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Dementia-Friendliness in Danish and International Contexts: A Critical Discourse Analysis

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Abstract

Background and Objectives: Initiatives to create dementia-friendly environments are subject to political attention all over the world. As the interpretation of dementia-friendliness is influenced by current cultural trends, the concept is highly ambiguous. The present study aims to explore how discourses concerning dementia-friendliness are manifested in Danish and international policy documents and how they interact internationally.

Research Design and Methods: Inspired by Fairclough's critical discourse approach, 21 policy documents were analyzed to reveal how power is exerted through language and the discursive construction.

Results: We identified 5 types of discourses, namely, those concerning the domains of socioeconomy, rehabilitation, knowledge, responsibility, and a good life. Dementia-friendliness was found to be embedded in an overall ideology aimed toward supporting the individual's autonomy in life and health choices and their participation in society.

Discussion and Implications: Our analysis furthermore suggests that dementia-friendly initiatives are used collectively as a lever to achieve these policy aims to ultimately compensate for and protect people with dementia against the consequences of the loss of competencies, identity, and control. Thus, to develop and establish sustainable dementia-friendly environments and communities that meet the needs of people living with dementia, we need to be aware of and discuss the implications of the discourses constructing dementia-friendliness and their influence on the appearance of dementia-friendliness in society.

Keywords: Dementia, Discourses, Policies

Living with dementia affects an individual's physical, mental, and social conditions, disrupting their ability to maintain activities of daily living (Giebel et al., 2015; Jing et al., 2016; Jørgensen, 2010). The incidence of dementia is growing, with global numbers expected to increase by up to threefold in the coming decades (Alzheimer's Association, 2018; Wu et al., 2016). Policymakers have responded to this challenge by expanding their efforts to establish quality care for people with dementia and to support their ability to continue living meaningful everyday lives despite their condition. Such initiatives are widely reflected in policy documents (Alzheimer's Disease International, 2017; Alzheimer Europe, 2019; Laver et al., 2016; Lin, 2017; Pantzartzis et al., 2016).

Of unknown origin, the terms "dementia-friendly" and "dementia-friendliness" first appeared in the early 1990s (Turner & Cannon, 2018; Turner & Morken, 2016). The literature reveals that a connection exists between

the vision of dementia-friendly communities (Alzheimer's Disease International, 2016a, 2016b; Williamson, 2016) and the concept of age-friendly communities reported by the World Health Organization (WHO). Age-friendly and dementia-friendly cities and communities for older people share identical visions to enable an active and participatory life for everyone, regardless of their age, needs, and functional level (Turner & Cannon, 2018; Turner & Morken, 2016; Williamson, 2016).

The early 1990s also saw the first designated dementia-friendly communities emerge in Japan. Together with England, Scotland, and the Netherlands, Japan is widely credited for its early role in initiating dementia-friendly environments and communities (Alzheimer's Disease International, 2016a, 2016b; 2017; Alzheimer Europe, 2015). In Denmark, initiatives to support dementia-friendly projects have been gaining increasing attention (Demensalliancen [Dementia Alliance], 2016a, 2016b) and 2017 saw the enactment of an action plan on dementia (Ministry of Health, 2017) encompassing a series of general aims geared toward improving public awareness about dementia, reducing stigma and supporting people with dementia in maintaining independent lives for as long as possible (Alzheimer's Disease International, 2017). The connections between Danish and international policies were explored during visits to the Netherlands, England, and other Scandinavian countries by the then Danish minister of health (Ministry of Health, 2017) to gather inspiration for this latest action plan on dementia.

Our literature review shows that initiatives aiming at developing and establishing dementia-friendly environments and communities are subject to both societally and culturally framed interpretations. In most Western countries, policymakers give high priority to dementia-friendly initiatives, whereas, in other countries, resolution of the issue is challenged by low political prioritization, a limited diagnosis capacity, and traditional beliefs (Alzheimer's Disease International, 2015; Alzheimer Europe, 2015; Lin, 2017; Shannon et al., 2019; Williamson, 2016). Despite substantial variation in and across countries, initiatives to foster dementia-friendliness appear to share the following four key characteristics: (a) place (e.g., physical and environmental design), (b) people (i.e., knowledge of dementia and behaviors toward people with dementia), (c) resources (e.g., economic and social), and (d) networks (i.e., cooperation between different actors to establish dementia-friendly communities; Alzheimer Europe, 2015). Discourses on dementia awareness and acceptance and the empowerment of people with dementia and their families are also prevalent (Hebert & Scales, 2017).

