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Interlocutor discourse practices in response to the word finding problems of an Alzheimer's patient

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The main goal of this paper is a conversation analytic examination of the formal practices employed by naïve interlocutors in response to AD sufferers' word finding difficulties. However, the paper also moves beyond the confines of CA to a discussion of the interactional goals that might motivate the different practices. Specifically, the practices are related to potentially conflicting goals of face maintenance and conversational coherence. The range of practices employed by interlocutors were found to implement a small set of conversational actions in response to the patient's turn containing the word finding difficulty. Furthermore, it was found that the response to the word finding difficulty and the response to the turn containing the word finding difficulty constitute different levels of action. In other words, interlocutors engage simultaneously with the propositional content of the patient's turn and with the word finding difficulty. Moreover, the interaction at the propositional level takes precedence over the negotiation of the word finding difficulty. Contra Hamilton (1988), it was also found that face maintenance and conversational coherence are not competing interactive goals, since regardless of the extent to which an action is oriented to coherence, face issues still drive the actual practice used.

Work on the language abilities of Alzheimer's Disease (AD) sufferers in recent years has moved away from traditional clinical psychometric testing in favour of the analysis of naturally occurring interactions with a range of conversational partners (Sabat, 1994). An important consequence of this shift has been the discovery of the extent to which contextual factors impact on how successfully the AD sufferer communicates. In particular, it has been shown that the AD sufferers fare very differently with different interlocutors (Bolinger, 1991, Sabat, 1991 a, b, Ramanathan-Abbott, 1994). This paper uses conversation analysis (CA) to explore this idea of different interlocutor behaviours further. One of the first, and most salient features of the language of an AD sufferer is severe word finding difficulties. Yet it has also been shown that the AD patient fares considerably better in natural conversation, despite these word finding difficulties, than results in standardised test situations would predict (Sabat, 1994). This paper, therefore, focuses on how such word finding difficulties are negotiated in natural conversation. Although this research is motivated by previous claims about the impact of the unimpaired interlocutor's talk on the talk of

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the AD sufferer, such questions cannot be addressed without a detailed understanding of the interlocutors' talk and it is this that the current paper addresses. The main goal of the paper is thus a conversation analytic examination of the formal practices employed by naïve interlocutors in response to AD sufferers' word finding difficulties. However, the paper also moves beyond the confines of CA to a discussion of the interactional goals that might motivate the different practices.

Why look at interlocutor practices?

Previous research makes it clear that the interactive behaviour of their conversational partner can have either a facilitating or an inhibiting effect on the talk of the AD sufferer. Bohling (1991) uses Goffman's (1974) frame analysis to analyse caregivers' listening responses in interaction with an AD patient and shows that listener responses either enter the patient's frame or remain within their own frame. Entering, or at least partially entering, the patient's frame, Bohling argues, leads to improved communication with the AD patient, thus reducing the anxiety levels of the patient and helping to prevent some of the behavioural problems associated with AD.

Ramanathan-Abbott (1994), in a similar vein, compares two different interlocutor styles for their effectiveness in eliciting and facilitating narrative from the AD patient. The author shows that where the interlocutor encourages *recall*, active retrieval of event memories, the patient is capable of producing lengthy stretches of narrative. On the other hand, where the interlocutor attempts to provide more scaffolding for the narrative, in practice they are carrying out the recall, limiting the patient to mere *recognition* of events and reducing their ability to produce narrative. Ramanathan-Abbott (1994) also argues that extensive use of repair utterances by the recipient hinder rather than facilitate a narrative.

Sabat (1991a), on the other hand, shows how "indirect repair" by the unimpaired speaker appears to encourage extended sequences by the AD sufferer. This appears to contrast with Ramanathan-Abbott's (1994) finding for repair. However, by *indirect* repair, Sabat is referring to turns which attempt to confirm or clarify the meaning or intention of the AD speaker ("Are you saying that...", "Do you mean..."), reflecting a high degree of involvement with the AD sufferer. In contrast, Ramanathan-Abbott is referring to turns which correct, complete or expand the AD sufferer's turn, hence talking *for* the AD sufferer.

