

'We've had a wonderful, wonderful thing': Formulaic interaction when an expert has dementia

Dementia

9(4) 517-534

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DOI: 10.1177/1471301210381677

dem.sagepub.com

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Abstract

This study describes how the participants in a singers' master class weekend collaborated with their teacher, an internationally renowned former opera singer in her mid-80s, to compensate for the difficulties in communication caused by her dementia. The workshop's success was due to the teacher's professionalism and personal dignity; the high esteem and affection in which she was held by the participants; the shared assumption that she had information to impart; her unimpaired musical abilities; the scope for singing, text recitation and gesture to convey complex ideas; and the legitimate formulaicity of the teaching activity. The nature and role of her predominantly formulaic language is examined from the perspective of its function in the very specific context of her teaching, with reference to features from Orange's (2001) strategy framework for communicating successfully with people with dementia.

Keywords

communication, dignity, formulaic language, music, singing

Introduction

In a society where people with dementia are often treated without dignity and respect (Alzheimer's Society, 2008; Department of Health, 2008), it is salutary to remember that many have had active working lives as experts in their field, and have outstanding professional credentials. The effects of the disease whittle away at their sense of worth and identity and also, all too easily, at their credibility in the eyes of others, until no more than passive compliance is expected (e.g. Sabat, 2001, p. 25). However, where a person with dementia is still active at the top in their professional sphere, not only can they be empowered by their expert role, but also others interacting with them may, by expecting more, create the opportunity for more to be given.

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This is a study of one person in that position,¹ a former international opera star, whom we shall call Joan (all names in the study have been changed). Like most opera singers, after her retirement from the stage, Joan became a sought-after teacher at music colleges and other advanced training schools. Indeed, international musicians who have worked freelance all their life rarely fully retire, and it is very common to find aspiring professionals under the regular tutelage of highly esteemed former stars in their 70s and 80s. A further common occupation for teachers like Joan is as guest tutor at weekend and week-long workshops or master classes, and it is an event of that kind that this study reports.

Joan's communication difficulties were easy to spot, but her role as resident expert led to their being managed in particular ways that provide the researcher, practitioner and carer with useful information relevant to other cases. In this article we shall explore two dimensions of Joan's interaction. Firstly, from the linguistic perspective, we shall look at how she used her limited linguistic resources – largely formulaic – to advantage. Formulaic language is a recognized feature of the output in many types of language disorder, and it seems to play a very important role in papering over the cracks that gradually appear, as the capacity to construct novel output deteriorates (Van Lancker, 1987; Wray, 2008b).

Secondly, we shall consider the role of the context in which the interaction took place, with reference to some of the strategies recommended by Orange (2001) for enhancing the communicative opportunities for people with dementia of the Alzheimer's type. In doing so, it will become clear just how significant the overlap is between language and context – particularly the legitimacy of formulaic output in music workshops.

One important feature of this study is that the language occurred as a natural part of another activity, rather than being elicited specially. Despite a handful of valuable case studies (e.g. Davis, 2005b; Davis & Bernstein, 2005; Grainger, 2004; Hamilton, 1994; Sabat, 2001), there is still little research into how conversational interaction is sustained by a person with dementia and his or her interlocutors: studies based on more formal testing measures predominate (Sabat, 2001, p. 26ff.). Yet a relaxed setting has been found to elicit a more accurate picture of the person's capabilities than is gained from direct tests (Bucks, Singh, Cuerden, & Wilcock, 2000; Davis, 2005a; Davis & Bernstein, 2005; Hamilton, 1994, pp. 4–5; Perkins, Whitworth, & Lesser, 1998; Snowden, 2001).

The context

The workshop

Classical singing workshops are typically aimed at competent amateurs, semi-professionals and aspiring professionals. They provide an opportunity to obtain constructive input from an outside expert: on singing technique, performance, and the pronunciation of foreign texts. A master class teacher is highly experienced and knowledgeable in all these regards, and will normally be familiar with the majority of the repertoire offered by the participants. The repertoire heard in a solo singer's master class will include art song, oratorio arias and opera arias from the 17th century to the present, in English, French, German, Italian and Latin plus, occasionally, other languages.

This workshop had fourteen participants, all but one of them female, ranging in age from late teens to mid-80s. During the weekend, each singer had four opportunities to sing and receive feedback, and performed one item in a semi-formal concert on the last afternoon. There was also a piano accompanist – a singing coach in his own right – whom we shall call

David. David had worked with Joan at this event over several years and was familiar with her style of teaching and her ideas.

Since the participants had paid to attend, there was a risk that they would feel Joan was not providing good value for money. However, this seems not to have been the case. They displayed a very positive approach to the situation, apparently founded on a shared belief that Joan *only* had a communication problem: she was perfectly able to teach, just not fully able to express her ideas. This universal acceptance in the group of Joan's legitimacy as the resident expert created a situation in which it was in everyone's interests to collaborate in narrowing the communication gap that would otherwise prevent them from learning.

Evidence of Joan's problem

Joan's behaviour was noticeably unusual. At dinner on the first evening she repeatedly stated that she had performed a particular prestigious and challenging opera role many times.² Of course, establishing her credentials in this manner was entirely unnecessary. Later, in welcoming everyone and explaining how the workshop would operate, she read from a piece of paper, rather than extemporizing. During the 18 hours of class time over the weekend, many different kinds of linguistic and non-linguistic pointer towards an informal diagnosis of dementia manifested themselves.