Our work builds upon the assumption that the appearance of dementia-friendliness includes implicit understandings implying ideological assumptions of rights, knowledge, and identities related to people with dementia, which influences the way dementia-friendliness is interpreted and appears in society. The development and sustainable establishment of dementia-friendliness that meet the needs of people living with dementia, therefore, requires a clarification of its discursive construction, as the actors involved influence not only each other but also the interpretation and development of sustainable dementia-friendly initiatives and communities. The present study, therefore, aimed to explore the development of discourses in Danish policy documents concerning dementia-friendliness and assess their interactions with international discourses.

Method

Our analytical strategy was inspired by the British linguist Norman Fairclough, whose critical discourse analysis aimed to demonstrate the social consequences of different discursive representations and discern that are to be accepted as meaningful and true statements. We conducted a critical analysis of discourse to discuss discourses concerning the construction of dementia-friendliness. In Fairclough's view, discourse is a social practice that simultaneously constructs meaning in and of the social world (Fairclough, 1993, 2003). Different discourses are seen as representing different perspectives on the world, which contribute to the construction of social identities, social relations, and knowledge. Language use is thus acknowledged as a way of describing experiences and interpretations of reality (Fairclough, 1993, 2003; Winther Jørgensen & Phillips, 1999).

Fairclough focused in his research on texts as communicative events and as examples of discursive practices, in this case the policy documents, and the different discourses in the social domains the documents represent (Fairclough, 1993, 2003). Regardless of whether the discourses are conflicting or concordant, they represent the interests of their social domain and provide a field for the examination of whether the communicative event reproduces or challenges the discourses concerning dementia-friendliness (Fairclough, 1993, 2003). To understand and examine the policy documents' discursive construction of dementia-friendliness, we follow the work of Fairclough in the analysis of intertextuality and interdiscursivity to show direct or indirect textual references to other texts or discourses (Fairclough, 1993, 2003).

Interests and Inherent Values

To apply critical discourse analysis to dementia-friendly discourses requires an analysis of the origin of social problems. Assuming the ontological position that dementia-friendliness is discursively established through social processes in which truth is negotiated, rather than existing as a naturally occurring phenomenon (Fairclough, 1993, 2003; Nedlund & Nordh, 2018), we assume that the policy documents represent different interests and inherent

values aiming to define true knowledge and the construction of the social world. Where arguments are discursively combined to underpin and convince actors about a certain definition of a problem and its solution, the documents become powerful tools encompassing "taken-for-granted institutionalized structures and practices" (Nedlund & Nordh, 2018) and are seen as expressing values (Nedlund & Nordh, 2018; Shore et al., 2011). Consequently, our selection of policy documents sought to ensure the representation of certain genres in determining social rules and norms concerning how things are expressed, in what locations, and under what circumstances and, as such, offer directions about how dementia-friendliness should be understood and practiced.

The Search for Documents

We conducted an extensive search for policy documents on Danish and international webpages via Google search. Broad search terms were used, such as "dementia-friendly," "dementia-friendly communities," "dementia-friendly strategy," and "national dementia strategy" in combination with country names, both in Danish and English. Documents from both governmental and nongovernmental organizations, for example, the United Kingdom Alzheimer's Society and the WHO, were retrieved. In the process, the documents were read, the references were examined, and a preliminary intertextual focus was applied (Fairclough, 1993). The Danish documents were searched for on www.sum.dk, www.sst.dk, www.demensalliancen.dk, www.alzheimer.dk, and www.healthcaredenmark.dk, while international documents were a large number of webpages, either in English or a Scandinavian language, such as www.who.int, www.oecd.org, www.alz.co.uk, and http://www.regeringen.se. Only documents published between 2010 and 2018 were considered.

Inclusion Criteria

All retrieved documents from the searches were assessed for meeting the following criteria: (a) defining or referring to dementia-friendly, (b) written in Danish, English, Norwegian, or Swedish, and (c) published between 2010 and 2018 (to ensure timeliness). The document search retrieved a vast amount of material. Upon delimiting eligibility to documents from Denmark and comparable countries with formulated dementia plans at both the state and regional levels, contributions from the following countries and territories were included: Australia, Belgium, Canada, England, Gibraltar, Ireland, Korea, Norway, Scotland, Sweden, Wales, and the United States.

The included five Danish and 16 international policy documents are presented in Tables 1 and 2, respectively.

Analytical Strategy

The analysis was informed by Fairclough's three analytical dimensions: text, discursive practice, and social practice. Each of these implies a different focus, as given in Table 3.

