background, the situation described in Section 3.2 could also be seen as an established variation of a translation request that no longer needs to be explicitly stated. In the situation considered here, Anna uses the requested translation to confirm her assessment of the situation, which was correct even without a linguistic understanding of Makbule's utterances, and to adjust her further actions to Makbule's state of mind. In the final conversation between Makbule and the researcher, Makbule's Turkish-language address to the researcher is particularly striking. Although it is not entirely clear whether Makbule identifies her as a speaker of Turkish from the outset or following Anna's request for translation, or whether she chooses her preferred language anyway, there is no such clear address to Anna in the entire sequence. Makbule does not respond to the Turkish-language praise and the researcher's question, but she seems to be trying to maintain the conversation. When she talks about her arrival, it is initially unclear whether she is referring to her moving into the institution or her arrival at the table. She does take up the researcher's question about this in terms of content and semantics and lets it shine through with her specification that it is

probably about the current stay at the table (*buraya oturdum*, Line 47), but the temporal context (*iki gün*, Line 47) is lost due to dementia (see e. g., Meyer 2014). When Makbule's clear pronunciation is blurred again and she increasingly turns into an incomprehensible monologue, the researcher breaks up the conversation and switches once again to a meta-level with her comment to Anna about not understanding what Makbule is saying.

4 Discussion: Code switching in culturally diverse care contexts

The situations described require discussion against the background of the question of what code switching does or can do in a culturally diverse care context, in which residents and staff sometimes do not understand each other. The following three potentials of code switching, which can be seen in the situations described and which will be discussed below with an additional consideration of possible risks, provide orientation: (a) the potential of problem solving, (b) the potential of linguistic-cultural inclusion and exclusion and (c) the potential of activation in dementia.

For (a) *problem solving*, code switching is used in one way or another in all the situations described. In the first example, the bilingual Esra reacts to Antonella's German speech, but quickly switches to Turkish with Ismail, especially as she knows about his preferences and skills from previous experiences. By speaking Turkish, she finally succeeds in dissuading Ismail from his activities. The problem to be overcome is not initially on a communicative level, but arises from Antonella's observation, whose assessment of the situation is taken up by Esra. The task now is to eliminate the mishap, but at the same time to dissuade Ismail communicatively from his actions, which is ultimately achieved through code switching. In the second example, the problem is established communicatively, and its resolution is made considerably more difficult using different languages. Ismail does not want to eat the potatoes in front of him, but expresses his displeasure in Turkish after Anna's German-language question. Esra then intervenes and discusses the actual problem with him in Turkish. She does not act as a translator but concludes the problem-solving process and merely informs Anna of the outcome of the discussion by a German-language instruction. The water that is then served ultimately persuades Ismail to eat the potatoes. Code switching thus leads to the identification and resolution of the problem. The fact that the identification itself becomes a problem is due to the original interaction constellation and the linguistic preferences and competences of the participants. In the third example, there is ultimately less of an acute problem than a need to validate an assessment of the situation made without linguistic understanding. Anna asks for a translation from the researcher to be sure of her assumption that Makbule is exhausted.

The second example makes it particularly clear how code switching also (b) harbors the potential for (conscious or unconscious) *linguistic-cultural inclusion and exclusion*. Studies carried out in care settings specifically aimed at a certain population group (Lindholm 2017; Müller 2017) show how residents position themselves as speakers of a language community through code switching. In this setting of a culturally diverse facility, however, the choice of language is not only linked to preferences, but also to necessities. Although numerous languages are represented among the staff, only the

residents of Turkish origin are able to cope with everyday life mainly in their mother tongue. Even though they too are sometimes cared for and looked after by non-Turkish-speaking staff, there is a tendency for care staff, especially those of Turkish origin, to approach residents of Turkish origin (Mollenhauer 2025a), and a potential translator is never far away if necessary. Under these conditions, linguistic inclusion and exclusion can regularly be observed.

Esra must not have consciously excluded Anna in the second example, especially as it would not have been very economical from a practical nursing point of view to translate every utterance in the situation described. However, it cannot be ruled out that Ismail is deliberately seeking Esra's attention through his Turkish-language answer to Anna's question, particularly as his choice of language often refers explicitly to cultural identities and a differentiation from the majority society. In another situation, for example, he expresses his indignation at the presence of a dog at the lunch table in Turkish to the researcher present instead of to the (non-Turkish-speaking) head of the facility, who reassures him. He asks the researcher if she is blind and cannot see the dog and adds that the animal has no business at the dinner table (see Mollenhauer 2025a for more details). Here, the expectation of shared cultural values is probably responsible for the choice of addressee. The choice of language corresponds to Ismail's preferences, but at the same time contains a positioning that excludes the facility manager and includes the researcher. In this way, code switching is also used to linguistically establish an origin-related cultural *identity* (Bailey 2002; Buchholtz and Hall 2010).

