

# Pragmatics in Dementia Discourse

SERIES: ADVANCES IN PRAGMATICS AND DISCOURSE ANALYSIS

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# Pragmatics in Dementia Discourse

Edited by

Boyd H. Davis and Jacqueline Guendouzi

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**P U B L I S H I N G**

Pragmatics in Dementia Discourse,  
Edited by Boyd H. Davis and Jacqueline Guendouzi

This book first published 2013

Cambridge Scholars Publishing

12 Back Chapman Street, Newcastle upon Tyne, NE6 2XX, UK

British Library Cataloguing in Publication Data  
A catalogue record for this book is available from the British Library

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ISBN (10): 1-4438-5167-1, ISBN (13): 978-1-4438-5167-1

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## ACKNOWLEDGMENTS

We gratefully acknowledge our colleagues who were kind enough to critique these chapters prior to our submitting the manuscript to the press, while absolving them of any remaining errors or lacunae:

Michelle Bourgeois (Ohio State University), Tami Howe (University of Canterbury), Filip Loncke (University of Virginia), Laura Murray (Indiana University), Rebecca Roeder (University of North Carolina – Charlotte), Meghan Savage (Southeastern Louisiana University)

The *Carolinas Conversation Collection*: The project described was supported by Grant Number G08LM009624 from the National Library of Medicine. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Library Of Medicine or the National Institutes of Health.



## PREFACE

The dementias whose discourse is discussed in this collection include Dementia with Lewy bodies and Parkinson disease dementia, as well as dementia of the Alzheimer's type (DAT). The magnitude of dementia and the impact on the global community is immense. Perhaps some statistical information about DAT will aid in making our case for the compelling need to look at pragmatics in dementia discourse. The most common form of dementia, DAT, affects more than five million citizens in the US: one in eight people aged 65 and older have Alzheimer's disease. Dementia is the sixth leading cause of death in the US and costs billions of dollars annually in care (*AlzFacts and Figures 2012*). According to the World Health Organization (<http://www.who.int>), DAT affects an estimated thirty-five million people worldwide, with prevalence particularly high in developed countries. Persons diagnosed with dementia of the Alzheimer's type (DAT) may live many years after diagnosis; care is most often given by family members who do not have specific training in dementia care or in communication. Attitudes toward DAT vary: in many cultures throughout the world, dementia is regarded as a part of old age and is frequently stigmatized.

A major challenge in any kind of health discourse is that within the majority of the studies focused on language in medical or clinical settings, pragmatics constructs are seldom the explicit or exclusive focus, though they may be a part of the larger discussion:

Instead, pragmatics is more typically embedded within studies combining a variety of theoretical approaches from discourse, sociolinguistics, conversation analysis (CA) and ethnography....We have not yet seen a confluence of studies of health discourse focusing exclusively on areas within the domain of pragmatics such as speech acts, inference and intended meaning, politeness theory, or relevance theory (Davis 2010, 381).

This collection, *Pragmatics in Dementia Discourse*, is intended to bridge that gap.

*Pragmatics in Dementia Discourse* is a comprehensive contribution to the literature, applying several classical traditions within pragmatics research. This collection illustrates the applicability of pragmatic and

discourse research methods to the analysis of communication in persons with dementia. More specifically, this collection highlights for the reader the value of studying pragmatics in discourse as a way of revealing the nuances of disordered language and social skills in neurodegenerative disorders such as dementia. Individuals with dementia present with complex disorders of language including challenges with retaining knowledge of words and concepts but also using language structure and rules to create linkages among words and ideas in order to communicate meaning. In addition to disruption of discrete language processes, persons with dementia may have challenges recognizing social contexts and engaging in appropriate social interactions. As a result of these changes to communication, care providers and interlocutors of persons with dementia face substantial challenges in conveying and interpreting information. Also these changes create challenges in establishing and maintaining relationships between an individual with dementia and other members of his/her environment. As the disease progresses, the unimpaired conversation partner bears an increasing share of the communication burden. Moreover, because of these communication challenges, the individual with dementia may progressively develop a compromised sense of personhood as they lose their 'voice' and the ability to convey their 'story'. However, few comprehensive sources exist to guide conversation partners, clinicians, and researchers, in understanding of the complex aspects of language and discourse production, particularly as affected by pragmatics.

Those aspects of dementia, which most deeply impact friends and family members, are the increase in problems with short-term memory, language production, and language comprehension that affect monologue and dialogue. At the same time, conversation, whether one-on-one or in small groups, is the most frequently recommended socio-behavioral or non-pharmaceutical intervention for individuals with dementia. Without an understanding of preserved discourse abilities in dementia and which aspects of language can be used to support conversation and interaction, formal care providers, therapists, and family members are left with few resources to assist the person with dementia. Over the past decade, impelled by earlier sociolinguistics studies, linguists and affiliated researchers on dementia discourse have initiated work on usage, contexts, politeness/im-politeness, meaning and intention in language production and interaction. The proposed collection grew from presentations at the First Annual Conference of the American Pragmatics Association (Charlotte, NC, 2012), augmented by additional chapters by valued colleagues who were unable to attend the conference. Among other

purposes, these chapters are intended to serve as a starting point for further dialogue and research around pragmatics in dementia discourse. They are intended to inform and inspire care partners, clinicians, and researchers in supporting those living with communication disorders in dementia.