Sabat (1991b) investigates turn taking and shows how talk is facilitated by "turn giving", where the unimpaired speaker leaves pauses in the interaction to allow the AD speaker to resolve word finding difficulties and formulate utterances.

These findings about the impact of different conversational behaviours on the AD sufferer's talk are not surprising given the collaborative nature of discourse as a joint interactional achievement. Furthermore, Hamilton (1994) introduces the notion of "division of labour" in discourse to reflect the idea that whilst all interaction is collaborative, interaction with a linguistically impaired conversational partner often invol-

ves an unequal distribution of the work of interaction. One context in which this shift of the interactional load is clearly apparent is the context of a word finding problem for the AD patient. Word finding difficulties are resolved by the patient themselves in a number of different ways (described below), but they all require the unimpaired conversational partner to do extra interpretative work to determine the AD speaker's intention. Furthermore, different speakers negotiate this shift in interactional load differently. One of the factors which is argued by Hamilton (1988) to affect how the extra interpretative work is negotiated is the orientation to face or linguistic coherence.

The tension between face and coherence

Hamilton (1988) argues that responses to impaired discourse have to negotiate the tension between two competing interactional goals: the clarity of the information conveyed and the maintenance of "face". This notion of face comes from the work of Erving Goffman (1967) who claimed that when individuals interact with each other, they act out a 'line', a pattern of verbal and nonverbal behaviours by which they express their view of the situation and through this, their evaluation of the participants, including themselves. If the individual does not live up to their own, or other's, expectations of how they should execute their line, they may experience feelings of inadequacy, embarrassment or shame. These feelings may be equated with 'losing face'. Thus, displays of loss of competence by an impaired conversational partner potentially lead to loss of face. Further, if a participant in an interaction does something that may lead to the other losing face, their behaviour may be said to be face threatening. For example, attempting to resolve communicative breakdown with an impaired conversational partner, by drawing attention to the loss of competence, may be face threatening. Facework refers to the linguistic practices employed by speakers to maintain their own face and the face of their interlocutor. Hamilton (1988) suggests that the maintenance of face reverses the *social* consequences of communicative breakdown, whereas attempting to establish a coherent interpretation aims to resolve the *linguistic* consequences of communication failure. Lakoff (1973; 1979) argues that in most informal conversations, since the social relationship takes precedence over the information being conveyed, face concerns take precedence over the achievement of coherence. Hamilton (1988) proposes that face and coherence can be viewed as two extremes of a single continuum and that discourse strategies are located somewhere along the continuum depending upon whether the strategy is intended to reverse the linguistic or the social consequences of communicative failure. Reviewing Goffman's (1967) dichotomy of discourse strategies, correction and avoidance, Hamilton suggests that corrective strategies are directed at the coherence end of the continuum and avoidance strategies at the face end. In the context of word finding difficulties then, we would expect to find linguistic manifestations of what Hamilton calls the "tightrope walking between face and coherence". Hamilton also suggests that repetition as a discourse strategy treads the middle path between correction and avoidance and allows for the partial accomplishment of both interactional goals. Hence, we would expect to find frequent use of repetition in response to the AD sufferer's word finding difficulties.

Word finding difficulties in AD

The word finding difficulties of AD patients have received a great deal of attention in the psycholinguistic literature. Research has focused on the decline of word finding abilities in test situations with a view to determining the underlying cognitive causes, and as a means of diagnosing AD. The relevance of previous research here is in providing a characterisation of the different manifestations of word finding problems in the discourse of patients with AD. This is important since it turns out that word finding problems in AD rarely surface as explicit word searches. In other words, the results of previous research are being used here to identify relevant sequences in the data for our attention.

