

Book review

Conversations with an Alzheimer's patient: an interactional sociolinguistic perspective

by Heidi Hamilton

Published by Cambridge University Press, UK, 1994, pp. 184

ISBN 0 521 42101 2 Hard cover

Hamilton makes two main contributions in her book, which are separate but interconnected. On the one hand, by rigorously studying the conversations of a patient suffering from Alzheimer's disease (AD), she demonstrates the contributions which language studies can make towards increasing our understanding of dementia in general and AD in particular. At the same time, through a detailed analysis of the conversations, she demonstrates how by coupling rigour with compassion, linguistics can be humanistic without necessarily forfeiting its status as a science. These two interconnected achievements are eloquently captured in the following excerpt from the book:

The problem with science (and linguistics is a science) is that it does not touch the personal and the particular. This study of conversations with one Alzheimer's patient is offered as a personal and particular study in human-centred linguistics, one in which linguistic disability is seen not as an isolated phenomenon but as a human problem within multiple linguistic and social contexts (Hamilton, 1994: 36).

Hamilton seeks to examine the role of language in dementia of the Alzheimer type. Previous research into the impact of AD on language has been carried out from largely psycholinguistic perspectives in clinical settings. Hamilton's book provides a detailed description of conversations between herself and Elsie (the subject in the book), which as a qualitative-type study constitutes a marked break from the psycholinguistic/clinical tradition. Further, in the psycholinguistic tradition only the language of the AD sufferer is analysed, but in Hamilton's book both the sufferer's and the analyst's language are the objects of analysis. For Hamilton, following Crystal (1984), language is interactionally accomplished and conversations are a joint enterprise whose success depends on the contributions and work of the participants involved.

Clearly, one of the strengths of her book lies in the author's use of naturally-occurring conversations as its main source of data. However, Hamilton pushes the argument about the validity of naturally-occurring data too far. Although the conversations which form the corpus of her data are natural, the analysis on which her findings are based cannot be claimed to be based on naturalistic data. This paradox is apparent in the fact that she must transcribe the data in order to analyse it. Any transcription involves dividing naturally-flowing conversation into discrete units. One of the consequences of dividing the data into discrete units involves making both principled and *ad hoc* decisions about what to

leave out and what aspects to represent in a more accessible way. Such an analysis, an inevitable part of data handling, means that the data which ultimately appear in the text cannot be a direct reflection of the recorded conversations. The author has had to clean up her data before analysing it. Sharwood Smith (1994: 60) makes out a forceful case against the exaggerated merits of naturally-occurring data when he says "... it is of little value if people [patients, learners] are encouraged to act spontaneously, but rather that elicitation of information from patients or learners has to be carried out in ways that encourage the production of relevant information."

Hamilton's study is an analysis of conversations conducted over four and a half years. Because of the degenerative nature of dementia, studies of sufferers of the condition lend themselves to longitudinal design. Her analysis of the conversational abilities of an AD sufferer arise from a recognition that the grammatical and sentence features of the sufferer's language are well formed and remain intact even in extremely advanced stages of the dementia. However, danger signals can be detected in the sufferer's conversational abilities, since "... conversing with an AD sufferer is like being led across a bridge that suddenly drops into an abyss" (Ripich & Terrell 1988: 18).

Although some of the sentences are well formed in isolation, they are aberrant in context. I use an example from some of my own data to illustrate how well-formed sentences can become aberrant in context. The following conversation took place between an 85-year-old woman diagnosed as suffering from Alzheimer's disease and me. The woman is referred to here as Dr Lowb:

SBM: *Which other countries did you visit?*

Dr Lowb: *Here there are now constructing new buildings, the rugby field is part of that building operation over there.*

The response by Dr. Lowb is grammatically well formed but inappropriate because it is not the type of reply one would expect. Dr Lowb's response would have been appropriate to a question inquiring what the building constructors were doing.

Hamilton's observation that AD sufferers demonstrate a higher degree of competence in informal situations than in formal clinical contexts in which they talk about topics which are meaningless to them, are corroborated by studies in sociolinguistics and second language acquisition (Ellis, 1985). The variable nature of the proficiency of language use has diagnostic implications, particularly for AD sufferers, "...

since the diagnostic decisions as to whether or not the patient has AD depends, to a large extent, on what the patient says and how she says it in a clinical examination" (Campbell-Taylor, 1984: 14). If AD sufferers are potentially more fluent in informal contexts than in formal clinical settings, it may be prudent to consider including a conversational component in the diagnostic procedures used in the assessment of AD patients, to complement but not to replace the existing standardized tasks.