**Chapter one**, by Jacqueline Guendouzi and Boyd Davis, is “Dementia discourse and pragmatics: Varied viewpoints.” The authors explore differences between how linguists and clinicians (i.e. speech language pathologists) draw on different aspects of pragmatics when investigating dementia discourse. They highlight key studies in communications disorders, speech pathology and linguistics, tracing interactions among the disciplines and their gradual implementation of a range of pragmatics approaches.

**Chapter two**, “So what’s your name? Relevance in dementia,” by Jacqueline Guendouzi, focuses on how relevance theory (Sperber and Wilson 1995) can be used to explore characteristics in the management of conversations involving people with dementia (PWD). Relevance theory suggests interlocutors interpret inferences in a way that, all things being equal, alights on the best interpretation for the current context, specific speech event, the particular participants, and the verbal message as interpreted within the local context of the conversation itself. Thus, relevance theory suggests that interlocutors focus their attention on factors that are relevant to the situation at hand in order to draw the appropriate illocutionary inference. This is a process that requires interlocutors to engage several cognitive systems such as working memory, the ability to inhibit competing information, access to long term memory items, and recognition of the identity and role of the other interlocutor. In the context of dementia some or all of these processing mechanisms are compromised. In particular, attention, inhibition and working memory may be severely affected in people with dementia and thus affect their ability to draw accurate inferences. This chapter examines interactions between a researcher and a group of PWD who attended a day center for people with mild to moderate dementia. Analyses focus on the interaction between cognitive mechanisms and interactional resources to consider whether the apparent dependence on non-novel language by speakers with dementia is a volitional compensatory strategy or reflexive artifact of constrained cognitive processing resources, and whether the use of non-novel constructions hindered or enhanced the conversations.

**Chapter three**, “Positioning and membership categorization in monoracial and interracial interactions of persons with dementia” is by Charlene Pope. She begins by pointing out how the use of language positions both speaker and their conversational partner in identities past,

present and projected, as they perceive and categorize their social identities and group memberships in the immediate shared world and the worlds they have known. For persons with Alzheimer's disease, memories and ways of knowing may fade, but social and cultural conditioning continue to appear in the talk of social interaction. Using Levinson's overview of links between pragmatics and conversation analysis, acts of positioning associated with social identity are compared in a series of dialogues between Black and White persons with Alzheimer's disease and non-cognitively impaired same-race and differing-race conversational partners. The findings show that multiple social identities present beyond the variations that appear in same-race and differing race pairs, and suggest how people with Alzheimer's disease mobilize speaking resources. Particular practices specific to monoracial and biracial interactions suggest how intercultural pragmatics might identify markers of sociocultural contexts, power, and distance, beyond issues of sequencing and turn-taking usually analyzed in conversation analysis

**Chapter four**, "'Aw, so, how's your day going?': Ways that persons with dementia keep their conversational partner involved" is by Boyd Davis, Margaret Maclagan and Julie Wright. Their multimodal analysis of the communication repertoire of a person with dementia uses interpersonal pragmatics to explore a person with dementia's preserved ability to manipulate pauses, filled pauses, extenders and formulaic utterances. Interpersonal pragmatics deals with the role of language in relational work, specifically how 'social actors use language to form relationships in situ' (Locher & Graham 2010:1), making it a good framework for the examination of key features in discourse between persons with dementia (PWD) and their unimpaired interlocutors. The progression of dementia curtails verbal communication in several ways: the ability to access words and story components diminishes, as does the ability to process conversation and respond to others. However, the PWD wants to communicate, and to be seen as responsive, even competent. With some speakers, repetition of stories and story fragments becomes a shorthand way of signaling memory and emotion (Davis 2011; Schiff et al 2006); with others, extenders, pauses and filled pauses, the *ums* and *ers* of conversation, allow a PWD to involve the conversation partner in completing a sentence or a story (Fox Tree and Schrock 2002; Davis & Maclagan 2009; Maclagan, Davis & Lunsford 2008). Many PWD draw on a repertoire that includes extenders, pauses and formulaic utterances: here, the authors look at their association with head nods and gestures in video-recordings of "Maureen Littlejohn."

**Chapter five**, by Alison Wray, is titled “Mislaying compassion: linguistic triggers for inadequate care-giving in Alzheimer’s disease care.” She proposes that caregivers can find themselves in an emotionally perilous environment, because, on account of the pragmatics of communication, they are cornered into a choice between equally undesirable responses to the repetitive language produced by a person with Alzheimer’s disease. There is a strong imperative in communication to assume that one’s interlocutor intends to be meaningful and relevant, but this assumption is difficult to sustain if questions or statements are repeated in a manner that exceeds the typical rules of interaction. Interpreting the repetition as necessary entails that the speaker has not been attending adequately to the previous conversation. The natural inference is that the other party—the caregiver—is not being treated with respect, and this is likely to instill responses such as hurt and anger. Wray suggests that this may be one explanation of the lack of compassion frequently reported as a problem in the care sector. Yet caregivers know that the repetition is caused by the disease. However, allowing for the linguistic behavior not to be an insult requires the caregiver to release the speaker from the standard rules of pragmatics. Since these rules are perceived to be universal in human interaction, the speaker must then fall outside of the definition of ‘a human interacting’, which is an uncomfortable and potentially risky situation for him or her. Wray suggests that caregiver stress may be partly due to the constant need to manage this dilemma.