Emphasis was given to the formulation of discourses, including the representation of actors and how language is used to support the discourses. In the initial reading, we familiarized ourselves with the texts. Next, the NVivo qualitative data analysis software (version 12, 2018; QSR International Pty Ltd., Doncaster, Australia) was used for open coding with a focus on passages with reference to dementia-friendliness. At this stage of the analysis, language use and words referring to dementia-friendliness in the passages in the documents were coded to identify discourses constructing dementia-friendliness, as shown below:

> A *dementia-friendly* society possesses an *inclusive* and *accessible* community environment that *optimizes opportunities for health, participation and security for all people*, in order to ensure *quality of life and dignity* for people with dementia, their carers and families. Shared key aspects of *dementia friendly* initiatives include safeguarding the *human rights of people with dementia*, *tackling* the *stigmatization* associated with dementia, promoting a greater *involvement* of people with dementia in society, and *supporting* families and carers of people with dementia. (World Health Organization, 2017, p. 14)

Together with the findings collected at the textual level, the passages imply conveyed values and expressions indicating discourses constructing dementia-friendliness. Thus, the discourses emerged from the text. The analysis of discursive practices focused on genre to determine the documents' "allowed" topics and modes of statement. Finally, we examined the discourses at play concerning how the texts draw upon other texts and already existing discourses—that is, intertextuality and interdiscursivity, respectively (Fairclough, 1993, 2003).

According to Fairclough, a text is influenced by historical, political, and societal forces in the broadest sense and should be analyzed and interpreted in light of other texts and the social context (Fairclough, 1993, 2003). Hence, social practices contextualize discursive practices and textual analysis and shed light on both the ideological and political effects of discourse. Our final analytical step therefore examined the implications of discourses.

As the above should be seen merely as analytical abstractions to guide the analysis of policy documents (Fairclough, 1993), the analysis of the discourses related to dementia-friendliness will be analytically presented in its entirety.

Table 1. Danish Documents

Document No.	Title [translated to English]	Description
1	Et trygt og værdigt liv med demens. National demenshandlingsplan 2025 [A safe and dignified life with dementia. National action plan on dementia 2025] (Ministry of Health, 2017)	National targets for the field of dementia to be accomplished through five focus areas and 23 initiatives, two of which focus on dementia-friendly activities.
2	Statusrapport på demensområdet i Danmark [Status report on dementia initatives in Denmark] (Danish Ministry of Health, 2016)	Review of progress on and status of dementia initiatives, aiming at informing future national action plan initiatives.
3	Livet med demens—styrket kvalitet i indsatsen. Fagligt oplæg til den nationale demenshandlingsplan 2025 [Life with dementia—Strengthening the quality of efforts: A presentation of the national dementia action plan for 2025 for professionals] (Danish Health Authority, 2016)	Presentation of the 2025 national dementia action plan, with recommendations for improving the quality of dementia initiatives.
4	Denmark—A dementia-friendly society (Healthcare Denmark, 2018)	Presents approaches to dementia care based on the 2025 national action plan on dementia.
5	På vej imod demensvenlige kommuner [Towards dementia-friendly municipalities] (Demensalliancen, 2016b)	Outlines six ambitions for a dementia-friendly municipality, exemplified by initiatives in six Danish municipalities.

Ethical Considerations

The study was designed in accordance with the Danish Code of Conduct for Research Integrity (Ministry of Higher Education and Science, 2014) and was approved by the Danish Data Protection Agency (journal no. 18/32442).

Findings

To explore the realization of discourses concerning dementia-friendliness in Danish policy documents and their interaction with the international counterparts, we present the findings in terms of (a) the genre of the policy documents, (b) their intertextual relations, (c) different discursive representations of people with dementia, indicating a discursive battle about how to "objectify" people with dementia, and (d) the discourses constructing dementia-friendliness.

Genres

The studied documents were developed with influence from variable political levels and genres. Some of the documents represent senders endowed with the power to formulate directives, committing their subordinates to develop and establish dementia-friendly initiatives; examples of this arrangement include the Danish Documents 1, 2, and 3, which target state and municipal administrations, and the international Documents 6 through 19. The target groups of the latter vary, with Documents 6 and 7 addressing the organizations' member states on the governmental level, with ministerial staff as the primary target group, while Documents 8–19 appear to be directed at the local

government level and its health care professionals. The remaining documents, whether Danish (Documents 4 and 5) or international (Documents 20 and 21), reflect the designs of nongovernmental organizations and operate on the meso- and microlevel of discourse. These documents appear to attempt to influence political or ministerial levels as well as civil society and private-sector actors.

All the documents are characterized by an official, normative and, occasionally, imperative tone, purporting to express the correct understanding and execution of dementia-friendly initiatives. A core value of the Danish *National Action Plan on Dementia* is demonstrated as follows, exemplifying the vision:

> People with dementia should be able to live a secure and dignified life throughout all stages of the disease, regardless of whether they still live at home or in an elderly care centre; and, when contacting the health care system, people with dementia and their relatives must be treated with dignity. (Document 1)

The normative and imperative tone is exemplified by the modal verbs (Fairclough, 1993, 2003) "should" and "must," indicating a moral obligation to act.