Word finding difficulties are most often resolved in Alzheimer's discourse by the use of semantically empty or vague expressions, including pro-forms. Hamilton (1994) observes that this excessive use of "empty" forms affects the division of labour in discourse as it leads to an increase in the burden on the conversational partner to make sense of the interaction. Other resolutions, which provide varying amounts of clues to the listener include semantic and phonemic paraphasias, circumlocutions and neologisms. More unusually, the patient may resort to directly asking for help with the word. Word finding problems that arise in the context of a wh-question from an interlocutor are also often resolved by the patient simply avoiding the question (Hamilton, 1994; Sabat, 1994).

Data

Conversational participants

At the time of recording, the patient G was just turning 78. Her family recall her word finding problems as having begun approximately ten years earlier. Other symptoms of the AD that the family recognise with hindsight include apathy, depression and paranoia. G is in an Elderly Mentally Infirm Unit where patients are not formally assessed, but she is estimated to be at the onset of the severe stage in the progression of AD. The unimpaired conversational partners were all members of G's family who regularly visit her in the EMI unit: HB: her husband; D: her daughter; SIL: her son-in-law; GD1 & GD2: her adult granddaughters.

The recordings

Four separate audio recordings were made during different family visits. The first recording involved G's husband HB and two granddaughters, GD1 & GD2. The second involved G's husband, HB, and her daughter, D, and son-in-law, SIL. The third recording was of a conversation between just G and her husband HB. The last recording was a conversation between G and her granddaughter GD1.

Method

The transcriptions were first reviewed to extract all sequences involving instances of the different possible manifestations of word finding difficulties identified above. Turns left incomplete due to a word search were also included. The discourse practices or surface forms employed in the turns immediately following the word finding difficulties were then examined in detail to search for regularities. For each instance of each practice, the analysis then involved determining the conversational action that was being performed by that utterance or turn. Schegloff (1997) notes that this is a reversal of the common practice of focusing on an action, and then asking what practices may be used to implement it.

Analysis

The range of practices employed by the interlocutors were found to implement one of a small set of conversational actions in relation to the patient's turn containing the word finding difficulty. At one extreme, the interlocutors completely ignore the patient's turn, or make excuses for the patient. At the other extreme, the interlocutors directly address the patient's word finding difficulty by producing a repair or by initiating repair of the word finding difficulty. Between these two extremes lie the interlocutor responses that through a variety of different discourse practices simply accept the patient's solution to their word finding difficulty. The interlocutor responses can thus be classed as performing one of the following conversational actions: Ignore; Excuse; Accept; Initiate repair; Repair. Each of these conversational actions is manifested in the data by a range of discourse practices.

Ignore

One response to the patient's word finding difficulty is to simply ignore the turn that included the word finding difficulty. This is done either by a simple lapse in the conversation, as in (1) or by a topic shift. Topic shifting may involve a completely new topic that does not relate to the patient's turn, such as occurs after the lapse in (1), or a continuation of the topic of the turns prior to the patient's turn as in (2).

Excerpt 1

419 : GD1	very good. (0.5) where did you learn that one? did you learn that in
420 :	church? in the choir ?
421 : G	uh huh.
422 : GD1	yeh?
423 : G	they were all (.) all all things < sings again >
(10.0)	
424 : HB	well the weekend' ll not be long going now.

In example (1), the conversation lapses in response to G's vague turn l.423. HB then introduces a new topic in l.424. This initiates a discussion of the weekend between the

husband and two granddaughters that G does not contribute to. In (2) l.133, HB introduces the topic of chocolates, and GD2 and GD1 resume the topic of chocolates (l.144, 146, 148) thereby avoiding G's attempts at initiating a new topic in lines 135-145.

Excerpt 2

133 : SIL	Muriel (.) Muriel says use that Dairy box in there we'll get more kinds in
134 :	it, maybe it is open, no its not.
135 : G	did you hear about your ma (.) ma < cough>
136 : HB	xxxxx mummy
137 : G	<laugh>
138 : GD1	who did we hear about ?
139 : G	mm ?
140 : GD1	what are you saying ?
141 : G	about your man or your < laugh >
142 : HB	< laugh >
143 : GD1	what ? his what ?
144 : GD2	what [sweet do you want ?]
145 : G	[I don't kno' I don't](.) I don't know his name
146 : GD2	what [sweet do you want] ?
147 : HB	[have you forgot] his name mum?
148 : GD1	do you want a soft sweet or a hard sweet?=
149 : HB	=oh give her a soft sweet.