**Chapter six**, “Discourse in Lewy Body Spectrum Disorder,” is by Angela Roberts and J.B. Orange. They present a comprehensive overview of the literature relating to discourse and pragmatic deficits in Lewy body spectrum disorders (i.e., Parkinson disease, Parkinson disease dementia, and dementia with Lewy bodies). They review the literature from both monologic and interactional discourse paradigms. The cognitive impairments associated with LBSD have a substantial effect on the quality of life and the communication of individuals with LBSD and their caregivers. Individuals with LBSD present with cognitive-linguistic impairments such as difficulty finding words and difficulty comprehending and producing complex syntactic forms. A growing area of research over the last decade has demonstrated the presence of cognitive-linguistic deficits that contribute to pragmatic problems such as impaired theory of mind, disrupted metaphor comprehension, compromised ability to decode emotional cues, and diminished comprehension of irony. What is less known, however, is the profile of pragmatic deficits during discourse in individuals with LBSD. Exploring these competencies is critical for increasing our understanding of Parkinson’s disease and LBSD disorders,

and for developing strategies/interventions for optimizing social communication

**Chapter seven**, “Challenges and opportunities of group conversations: The day care center as a communication milieu,” by Camilla Lindholm, examines how unimpaired conversation partners can be challenged by faulty communication; yet draw on other practices to maintain their ability and willingness to converse. Regardless of the interactional challenges created by the group situations (involving parallel discussions, overlapping talk, and participants’ varying capabilities of functioning in group settings), the group is demonstrated to be a potential resource – the individual can achieve help both from the health care personnel and from the other elderly participants. Lindholm’s study identifies pragmatics problems for interlocutors who must carry the greater responsibility for conversation maintenance with persons who have dementia.

**Chapter eight** is a “Summary of an Online Roundtable,” by Orange and Davis, who pull together what authors identified as desirable next steps in research on pragmatics in dementia discourse, from an online hour-long audio conference call after the authors had circulated chapters among themselves.

**Chapter nine**, by Robert Schrauf, is “Epilogue: Reading Compromised and Preserved Cognition Into and Out of Conversational Data.” This chapter draws on data from the various contributors to address the mutual enrichments of pragmatics and cognitive gerontology/cognitive neuropsychology in understanding the language of persons with dementia. On the one hand, moving from *cognition to conversation*, the chapter asks: how might we interpret the conversational data of persons with Alzheimer’s in light of the signature cognitive deficits of the disease—severely diminished working memory, impaired executive function, problematic lexical retrieval and degenerating semantic organization—and of preserved abilities in language functioning—such as, for example, syntactic processing and turn-taking? This question starts from cognitive abilities as identified, articulated, and operationalized in cognitive gerontology and the neuropsychology of Alzheimer’s disease and looks for ways of understanding Alzheimer’s speech. On the other hand, moving from *conversation to cognition*, we might ask: what cognitive competencies are presupposed by the real-time, naturally-occurring, communicative performances of persons with Alzheimer’s disease? This question starts from a pragmatic analysis of actual conversation and seeks to identify (and perhaps construct) candidate cognitive abilities that likely undergird performance. Different pragmatic theories (e.g. relevance theory, emergent pragmatics, interpersonal pragmatics, etc.) lend themselves to either side

of this equation, and these reflections serve to formulate new questions for both pragmatic and cognitive approaches to communication in dementia.



# CHAPTER ONE

## DEMENTIA DISCOURSE AND PRAGMATICS

JACQUELINE GUENDOUZI  
SOUTHEASTERN LOUISIANA UNIVERSITY  
AND BOYD DAVIS  
UNC CHARLOTTE

### **Introduction**

Dementia, particularly Alzheimer's disease, is currently one of the most widely publicized disease syndromes, and continues to puzzle researchers. A diagnosis of dementia in a living person identifies multiple cognitive deficits affecting language and memory which interfere with and may prevent that person's ability to function independently at work or during usual activities, which "represent a decline from previous levels of functioning and performing; and are not explained by delirium or major psychiatric disorder" (McKhann et al 2011, 263). In 1906, Alois Alzheimer gave his name to the syndrome; subsequently thirteen cases of Alzheimer's disease were reported between 1907-11, and "by 1920 physicians had integrated this new disease category, which seemed to link specific organic changes in the brain to clinical symptoms, into medical thinking (Holstein 1997, 1). We can see the exponential growth of interest in dementia, and particularly Alzheimer's dementia, by checking the number of articles registered in PubMed, the biomedical literature index published by the National Center for Biotechnology Information (NCBI), a division of the National Library of Medicine (NLM) at the National Institutes of Health (NIH). Between 1906 and 1913, only one article was cited in the index. In 1974, PubMed contained citations to 17 articles; in 1984, it cited 423 articles including caregiver concerns. In 1994, the year that former President Ronald Reagan announced his condition, there were 2061 citations; ten years later, in 2006, the number had more than doubled,

at 4436 for the single year. For 2012 until 1 April 2013, 9942 citations are listed in the database.