Intertextuality

The included policy documents constitute interrelations between the communicative events. The Danish Documents 1 through 3 initiate from the same communicative event, that is, the publication of the Danish government platform (in Danish: *Regeringsgrundlaget—"Sammen for fremtiden"*), declaring the intention to strengthen the care of people with dementia (Regeringen, 2015). This resulted in an agreement about the allocation of public funds for

Table 2. International Documents

Document No.	Title	Description
6	Global action plan on the public health response to dementia 2017–2025 (World Health Organization, 2017)	International vision, goals, and principles for the dementia field to be accomplished through seven action areas, one of which focuses on dementia-friendliness.
7	Addressing dementia. The OECD response (Organisation for Economic Co-operation and Development [OECD], 2015)	Presents vision for international action to combat dementia and proposes three key principles.
8	National Framework for Action on Dementia 2015–2019 (Australian Health Ministers Advisory Council [AHMAC], 2015)	Outlines national vision, intent, principles, and seven areas for action on dementia. Dementia-friendliness is an incorporated part of the plan.
9	Continuing to build a dementia-friendly Flanders together (Vlaamse Regering, 2016)	Presents national vision, objectives and outlines actions on dementia.
10	Prime Minister's challenge on dementia. Delivering major improvements in dementia care and research by 2015 (HM Department of Health and Social Care. Older People and Dementia Team, 2012)	Outlines 14 key commitments for England, four of which focus on dementia-friendliness.
11	Dementia Plan 2020. A more dementia-friendly society (Norwegian Ministry of Health and Care Services, 2015)	Focuses on building a more dementia-friendly society through six priority areas.
12	Scotland's National Dementia Strategy: 2017–2020 (Scottish Government, 2017)	Presents vision for people with dementia and outlines seven key outcomes, one of which focuses on dementia-friendliness.
13	National strategy for the care of persons with dementia disease (Socialdepartementet, 2018)	Outlines seven strategic areas for dementia care in Sweden, one of which focuses on dementia-friendly communities.
14	National Plan to address Alzheimer's disease: 2017 update (U.S. Department of Health and Human Services, 2017)	Outlines three principles and five goals for dementia initiatives, two of which focus on dementia-friendliness.
15	Dementia in Canada: A national strategy for dementia-friendly communities (Canadian Gerontological Nursing Association & Registered Nurses' Association of Ontario, 2016)	Recommendations for a dementia-friendly Canada for review by the Standing Senate Committee on Social Affairs, Science, and Technology.
16	National Dementia Vision and Strategy for Gibraltar 2015 (HM Government of Gibraltar, 2015)	Presents a national vision and five action points, one of which focuses on dementia-friendliness.
17	The Irish National Dementia Strategy (Ireland Department of Health, 2014)	Outlines eight key principles and 14 priority actions, two of which contribute to dementia-friendly actions.
18	The 3rd National Dementia Plan. Living well with dementia in the community (Ministry of Health and Welfare, 2013)	Present visions, missions, and four objectives, one of which focuses on dementia-friendliness.
19	Dementia Action Plan for Wales 2018–2022 (Welsh Government, 2018)	Outlines vision for dementia-friendliness and seven action areas.
20	Dementia-friendly communities. Key principles (Alzheimer's Disease International, 2016a, 2016b)	Outlines key principles for dementia-friendly communities, giving examples from around the world.
21	Building dementia-friendly communities: a priority for everyone (Alzheimer's Society, 2013)	Aimed toward the establishment of dementia-friendly communities, to be accomplished through 10 key areas.

health care and older adults for 2016–2019 (in Danish: *Aftale om satspuljen på sundheds- og ældreområdet for 2016–2019*). The agreement introduced three overall goals of a national dementia strategy, one of which was to create "a dementia-friendly Denmark […] where people with dementia can live a dignified and safe life" (Regeringen et al., 2017, author's translation). All three Danish documents (1–3) cite this goal.

Published by the Danish Ministry of Health, Documents 1 (*National Action Plan on Dementia 2025*) and 2 (*Status report on dementia initiatives in Denmark*) represent activities at the ministerial level. Moreover, the documents cross-reference each other. Document 3 was issued by the Danish Health Authority, which acts as an advisory board to the Ministry of Health. The Danish dementia strategy outlined in Document 1 refers to the recommendations in

Table 3. Analytical Levels With Questions (after Fairclough, 1993, 2003)

Analytical levels	Questions
Text analysis (microlevel)	What are the characteristics of dementia-friendly discourses?
	- What words are used and how do they connect to dementia-friendliness?
	- How is a language used to represent social actors?
Analysis of discursive practices (mesolevel)	- Who (or what institution) produced the text?
	- Who is the target audience?
	How is the text used to construct social actors or identities?
	What discourses are at play?
	- Which are most prominent and how are they mutually structured?
	How are statements produced?
	- Do documents draw upon other texts; how and why?
	- Do documents draw upon existing discourses; how are they used to reproduce, transform, or confirm the studied discourse(s)?
Analysis of social practices (macrolevel)	- Who (or what institution) produced the text?
	- Who is the target audience?
	How is the text used to construct social actors or identities?
	What discourses are at play?
	- Which are most prominent and how are they mutually structured?
	How are statements produced?
	- Do documents draw upon other texts; how and why?
	- Do documents draw upon existing discourses; how are they used to reproduce, transform, or confirm the studied discourse(s)?