The author had several conversations with Joan's husband, to establish his understanding of her situation. He used the term 'dementia' and confirmed that a doctor had diagnosed it, though he denied the possibility of Alzheimer's, 'because if it was, she'd be talking to you one minute, then she'd turn to talk to someone else, and then turn back to you and not remember she'd been talking to you before'. Subsequently, the author sent examples of Joan's language to colleagues with specialist knowledge of language disorders, and they confirmed that it was consistent with early stage dementia of the Alzheimer's type. The assumption is further confirmed by the many published accounts of the typical symptoms (e.g. Macoir & Turgeon, 2006), though the linguistic symptoms of Alzheimer's and vascular dementia are very similar (Macoir & Turgeon, 2006, p. 424). Although no definitive diagnosis can be given here for Joan, it is of little real consequence, since the facts of her communication difficulties exist irrespective of their cause.

Joan's language was characterized by vagueness and repetition (1, 2).

- 1 Joan: Yes I know it's very difficult. Going forward, going forward ((she stands with her shoulders pushed very forward)) and that's right ((she stands upright; she pushes Fay's shoulders back)). That's a lovely head. Lovely isn't it. Look ((she points to the view out the window, getting Fay to look up and out)).
- 2 Joan: You see the thing is sometimes you get a bit when you do these things. *Remember me, remember me*³ ((spoken)) you open it up too much and all that sort of thing, that's where the work is done.

Although normally she spoke fluently, if with restricted meaning, occasionally she displayed dysfluency as she searched for her words (3).

- 3 Joan: Shall we (1.0) just (1.0) do (1.0) the end?

As to her grammatical abilities, most of what she said was entirely grammatical, with only three errors noted (4–6).

- 4 Joan: So that you've got that really feeling.
 5 Joan: That's very good because you've got attractive.
 6 Joan: It makes it work, you see, it makes it lovely and working.

It is, however, possible that her difficulties in assembling grammar were greater than her output indicated, because of her tendency to repeat back what others had just said, and her very high reliance on formulaic expressions – in both cases, the grammar would be pre-encoded (see later). Across many communication disorders the use of formulaic language can make it difficult to assess the extent of systemic disruption (Wray, 2002, chapters 12–13). One indication that grammatical assembly was a challenge for Joan was the way in which she introduced the items in the concert on the final afternoon (7). Here, she seemed unable to integrate the information on her list (the performer's name, the song title and the composer) into a coherent sentence of introduction.

- 7 Joan: And now Jackie. And *O Peace thou fairest child of heaven*. And Arne.

Joan's language was strongly characterized by a lack of specific content words. As already noted, this rarely led to severe dysfluency. Rather, she would select a filler (8), or circumlocute (9, 10).

- 8 Joan: ... and using this tremendous, tremendous (1.0) thing ((pointing to her diaphragm)).
 9 Joan: ((Fay sings a flat note)). Darling that's not quite up.
 10 Joan: I think a lot of words are going to bits.

Only on one occasion did she actually select an incorrect content word. In example 11, Joan begins to comment on the quality of the pronunciation, but cannot access the word 'French', selecting first 'Italian' and then quoting the first words of the song⁴ in lieu of the word.

- 11 Joan: The only thing, darling, is (2.0) Italian. ((Awkward silence. People mouth 'French' to themselves)). I'm sorry, *l'amour*.

The extent of Joan's difficulty with comprehension was not easy to gauge, but there were certainly numerous occasions where she did not respond to input in a directly relevant way (12, 13).

- 12 Muriel: When should I breathe?
 Joan: Yes, I think you should. ((David suggests a place to breathe)).
 Muriel: Should I breathe after *gleams* or *glooms*?
 Joan: Yes, that's right.
 13 Joan: Yes, that's not bad really ((sung on the same pitch as the last note of the song))
 Beryl: What did you sing to me?
 Joan: What dear? Yes, I know.

When Fay asked, from the audience, if she might make an observation about the song that another participant had just performed, Joan walked up to her and stood extremely close to her as she spoke. When Fay had made her comment, Joan said 'yes, that's right' and then remade the point she had made just before the interruption, which essentially contradicted Fay's statement.

Some of the things that Joan said were rather odd in content, given the context. In three rather similar examples (14–16), she made reference to the author of the words of a song, the composer of a song, and a performer respectively.

14 Joan: John Betjeman is very good.

15 Joan: Finzi is very good, very good indeed. He's got everything.

16 David: Paul Hamburger⁵ said Mozart set it⁶ that day because his pet canary died.

Joan: Paul Hamburger, yes he was very good. He taught me a lot. Paul Hamburger. He did a recital once.

Non-linguistic evidence of Joan's problem was subtle – which reminds us of the very major role that language behaviour tends to play in diagnosis. One event was striking. In practice or performance, it is common for anyone standing close to the piano to turn the page for the accompanist, particularly if the music is fast and complex. However, when Joan did so, it seems to have been a reflex rather than a result of reading the music, for David, waiting till she had turned away and would not see, quickly turned it back again.