In his 1989 study of the rise of what he calls the Alzheimer Disease movement, Patrick Fox, notes that heightened public awareness has moved the disease “from an obscure, rarely applied medical diagnosis to its characterization as the fourth or fifth leading cause of death in the United States in little more than 12 years” (1989, 58). A few years later Herskovits (1995, 147) echoed Fox’s findings expanding the analysis to consider why so much interest could arise so quickly. “The current Alzheimer’s construct emerged from the recent sociocultural and political-economic context in the United States”, a context in which fear of the loss of self had moved to the forefront, and the experience of aging and “senility” had become “monstrous” (*Ibid.* 59).

As it is through language that memory and family ties are expressed, it is, perhaps, in language use by persons with dementia (PWD) that unimpaired persons find the most grievous and even startling changes. As dementia increases, PWD have greater difficulty first in retrieving words, then phrases; they substitute words or use semantically empty placeholders, making their communication seem vague. They gradually increase repetition of word, phrase or story, but decrease in their ability to manage conversation or introduce topics. As Biernacki (2007, 94) notes, damage to their episodic memory linking times, places and events means that “While specific events from long ago may be remembered, increasingly more and more support from others is required to sustain even these memories.” Family members often feel that their loved ones have lost themselves, and that they as family members have lost those with dementia, since PWD can no longer show in their language use that they can access memories that include themselves and their family members. Indeed, as discussed by Herskovits (1995,152), “The overwhelmingly dominant pernicious effect of the current Alzheimer’s construct is the dehumanization or debasement of ‘self’.”

Using a social constructionist approach, Sabat (2008, 87-88) posits that people have three selves: Self 1, which is the expression of personal identity (“I”, “me”); Self 2, which “is comprised of a person’s physical and mental attributes, past and present, along with the person’s beliefs (political, ethical, religious, etc.) and beliefs about his or her attributes”; and Self 3, a person’s social persona. Each of these is retained by PWD, says Sabat: the way PWD are positioned by others (“he always forgets to do that”) or learn to position themselves (“I don’t always know how to do that”) are part of why PWD are seen as persons who are losing selfhood.

We follow Ballenger's claim that dementia and the fear of loss of self is emblematic of our time and our place, concluding with him (2007, 153) that

Alzheimer's disease is deeply troubling both because of what it does to people who have it and because people with this disease remind us so pointedly of our own difficulties in creating and maintaining selfhood. We need to find ways to listen to and appreciate the experience of people with dementia...because we need to bear witness to their struggle as a shared experience.

Bourgeois and Hickey (2009, 2) credit Bayles and Kaszniak (1987) with being the first speech-language clinicians to document "cognitive-linguistic deficits and skills" which could be used to develop support and intervention for persons with dementia. However, as we will see below, a continuing emphasis by speech-language researchers on the clinical and biomedical aspects of language in dementia typically exclude psychosocial contexts for language use, analysis and interpretation, an exclusion that is only recently beginning to change. In the discussion below, we identify issues and movements in different disciplines and their construct of dementia discourse.

This collection of essays presents a series of studies about the pragmatics of dementia discourse in order to build a bridge between researchers who are more clinical in their approach and researchers who are more focused on the embodiment of that language use within sociocultural contexts. Accordingly, in what follows, we highlight issues and constructs from different disciplinary perspectives. By looking through the lens of pragmatics, we are able to look at comprehension and production from the perspective of language interaction and language use. In drawing from a range of pragmatic theories, our collection adopts a viewpoint that looks not at language deficits but at retained linguistic competencies by persons with a chronic and debilitating condition. As in an earlier collection (Davis 2005, xv), the chapters provide data-rich language examples that augment and enhance findings from clinical testing, and support the analysis of how "language in aging interacts with identity, social practices, and intergenerational issues."

## **How is the term pragmatics applied and understood in Communication Disorders?**

### *Clinical Linguistics & Speech-language pathology*

In the field of communication disorders, the term *pragmatics* typically refers to the ability (or lack *thereof*) of populations with acquired or developmental disorders such as autism spectrum disorders (ASD) or traumatic brain injury (TBI) to use language appropriately in specific social contexts. Researchers in this field have sought to describe pragmatic deficits, and construct reliable measures to assess a client's pragmatic skills (e.g. Penn 1988). Any communication disorder, including those that are not necessarily the result of a cognitive deficit (e.g. stuttering or voice disorders) may result in some level of unintelligibility or a disruption in the communication process, therefore, a search of the literature in this field will yield articles relating to a wide range of communication disorders. However, disorders such as ASD and TBI appear to be the focus of much of the research relating to the social use of language. This is due to the fact, that people with these particular disorders are likely to manifest noticeable problems in social interaction. Dementia can be included in this group although, as a literature search of the *ComDisDome* and *Psychlit* databases revealed, there were fewer studies pertaining to dementia and pragmatics than the previously mentioned disorders. For example, a literature search using the following keywords, "pragmatics", "communication disorders", "dementia", "autism", and the phrase the "social use of language" in the *ComDisDome* database yielded fifty five articles, four related to dementia, seventeen related to other acquired disorders (predominantly TBI), and thirty four related to developmental disorders, particularly ASD and specific language impairment.