Document 3, while all three documents refer to the work of the Dementia Alliance (Document 5), with its definition of six ambitions for dementia-friendly municipalities. Healthcare Denmark's white paper (Document 4) defines the Ministry of Health as a partner. This paper's reference to Document 1 further demonstrates the intertextuality of Danish documents and their discursive establishment of dementia-friendliness. The cross-referencing helps to constitute their respective discourses, thus guiding the interpretation and practice of dementia-friendly initiatives (Fairclough, 1993, 2003).

The international documents are likewise intertextually linked, as most of them (Documents 3, 8–9, 13–18, and 20) refer to publications by the WHO (Document 6), Alzheimer's Disease International (Document 20), and Organisation for Economic Cooperation and Development (OECD; Document 7). Some of the documents (9, 11, 13–15, and 20) credit other countries, for example, Japan, Germany, and the Netherlands, for inspiration in developing dementia-friendly initiatives. The same applies to Danish documents, for example, Document 1, which mentions England, Scotland, Norway, and Sweden as inspirational in creating dementia-friendly environments. Document 3 cites the definition of a dementia-friendly society included in Document 21.

Discursive Representations of People With Dementia

An investigation of the policy documents' discursive representations of people with dementia reveals controversy regarding the definition of "people with dementia."

Specifically, in the Danish documents, the discourse mainly concerns people with dementia, while the international documents refer more often to dementia per se and how it affects people and families. Also, in most of the policy documents, our analysis revealed certain contrasts between the discursive constructions of "people with dementia," who tend to be described and seen as either disabled and dependent (Table 4) or as autonomous, responsible, and active citizens.

A comparison of the documents and the examples of the discursive construction of people with dementia gives an indication of the social consequences of a discursive practice. Hence, the prevalent use of words such as "progressive," "symptoms," "disabled," "dependent," and "decline" or, contrastingly, "independent," "confident," "contribute," and "participate" shows how, in Fairclough's words, people—in this case, people with dementia—"are being subjected by and to the text" (1993). People with dementia become someone to be acted upon, thereby indicating an "us versus them" dichotomy between people with dementia (and their families) and people unaffected by dementia.

Discourses, Values, and Norms Constructing Dementia-Friendliness

When considering dementia-friendliness as a politically motivated construction, our interdiscursive focus allowed us to summarize the complexity of communicating and producing meaning that is recognizable to the actors involved.

Table 4. Discursive Representations of People With Dementia

Disabled and dependent (A)	Autonomous, responsible and active (B)
"People with dementia will become increasingly dependent on the right support and care as the disease progresses." (Document 3, p. 10, author's translation)	"Timely and accurate diagnosis also increases opportunities for continued social engagement, workforce and community participation and gives people the power to control their life and plan for their future." (Document 8, p. 10)
"Dementia is a major cause of disability and dependency among older adults worldwide, having a significant impact not only on individuals but also on their carers, families, communities and societies." (Document 6, p. 2)	"Ensure that people with dementia are included in activities of the wider community and foster cultural, social and civic participation by enhancing their autonomy." (Document 6, p. 16)
"When someone develops dementia, tasks that were previously part of their daily routine can become difficult and even dangerous." (Document 7, p. 36)	"The person with dementia needs to be able to plan their future, understand the disease and the symptoms, maintain their network and social relations and retain physical and mental activity." (Document 5, p. 16, author's translation)
"People with dementia are facing a life strained by the progressive symptoms of dementia and their increasing need for support and care also has [an] extensive impact on the lives of relatives and family caregivers." (Document 4, p. 3)	"A dementia-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them." (Document 21, p. 41)

Below, we present the five discourse types that emerged from the analysis of the policy documents: specifically, those pertaining to the socioeconomic, responsibility, knowledge, rehabilitation, and good life domains. For analytical purposes, the discourses are presented individually, although they are, in reality, intertwined. Excerpts from both Danish and international policy documents are used for illustration.

