



## The stigma of dementia and the media: An analysis of reality shows about older people with dementia running a pop-up restaurant

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### ABSTRACT

It has been argued that older people living with dementia often experience stigma. Several media interventions have been designed to raise public awareness about dementia, as well as to de-stigmatise the condition and people living with it; however, few studies have investigated how media interventions may serve to reduce stigma. The present study focused on a Chinese reality show, *Forget Me Not Café*, which brought together five older people (aged 65 and older) living with dementia to run a pop-up restaurant and intended to reduce the stigma of dementia. The study aimed to explore how the reality show cast talk (or write) about dementia in older people. This study performed a thematic analysis on the written and spoken content about how the show presented dementia in older people. Four discursive themes were identified, including: age as a risk factor for dementia; early signs and symptoms of dementia in older people; the pressure on the family of people with dementia; and expectations of people living with dementia. The findings of this study show that the views of the reality show cast highlight the capability of older people with dementia to communicate effectively and live with the condition, their personal goals of sustaining a happy, meaningful, and sociable life, and the actions they took to positively influence personal circumstances. The findings also indicate that this reality show might help reduce the stigma of dementia and empower older people living with dementia, while it also tends to stress the responsibility for care on family carers and shift the responsibility of managing the dementia-related challenges to older people living with dementia. These suggest a neoliberal tenet of personal responsibility for health in China. Given the media's role in reflecting and shaping perceptions and attitudes towards dementia and people living with it, this study contributes to a greater understanding of the ways in which reality shows can be used to promote awareness and challenge the stigma of dementia and arguably other conditions.

### Introduction

A diagnosis of dementia is often subject to a stigma denoting people living with it as discreditable or inferior in some way; for instance, individuals living with dementia could be conceived of as dangerous, as being responsible for succumbing to the illness, and/or as being incompetent in social interactions (Garand, Lingler, Conner, & Dew, 2009; Mukadam & Livingston, 2012). This leads to a threat of social disenfranchisement, whereby diagnosed individuals feel they have been socially demoted (Beard & Fox, 2008). The stigma is pervasive across the globe (Herrmann et al., 2018). Empirical evidence shows that people in China have insufficient knowledge about dementia, especially those aged over 60 years, with low education, and living in rural areas (Dan Liu et al., 2019). In China, dementia is commonly seen as a mental illness, with about one in four older Chinese viewing it as such (Zheng &

Woo, 2016). Dementia is also often seen as a stigmatized mental illness in contemporary China (Zhang, 2018). Woo and Mehta (2017) found Chinese people hold greater stigma and negative perceptions about dementia than other illnesses.

Media coverage of dementia could play a role in influencing public perceptions and attitudes towards it (Bailey, Dening, & Harvey, 2021). Reality shows are one media intervention that have been suggested to be able to help to reduce the stigma of dementia (Bould, 2018). Recently, reality shows about people with dementia running pop-up restaurants have gained increasing popularity in East Asian societies (Cai, 2019). The concept for this type of reality show comes from a Japanese pop-up restaurant, the *Restaurant of Mistaken Orders* (in Japanese: 注文をまちがえる料理店), in which all the wait staff are people living with dementia. This restaurant started as a charitable project in 2017 with the intention of promoting social interactions for people living with dementia and

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improving public understanding of the condition. The Korean national public broadcaster initially developed the conception into a three-episode reality show in 2018, *Oops! We Forgot Your Order* (in Korean: 주문을 잊은 음식점), aiming to show that people living with dementia can cook and sell food on their own. The title of this reality show seems to reinforce stereotypes of people with dementia and make light of memory loss. Given that the voices of people living with dementia are often absent from media (Clarke, 2006; Kirkman, 2006), these shows have been seen as a novel example of talking about dementia in the media, which attempts to improve public awareness of the condition and reduce the stigma associated with it (Cai, 2019) as well as giving voice to persons living with dementia.