Communication disorders as a discipline draws on many other academic fields, such as neurology, clinical linguistics, education, psychology and speech-language pathology (SLP). However, much of the work relating to pragmatics and communication disorders has emerged from research in SLP and clinical linguistics. At this point, it is useful to separate and explain some of the differences in the background and approaches of clinical linguistics and speech-language pathology (SLP) to the areas of pragmatics and social interaction.

### *Clinical linguistics*

Clinical linguists are typically researchers who have gone through an academic program of general linguistics and then subsequently apply their skills to the area of communication disorders. In Europe the field of clinical linguistics is a field in its own right stemming from the seminal work of David Crystal (1981) and the formation of International Clinical Linguistics and Phonetics (ICPLA) organization. Many of researchers in the field of clinical linguistics do not have professional certification to practice speech-language therapy but acquire, through their research, a basic knowledge of the terminology and medical background of the particular area of communication disorders under scrutiny. However, clinical linguists may be less knowledgeable about the assessment and therapy practices associated with the particular disorder they investigate.

In some contexts, particularly in Europe, there has been an attempt to bridge this gap with the establishment of a graduate program in the field of clinical linguistics that involves institutions located in several countries. Indeed, it is the case in the United Kingdom (as dictated by the Royal College of Speech Therapists) that classes covering linguistics and phonetics have to be taught by faculty with a background in linguistics. There are, however, clinical linguists who subsequent to their linguistics degrees go on to study and acquire certification in speech-language pathology. However, because of their background, research carried out by clinical linguists may draw more closely on traditional theories of linguistics or pragmatics when analyzing language samples. For example, Ryder and Leinonen (2011) have applied Relevance Theory (see chapter two) to analyze and better understand at what point children with, and without, language impairment acquire the ability to make inferences.

Investigations of pragmatic difficulties have also drawn on conversational analysis and interactional sociolinguistics to examine the use turn-taking and cohesive devices in children with ASD and specific language impairment (Bishop, Chan, Adams, Hartley, and Weir 2000). The use of direct and indirect speech acts has been used in a psycholinguistic approach to pragmatic disorders in adults with acquired disorders (e.g. Airenti, Bara, and Columbetti 1993; Bara, Bosco, and Bucciarelli 1999). More recently Bara has put forward a theory of cognitive pragmatics to examine mental states such as ‘belief and intention’ (2011, 443) in both developmental and acquired contexts. Work in ASD (Barnes and Baron-Cohen 2011) and TBI often includes a greater degree of reference to pragmatic theories such as theory of mind, systemic functional linguistics and interactional sociolinguistics (e.g. Body, Perkins, and McDonald

1999; Lundgren and Brownell 2011; McDonald and Pearce, Pearce 1999; Togher 2011). In addition, there has been a move to apply specific pragmatic theories such as politeness theory (Guendouzi and Pate, forthcoming) to conversational data involving PWD.

### *Speech-language pathology*

The interest in pragmatics in the field of SLP emerged from the study of developmental disorders (e.g. autism and specific language impairment), and acquired disorders such as TBI, a condition in which pragmatic skills may be noticeably affected (Togher 2011). Initially SLP research rather than start with a particular pragmatic theory or research question described the pragmatic deficits found in such disorders. Although, aphasia does not produce pragmatic deficits in the manner noted in TBI, the person with aphasia may be unable to carry out a conversation thus a pragmatic problem arises from deficits in other areas of language production. Aphasia research, in particular, has drawn on interactional sociolinguistics and conversational analysis to explore interactions involving people with aphasia to develop conversational partner training programs (e.g. Hickey, Bourgeois, and Olswang 2004; Kagan, Black, Duchan, Simmons-Mackie and Square 2001)

It is important to note that the academic training of SLPs requires studying and acquiring competency in a wide range of both academic and professional skills. As noted above, SLP students in Europe are more likely to undertake discrete courses that specifically examine pragmatics and social interaction. In the USA, and countries that follow a liberal arts system of education, communication disorders programs tend to embed pragmatics across a range of courses in undergraduate studies, and the extent to which the topic is covered varies considerably across programs. At the graduate level, the focus is on clinical assessment and applications for intervention and pragmatics as a topic is typically discussed in core courses on specific disorders. The first author's experience in teaching on SLP programs suggests pragmatics is often perceived by students as a discrete skill or component of language that is studied alongside, but is different from, phonology, syntax, and semantics. Thus, they are sometimes unaware of the growing perspective that pragmatics is an emergent property of both the neuro-typical person and the person with a language disorder (Perkins 2007) rather than a disorder in its own right. This may mean that SLP students at the undergraduate and master's level will have some familiarity with Grice's maxims, but no experience in how those maxims may play out in interactions. This minimal presentation of

Grice's work is also seen in texts that are used in SLP education (e.g. Bliss 2003) where it is suggested Grice's maxims can be used as therapy tool. SLP students are also less familiar with key terms from pragmatics such as implicature (a speaker's intentions) and inference (meanings that the listener draws or infers from a speaker's utterances). However, the above comments are not a criticism of countries who train their SLP students in this manner. Rather they are made to clarify the different research approaches taken by clinical linguists, particularly those trained outside of the USA, and researchers who were trained in programs of communication disorders.