In just one or two instances, Joan's behaviour was potentially offensive to the addressee. Example 17 occurred when Caroline sang the A and B sections of an ABA⁷ aria by Handel, and paused to allow David to turn back the pages. Joan stood up during this hiatus and walked towards Caroline, as if to begin her comments. Since Handel arias are long, it is not uncommon for a teacher to interrupt the initial sing through at this point. Joan, however, appeared to believe that Caroline thought the piece was finished. No competent musician would be unaware of the *da capo al fine* instruction in an ABA piece, so her implication was difficult for Caroline to construe as other than insulting.

17 Joan: You've got to start at the beginning.

Caroline: For the first or second time? ((She is not sure if she is to continue her sing through or if they are starting to work on the piece from the start.))

Joan: Yes, you see, look here, you see, *da capo*. It's important to start at the beginning and go through. Make sure you do it right.

On another occasion, Joan asked a singer to do a second piece, something more appropriate to a private lesson than a master class in which other singers are waiting for their turn. David gently suggested that she might listen to a different singer instead. (For more on David's handling of Joan's difficulties, see later discussion).

How Joan's difficulties were perceived by others

One individual, Chris, appeared entirely oblivious of Joan's problem, commenting that she was 'very helpful, very good, very soothing and encouraging'. Of those who had attended workshops with Joan before, one estimated that the problems had appeared progressively over three or four years. Three others, Muriel, Beryl and Mary, all women over 60, talked down the extent of her difficulties. Mary said 'She's more forgetful than before,' and Beryl, 'Sometimes she starts a sentence and can't finish it'. As to the cause, it was 'Age, I suppose'. Muriel could not really say how Joan had changed over the years.

In contrast, the younger participants, most of whom had not met Joan before, were certain that she had a rather specific problem. One said 'It's difficult to know what she

wants.’ Yet they saw Joan as making a difference to their singing. One said that when Joan told her to put ‘tongue to teeth’ (an instruction aimed at keeping the tongue flat on phonetically high vowels like [i] and [e], ‘it clicked’ (i.e. the message got through).

Having provided the context of this study in some detail, we turn now to a consideration of how communication works in dementia, focusing first on the roles of formulaic language (section 3) and then on how Joan’s interaction matched the patterns of social interaction recommended for the support of people with dementia (section 4).

Formulaic language in dementia

What happens to language in dementia

In Alzheimer’s and other dementias with similar linguistic symptoms (see Hamilton, 1994, pp. 11–29, for one overview), the capacity to produce novel language output gradually disintegrates. Besides encroaching difficulties with grammar, common features include problems making exact reference to items, as words are difficult to find and are replaced by pronouns or circumlocutions (Davis & Bernstein, 2005, pp. 64–65). There is a tendency to repeat things and to use semantically empty filler phrases. In these circumstances, easily retrieved, familiar expressions take on a major role in carrying meaning that is otherwise difficult to convey. Many such expressions, particularly in the early stages of dementia, are likely to be ones that the individual already had in her pre-onset repertoire.

Thus, formulaic language becomes prominent in dementia for the same reasons that it does in other language disorders – it is easier to process (see Van Lancker, 1987, for instance, for a historical survey of clinical evidence for formulaic language in aphasia; see Wray, 2008b for an overview of formulaic language across clinical conditions). Wray (2008a) sees formulaic expressions as ‘morpheme equivalent units’ – they are stored in the lexicon as single units and thus are easily retrieved and produced with their internal grammatical and lexical material intact. They tend to have a functional or pragmatic aspect to their meaning, which makes them easier to understand too, as long as they are used in context.

Formulaicity in Joan’s speech

The research literature tends to characterize formulaic language in terms of phatic function – Orange (2001), for instance speaks of ‘stereotyped social greetings and phrases . . . [used] to participate in and maintain conversations’ (Orange, 2001, p. 226). However, Joan’s formulaic language in her working context was not intended for this kind of interaction, and had a different function, appropriate for teaching: ‘So you’ve got that lovely feeling’; ‘Yes, that’s right darling’; ‘(That’s) lovely’; ‘and everything like that’; ‘It’s that feeling of ___’; ‘It’s most important really’; ‘That’s (very) good (really)’; ‘because it makes such a lot of difference’; ‘Tip of the tongue to teeth’; ‘hello, hello’; ‘whoopsadaisy’. These expressions could be combined, e.g. ‘So you’ve got that lovely feeling, hello, hello’. The expression ‘hello, hello’ was used to demonstrate the sound made when producing the voice in a particular, desired way. Any teacher might use a semantically bleached expression for that purpose, though Joan used this one rather often. ‘Whoopsadaisy’ was also used for demonstrating voice production, and was always uttered while pushing her hands into her diaphragm, to indicate the muscle contraction associated with breath control.

Joan's use of fillers in place of content words was probably the single thing that made her most difficult to understand. Both single word and multiword (formulaic) fillers were used, as were circumlocutions, e.g. 'So that you do that, darling'; 'It makes it go on like that all the time'; 'It's that kind of feeling, you know, of doing it'; 'You've got to hold that [!:]⁸ that one at the end' (she meant 'note'); 'So you've got to do there, darling' (in response to a bad high note); 'Don't feel you've got to be rushing on and everything like that'; 'It's most important that you don't use your throat and all that sort of thing'; 'You've got to watch the high note that's got the feel of it, this business'. In most cases there was sufficient approximation to meaning to allow the interaction to proceed, but occasionally Joan's utterances did not convey enough (18).