The Chinese version of the reality shows, *Forget Me Not Café* (in Chinese: 忘不了餐厅), is the first and most influential show in China and has been used in dementia awareness campaigns aiming to improve public awareness of dementia and reduce stigmatisation of people living with it (Wang, 2019). As expressed by the show's director, this reality show factually presented people with dementia striving to live good lives and fight against disease (Wang, 2019). The show was produced in 2019 by Tencent Video (a media conglomerate) with a documentary filming approach. The reality show portrayed five older people diagnosed with dementia aged over 65 years undertaking restaurant server jobs. All the broadcast episodes of this show can be streamed, and the show has received approximately 673 million playbacks on the website of Tencent Video as of February 2021.

The present study focuses on *Forget Me Not Café* with the goal of exploring how the reality show participants talk (or write) about dementia in older people. The following questions guide the research: (1) What discursive themes about dementia in older people are formed in the show? (2) What views do the cast express in discourse about dementia in older people?

### Previous research: the stigma of dementia and the media

Stigma adversely affects the quality of life of people living with dementia and their families alike, as it threatens the self-esteem of people living with dementia and causes distress (Herrmann et al., 2018). Additionally, it can contribute to the social exclusion of people living with dementia in several domains (e.g., decisions about seeking support, priorities and resources in health) (Benbow & Jolley, 2012; Mukadam & Livingston, 2012). Moreover, the stigma of dementia might discourage people from improving their knowledge of dementia (Zheng & Woo, 2016). Thus, reducing stigma is an important step in improving the wellbeing of people with dementia and helping to protect against social exclusion.

Media is a prominent source of information about dementia, and, thus, has a role in reflecting and shaping perceptions and attitudes towards dementia and people living with it. Previous studies examining media portrayals of dementia or people living with it report predominantly negative representations of the condition or people living with it, and therefore reinforce the stigma of dementia. For instance, Peel (2014) reported that dementia was portrayed in catastrophic terms as a "tsunami" and "worse than death" in British national newspaper articles. Clarke (2006) found that Alzheimer's disease (AD) was depicted as "fearsome," "relentless," and "aggressive" in English-language magazines published in the United States and Canada. Van Gorp and Ver-cruyse (2012) examined Belgian newspaper articles and popular images featuring people living with dementia and found most represented complete identity loss. Kirkman (2006) found that people with AD were mostly depicted as "victims" of the illness and health services in New Zealand newspapers. Behuniak (2011) argued that popular media largely reflect biomedical understanding of dementia/AD and characterise people with AD as suffering from a "loss of self." In contrast, Devlin, MacAskill, and Stead (2007) found that YouTube campaign videos communicated individual stories about people living with dementia to their audience, resulting in an improvement of lay knowledge

about the condition.

Older people living with dementia can experience what has been called the "double stigma" of dementia and old age. Specifically, Godfrey, Surr, Boyle, Townsend, and Brooker (2005) argued that older people living with dementia are subject to the stigmas associated with mental illness and ageism. Dementia is conceptualised as a mental illness in contemporary China, which tends to intensify the culturally embedded stigma associated with dementia (Zhang, 2018). Likewise, Evans (2018) contended that people living with dementia and their family are very likely to be discriminated against as a result of associated stigma or negative perceptions of advanced age. This suggests a process of "courtesy stigma" (Goffman, 1963) or "stigma by association" (Schulze & Angermeyer, 2003) through which the family relatives of persons with dementia feel devalued due to their association with the stigmatized person. Empirical evidence shows that older Chinese with dementia are at risk of experiencing the stigma associated with dementia as well as negative stereotypes of older people (Liu, Hinton, Tran, Hinton, & Barker, 2008). Evans (2018) addressed the role of the media in fueling this "double stigma," given that the dominant media framing of dementia perpetuates the association between ageing and dementia.

