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## Journal of Pragmatics

journal homepage: [www.elsevier.com/locate/pragma](http://www.elsevier.com/locate/pragma)

## Represented speech in dementia discourse

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## ARTICLE INFO

## Article history:

Received 16 October 2017

Received in revised form 17 March 2018

Accepted 23 March 2018

*When we select words in the process of constructing an utterance, we by no means always take them from the system of language in their neutral, dictionary form. We usually take them from other utterances, and mainly from utterances that are kindred to ours in genre, that is, in theme, composition, or style. (Bakhtin 1986: 87)*

## 1. Introduction

In order to make a narrative more interesting, narrators often represent what the protagonists say in direct speech. There is a long tradition of analyzing direct speech in narrative in both linguistics and literary analysis, but it has only recently been studied in the discourse of people with cognitive impairments, predominantly aphasia (Cummings, 2016). We examine represented speech, also called reported speech or constructed dialogue, in eighty conversations with five white American women in their mid- to late eighties, as they are moving from mild to early moderate dementia. Our primary aim is to investigate how these women present autobiographical facets of their repertoires of identities through conversational interaction embellished with represented speech in narratives. We deduce their autobiographical details as we examine how they construct biographical fragments for other people who have been important in their lives. Such narratives appear to be shared to expand initial categorization, create common ground, establish relationships, handle impression management, and perhaps even maintain positive face.

Our empirical data on the uses and functions of represented speech in early moderate dementia discourse is intended to contribute to ‘interactionally oriented’ (de Fina and Johnstone 2015:157) discussions of social identities and their self-presentation in the often-formulaic, often multiply-told narratives as the condition progresses. This can give us another window on the potential retention of pragmatic skills associated with being able to interact with others (Arundale, 2015) as well as on language change over time.

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We begin by briefly discussing the nature of represented speech. Represented speech often occurs at the high point of an oral narrative because it makes the presentation more vivid and dramatic (Li, 1986:40). It often makes a story in which it is embedded more believable as well as more tellable (Ochs and Capps, 2001). As dementia increases, conversation becomes increasingly difficult. The use of represented speech may help the person with dementia to attract and keep the attention of the person they are talking with. Ms Tatter, for example, vividly represents what she and her mother said when she describes being frightened by a frog, in extract i)

- i) I ran in the house crying and I said “that thing just jumped right at me mama.” And he said, she said, “Uh, now what did it look like?” And, and I said “I, I can't tell you. It was a thing.”

However, sociolinguists Tannen (1986, 1989) and Schiffrin (2002) indicate that such speech cannot be an accurate indication of what was originally spoken. Tannen (1986: 314) comments that “even when dialogue could conceivably have been spoken by the person to whom it is attributed (and the narrator was in a position to hear) our understanding of the powers of memory indicate that it probably wasn't.” She adds (1989:101) that “the words have ceased to be those of the speaker to whom they are attributed, having been appropriated by the speaker who is repeating them”. In representing what someone has said previously, the speaker concomitantly presents something about that person and also something about herself or himself.

Tannen states that rather than being a verbatim report, ‘reported speech’ is actually ‘constructed dialogue’ (1989:110), dialogue which can be constructed for multiple reasons and fulfill multiple functions. In a closely argued study of a Holocaust survivor, Schiffrin asserts that the constructed dialogues by the major speaker serve as “indicators of how [she] views the people of whom she is speaking and the actions that they take, and also of her own place within a relationship, and hence, of her self” (2002:316).

Both of the terms ‘reported speech’ and ‘constructed dialogue’ exist in the linguistics literature, with ‘constructed dialogue’ typically being used in sociolinguistics and ‘reported’, or ‘represented speech’ used in conversation analysis and clinical linguistics. Kindell et al. (2017: 394) describe how difficult it was to find articles that analyzed the conversational speech of people with dementia by using conventional terminology in search engines. Rather than using the probably more accurate term, ‘constructed dialogue’, or the clinical term, ‘reported speech’, we use ‘represented speech’ (RS) as a cover term.

## 2. Research context

A focus on represented speech, stimulated in part by the emphasis on formulaic oral poetry, began to emerge in the mid-twentieth century with work such as Goffman's dramaturgical approach (1956; 1963; 1981) to face and footing, and Sacks' 1960s lectures on conversation (see Sacks, 1995). Though drawing heavily on linguistic concepts beginning with Jespersen (1924:290) and supplemented by Todorov and Benveniste among others (see Banfield, 1973; Fludernik, 2013), and often focused on the notion of voice, literary analysts – particularly in the second half of the twentieth century – emphasize point of view in narration, especially narratives in first (“I”) and third person (“he, she”) voices as opposed to stream of consciousness. Initially, it seems simple enough to represent the speech of oneself or another, but the subtle shades of meaning in how one reports or represents thoughts, perceptions and speech quickly become complex as that representation is always within some kind of context. Each of the following *means* something slightly different (depending, of course on how one defines *means*, but we will not enter that discussion):

- John said “Mary ate figs for breakfast” ...
- John whispered that Mary ate figs for breakfast ...
- He was all like Mary ate figs for breakfast ...
- They thought he said she ate figs.
- At breakfast ...her eating figs was noticed by more than one person passing through the dining room.

As noted earlier, clinical linguists generally use the term ‘reported speech.’ As noted by Cummings in a recent discussion (2016:316), it includes “discourse, social, interactional and referential functions”. Cummings highlights a handful of articles on reported speech in aphasia, but identifies none on its use in dementia beyond a study of semantic dementia (Kindell et al., 2013) where its use is explained as part of the compensatory strategy of “enactment,” that is, of orally and nonverbally acting out events. We emphasize that the language of persons with dementia (PWD) differs greatly from that of persons with aphasia and that analyses from the language of one group cannot necessarily be generalized to the language of the other. Aphasia is usually caused by a sudden-onset focal lesion in the brain and may partially resolve over time. Dementia, by contrast, usually has a slower onset, arises from widespread damage to the brain and is progressive, becoming worse over time (<https://www.aphasia.org/aphasia-resources/dementia/>).

According to Cummings (2016:34), reported speech has importance for diagnosis: a person using either direct (“I will...”) or indirect speech (“She said she will...”) must have a range of expressive language, semantic knowledge and syntactic skills, as well as pragmatic and discourse skills such as presupposition, anaphoric reference and deixis. Indeed

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