Excuse

Example (2) also illustrates the action of excusing the patient's word finding difficulty, in that HB's utterance in l.147 reduces G's word finding problem to simple, everyday forgetfulness. This action also appears to have the consequence of closing off G's attempt to initiate a new topic.

Accept

This type of action in response to G's word finding difficulty involves neither repairing nor ignoring G's turn but simply accepting and incorporating it into the interaction without any indication of any linguistic problem having occurred.

The simplest device for accomplishing this is an acknowledgement marker, such as "uhuh", with falling intonation, as in example (3) l.68 below, or an expression of agreement, such as "I know". Laughter is also used as a non-linguistic means of acknowledgement, as in (2) l.142 where HB's laughter is sequentially acting as a turn, as a response to G's laugh which itself is acting to fill the place of the missing word.

Repetition is also used to convey acceptance of G's utterance and incorporate it into the interaction, but detailed examination of the instances of repetition reveal diffe-

rent types of repetition. One type of repetition relates to Schegloff's (1997) discussion of repetition used to register receipt. The repetition has falling declarative intonation and does not require a response. However, the repetition device in Schegloff's analysis occurs typically in third parts after a question-answer adjacency pair, whereas in this data, these declarative repetitions occur in other sequential locations, such as in (3) where G is initiating a narrative:

Excerpt 3

67 : G	there's a man lookin' (.)wonderin' (.) wonderin' where I am.
68 : GD1	ah huh.
69 : G	like one aw time.
70 : GD1	one other time, I know.
71 : G	ah huh <laugh>

Interrogative repetitions are also used to accept and incorporate the AD sufferer's turn as in example (4) l.413.

Excerpt 4

408 : D	where did youse go after school ?
409 : G	ah
410 : HB	xxxxxxxxxxx
411 : D	forget ? not mind ? to the shop (.) no ?
412 : G	and I have none either.
413 : D	you've none either ?
414 : G	< cough >
415 : HB	here
416 : D	want another one mummy ?

Schegloff classes such utterances as repair initiators, however they initiate repair at propositional level and not with respect to the word finding difficulty. In other words, such responses are seeking confirmation of propositional content of the utterance rather than confirmation of the interpretation of the AD sufferer's resolution of the word finding difficulty. Of course, where the AD sufferer's utterance includes a vague expression such as *none*, in l.413, the recipient may not have a complete representation for the proposition. Nonetheless, the recipient is not attempting to determine the interpretation of *none*. As such whilst recognising arguments for treating them as repair initiators, in the context of talk with an AD patient, it is important to recognise that they primarily accomplish the activity of accepting and incorporating the utterance into the discourse by virtue of engagement at propositional level. By placing the entire proposition in focus, the vague resolution of the word finding difficulty is, in effect, backgrounded.

In addition to repeating some or all of the AD patient's utterance, the recipient may also offer some continuation of either the *form* or the *content* of the patient's utte-

rance. Continuations of the form include tag questions, acknowledgements like "I know" as in example (3) l.70 above and questions like "Why not?". Continuations of content arise where the recipient is able to determine the interpretation of the word finding difficulty and respond as in example (5):

Excerpt 5

497 : G	that's it now < hums > it must be away now.
498 : GD1	they've answered it.
499 : G	I had of be (0.2) I had of been out.
500 : HB	this is the last one of that side.
501 : G	< hums >

Here G uses the vague *it* (l.497) but her interlocutor GD1 correctly infers that she is referring to the telephone that had been ringing in the background. L's interpretation is confirmed by G's response in l.499.