### Material and methods

The present study is based on an analysis of ten 75-min episodes of *Forget Me Not Café*. This reality show presents five older people living in the early stages of dementia, selected out of 1300 candidates from hospitals and senior organisations by the reality show producer, working as restaurant servers. All episodes are available on Tencent Video and YouTube as a playlist since May 2019. The full episodes were accessed on YouTube. As shown in Table 1, the episodes were organised thematically by the producer to depict people living with dementia in a variety of life domains, consisting of health, community, friendship, family, love, care, learning, work, and play. The main activity of the

**Table 1**  
Overview of the episodes.

Episode and theme	What did people living with dementia do in particular?	What other characters are involved?
EP1: First memory loss, please take care	Self-introduction, induction training, customer reception, physical exercise.	Managers, kitchen staff, customers, doctor
EP2: Hi, my precious older people	Customer reception, talks with English-speaking foreigners	Managers, customers, doctor
EP3: Friends forever	Customer reception, memory training, body language training, meeting with old friends	Managers, customers, a celebrity
EP4: Dad, hit me again	Customer reception, tasting favourite cuisines and sharing stories associated with cuisines	Managers, customers, doctor, a celebrity
EP5: Because of love	Customer reception, dinner preparation for a couple diagnosed with dementia	Managers, customers
EP6: Care for all older people and love for all children	Customer reception, game-playing with kids, costume play activities in which they wore costumes to represent cartoon characters	Schoolkids, older parents
EP7: Return to the 18th	Customer reception, disc jockey, university visiting	Managers, a celebrity, university lecturer
EP8: Reporting for duty: a new restaurant manager	Customer reception	Managers, a celebrity
EP9: Hold me tight	Customer reception	Managers, customers, a celebrity
EP10: I do not want to forget you	Performance (dancing, recitation, etc.)	Managers, relatives of people living with dementia, two celebrities

people living with dementia is customer reception, which includes greeting customers, taking orders, bringing food and drinks to the tables, taking payment, and giving change. Other characters (e.g., restaurant managers and customers) were presented in minor roles, interacting with people with dementia or sharing their personal stories about dementia.

All full episodes were watched and re-watched in order to achieve familiarity with the verbal content. Particular attention was paid to the utterances about dementia and old age/age/later life. All written or spoken content about dementia, (mild) cognitive impairment, people living with dementia, or people living with cognitive impairment was noted and the audio content was transcribed verbatim to text. A transcript of 5371 Chinese characters was produced. A number of keywords were used in order to create inclusion criteria for selecting those parts of the transcript that involved talk about older people and later life. The keywords included: "older people," "older parent," "grandparent," "older women," "older men," "old age," "being old," and "... (65+) years old." As a result, a large proportion of the transcript (4316 characters) was selected as research data for the present analysis.

The material was analysed using thematic analysis, a method that identifies and analyses the patterns of meaning in a dataset (Braun & Clarke, 2006). The themes were analysed in terms of what reality show participants expressed about dementia in older people. The material was imported into ATLAS.ti, a qualitative data analysis programme, for coding and analysis. Specifically, the material was re-read to increase familiarity with the text and initial ideas were noted down. A data-driven and inductive coding scheme was developed by identifying initial codes and matching the codes with data extracts that demonstrated it. This formed the basis of repeated patterns of meaning. The codes produced were then sorted into sub-themes and all the coded data extracts were collated within the identified sub-themes. Subsequently, the interrelated sub-themes were gathered into an overarching theme, and the themes were defined to reflect the meanings in the collated extracts. The themes were reviewed and refined so they reflected the overall story about the experience of living with dementia and being old.

## Results

Four discursive themes were identified in the data: (1) age as a risk factor for dementia; (2) early signs and symptoms of dementia in older people; (3) the pressure on family carers of people with dementia; (4) and expectations of people living with dementia. A wide range of reality show participants were involved in building up these themes. The detailed findings are presented in the following.

### *Age as a risk factor for dementia*

Multiple reality show participants (e.g., the producer, restaurant customers, doctors, and people living with dementia) brought forward the notion that age is supposed to be the most prominent risk factor for dementia. Considering that most data extracts within this theme are derived from Episodes 1–4, it appears to be the main message that was intended to attract audiences at the beginning of the reality show.

Several times in the show the producer and restaurant customers spoke of the prevalence of dementia in older people. For instance, in Extract 1, the producer presented facts about dementia in the on-screen text, explaining that the prevalence of dementia increases with age, from 5.0% of those aged 65 years and older to 25% of those aged 85 and older in China. Six restaurant customers referred to senior family members diagnosed with different types of dementia when they talked about "dementia encounters." For instance, in Extract 2, a customer stated that his grandparents lived with dementia in later life, and he understood what life was like from them.