The (c) potential for *activation in dementia* is revealed by the code switching in the third example. It is obvious that Anna's Turkish question emotionally stimulates Makbule and evokes clearly articulated responses. Anna lacks the language skills that would be necessary to continue a conversation in Turkish, but a brief question in Turkish is enough to temporarily sharpen Makbule's attention, increase her emotional well-being and thus encourage her to resume the game. In the final conversation between Makbule and the researcher, a similar activation can be observed. While Makbule is emotionally activated by Anna's Turkish-language question in the first part of the sequence, here she is moved to ask a question by the researcher's laughter. The fact that she asks this question in Turkish is presumably due to her dwindling German language skills but could also be influenced by the researcher's previous translation. In contrast to the interaction between Makbule and Anna, both interlocutors are now bilingual—accordingly, the researcher answers in Turkish and follows up with another question. In this way, a flow of conversation emerges, but it quickly dissolves again, both in terms of content and on a formal-procedural level. The researcher finds it increasingly difficult to put Makbule's statements into a meaningful context and—in the face of dwindling attention on Makbule's part—to maintain a turn taking. As in the case of Anna's question, only a temporary activation is recognizable here as well, but it clearly has a positive influence. The link between emotion and mother tongue evident in this example is also important in context of fundamentally justified reservations about culturally sensitive care (see e. g., Meier zu Verl 2020) and culturally specific models of intercultural or transcultural competence, since the example discussed here certainly suggests a potential therapeutic benefit of addressing bilingual people with dementia in their mother tongue.

The potential of code switching in a multicultural setting is undoubtedly always accompanied by risks. The resulting *exclusion* has already been addressed regarding

linguistic and cultural *inclusion*. The potential for *problem solving* also correlates with the risk of problem *avoidance*, which is implied when Ismail does not even try to answer Anna in German. Such situations also harbor a risk in the context of dementia, especially as studies (Schecker 1998) show that the avoidance of certain linguistic patterns by those affected accelerates their deterioration. Ultimately, however, it is precisely the risks described here that hold further potential in a culturally diverse institution: Code switching (or the refusal to code switch) can be used by residents to avoid problems and exclude staff and other residents depending on the situation. However, code switching and inclusion must also take place regularly to resolve everyday problems in view of varying interaction constellations. Similarly, in the case of dementia, emotional activation using the mother tongue is just as important as a cognitive challenge using the second language. Such an interplay occurs naturally in the facility studied, at least for residents of Turkish origin, due to different constellations.

5 Conclusion and outlook

Along the lines of code switching, the examples dealt with are concerned with the intersections of age, dementia, and culture. Code switching is used in a variety of ways in a culturally diverse facility in which residents and staff, as well as residents among themselves, sometimes do not understand each other linguistically. While previous studies have primarily focused on how residents position themselves as speakers of a language community in an (almost entirely) bilingual environment, the culturally diverse setting examined here also reveals forms of inclusion and exclusion linked to cultural identities via code switching. These are always weighed up against situation-specific constraints or necessities. The institution visited thus becomes a mirror of society and a place where migration and integration-related issues are dealt with at the micro level. The facility's homepage also draws a parallel between the micro and macro levels, stating that the senior center is not only a best practice example of culturally sensitive care, but also an example of successful integration. In fact, the examples discussed also show positive effects of the specific addressing of residents of Turkish origin (not only) at a linguistic level. However, they also reveal the danger of cultural coexistence, which is expressed, for example, by the table occupied exclusively by residents of Turkish origin and is also manifested there linguistically (in the example discussed by the exclusion of Anna). Code switching also has a major influence on how people with dementia are treated. Here too, positive effects (increasing attention, evoking positive emotions) are offset by potential risks (loss of the unused or less used second language). However, it is precisely the diverse composition of staff and residents that ultimately enables the facility to balance potential and risks. Still, this applies less to people whose language is not so widely spoken in the facility. In terms of care economics, it seems almost impossible to extend the conditions created here for residents of Turkish origin within the facility to other origins and language communities.

In any case, the variable interaction constellations make it clear that the phenomenon of code switching is much more than just a (situational) change of language or a preference for one language over another. Bilingualism always also touches on the aspect of culture, which is deeply rooted in the connection with the mother tongue, especially in older people, and can be activated for a long time in the case of

dementia. This suggests a wide range of possible questions that further research into bilingualism in old age can and should address.

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Ethics statement

The study obtained the official approval of the ethics committee of the Faculty of Humanities at the University of Duisburg-Essen (approval number: 2023-11). All participants have given their written consent.

Conflict of interest

The authors have no conflict of interest to declare.

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Appendix: Transcription conventions

The transcription conventions are based on the conventions of the minimum transcript according to GAT 2 (Selting et al. 2009).

Language Contrast

German

Turkish

English

<<laughing> yes>

Descriptions and comments in angle brackets: The inner angle bracket separates the description or comment from the text of the conversation, the outer angle bracket indicates the scope or extension. The description is placed before the place where the phenomenon to be noted occurs. The outer angle bracket is closed where the range of the phenomenon ends.

((sits down))

Descriptions and comments in double round brackets: Non-verbal actions or incomprehensible passages are placed in double round brackets.

[hello   ]
[welcome]

Overlap in square brackets: Opening square brackets are placed at the point in the text where overlapping is used, and closing square brackets are placed where the simultaneous speech ends. The pairs of brackets are aligned with each other.

(1.0)

Times in round brackets: Approximate pause in seconds. The duration of the pause is shown in single round brackets.