In the United States the majority of older persons diagnosed as suffering from AD eventually find themselves, at one stage or other of the disease, in a nursing home, which is an example of a "total institution" (Goffman, 1961: 12). In "total institutions" the life of a resident is controlled by the clock. Such institutions are characterized by a small supervisory staff who are socially integrated in the outside world, and who control a relatively large number of people in the institution who have no hope and chance of going back to live in the outside world again. Hamilton examines the communicative practices of a single AD sufferer in a total institution. The impact of total institutions on the communicative abilities and practices of AD people are not known. Further, the impact of dementia on the communicative abilities and practices of demented AD sufferers who live outside of total institutions also still has to be investigated. However, it is possible to speculate that the absence of genuine communicative opportunities in total institutions could expedite language loss.

In South Africa the majority of demented black Africans are cared for at home, i.e. in the community and not in an institution. South African researchers have an ideal opportunity to investigate the impact of the disease on the language use of sufferers, who not only live outside of an institution but who may use languages other than English, such as Xhosa and Afrikaans. The main focus of research on language and dementia up to now has been on the use of English, or other typologically-distinct languages.

Communicative profile

In Chapter 2, Hamilton uses two main concepts which undergird her analytical framework: taking the role of the other, and automaticity. The notion of the "other" involves the requirement in a conversation, that a speaker try to design his/her contribution to the conversation to suit the expected level of knowledge of the audience. "Audience design" can either be "prospective," i.e. it can anticipate the reactions the speaker would get from the interlocutors, or "retrospective" (p. 46), i.e. the speech is formulated in the light of what the speaker has just said. These are not two distinct modes of "audience design" but are two sides of the same coin.

Audience design influences a range of factors, including word and topic selection, the ordering of sequences, and options and obligations for starting and terminating conversations. At an advanced stage of dementia, the speech of an AD sufferer is egocentric. The egocentricity manifests itself linguistically through the presence of pronouns whose referents have not been stated so they are unknown to the hearer. At an advanced stage detailed information is given without the necessary background information being supplied to assist a hearer to orientate to the information. In other words, because the speech of an AD sufferer is not designed to take into account the state of knowledge of the audience, it may be difficult to comprehend.

Another concept featuring prominently in Hamilton's book is automaticity. Automaticity refers to the continued use of culturally-learned expressions such as greetings and expressions used to frame conversations, such as "I beg your pardon?" and "Guess what I saw yesterday?" These

culturally-learned expressions are retained and still automated when other aspects of language become difficult to access. Another set of expressions which is fairly robust and which remains in use when other aspects of language break down, are the expressions acquired through personal experiences in life, such as professional jargon. Although an AD sufferer may find it difficult to use some aspects of language automatically, he/she will employ a number of strategies to overcome some of these word-finding problems. Some of these strategies are coining new words, circumlocution, reassignment of meaning, and using semantically-related words and empty words, e.g. "thing." The use of such strategies is not peculiar to people suffering from dementia and have also been documented in second language use (Bialystock, 1990).

Questions

The main focus of Chapter 3 is on questions and how by analysing questions and the responses that they generate, an analyst is able to gain insight into the construct of division of labour in discourse. Hamilton uses the term "division of labour" to make the point that any interaction involves work. However, the interactional load is not normally equally distributed among participants. For example, when Elsie (the demented person in Hamilton's book) poses a greater number of questions, Hamilton produces more responses and poses fewer questions. The opposite is also the case: when Hamilton poses a greater number of questions, there is a marked decline in the number of Elsie's questions.

The increase in the number of questions which Hamilton poses as Elsie's dementia advances, may reflect Hamilton's own preconceptions of the impact of the disease on the communicative practices of Elsie and may under-represent her actual language abilities. While this may be pernicious, the opposite is equally disempowering to the demented patient, i.e. the failure on the part of a healthy person to adjust his/her speech to suit the declining language abilities of an AD sufferer.