- 18 Joan: Almost in fact I think sometimes ((she is trying to explain what to do about a high note that is tight and flat)).

At times her expressions seemed to be a formulaic equivalent of a semantic error – broadly similar in meaning, but not quite appropriate. In example 19, although she has selected an affirmative expression, it is not the one we would expect. In 20, 'Sometimes I think' is an opener, but does not match the context of a specific episode.

- 19 Joan: Sometimes you're a bit dithery.
 Beryl: Do you mean I'm behind the beat?
 Joan: Oh yes I know.
- 20 Joan: Sometimes I think the start is lovely, it's really lovely.

However, other expressions seemed devoid of semantic relevance. She would often say 'Well done darling' in association with a mild criticism or instruction, before any attempt had been made to improve the performance. In example 21, David is addressing the singer, yet Joan replies as if he were addressing her. In 22, Joan appears to reply to herself.

- 21 David: Do you want to do it one more time?
 Joan: Oh yes, I want to do it one more time darling.
- 22 Joan: It's *sehr ruhig* you know, yes I know

Simple repetitions are also classifiable as formulaic (Wray, 2002, 2008b). In 23, Joan has been making a comment about the music, but rather vaguely. She is looking at David's copy, so he knows where she is in the score, but the singer, standing separately, does not.

- 23 David: We're on page 3 ((addressed to the singer))
 Joan: We're on page 3.

Two other features should be mentioned here: quotation and gesture. Neither would necessarily be classified as formulaic by all researchers, though both do fall within the definitions given by Wray (2002; 2008a; Wray & Namba, 2003), since they perform the same social and semantic functions as the more 'standard' type of formulaic language. In Wray's view, quotations are formulaic because they constitute prefabricated material – whether memorized or imitated – that is retrieved holistically for a particular purpose. Most singing teachers will liberally quote from the song in order to refer to the relevant passage, and this was one of the ways in which Joan used it too (24).

24 Joan: You know *into thy bosom* darling, when you do it, don't it too quick.

Also in keeping with other teachers, she quoted extracts for the purposes of demonstration (25, 26).

25 Joan: Yes darling you've got *child* you see. So you don't do *child of*. You keep it level, so you've got [tʃa:::ild əv]⁹

26 Joan: You've got to have this feeling of going down, down, down, down, down, but you've got to do it this way, darling, yes, *ah renow:::ned be::: thy::: grave*.

Meanwhile, gesture played a very major role in Joan's management of her teaching. Again, in doing so she was not really at odds with standard practice in teaching. Singing is a physical activity dependent on the use of many muscles that are difficult to control directly. As a result, singing teachers use a great deal of gesture to back up figurative speech (e.g. singing in the 'mask', 'supporting' the breath, 'covering' the vowels), imagery (e.g. posture is described in terms of a puppet with a string coming out the top of his head; singers are often told to breathe through body orifices not connected to the lungs), and physical movement, both remote from the singer's body and through the teacher's direct contact with it.

While a participant was singing Joan would often make gestures relating to sustaining the line, as well as beating time, and in speech she combined gesture and imagery much as any teacher would (27).

27 Joan: ((She sings a demonstration of a rounded high note, using a gesture of spherical hands.)) Like that, so it's right over the top like that.

Rather than try to explain a posture, she would demonstrate it (28, 29); she did the same thing to convey musical information (30).

28 Joan: Sometimes (2.0) ((she pushes Polly's shoulders back)) that's right.

29 Joan: Open this ((she touches her own chin)).

30 ((Rachel has not quite got the rhythm right. She apologises.))

David: You've got to remember the minum beat.

Joan: You've got to do it like that so it's always going forward ((she starts to beat minums)).

She would also use a gesture in lieu of a word (31–33).

31 Joan: You see that one ((pointing at a note)) really lovely, and important.

32 Joan: The voice doesn't always do that ((she makes the shape of a sphere with her hands)).

33 Joan: I'm afraid you're doing all the things a little bit too much like that. ((She walks around the room working her hands like a bird's beak. She means that the fast runs are over-articulated.))

The social role of formulaic communication in dementia

Formulaic expressions can ensure that some of the most important functions of communication remain fulfilled, particularly the range of effects associated with taking

one's turn and participating in interaction in a socially appropriate way. As a result, they can substantially occlude the extent of a person's communicative difficulty, since, for as long as they remain somewhat plausible, it is not possible to tell how deliberately they were meant (Brewer, 2005, pp. 91–92). The effective use of formulaic language may substantially cushion impact of the developing condition, enabling both people with dementia and their carers to adjust to the changes in cognitive function without the loss of all semblance of social normality. Formulaic language is anchored in the familiar, echoing the turns of phrase that the individual has used for many years, and thus reducing the sense of alienation that dementia can induce (Norberg, 2001). In short, perceiving formulaic language as part of the solution to impaired communicative capability rather than part of the problem is very important not only for understanding how it is used, but also for interpreting the intended meaning of what may superficially appear meaningless.