Distinguishing form and content

This distinction between form and content is important since interlocutors are often observed to engage with only the form of the AD sufferer's talk with minimal representation of the content, for example without establishing referents for the NPs in the patients talk. Of course, it is not always possible to determine from the data whether or not the interlocutor has established a referent for an NP, as in example (4)[1]. However, in the following example, D initiates repair of "Mr Cargan" in l.639, but G's response, rather than providing further information to establish the referent of Mr Cargan, is simply the third person pronoun *her.* D, nonetheless, responds in l.641 as if G has produced a repair and established the identity of Mr Cargan. At this point, it is possible that D has simply belatedly realised who Mr. Cargan is, but the subsequent interaction in l.645-652 reveals that she did not know who or in fact what G was referring to.

Excerpt 6

638 : G	< laugh > you never got up to Mister (0.2) Mister Cargan yet ?
639 : D	who's that ?
640 : G	her
641 : D	oh right (.) no no never got up yet.
642 : G	did you not ?
643 : D	no (.) I'm too lazy to go anywhere.
644 : SIL	who's Mister Cardigan ?
645 : HB	Cargan's shop (0.5) Cargan's shop is that one of them old shops [xxxxxx]
646 : D	[That was Cargor's] Mc Cartan's, no Mc Cartar's, no who was that ?
647 : HB	[Cartney's] ?
648 : SIL	[who] ?
649 : D	up the town Mc Cartney, that's just who it was, but I don't think that's who

650 : Mummy's talkin' about, sure it's not (.) the shop (.) was he the shopkeeper?
651 : G the shop uhuh .
652 : D the shop (.) oh it was the shop.
653 : G the shop I went in till

Initiate Repair

Repair initiation responses involve both open and closed class repair initiators (Schegloff, 1977; Drew, 1997). A typical open class repair initiator is what Schegloff (1997) calls a prelexical grunt "huh?", as in example (7) l.107, or the propositional "what?". These repair initiators do not specify the trouble source in the preceding turn:

Excerpt 7
106 : G Have you to go to school again ?
107 : HB Huh ?
108 : G Have you to go to school again ?
109 : HB < laughs >
110 : G < laughs >
110 : HB Have I to go to school again ?
111 : G Aye certainly.

By contrast, closed class repair initiators are designed to locate the trouble spot and so typically involve a wh-question as in example (6) l.639 "who's that?".

Repetition, with interrogative intonation, is also used as a form of repair initiation. Interestingly, it is used to accomplish both open and closed class repair initiation, depending, in part, on the amount of the utterance that is repeated. Repetition of the trouble source alone, here the manifestation of the word finding difficulty, produces closed class repair initiation. This type of repair initiation is typical in the context of semantic paraphasia, as in excerpt (8), l.361.

Excerpt 8
360 : G go down (.) go down there to see if there's any money.
361 : GD1 money ?
362 : G aye just somethin' to ate .
363 : GD1 are you hungry ?
364 : G < laugh >
365 : GD1 are you hungry ?
366 : G aye I am indeed

Repetition of the entire utterance, by failing to specify the trouble source, produces open class repair initiation as in excerpt (7), l.110.

Repair

The repair devices employed by G's interlocutors correspond in a fairly direct way with the particular form that the word finding difficulty takes. Where G uses a semantically empty or vague form, then her interlocutors may attempt to repair the vague form by offering a more specific substitute. Watson et al. (1999) in an analysis of repair in conversations between AD patients and "normal" interlocutors appear to classify such devices as "hypothesis formation" which in their analysis is a form of "trouble indicating behaviour", which triggers a "confirm/reject" repair type. However, there is an inconsistency in their analysis since they also analyse such sequences as "other initiated other repair". I return to this below.

A similar type of offer of repair arises on the few occasions that G produces a incomplete utterance, where her interlocutors offer a completion for the sentence. This is a type of joint production technique, where the production of a single proposition in a discourse is shared between two speakers and hence two turns (Ferrara, 1992).