A further issue is the growing body of knowledge that SLPs (across the globe) need to acquire in order to gain certification. Indeed, to obtain ASHA (American Speech-Hearing Association) accreditation, an SLP training program must provide knowledge in the following subject areas: acquired and developmental disorders, swallowing disorders, hearing disorders, hearing screenings, aural rehabilitation, speech sciences, professional issues, assessment and management of child disorders, assessment and management of adult communication disorders, phonetics, the grammatical structure of language, neuro-anatomy, cultural diversity, and bilingualism. Furthermore, in this age of growing technology, it is necessary to remain cognizant of new developments in augmentative and alternative communication devices. Professional issues should include (among other things) topics such as medical billing, participating in Individual Education Assessments (IEPs), understanding a particular education authority's criteria for providing services, and counseling of clients and their families. It is no wonder that researchers coming from this academic background may not have had the opportunity (much less the time) to take specialized courses that cover pragmatic theories in any detail, or understand the role that philosophy, social psychology, and anthropology have had to play in the development and application of pragmatic theories.

### *Pragmatics in the clinical linguistics literature*

Clinical pragmatics, as a sub-discipline emerged from an interest in understanding how people with communication disorders interact beyond clinical contexts in everyday situations. Although, clinical linguists have applied methods and theories from both interactional sociolinguistics and pragmatics to their data there are few comprehensive texts addressing or outlining the parameters of this area of communication disorders. Here we

will review the three major texts (Cummings 2009; Müller 2000; Perkins 2007) that have attempted to delineate this area of study.

Clinical language studies is typically known as the field of clinical linguistics and phonetics to demarcate the divide between studies that are examining syntax and semantics and studies that focus more on actual speech production (e.g. articulation, fluency etc). The primary organization (and journal) founded in Europe in response to David Crystal's work (1981) is known as The International Clinical Linguistics and Phonetics Association (ICPLA). Its members have been responsible for products such as extensions to the International Phonetic Alphabet symbols (ExtIPA) that more accurately describe or denote sound distortions and voice quality (VoQs). In her introduction to this area Müller noted that clinical linguistics and phonetics as a 'distinct discipline of study' (2000, 1) faces two tasks; the first is the application of linguistic methods and theories to clinical data with a goal to informing assessment and intervention. The second task is using the results from such studies to extend and better inform the theoretical basis of this area of communication studies. Müller also raised the question of whether clinical pragmatics should be considered as a sub-discipline of clinical linguistics or an "independent discipline in its own right" (2000,1). Clinical linguistics as a discipline initially focused on refining phonetic description for disordered speech and systematic profiling of grammatical deficits (e.g., Crystal, Fletcher, and Garman 1976). Clinical pragmatics has emerged in a more ad hoc way, in particular through single-subject descriptive qualitative studies of individuals diagnosed with developmental disorders (Perkins 2000) and acquired disorders such as dementia (Guendouzi & Muller 2001). Individuals with these disorders may not have noticeable grammatical or phonological deficits but instead present with problems in the social use of language. Originally these were referred to as "Semantic-Pragmatic Disorders" (McTear & Conti-Ramsden 1991) but more recently researchers have separated these terms to signal the fact that a pragmatic disorder does not necessarily mean a semantic or grammatical deficit. Indeed, in the case of Asperger's Syndrome, semantic and grammatical abilities are not typically affected rather the individual has problems using language appropriately in social contexts.

Müller's edited collection includes chapters that cover a wide range of topics (e.g., pragmatic assessment, the relationship of cognition to pragmatic disorders etc.) and some chapters do draw on pragmatic theories (e.g., Theory of Mind) to explore particular aspects of the communication disorders. However, this text was an introduction to a field that is still

(even now) in the process of establishing itself as a sub-discipline within the field of clinical linguistics.

Cummings' book (2009) is a more comprehensive attempt to provide a description of clinical pragmatics. It begins by providing an overview of the main theories that underpin the study of language use (e.g. speech acts, implicature, discourse, etc) and then subsequently describes the populations (developmental and acquired) that frequently manifest with pragmatic problems. In a review of Cumming's text, Perkins points to the fact that clinical pragmatics is an area of study 'renowned for its lack of coherence, inconsistent terminology, and proliferation of assessment and intervention procedures' (2011, 1). As he notes, the production of such a work is an "ambitious undertaking" (2011, 1) in a field that lacks systematic application of theory, methods, and terminology. Cummings' text attempts to reconcile some of these problems by providing an overview of pragmatic theories, and a detailed survey of both developmental and acquired pragmatic deficits, a review of pragmatic protocols, and a discussion of whether pragmatic theories (e.g. theory of mind, relevance theory) can answer some of the pragmatic problems that arise in individuals with communication disorders. However, as Perkins notes "the nature and scope of pragmatics have proved difficult to pin down" and in the clinical literature 'there is little consistency in the way the term is used' (2011, 2). Cummings appears critical of other interpretations of the term clinical pragmatics, and suggests that "concepts such as speech acts and implicature [...] are core pragmatic notions" (Cummings 2009, 2). She suggests that conversational management (e.g. turn-taking) draws on competences that aid with the generation and recovery of implicatures. Yet she ultimately tends to define pragmatics in unspecific general terms, suggesting pragmatics is the "use of language to achieve communicative purposes" (Cummings 2009, 6).