Socioeconomic Discourse

Socioeconomic discourse is drawn upon to discursively establish dementia as a factor of relevance to both national and international economies. All the documents analyzed here mention the rising number of cases and the absence of a cure to argue the need for change and improved care of people with dementia. Document 5 provides an example as follows:

> In this country [Denmark], the cost of dementia has been allowed to grow without a big discussion. The bill is up to DDK20bn per year. With the prospect of almost doubling the cost, it is only a matter of time before dementia [gains] completely different political attention and, unfortunately, not for anything good. (p. 8, author's translation)

Dementia is depicted here as a shared problem for which concerted action is required, although policymakers appear to be charged with addressing the development and its economic consequences. This discourse type also provides examples of contradictory discourses, both within and between documents, as exemplified below by documents authored by the WHO (Document 6) and Healthcare Denmark (Document 4). Dementia also appears to have societal consequences that go beyond the affected person,

stating the "truth" about dementia and presenting an argument for developing dementia-friendly initiatives and communities, as can be seen in Document 6: "Dementia leads to increased costs for governments, communities, families and individuals and to [lost] productivity for economies." Conversely, Document 4 portrays people with dementia as citizens entitled to enjoy a full life: "high quality of care and rehabilitation are essential to the effort of maintaining [the] quality of life, dignity and safety for people with dementia. They need individualised support and empowering initiatives to be as resourceful and [to] live as independently as possible" (p. 3). People with dementia are expected to continue being a source of profit for society.

Responsibility Discourse

The discourse of responsibility shows close links to the socioeconomic discourse. A shared responsibility discourse appears from the broad focus and expected contributions find expression in the Danish documents, as exemplified by the Danish Health Authority: "realising the recommendations of the proposal requires broad support and active involvement of decision-makers, professional environments in municipalities and regions, general practice and patient and interest organisations" (Document 3, p. 6, author's translation). The Flemish action plan concurs: "the updated Dementia Plan for Flanders (2016–2019) emphasises the controlling role of the individual living with dementia and the people around him. A good vision on care is broad: all of society, with the support of policymakers, must play a role in this. Through, on the one hand, voluntary and informal care [should be offered] with the right support where possible and professional support where necessary on the other" [*sic*] (Document 9, p. 5).

Emphasizing society's role in reaching a good vision of care and using the modal verb "must" indicate both a normative and imperative tone, emphasizing the importance of shared responsibility.

Across the documents, language usage illustrates the expectations of shared responsibility for preventing dementia and behavioral changes by maintaining the functional ability of people with dementia and reducing risk factors. Responsibility is variously laid at the feet of people with dementia and their relatives, decision makers, health care professionals, civil society, or society in general.

Arguments for preventive initiatives are frequently couched in language that commits the authors to the truth of their statements, with the documents referring to conclusive research results concerning causality. A WHO action plan provides an example as follows:

> There is growing consensus that the following measures are protective and can reduce the risk of cognitive decline and dementia: increasing physical activity, preventing and reducing obesity, promotion of balanced and healthy diets, cessation of tobacco use and the harmful use of alcohol, social engagement, promotion of cognitively stimulating activities and learning as well as [the] prevention and management of diabetes, hypertension—especially in mid-life—and depression. (Document 6, p. 18)

Apart from promoting cognitively stimulating activities, the documents recommend preventive activities to be used by patients with conditions such as cardiovascular disease and cancer. Both the Danish and international documents highlight information campaigns as a means to foster knowledge in the population (Documents 1–7, 10, 11, 14–16, and 18–21).

Knowledge Discourse

In both the Danish and the international documents, intensifying the dissemination of information about dementia appears to be the key solution to dementia-friendliness. The knowledge discourse stresses shared responsibility, for example, for the social participation of people with dementia: "increasing public awareness, acceptance and understanding of dementia and making the societal environment dementia-friendly will enable people with dementia to participate in the community and maximise their autonomy through improved social participation" (Document 6, p. 14). While advocating knowledge as a means of influencing public attitudes, this quote also exemplifies the two-sided discursive representation of people with dementia as a group in need of enablement and as an autonomous group.

Several of the documents (Documents 2, 3, 5–11, 14–17, and 19–21) seem to rest on the assumption that insufficient knowledge fosters the development of stigma toward people with dementia (and their families), leading to social isolation. The Danish action plan exemplifies not only the vision of shared responsibility to combat isolation but also the normative and imperative tone using and combining the words "we must":

> A consequence of prejudice and stigmatisation is that people with dementia and their relatives risk being isolated and lonely. Therefore, there is a need for more knowledge about dementia in society, so more people know what … having dementia [means] and allowing people with dementia and their relatives [to be] met with understanding and openness. No one should be alone in life with dementia and we must break down taboos and prejudices about dementia. (Document 1, p. 35, author's translation)

In addition to campaign efforts, the documents emphasize public education to foster more dementia-friendly attitudes. Efforts in both Gibraltar and elsewhere have focused on the public, people with dementia, their families, and society in general:

> Greater efforts via public health education aimed at helping individuals identify risk factors which may make them prone to developing the condition [are warranted]. Another aim of this is raising public awareness of the condition, thereby making Gibraltar a more dementia-friendly society. (Document 16, p. 6)

The following quote illustrates the value of public knowledge and the use of visual tokens to signal the possession of relevant knowledge.