Formulaicity also often figures in the language of carers, and can help or hinder interaction (Wray, 2008a, chapter 22). Carers have their own communicative agendas, and may become accustomed to certain ways of talking that are in one or more ways ineffective or debilitating for the person with dementia. Sabat, Napolitano & Fath (2004) show how carers can 'innocently treat people with [Alzheimer's Disease] in depersonalizing ways that diminish their feelings of self-worth' (p.178) and it is easy to see how formulaic expressions used repeatedly by a carer to characterize the nature of the person's difficulties and rationalize their style of care could create a perceptual rut based on a deficit model. We shall see in the next sections how, during the workshop, this kind of 'malignant positioning' described by Sabat et al. (2004) was largely avoided.

Making communication work

Many people with dementia, especially those in care homes or hospitals, experience only very limited communication. According to a survey for the Alzheimer's Society:

... the typical person in a home spent only two minutes interacting with staff or other residents over a six hour period of observation, excluding time spent on care tasks. (Alzheimer's Society, 2007, p. v; see also Grainger, 2004).

In his review of communication between people with Alzheimer's disease and their carers, Orange (2001) makes a large number of recommendations for enhancing the effectiveness of both parties' experience. In what follows, a selection of these recommendations will be used as the basis for commenting on what happened at Joan's workshop. The selection reflects the fact that Orange's coverage is broader, and only some of his comments have relevance to the present situation. It will be seen that in many cases the natural circumstances of the workshop event created an environment consistent with Orange's desiderata, supporting his proposal of their efficacy. Meanwhile, in a few instances, Joan's circumstances were not optimal from Orange's point of view, inviting consideration of whether the recommendation should therefore be treated with caution, whether she succeeded *despite* this adverse condition, or whether some other reason for the non-alignment is more plausible. In all of this it is important to bear in mind several issues. Firstly, Orange is aiming to capture general principles relevant to people whose social role and operational environment is less empowering than Joan's was. Secondly, Joan's symptoms lie at the mild end of the continuum to which Orange's recommendations apply. Thirdly, workshop teaching is a rather unusual activity for a person with dementia to engage in. Thus, Joan

is not representative of the typical person with dementia. However, it is this difference from the norm that provides us with the opportunity to examine from a new perspective the role of various social and interactional factors pertinent to Orange's interests.

The role of music: A cognitive trigger and an additional sensory stimulus

Under the subheading 'cognition', Orange notes the importance of triggering memories, so as to assist the person to 'recall personally relevant information' and 'start and extend communication' (Orange, 2001, p.239). His recommendation entails the introduction of topics (e.g. 'Tell me about the time [when] . . .'). However, Joan had a different kind of trigger, both to personal memories (example 16, earlier) and to a more general anchoring of her identity and professional status: the music. She had a wide knowledge of repertoire and of how it should be performed. This long term knowledge was easily triggered by the presentation of the piece, leaving her in a strong position to enact the expected role of teacher. Where singers introduced pieces she did not know, she seemed to have less capacity to make comments, which adds weight to the suggestion that she was reliant on old knowledge. In his coverage of sensory stimulation, Orange specifically identifies familiar music as a means of facilitating interaction (Orange, 2001, p. 241). For Joan, music was particularly valuable in carrying with it complex emotional and intellectual engagement and a vast and deep professional knowledge, and these provided the anchor for her teaching.

Teaching as conversation, and harnessing conversation for meaning making

'[A] supportive, interested interlocutor can facilitate conversation with Alzheimer's sufferers and . . . such facilitation can yield profoundly meaningful information as well as other positive effects for the healthy and the afflicted alike' (Sabat, 2001, p. 92). Goodwin (2003) reports how one man with aphasia successfully communicated even complex stories using gesture and intonation, despite only being able to produce three words (*yes, no, and*), because he had supportive interlocutors willing to co-construct meaning (for other examples see Marshall, 2002). Moore & Davis (2002) introduce a specific technique, quilting, that carers can use to develop narrative in people with dementia, by feeding back to them information that they have previously imparted. Orange recommends, for conversation, 'Focus on information exchange rather than the person's accurate use of words' (p.239).

Joan's spoken conversational ability was unquestionably limited, but during the workshop classes the 'conversation' was of a different type, and one that she could more easily cope with. As is typical, the sequence of the 'conversation' in this music workshop was very turn-based. It began with the presentation of a song by the participant. Joan then stood up and made some comments. The participant next attempted to make changes in short extracts, receiving back more comments. This exchange reiterated as the substantive middle phase of the conversation, until the allotted time was nearly up. The final exchange was a full sing through by the participant, after which Joan would make a congratulatory comment that signalled the end of the 'conversation', at which point the observers would clap. The participant would sit down and the next would come to the front. This ritualized exchange is well-understood by those who undertake such workshops, though with some teachers the turns are more complex and overlapping (e.g. making comments or physically moving the musician as he/she sings/plays).

Interruptions are acceptable, but not during the initial or final sing through (it was on account of Joan's breaking of this rule that Caroline was wrong-footed in example 17).

But a notable difference from normal conversation was the imbalance of novel information in the exchange. The singers gave very little that was novel, other than in the sense that their particular performance encoded new information about their singing capabilities. In contrast, the entire purpose of Joan's role was to provide bespoke comments on that particular performance. Thus, in contrast to the situation for most people with dementia, who find themselves on the receiving end of novel input and respond in a formulaic way that does not, or need not, contain much novel content, here the onus was on the person with dementia to carry the burden of new input.