Responses

Chapter 4 gives an analysis of the various types of responses elicited from Elsie to some of the questions which Hamilton poses. The aim of the analysis is to investigate the appropriateness of the responses and the communicative strategy of the responses. An analysis of the responses demonstrates that, contrary to expectation, the number of responses and the degree of their inappropriateness do not necessarily increase with advanced stages of the dementia. Hamilton attributes this unexpected finding to her increasingly accommodating linguistic behaviour to a perceived disability of Elsie, which underscores the point made by the author in various guises throughout the book – that the degree of communicative sophistication exhibited by an AD sufferer cannot be separated from the purposes of the interaction and the language behaviour of the other person taking part in the conversation. This finding obviously has implications for the manner in which the diagnostic measurements are conducted and the language behaviour of the carers. The nature and degree of appropriateness of any discourse may be culturally specific. It is important therefore to examine the extent to which different cultures have different notions of discourse appropriateness, particularly in multicultural communities in which the nursing staff and the AD patients come from different cultural groups. However, it is humbling to note that AD sufferers are sensitive to the problems of their fellow sufferers, more so than unaffected adults. As Hamilton observes: "Alzheimer's patients communicate differently with other

Alzheimer's patients than they do with healthy friends and family members and caregivers; they even give the impression of understanding other Alzheimer's patients better than these are understood by healthy interlocutors" (p. 4).

Conclusions

In her concluding chapter, Hamilton examines the implications for and possible application of her research on the diagnostic assessment of possible AD sufferers, the manner in which the therapy can be conducted, and linguistic research.

Regarding diagnostic assessment her main point is that some of the findings about the style of responses of AD sufferers could be integrated into popularly-used diagnostic measures. She also makes out a cogent argument about the value of complementing the current measures with a conversational component in which an AD sufferer is given an opportunity to discuss topics of interest to a person with AD.

Therapeutically she stresses that as the dementia advances, AD sufferers may simply be content to be treated with affection. Linguistically, this means that at an advanced stage of the dementia, the sufferers are much more favourably disposed to the use of language which exhibits solidarity (interpersonal functions of language), than language in which the propositional content and function are of primary significance.

In terms of linguistic theory Hamilton emphasizes that memory plays a much greater role in language use than is normally accepted by linguists. The fact that even as the disease advances the sufferer is still able to access particular types of language, i.e. prepatterned structures, shows that "...speakers do not actively create much [or most] of what they say, but reach out for prefabricated pieces which exist in an ever-growing inventory of talk they have used or heard before" (p. 170).

The importance of prefabricated patterns is seen in that even when some language abilities are gradually lost, professional jargon and, in some rare cases as current research in South Africa shows, the capacity to insult is still retained.

Hamilton has written a fascinating book but like any well-written book it opens up a number of questions which require further research. It would be interesting to investigate whether the impact of dementia on the speech of bilinguals is comparable to the impact on the speech of a monolingual. Hamilton makes a powerful argument for the use of naturally-

occurring data, but this type of data may have to be complemented with data collected from other sources. There are particular aspects of language use by AD sufferers which would be extremely difficult to assess on the basis of conversational data only. For instance, a study which aims to investigate the effects of the dementia on metalinguistic knowledge, or which is interested in assessing the role of memory on the processing of proverbs may have to rely on formally-constructed elicitation tasks. Methodologically, it may be prudent to be eclectic and to allow the research question to dictate the type of methodology, rather than the other way round.

Similarly, in the analysis of her data, Hamilton's use of measures of fluency have yielded considerable interesting insight. It would have been interesting for her to have examined the speed at which speech is processed changes with the progression of the disease. Despite these minor gaps, the book is a very useful contribution to studies in the discourse abilities of demented patients.

Sinfree Makoni

Associate Professor
Department of English
University of Cape Town
Private Bag
7700 Rondebosch
South Africa

References

- Bialystock, E. 1990. *Communicative strategies*. Oxford: Blackwell.
- Campbell-Taylor, I. 1984. Dimensions of clinical judgement in the diagnosis of Alzheimer's disease. Ph.D. dissertation. Buffalo, NY: State University of New York.
- Crystal, D. 1984. *Linguistic encounters with handicap*. Oxford: Blackwell.
- Ellis, R. 1985. *Understanding second language acquisition*. Oxford: Oxford University Press.
- Goffman, E. 1961. *Asylums. Essays on the social situation of mental patients and other inmates*. Garden City, NY: Doubleday.
- Ripich, D. & Terrell, B. 1988. Patterns of discourse cohesion and coherence in Alzheimer's disease. *Journal of Speech and Hearing Disorders*, 53: 8-15.
- Sharwood Smith, S. 1994. *Second language learning: theoretical foundations*. New York: Longman.