> Dementia-friendly communities are first and foremost about people and some countries provide training on how to interact with and support those with dementia. As of March 2014, there were 4.8 million people in Japan trained as "dementia supporters," who wear an orange bracelet to identify themselves and act as advocates within the community. (Document 7, p. 37)

Rehabilitation Discourse

There is an overwhelming reliance on the rehabilitation discourse in the documents' discussion of the ability to maintain everyday life for people with dementia. An interdiscursive linkage is established to empowerment, expressed through the use of words and phrases such as "contributing," "participate," "having choices," "control," "rights," and "capabilities." Across all the documents examined, people with dementia were referred to as expected to be included not only in decisions regarding their care but also in society as active citizens in general. The aim of supporting their relatives is to maintain their ability to provide care and ensure their continued health and ability to contribute to society.

The Danish documents, in particular, emphasize rehabilitation as an important means of supporting people with dementia and their ability to maintain skills and competencies, as this quote shows: "[R]ehabilitation is a central part of Danish health and elderly care; it enables people with dementia to be as resourceful and independent as possible" (Document 4, p. 34). Emphasizing identical aims of delaying the effects of dementia, rehabilitation is mentioned in some of the international documents (Documents 6, 12, 15, and 19). The rehabilitation discourse has an affinity with the socioeconomic discourse, where resources and independence are concerned; thus, the discussion of rehabilitation often assumes engagement from the person in need of a rehabilitation process—in this case, a person with dementia—and that such efforts can reduce the strain on public finances (Laver et al., 2016; Prince et al., 2016).

A Good Life Discourse

Across the documents, a good life is explicitly associated with the maintenance of norms and values such as dignity, safety, independence, and quality of life. One of the arguments for developing dementia-friendly communities focuses on the dialectics between the physical and social environment and the level of function of people with dementia: "communities are not well-adapted to the needs of people with dementia, meaning that it can be difficult for them to remain independent and safe" (Document 7, p. 13). The social environment must support a good life, encouraged by the vision of educating people to meet people with dementia with a proper attitude. The recognizable and familiar elements of the physical environment should enable a good life:

> Furthermore, the [dementia-friendly] villages are organised to include people with dementia and their relatives in an environment that contains familiar elements from the residents' past. These recognizable urban elements, such as a local shop, restaurants [and] cultural centre, are positioned as small houses in the city landscape. These buildings are designed with inspiration from local building traditions, which gives the residents a sense of living an ordinary and undisturbed everyday life. (Document 4, p. 24)

The emphasis on the physical environments as a means to compensate for and protect people with dementia from the loss of competencies, identity, and control illustrates the key aim of establishing ordinary and undisturbed conditions as part of a good life.

As the following quote shows, a good life is also defined by features characterizing its opposite:

> People living with dementia in the community are at risk of becoming socially isolated. If people with dementia are to be cared for in the community—rather than confined to their houses—communities need to adjust to help them to remain engaged and involved. A number of OECD countries are therefore promoting dementia-friendly communities. (Document 7, p. 36)

When a good life is defined as a life-enabling normal social intercourse and the ability to leave the home as other active citizens do, it is not taken into consideration whether it would be desirable or even possible for all individuals living with dementia to pursue. The documents' claims about dementia-friendly communities remain undocumented.

A good life discourse concerning dementia-friendliness is governed by mainstream values and norms of autonomy and independence, with visions of communities and villages that can meet the needs of people with dementia and compensate their loss of competencies, identity, and control.

Discussion

Our analysis of the construction of dementia-friendliness in 21 Danish or international policy documents has revealed their textual and discursive interrelations. Intertextuality is apparent from identical passages of the documents and their cross-references (Fairclough, 1993). Despite this, the highly variable nature of dementia-friendly initiatives shows that they have been developed with respect to their unique societal and cultural environments.

While the values and norms underlying the discourse of dementia-friendliness appear to have much in common across the documents, this does not apply to the discursive representations of people with dementia. Instead, their discursive construction seems dichotomous, portraying people with dementia either as disabled and dependent people in need of intervention or as autonomous, independent, and responsible individuals who are expected to be able to participate and contribute to society. This discursive battle may reflect the influence of history and culture. Over the years, the characterization of people with dementia has gone from a sole focus on the biomedical aspects to include attention to their resources, rights, and involvement in both societal and political areas. This shift seems to be initiated not only by societal and political developments but also, to a great extent, by the voices of people with dementia (de Vugt & Dröes, 2017; Lin, 2017; Mitchell et al., 2013; Swaffer, 2014; Thomas & Milligan, 2018; Zeilig, 2015). The discourse of policy documents concerning people who live with dementia has changed over the years and, in the words of Nedlund and Nordh (2018), "to a large extent [having] followed the same line of reasoning, [describing] someone who is disturbing or a burden to relatives, to partners, to health care personnel and other actors but also to society in general by being 'cost-demanding'" (p. 193).