She achieved it by capitalizing on information exchange. She used the conversational structure to create opportunities to make meaning collaboratively with others (34–37). As Alex put it, 'I realised when I sang my song that it was up to me to work out what she wanted to tell me because she couldn't say it herself.'

- 34 Joan: Words not in all that.
 Alex: Not enough words?
 Joan: That's right.
- 35 Joan: You know you've got two of those things, you know, there.
 Muriel: Two minums?
 Joan: That's right darling.
- 36 Joan: A little more of the... ((points to her own teeth))
 Emma: Teeth.
 Joan: Teeth, a little more of the teeth if you can do that all the time.
- 37 Joan: Do that thing.
 Muriel: Do what thing? ((laughs))
 Joan: ((Joan demonstrates by singing)) You've got to do that, darling.
 Muriel: Here? Shall I hold it more?
 Joan: That's right, you've got to do it more. And *Trä:::nen* ((sung)) and put the 'N' on the end.

It is significant that Joan never contested the completions she was offered. Although the participants may often have been able to make an accurate guess about what she had meant, it seems unlikely that they would always have got it right. In at least one case, her agreement was only superficial. In (38) Joan accepts Chris's suggestion but quickly moves to another point – probably the one she intended all along.

- 38 Joan: I didn't like slightly the end.
 Chris: I should slow it down.
 Joan: Yeah, yeah. The thing is it goes slightly under the note, it goes ((she continues)).

Joan often repeated part of what the previous person had said (39–40). Although one might dispute whether the repetition was a true reiteration or was empty, it played the role of giving her the final turn, which reinforced her authority.

- 39 ((Melanie sings the wrong words for the second time.))
 Melanie: Oh, I've done the same again.
 Joan: Yes, the same again, same again.

- 40 David: It's such a good piece
 Joan: Yes it's such a good piece. ((Turns to singer.)) It's really such a good piece.

On the final day of the workshop, a new feature – less consistent with the generally legitimate exchanges thus far – appeared in Joan's conversational behaviour. She would ask a question but not wait for an answer (41, 42).

- 41 Joan: How do you feel? Up to those lovely top notes and everything like that. How do you want them to work? So they ... ((she continues)).
 42 Joan: Now darling, how are you doing? Not too bad. French alright. Then when you get to the top notes, so you do more of that, doing it all the time.

The loss of turn-taking is associated with advanced stage symptoms (Hamilton, 1994, p. 20), but Perkins et al. (1998) suggest that even there it arises because it is difficult to construct output in time, rather than because the principle has been abandoned. Taking this into account, Joan's behaviour here may be better interpreted as the result of choosing inappropriate turn-initial formulaic expressions. That is, Joan, as the first person to speak after the initial presentation of the song, needed an opening remark – more customarily she selected 'That's lovely, darling'. If, erroneously, she chose 'How do you feel?' and 'How are you doing?' – essentially just carriers of the function of opening, and not salutations or enquiries after well-being – then she would naturally not wait for a response before continuing.

Professionalism, and the accompanist as accomplice

As mentioned earlier, the fact that participants had paid to attend the workshop placed responsibility onto Joan to do as good a job as she could, but inevitably it also left David, the accompanist, aware of the potential need to make good any shortfall. We will consider first how Joan handled the responsibility, and then how David subtly negotiated a teaching role for himself to compensate for the limitations in what Joan could offer.

Joan was dressed smartly, in a different outfit each day. She acted with the confidence of someone who not only knew what she was doing, but believed it was entirely legitimate for her to be doing it. Despite Orange's (2001) warning that carers should 'beware that fatigue may make communication more difficult and less rewarding' (Orange, 2001, p. 242), Joan showed no evidence of tiredness at any point. She never yawned or looked bored, but rather was always on task, focused, concentrating and entirely engaged with the music and her role as teacher. A true, dignified professional, she had, no doubt, less to give than in previous years, but she gave every bit of what she had.

David was her ally. They had worked together many times before, though they had not seen each other for a year, so he had adjustments to make as he began to get the measure of the situation. Over the weekend his behaviour epitomized Orange's (2001) recommendation to 'promote the person as an active participant rather than a passive recipient during communication' (Orange, 2001, p. 242), and he never contributed input in a manner that diminished her status. His first tactic was to act as if his suggestion was a minor afterthought ('by the way', 43), even though in fact it was the first substantive one that had been made to the singer.

43 David: Be careful getting off *edge* by the way.

Another tactic was to slip in a clarification or reiteration of Joan's previous, unclear statement (44). A third was to attribute to Joan the idea that he was himself making (46, 47).

44 Joan: What you've got to do darling is make a difference between each of the... ((She means verses. She makes a gesture of placing one verse next to another.))
((10 seconds of intervening talk))

David: You could make more difference between the verses.

Joan: Yes, that's it, you could make more difference between the verses.

45 David: If you do what Joan said on *Himmel*, then... ((he continues)).

46 David: You know when Joan was standing there with you, you were feeding the breath more, because she was making you.

Joan: Yes I was.