*Producer: One person is living with cognitive impairment in every 10 older individuals in China. One person is living with dementia in 20 people aged 65+, one in 10 people aged 75+, and one in four people aged 85 + .*

*Customer: My grandfather and grandmother have dementia in their old age. Many people can't imagine [how they act] if they haven't seen them. In real life, many things are repeatedly forgotten. They don't remember people and can't remember events.*

Moreover, the reality show participants talked about dementia as a normal part of ageing. One customer suggested that older age implies developing dementia and a person with dementia expressed a similar point of view suggesting that dementia is one among several other illnesses that people might get at older ages. Another customer worried about his mother's ageing and was scared about what forgetfulness could mean for their future, indicating the perception of dementia as a natural part of ageing.

*Customer: When people get old, they become unable to think as usual. Dementia seems very normal if people survive into old age.*

*A person with dementia: In short, I think our body is similar to a machine. When we get old, some parts of our body are broken, some are not. I think it's more likely for older people to live with dementia.*

*Customer: I'm very afraid about when my mother reaches more advanced ages. My mother is forever young in my heart, and I'm afraid that she will forget me.*

### *Early signs and symptoms of dementia in older people*

This theme sheds light on what was talked about as being early signs and symptoms of dementia in older people, as well as emphasises the significance of noticing and assessing early signs of dementia. The majority of data extracts on this theme derive from the first two episodes, including the views of various reality show participants.

A person living with dementia talked about her experience of encountering early signs of dementia, in particular how she identified and responded to her first-time memory problem, during a backstage interview with the producer. This extract indicates her experience of self-recognising early symptoms and their effects on her. Moreover, the producer illustrated some common symptoms of people living with dementia in the on-screen text (shown below) and asked the audience to provide earlier support for older people who show such symptoms. These extracts appear to aim to make dementia symptoms more recognizable to the audience, indicating the purpose of facilitating early assessment and diagnosis of dementia in older people.

*A person with dementia: When I had transient amnesia for the first time, I got lost. I went to the hospital on the second day on my own. But many older people are not alert so they are only diagnosed after a year or two.*

*Producer: When you find that older people, besides being forgetful, are unable to perform their previous work or housework, get lost, have emotional disorders and so on, please take them to the Department of Neurology for a timely examination on cognitive impairment.*

Restaurant managers and customers discussing dementia symptoms (e.g., mood swings, frustration, anxiety) in older people drew the public's attention to the symptoms that were perceived as abrupt changes in personality and behaviours. A restaurant customer assigned a quality of capriciousness to people with dementia experiencing emotional problems. This extract indicates that the customer recognised the distinctive experience and needs of older people living with dementia.

*Customer: There are several older people with cognitive impairment around me. Those older people are in great need of love and care. Many people might feel that some older people will lose their temper without any reason and become very capricious. Perhaps these are early signs of dementia that we didn't know about.*

#### *The pressure on family carers of people with dementia*

This theme is about dementia care, particularly how adult children want to improve family care for older people living with dementia. Some reality show participants expressed great concern about senior family members developing dementia. The data extracts are derived from the middle section of the reality show (Episodes 6–7), and are primarily produced by older people living with dementia, doctors, and restaurant customers.

First, a customer speaks about how to effectively communicate with her grandparents with dementia. This extract shows that she was concerned about whether she could connect and communicate with her grandparents with dementia in the future when they might not recognise her. A person living with early-stage dementia worried about the situation when she stops recognising her daughter in the later stages of the condition. For this reason, she urged young people to spend more time with their senior parents while they can still recognise their loved ones. These two extracts suggest worry over dementia that called adult children to strengthen family relationships with older members to prevent them from becoming isolated and lonely.