A further problem with Cummings' interpretation of clinical pragmatics is the exclusion of nonverbal behavior, a phenomenon that she suggests is an "error" (2009, 218). Thus for Cummings, pragmatics is an "exclusively linguistic phenomenon" (Perkins 2011, 3). In the case of people with dementia, as will be shown in chapter three (Davis, Maclagan and Wright), excluding the non-verbal and paralinguistic aspects of communication from a study would limit the potential interpretations of the PWD's communicative intentions. Indeed, monitoring people with dementia's use of face expressions or gestures is crucial to successful interactions and, although there is little research evidence for the efficacy of her work, monitoring non-verbal behaviors has formed the basis of the clinical success of much of Naomi Feil's validation therapy (1993).

Traditionally, formal pragmatics focused on the linguistic aspects of speaker utterances but applied linguists working in the field of pragmatics have long been aware that non-verbal aspects of communication are an important factor in interpreting a communicative message. Even within the realms of mainstream pragmatic theory, non-verbal behaviors are part of the discussion, for example, Wilson and Sperber (2002) note that if a guest at a party, touches or gestures towards his/her empty glass it may indicate the message she wants another drink. As Perkins notes, Cummings' book has many merits and is essential reading for those who wish to gain greater knowledge of both communication disorders and clinical pragmatics. However, Cummings' text is just one account of this field of study and should be "consumed as part of a balanced diet" (Perkins 2011, 5).

Perkins own text (2010), on the other hand, explores (amongst other things) how we define what constitutes a pragmatic impairment. Perkins has long argued (2000) for pragmatic impairment to be considered an emergent phenomenon of conversation that results from interactions with other domains of cognition. Stainton, taking up Perkin's discussion, raises the question of "what properly speaking is a pragmatic impairment" (2011, 86), and he further suggests that currently, this is a question which is "doubtful we can even come close to answering". Stainton notes the lack of agreement in the academic discussion surrounding this topic, and like Perkins, he also raises the issue of confusion in relation to "crosstalk in the literature" (2011, 86). Both Perkins' and Cummings' books are a good starting point for those who wish to familiarize themselves with some of the current perspectives from clinical pragmatics, and although there are differences in Perkins' and Cummings' approaches, there are some common themes that reflect the current state of affairs in clinical pragmatics as a specific field of study.

The following points appear to be some of the issues that need addressing in order to arrive at a "coherent overall picture" (Stainton 2011, 86) and move the study of clinical pragmatics forward within the field of communication disorders:

- (a) Lack of a common use of terminology
- (b) Lack of agreement as to what constitutes a pragmatic impairment
- (c) Lack of agreement as to what features of communication should be included in pragmatic research
- (d) Lack of application of theory to data analyses (e.g. neo-Gricean approaches, politeness theory, or relevance theory)

### ***The term pragmatics in the SLP literature***

A search for books relating to pragmatics in the SLP literature will typically yield either the books mentioned above, or texts that are focused on social skills therapy. The term pragmatics in SLP has become synonymous with the phrase “social skills” and indeed, this is often a therapy goal for clinicians when carrying out interventions. SLP students often note in clinical reports that they are going to work with their client on “pragmatics” or “social skills” in order to improve the client’s ability to carry out conversations and interact with others in a variety of a contexts (school, workplace, home etc.). In one sense, for clinicians this is the obvious endpoint for application of their pragmatic knowledge. However, consider the following (factual) example, a SLP student working with a high functioning autistic adolescent decided on that the clinical goal for the semester would be to teach the boy Grice’s maxims (literally). The boy was videotaped interacting in several contexts and was then asked to review the videotapes and note at what points in the interaction he had broken any of the four maxims. It is not hard to imagine that if he attempted to generalize this new behavioral skill into his school environment by pointing out when his peers broke the maxims he might appear even less socially acceptable to his peers. It is not difficult to see how this situation came about, both the student and his clinical instructor had, in this case, learnt the term pragmatics not from a course on linguistics or pragmatics but from its’ embedded use as a synonym for social skills in discussions within courses on child development or specific disorders.

Texts such as Bliss (2003) that cover pragmatics may focus on basic speech act theory and Grice’s maxims. Students thus often assume that Grice studied actual conversational data and identified four rules that can be taught to clients so they can learn to carry out conversations in an appropriate manner. There is minimal discussion of *implicature* versus *inference*, or the difference between *violating* versus *flouting* the maxims. It is a crucial point in pragmatics to understand that all individuals regularly flout Grice’s maxims to attend to face needs, politeness, or be sarcastic, whereas a person with ASD may accidentally violate the maxims. Thus, researchers who come from an SLP background may have no initial grounding in the specific theories (e.g. relevance theory or politeness) that underpin pragmatics, nor are they aware of the academic debates associated with this area of communication (see Guendouzi, forthcoming for a more extensive review of this issue). As the literature search revealed, much of the work in SLP research uses the term pragmatics in the context of single-subject studies where the focus of analysis is

describing the themes in the social skills of a particular client. Such studies do incorporate the use of methods associated with discourse analysis or conversational analysis (Sacks, Schegloff, and Jefferson, 1974) to analyze specific units of interactional behavior but often they do not specifically relate findings to pragmatic theories. There are some exceptions Hays, Niven, Godfrey, and Linscott (2004), for instance, assessed the Pragmatic Profile Impairment in Communication (PPIC), an instrument grounded in Gricean principles of co-operation and conversational maxims. The goal of the study was to assess the PPIC's reliability and validity rather than consider how it reflected the pragmatic theory but it is refreshing to note the authors did start with Grice's theory to ground their research. In addition, theoretical approaches to research in ASD have considered social deficits in relation to Theory of Mind (Baron-Cohen, 1995) and Weak Central Coherence Theory (Frith, 1989).