Increasingly Joan worked with David more directly, inviting him to complete her point (47), agreeing with him as he made a point of his own (48), and directly asking him temporarily to take over as tutor (49). However, even here she did not relinquish her own role, remaining fully engaged and augmenting his suggestions in whichever way she could (50).

47 Joan: ((Joan plays a B several times on the piano.)) Are you, you know?

David: Yes, she went up to the B.

Joan: Yes, that's right.

48 David: On *erreicht* on the second page [

Joan: [That's right, on the second page [

David: [if you breathe there before [the bar then... ((he continues to make his point))

Joan: [yes exactly

49 Joan: ((To the singer:)) Don't forget that's a little short. ((To David:)) What do you say, darling? ((David makes some suggestions.)) Yes, that's right.

50 David: When the words go forward, don't be afraid to ((he continues. While he speaks, Joan makes a rail track gesture with her hands and says 'forward, forward'.))

A friendly hostile environment

Orange (2001) points out the 'importance of structuring physical and psychosocial environments to support communication' (Orange, 2001: p. 241) by providing 'private and quiet locations' (p. 242) and 'limit[ing] conversations to a small number of familiar people' (ibid). The workshop location was certainly private and quiet in one sense, but it was nevertheless a kind of public space, and thus potentially hostile. However, such spaces were Joan's familiar working environment. As to the question of 'a small number of familiar people', the group was fairly large (14 participants plus some observers) and not all were previously known to her. However, the situation was familiar – a great deal of her life had been spent performing to strangers – and the group size did not lead to multiway talk, other

than at meal times. In the classes, there were well defined roles, and those not being taught only participated in the 'conversation' as active listeners and applauders.

Roles and responsibilities

Orange (2001) views communication as 'a fundamental aspect of being human' for 'it shapes personal identity (i.e. personality) and establishes self-worth and dignity' (p. 243). Thus he advocates that carers 'adopt a style that is respectful and signals caring' and 'provide unconditional positive regard; see the person as having unconditional self-worth' (ibid). Sustaining self-worth seems very tied into having a valued role. Sabat (2001, p. 127ff) recounts how one of his research subjects gave herself the job of cheering up other people at the day centre she attended, gaining huge positive benefits from the appreciation of both other patients and the staff. Elsewhere (p.147) he describes an incident in which a person displayed fewer symptoms when she took the dominant role during a walk in the woods.

The account in this article is clear evidence that Joan sustained a strong sense of personal dignity, and that she was treated with respect and affection. However, this was not the result of particular effort on the part of those around her. Rather, the social legitimacy of her role, earned through the many decades of her career as a performer and teacher, placed her in a position of high respect. Their task was a simpler one – to support her in maintaining her credibility in that position. In great measure it was her own professionalism that made this possible. Those around her needed only to respond in a cooperative and forgiving way, for the joint endeavour to be successful as a teaching, learning and social event.

Did the participants, nevertheless, lose out as a result of her impairments? Almost certainly they did, for they received very little of the incisive comment that teachers of Joan's calibre would normally provide. Did it matter? Arguably not quite as much as one might imagine. From the perspective of the amateur musician – perhaps the singer particularly – participating in a workshop of this kind is potentially face-threatening. Feeling one has performed badly, or been found inadequate by the teacher or other participants can be a major challenge to one's sense of self-worth. Not receiving detailed criticism could, therefore, be an affirming experience, in the context of being listened to and appreciated by the assembled group. However, it was far from a question only of the absence of negative comments, for it is an integral part of the responsibility of the teacher of a workshop to leave everyone feeling good about themselves. It was a responsibility that Joan discharged very effectively. Her constant smile and her repeated use of compliments such as 'That's lovely' may have been formulaic, but they played a very important role in supporting those who, in their turn, were supporting her. Joan was, in short, empowered and sustained by having a role that was not only authoritative but also entailed looking after the well-being of others.

Conclusion

'[T]here can be striking differences in the behavior of persons with [Alzheimer's Disease] depending on the ways in which they are treated and the opportunities that are made available to them to manifest remaining intact abilities' (Sabat, 2001, p. 116). This account has demonstrated how Joan's own efforts, those of the people around her, and the activity in which they were engaged, combined to maintain Joan's role as an authoritative contributor despite her limited ability to communicate. She avoided the

effects of negative construal by others that so often undermine a person's sense of well-being (Sabat, 2001, pp. 92–93, 97ff; Sabat et al., 2004).

In many regards, her situation was unlike that experienced by most people with dementia, and more like that of a musician from another country. Having different spoken languages is rarely a total barrier to music making or teaching. The music itself, along with gesture, imitation, demonstration, and collaborative meaning-making are used – as they were for Joan – to patch over the shortcomings in linguistic capacity. Joan had in her repertoire the same kind of formulaic material that many an international performer or teacher will acquire: a single, effective way to express each of the most common ideas needed in the working situation. One may learn much from a teacher with whom one shares no common language, even though one could not have even a basic conversation with them on a non-musical subject.