*Customer: My grandparents were living with dementia. They couldn't remember people or the things that happened. I had to accompany them patiently.*

*A person with dementia: I called my daughter and asked her what we could do if I couldn't recognise her. My daughter said, 'I won't leave you and I will always be by your side, even if you can't recognise me.' What I want to say is that young people should care more about older people. Accompany senior parents before they reach the advanced stage of dementia.*

Several extracts address how family care can play a role in promoting a timely diagnosis of dementia to alleviate demands on medical and healthcare institutions. For instance, a doctor expressed views on the crucial role of strengthening family care for older people. He argued that since medical and healthcare institutions will be unable to cope if too many people living with dementia require admission to these institutions, family care is increasingly needed. A person with dementia said that adult children might not be able to provide care and attention for older parents if they are subject to overwhelming work-related stress and childcare. This extract voices the worry of some older people that they might not have family care from their children.

*Doctor: Since we have a large population living with dementia, it's impossible for all of them to be hospitalised or move to residential care homes. So, families and communities play an important role in many respects. The first is early dementia screening. We propose that older people living with dementia need to be diagnosed before they arrive at late-stage dementia.*

*A person with dementia: Even if you're busy with work and don't have much personal time, you can still make more phone calls while older parents are still alive. We fully understand that our children are very busy with work and taking care of little kids. Honestly, we would be very happy and appreciate it if you could spend more time making regular phone calls with us.*

#### *Expectations of people living with dementia*

This theme was formed primarily by the statements of the people who were involved in the programme-making of this reality show (e.g., doctors, restaurant managers, people with dementia running the restaurant). Since most statements derive from the final section of the show (Episodes 7–10), they appear to be intended as take-home messages for the audience, connoting that older people living with dementia are in pursuit of opportunities to remain socially engaged and decrease the risk of developing dementia. This is also supported by a prominent audience orientation in the reality show production, where the participants expressed such views in the backstage interviews.

Several of the reality show participants (including doctors and restaurant managers) commented on dementia as a condition that older people can live with and face up to. One doctor suggests to people living with dementia that they perceive dementia as a chronic health condition like diabetes, and that they thus should carry on with their lives and live with dementia. This extract implies the doctor's underlying intention to help people with dementia with reducing negative self-perceptions of dementia and keep their expectations of having a reasonably good life in later life. One restaurant manager argued that older people can speak openly and honestly about dementia, and should not fear or be anxious about developing dementia. The extract indicates that the manager expected the reality show to depict the people living with dementia in the restaurant as living delightful lives and contributing to their families.

*Doctor: I told the patients in my clinic: "You can treat dementia as a chronic illness equivalent to hypertension and diabetes."*

*Since we accept hypertension and diabetes at older ages, why is it not possible to accept the diagnosis of dementia in older people?*

*Director: Do you know that running this restaurant can be effective cognitive training for them (the five persons living with dementia)?*

*Restaurant manager: I hope this reality show not only shares joy, but also let us know the prevalence of the diseases and face them calmly. I hope the older people with dementia who watched this reality show can face their lives more calmly. I also hope this reality show can let the audience know that these "old kids" (in Chinese: 老小孩) in the reality show are cute. Older people are family treasures.*

As illustrated in the following extracts, the people living with dementia running the restaurant expressed that they themselves expect to maintain social participation. For instance, a person with dementia demonstrated her positive life attitude and expressed her expectations fluently in English to a group of international customers. Additionally, her English-speaking competence might be intended to challenge stereotypes about people with dementia as being "incompetent," by showing that she can master a second language despite cognitive impairment. Another person living with dementia stated that dementia impeded her job performance and had disrupted her professional career as a doctor. Her experience of participating in social activities helped her maintain social relationships and continue to be part of society after she left her employment.

*A person with dementia: I'm living with Alzheimer's. In this café, all of the waitresses and waiters working here are older people with Alzheimer's. We would like to join the society. We never lose our hope to live happily. We join these people and we feel we are still living in the world. We love life, we love our children, we enjoy our life very much. (The original speech was in English).*

*A person with dementia: We're making contributions to society, no matter what kind of work we're doing. Look at me, I'm 65 years old and living with dementia. When I was a clinic doctor, I met one of my patients at the*

*workplace who had come to me one day before, but I had forgotten what prescriptions I gave to her/him. Then, I knew I couldn't manage my work. Since I quit my job, I've participated in more social activities.*

The following extract indicates that the reality show director aimed at encouraging older people living with dementia to exercise their agency in order to sustain cognitive health and slow down the progression of dementia. Since the conversation involves the person with dementia being interviewed with a distinct purpose and is presented at the end of the final episode, this extract illustrates the ambitions of the reality show producer towards the social group of older people living with dementia.