A further issue to consider when comparing the approach taken by SLP research is the fact that assessment of communication disorders requires a process of differential diagnosis. In the case of dementia and/or aphasia this requires the therapist to conduct separate assessments targeting specific areas of communication (e.g. comprehension, word naming, pragmatics etc.) and cognition (e.g. memory, attention). This is necessary for making clinical decisions on therapy goals, thus, the nature of assessment creates an approach that is compartmentalized into specific areas (e.g. memory, comprehension, production, and pragmatic social skills). This diagnostic process traditionally results in a perspective that tends to treat these aspects of communication as separate modules. Although, a participation model of treatment is the approach is more likely to be taught in educational contexts, recent focus discussions by the author with clinicians in the field suggested that although they preferred the participation model, time considerations and health insurance billing requirements often resulted in the use of more traditional approaches to both diagnostics and therapy.

### **Problems in applying theory: The case of implicature and inference in dementia**

Speaker implicature and listener inference are two important points of discussion in the field of theoretical pragmatics; indeed much of the work in early pragmatics focused on potential interpretations of sentences or utterances. This is not surprising given that pragmatics emerged from more formal semantics and logic in the philosophy of language and focused on propositional meaning (e.g. the work of W.V. Quine 1960).

However, pragmatics differed from formal semantic approaches by considering language in terms of form versus function (such as Speech Act Theory associated with J. L. Austin 1961/1971, and J. R. Searle 1969) and conversational implicature (Grice 1989). For example, consider the exchange below.

Extract 1

1. Mark: what's for dinner?
2. Jan: I'm sat here watching this show but there's bread on the counter and ham and cheese in fridge

Grammatically, the form of Mark's utterance is an interrogative that contains a semantic proposition relating to which items of food are available for dinner. Jan's utterance is two statements containing three semantic propositions relating to her current location, occupation and what items of food the fridge contains. Most first language speakers of English, however, could infer several potential implicatures or pragmatic paraphrases for these utterances. Mark's question could imply any of the following, (a) *are you going to cook dinner now*, (b) *isn't it time you got dinner ready*, (c) *I'm hungry*, or perhaps (d) *Pay me some attention*. Jan's response suggests she has interpreted Mark's question as a request for her to prepare his dinner. Her response contains implicatures that might include, (a) *I'm comfortable, don't disturb me*, (b) *I'm not getting you dinner*, (c) *you can get it yourself*, or even (d) *don't be lazy*. If the listener (or researcher) has access to ethnographic information about the participants and their relationship to each other, it is not hard to draw these particular inferences even when the speakers use indirect speech acts. Furthermore, in the case of a research studies that collect conversational data from neuro-typical speakers, a researcher can return to the participants and ask them what they were implying in a particular utterance. It is also possible for a researcher to show a video recording of an interaction to actual participants and ask how they interpreted a particular behaviors or comments. This would not be the case in the context of people with dementia.

However, now consider the following extract among four people with dementia (PWD) seated around a table in a rehabilitation daycare center. Prior to this exchange, all four PWD had been given a cup of coffee and two cookies on individual plates.

## Extract 2

1. Angie: do you want some of this **cookie** (taking a cookie from her own plate)
2. Jill: do I want **cookies?** (looking at her plate where there is only one cookie)
3. Angie: ask **the boss** (nods towards a care assistant stood nearby)
4. Theresa: they know whose **boss** I don't take it (laughs and reaches across for a cookie)
5. Jill (reaching for her glasses that are near Paul's arm) I need **my glasses** (pointing to a magazine)
6. Paul: (puts Jill's glasses in his pocket) these are my **glasses!** I brought them from **home**
7. Jill: are **my glasses home?**
8. Angie: he is a nice looking **boy** (points to a student volunteer)
9. Jill: oh that one he is **that boy**

In this interaction the contributions to the conversation appear to be triggered by environmental cues (e.g. objects that are on the table and people in the room) or by constructing a (seemingly) coherent topic line from the prior speaker's utterance. To infer a speaker's implicature or a listener's inference in the context of this interaction is purely speculative on the part of the analyst, but we could suggest the following three observations,

- (1) that (albeit triggered by environmental cues) an uninterrupted conversational exchange takes place,
- (2) that the interlocutors respond to the contribution of others,
- (3) that the participants appear to respond in a manner that is centered around particular topics (highlighted in extract 2 above).

It is possible using methods associated with conversational analysis to describe and isolate conversational moves such as question-answer sequences and note whether the person with dementia used particular linguistic features (e.g. minimal responses) in his or her discourse but can the data offer any useful conclusions relating to specific pragmatic theories from this extract? Certainly, it is possible to suggest that what unfolds here supports some of the claims of politeness theory (Brown and Levinson, 1987). That is, the speakers appear to adhere to a cooperative principle and fulfill the social obligation of reciprocity. However, in relation to indirect speech acts, it is more difficult to draw inferences about speaker intentions and listener interpretations. The exchange begins with a