In a very detailed study of five young Spanish speakers growing up in California, Wong Fillmore (1976; 1979) revealed how the youngest child, Nora, used her outgoing personality to create a situation in which improving her inadequate English was a joint challenge undertaken by her and her English-speaking friends in order to facilitate better mutual communication. This was possible because Nora projected a strong sense of identity and self-worth, and was someone that others wanted to be friends with. Joan did not need to earn her status in that manner – she arrived with it – but the fact that she could not fully communicate seems to have been received in a similarly positive way.

However, in contrast to working with a child, when one puts time and effort into making meaning with a person with dementia, there is little prospect of a long term return on the investment. Norberg (2001), commenting on the difference between how carers deal with people with dementia and with infants who have comparable needs and communicative limitations, notes that there is a sad inevitability to the progress of a degenerative disease of old age, which can all too easily lead to the taking of shortcuts. Those who interact with a person with dementia have their own needs, and face-saving strategies and situation management will play their role in the way that a person with a communication difficulty is engaged with. However, the discourse of interaction is co-constructed. Coupland, Coupland, Giles & Henwood (1988), examining intergenerational communication, illustrate how the same interlocutor was drawn into different types of discourse when talking to two older people, because of their strikingly different strategies for self-presentation.

What we learn from Joan's case is that a person with well-established symptoms of dementia can manage communication effectively, if the circumstances are appropriately supportive. Rather than self-handicapping¹⁰ (Berglas & Jones, 1978; Kolditz & Arkin, 1982) by talking down her own anticipated or actual performance capabilities, she presented herself in a manner that invited the type of accommodation most likely to maintain her dignity and deliver the product she was being paid for. Marshall (2002) observes that people with aphasia 'can be competent communicators if given the opportunity to reveal competence' (p.146). Joan demonstrates not only that this applies also to those with dementia, but that the person with the communication challenges is a major agent in determining how much opportunity he or she is given.

Joan had a role and a responsibility, many years of experience to draw on, a repertoire of relevant formulaic expressions, words and music that she could quote to convey meaning, a legitimate use for gesture, a supportive colleague (David) and 14 individuals who had a financial as well as a humane interest in collaborating with her to create meaning. The context was one of focused work within a pre-agreed structure, with clear roles and

relationships, and all couched in the physical, intellectual and emotional pleasures of music making. Her situation met all three of the criteria identified by Hamilton (1994, pp. 3–4) as central to eliciting natural language from a person with dementia: Joan spoke with authority from a position of power, the situation was not artificially formal, and the task in hand was not language-focused.

As we have seen, participants did have adjustments to make, and, with no formal explanation of the situation, their choices were determined by their own previous knowledge of Joan's problems, their more general experience (at least one participant had a parent with dementia), and their overall awareness of the dynamics of the unfolding communication. We saw earlier that Chris appeared entirely oblivious to Joan's difficulties, something consistent with a more general self-absorption during the weekend. Muriel and Beryl, though aware of the problem, seemed to ignore it, asking Joan direct questions (examples 12, 13, 37) and, on one occasion, causing some unease in the group by cornering Joan with a direct request (51).

- 51 ((David asks Muriel to tell the story of how the song came to be written.))
 Muriel: ((to Joan)) You tell it, you know it.
 David: No, you tell it, you told it to me ((he is responding as if Muriel had addressed him)).
 Muriel: ((to Joan)) Oh, you tell it, please.
 Joan: Oh no, I don't...
 Muriel: Oh please you tell it.
 Joan: Oh no, I... ((Muriel proceeds to tell the story.))

Alex and Emma's strategy was to supply the missing content words (34, 36), and David's was to restate what Joan had just said (e.g. 44). But sometimes participants' responses to Joan's communication problems were more passive and less edifying (52).

- 52 Joan: No, you did that at the end. Don't do that. ((It's not clear what she is referring to.))
 Fay: OK

In the context of this range of responses, it is all the more significant that, although Joan was no doubt stereotyped by most if not all of the participants as a person in whom age had induced troublesome communicative patterns (Coupland et al., 1988), she chose not to project herself in that way. The result was that she gave the participants the best possible opportunity to construe her primarily as the professional she needed to be – an expert teacher – and not as a person with dementia.

Notes

1. Another is the author Iris Murdoch, whose pre- and post-diagnosis writing has been analysed by Garrard, Maloney, Hodges & Patterson (2005).
2. The role is not named here, since it would make Joan too easy to identify.
3. Words that are not linked to their semantics, but rather used to illustrate a process or are quoted or cited, are transcribed here in italics. *Remember me, remember me* is a quote from Dido's aria *When I am laid in earth* from Purcell's *Dido and Aeneas*.
4. *L'amour est un oiseau rebelle*, from Bizet's *Carmen*.
5. Paul Hamburger (1920–2004) was a well known professional piano accompanist and singing coach.
6. The song *Abendempfindung*.

7. The first section (A) is followed by a second section (B) that is at a contrasting pace, before the A section is repeated with ornamentation. The notation of such music lays out the A section, then the B, with an instruction to go back to the start (*da capo*) and proceed to the end of A, where the finish (*fine*) is marked. Thus, it is necessary for the accompanist and singer to leaf back several pages.
8. Symbols in square brackets are phonetic.
9. Words are 'child of'
10. Self-handicapping is 'any action or choice of performance setting that enhances the opportunity to externalize (or excuse) failure and to internalize (reasonably accept credit for) success' (Berglas & Jones, 1978, p. 406).

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