*Director: What do you want to say to older people living with dementia?*

*Person with dementia: I hope older people living with dementia can face up to dementia and related issues, as well as actively participate in social activities and do brain exercises to slow down the development of dementia.*

## Discussion

As stated by the producer, the show was designed to both raise public awareness and reduce the stigma of dementia. As a media product, this reality show can be considered part of dementia awareness campaigns. The present study identified four discursive themes about dementia in older people formed within the reality show and the specific views reality show participants expressed. This section discusses the findings of this study in the media context and the implications of using reality shows to reduce the stigma of dementia.

Reality shows have become one of the most-viewed genres of contemporary television (Deery, 2004). They are well-known for ordinary people taking part in unscripted interactions (Nabi, 2007: 373). Despite reality shows having various sub-genres, they are generally defined as the “programmes that film real people as they live out events in their lives, contrived or otherwise, as they occur” in general terms (Nabi, Biely, Morgan, & Stitt, 2003: 304). The findings of the present study show that most views from reality show participants derive from the unscripted interactions that were generated by ordinary people (e.g., restaurant customers, people with dementia) in the restaurant. Additionally, entertainment stars (as restaurant managers) have a strong presence in discussing dementia in older people in the reality show. As argued by Beck, Hellmueller, and Aeschbacher (2012), the primary goal of reality shows is to entertain an audience and engage the audience to attract advertisers. Since contemporary reality shows are often produced in the context of intense competition for advertisers and for viewers in media markets, producers could be under great pressure in terms of attracting the public's attention and increasing audience ratings. The presence of entertainment stars can be seen as an effort by the producer to attract the public's attention. Yet, this detracts from the voices of people living with dementia and other relevant stakeholders.

Beck et al. (2012: 6) argued that producers promise and earnestly pursue the achievement of “authenticity” and consider it a selling point, while it is often affected by “the participants' awareness of being filmed and by the necessity for the producers to cut down the filmed footage to the length of a TV broadcast.” Based on an analysis of the video used to raise awareness of dementia, Baruch, Allan, Cundell, Clark, and Murray (2017) argued that showing an authentic voice of people living with dementia can facilitate the living-well messages and challenge the stigma of dementia. Greenop and Smith (2016) found that the participation of people living with dementia in video production contributed to capturing their authentic voices, which was achieved by co-creating scripts, reviewing the videos, and appearing as positive models. In this sense, reality shows which pursue “authenticity” can be stronger in presenting the personal narratives of people living with dementia in a more authentic manner. Örluv (2012) argued that people living with

dementia could be agents of social change, as they can suggest coping strategies for living with dementia and challenge the stigma associated with it. As found in the present study, the show participants with dementia expressed an ability to live with the condition and still contribute to their families and society. They also emphasised their personal goals of sustaining a happy, meaningful, and sociable life, as well as the actions they took to positively influence their personal circumstances (e.g., seeking medical advice, staying connected socially). In this regard, these views not only suggest the desire of people with dementia to maintain a relative degree of self-control and independence, but also underscore the often-unrecognised capability of people with dementia to communicate effectively. Resonating with the discourse constructed by dementia advocacy groups aiming to de-stigmatise people living with the condition (McInerney, 2017), such views might perhaps positively shape the perceptions and attitudes of the condition and people living with dementia, which can help reduce stigma.