Several of the documents analyzed here, however, stress the need to involve people with dementia in the development process of policy documents. Although this involvement may have been instigated by those with the power to

establish dementia-friendly initiatives and communities, it indicates the changing practices of policy development.

The somewhat contrasting discourses concerning people with dementia as either disabled and dependent or autonomous, responsible, and active citizens leave room for interpreting and defining people with dementia in certain ways, depending on the context, and, hence, influence the interpretation and establishment of dementia-friendliness. When people with dementia are seen as the target group, this also indicates the social consequences associated with the discursive practice in the policy documents and portrays people with dementia as someone to be acted upon or managed. Furthermore, we acknowledge that people with dementia vary substantially in their abilities ranging from the early to late stages of dementia—especially when dementia is diagnosed in a timely manner (McLaughlin & Laird, 2019; for further examples, see, e.g., Documents 1, 6, and 7)—whereas policy documents tend to target people with dementia as a homogeneous group. The developments that have normalized the guiding principle of dementia-friendly initiatives could possibly be ascribed to the discursive development initiated by, among others, the WHO and Alzheimer's Disease International. Their joint 2012 publication *Dementia: A Public Health Priority* introduced six stages of acceptance of dementia, with the sixth and last stage being the normalization of dementia and "acceptance of dementia as a disability and the inclusion of people with dementia in society as much as possible" (World Health Organization and Alzheimer's Disease International, 2012, p. 88). Though the concept of normalization receives no elaboration, a normalizing discourse has somehow survived, as exemplified in the following quote: "the challenge is to create a society where dementia is normalised and people with dementia are supported to continue to live fulfilling lives for as long as possible with the understanding that dementia is a disability" (Document 16, p. 4).

The aim of developing dementia-friendly communities appears to be to empower and support the individual's autonomy, responsibility for their health and life, and participation in society—that is, being an active citizen—as also seen in various parts of the world (Alzheimer's Disease International, 2016a, 2016b; Shannon et al., 2019; Lin, 2017; Wu et al., 2019). Dementia-friendly initiatives and communities are becoming levers by which to achieve those aims to compensate for and protect people with dementia against the consequences of the loss of competencies, identity, and control. However, if we want to develop and establish sustainable dementia-friendly environments and communities that meet the needs of people living with dementia, we need to be aware of and discuss the implications of the discourses constructing dementia-friendliness and their influence on the appearance of dementia-friendliness in society.

Limitations

Using a Fairclough-inspired critical discourse analysis provides no clear method for the investigation of the constituting factors behind and the mutual influence between discourse and the social world. Yet, the analytical discussion of the discourses constructing dementia-friendliness and their interrelations across the documents adds transparency and strength to our findings.

The empirical material used for this study included 21 policy documents originating in Denmark or abroad. An extensive search was instigated to secure the inclusion of relevant documents for the analysis of the discourses embedded in dementia-friendliness. Although a delimitation of the study material was necessary, the authors' backgrounds, research interests, and prior knowledge were bound to influence the focus and results of the analysis, for example, in terms of the discourses investigated. In different circumstances, the focus might have been placed on other discourses—for example, those related to technology or to the relatives of the patient. However, the volume, variation, and force of proposition of the collected material are considered to address such methodological weakness.

Furthermore, we acknowledge the policies might rely on thorough and professional work; however, it is the nature of a critical discourse analysis to rely on the written text itself.

Conclusions

This study has explored the discursive construction of dementia-friendliness in five Danish and 16 international policy documents. The following five types of discourses were revealed in the analysis: socioeconomic, rehabilitation, knowledge, responsibility, and good life discourses. The discourses constructing dementia-friendliness, the values, and norms were found to be textually as well as discursively intertwined. Strong resemblances were observed across the documents. Our analysis has shown a discursive battle exists in defining people with dementia, which might influence the interpretation and establishment of dementia-friendliness. Furthermore, we have demonstrated that dementia-friendliness is embedded in an overall ideology committed to empowering the individual to maintain autonomy, take responsibility for his or her own life and health, and participate in society. The analysis also suggests that dementia-friendly initiatives are seen as a lever to achieve those aims or, at least, to compensate for and protect people with dementia against the consequences of the loss of competencies, identity, and control.

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Author Contributions

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