As argued by Blitvich and Lorenzo-Dus (2013), reality shows are a form of discourse that negotiates an ideological version of reality for audiences. The findings of the present study indicate that the participants understood the social expectations of people living with dementia and family carers. Specifically, some participants (including people with dementia) expressed how people with dementia are expected to actively work towards achieving positive ageing. Beard, Fetterman, Wu, and Bryant (2009) argued that positive/successful ageing discourse threatens to feature people with dementia as having aged unsuccessfully and Alzheimer's disease as an end to life for diagnosed people and support persons. This discourse could risk transferring the responsibility of managing the dementia-related challenges to people with dementia and giving too little attention to their care needs resulting from the condition, in a decidedly neoliberal manner. It could also contribute to portraying the five older people with dementia (in the reality show) as “perfect models,” while overlooking the great diversity of people living with dementia. The prospect of living a fulfilling life is hard to achieve for people with advanced dementia and those with limited resources. Moreover, this study found that some participants stress how responsibility for dementia care falls on family carers (adult children in most instances), which can be considered as the pressure from the social environment on family carers. These statements resonate with the social convention, cultural expectation, and legal obligation in China, all of which underscore the children's responsibility to take care of their parents (Zhang, Clarke, & Rhynas, 2020). Remarkably, the participants did not talk about the public support that is available to care for people living with dementia (e.g., public home care, day care, and personal assistant services). Given that the availability of community-based services and institutional care is still very limited in China except in very few major urban centres (Chen et al., 2017), the reality show misses the chance to touch upon and spark off a discussion on public support and care for people with dementia that could make it possible for people with dementia to live in the community.

When discussing dementia in older people, the reality show participants expressed certain views echoing some social stereotypes of older people. This ageist ideology endorsing dementia as a normal part of the ageing processes suggests that dementia is an inevitable consequence of ageing. This is also supported by the reality show only including older people with dementia, despite the fact that dementia does not exclusively affect older people. Studies demonstrate that young onset dementia (defined as the symptoms before the age of 65 years) accounts for 2–9% of all cases (World Health Organization, 2012). The reality show can perpetuate ageist stereotypes about older people as forgetful and having trouble following conversations. It presents dementia as correlated with age. For instance, some of the participants reported concerns about the memory function of their family members who are entering the phase of old age, revealing the conflation of dementia and ageing. Kessler, Bowen, Baer, Froelich, and Wahl (2012) argued that dementia worry could affect our behaviours, such as how we anticipate the future and interact with people living with dementia. In this respect, dementia

worry perhaps served as a basis for the reality show participants to discuss the dementia-related issues, such as how they assess dementia symptoms, how they anticipate dementia care, and what they expect older people with dementia to do to “live well.” Considering the increased incidence of dementia with age, it would be difficult to challenge the stigma of dementia without addressing the issue of ageism in media interventions. Molden and Maxfield (2017) found that exposure to ageist media content (indicating negative old-age stereotypes) can increase the level of dementia worry. Given that dementia worry is significantly associated with higher levels of stigma (Gao, Gao, Guo, Sun, & Zhang, 2020), it is thus vital to make efforts to reduce the “double stigma” when designing media interventions in dementia awareness campaigns.

## Conclusion

This study focused on a reality show about older people living with dementia in China which aims to raise public awareness and reduce the stigma of dementia. The present study explored how participants describe dementia in older people, and identified four discursive themes concerning dementia in older people. The study provides insights into the role of reality shows in shaping the stigma of dementia, where people living with dementia and other relevant stakeholders can express their experiences and thoughts. The findings of this study have a number of implications for how to maximise the potential benefits of using reality shows to challenge the stigma of dementia. Firstly, tackling ageism in media interventions in order to reduce the stigma of dementia is paramount, as older people may experience the “double stigma.” To achieve this, reality shows can present explicit views tackling dementia stigma and ageism, as well as involving the views of people who have specialist knowledge on dementia-related issues (e.g., medical professionals and scientists, policymakers). Secondly, reality shows need to ensure the participation of people with dementia and their authentic voices in order to construct the experience of living with dementia from the first-person perspective. For instance, they need to present more views of people living with dementia with respect to their wills, coping strategies, and so forth. They also need to present coherent and personal life stories of living with dementia and highlight the heterogeneity of people with dementia in terms of social backgrounds, health status, care needs, and personal goals. Finally, this study suggests that this type of reality show could play an integral role in shaping the social context in which dementia policies are developed.

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## Ethical approval

Ethical approval is not required.

## Declaration of Competing Interest

The author declares no conflicts of interest.

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