Excerpt 9

61 : GD1	where did you go to?
62 : G	I went to (1.0)
63 : GD1	Scotland?
64 : G	aye uh huh

Repair as a joint production technique

The majority of the instances of the above types of repair, i.e. offers of completion or substitution, are carried out with interrogative intonation. By turning the repair into the first part of a question – answer adjacency pair, the repair becomes a collaborative repair, a joint production between the patient and her interlocutor, where, as Watson et al (1999) observe, the substitution or completion offered by the interlocutor has to be confirmed or rejected by the AD patient. In terms of preference organisation, the accomplishment of collaborative repair has the effect of avoiding a dispreferred Other Repair. Understanding such exchanges as collaborative repair also resolves the ambiguity in Watson et al. (1999) mentioned above as to whether such utterances constitute other initiation of other repair or other initiation of self repair.

Other initiated other repair

Phonemic paraphasia is one context where we might expect to find simple correction as a subcategory of other initiated other repair. However, in the three examples of phonemic paraphasia in the data, G self repairs in one, requests repair in one, and only in the third example, given below, do we find other initiated other repair in the next turn (excerpt (10) l.714). Interestingly, however, this is not structured as a dispreferred repair turn, but as a preferred agreement with the propositional content of G's preceding turn.

Excerpt 10

711 : HB	a red one
712 : D	red
713 : G	no it's bled
714 : D	aye it's black
715 : G	uh huh

This has obvious parallels with the use of interrogative repetition to engage with G's turn at the propositional level without attempting to repair the word finding difficulty, discussed in relation to excerpt (4). In both cases, we can separate out the response to the word finding difficulty and the interaction at propositional level. Moreover, in both cases, it is the interaction at the propositional level that takes precedence over the negotiation of the word finding difficulty.

Reviewing the face – coherence continuum

Returning to Hamilton's (1988) proposal that face and coherence are two extremes of a continuum, we can see that the findings do not support such a continuum. Ignore and Excuse are clearly avoidance oriented actions with face as the dominant goal. However, when we turn to Repair, which we would expect to be at the coherence end of Hamilton's continuum, we see that the practices used to initiate or carry out repair also reflect an overriding concern with face, in that the threat to face inherent in repair work is minimised, for example by backgrounding the repair (Excerpt 10). Hence we would have to concur with Lakoff that in informal conversation at least, the social relationship takes precedence over the informativeness of the interaction. Thus, although correction-avoidance is an appropriate dichotomy with respect to the response to the word finding difficulty, it does not map onto a face-coherence continuum. It therefore does not make sense to treat face and coherence as extremes of a single continuum since regardless of the extent to which an action is oriented to coherence, face issues still drive the actual practice used. Thus, face and coherence have to be maintained as completely separate interactional goals. Furthermore, it seems clear that interlocutors are acting on several levels at once since we have seen that actions at the propositional level can be distinguished from the response to the word finding difficulty. Thus, interlocutors are independently interacting at the propositional level, negotiating the interpretation of the word finding difficulties and calculating and responding to face threats.

Contrast with aphasic conversation

These findings provide an interesting contrast with work on conversation with aphasics where word finding difficulties are also a salient problem. Ferguson (1992) exa-

mines conversational repair of word finding difficulties and focuses on how interlocutors supply words as the dominant interactive strategy. Although supplying words does appear as a practice in the interactions with the AD patient, it does not occur frequently. This may be related to the observation that the "struggle for words" in aphasic discourse is more overt than in AD[2]. Furthermore, although we are looking at trouble spots in the interaction with the AD patient, we are not necessarily looking at interactions involving repair. In fact, to focus solely on repair practices in conversation with AD sufferers, would clearly present a rather distorted picture of the practices in response to trouble spots. Laakso and Klippi (1999) have shown how with aphasic speakers interlocutors will engage in highly structured collaborative Hint and Guess sequences to repair a word finding difficulty. However, such sequences do not occur with the AD sufferer. The following excerpt is the only extended sequence that doesn't involve G simply rejecting a substitution offered by the interlocutor.

Excerpt 11

190 : G	show us that one thats eh (1.0)
191 : GD1	that tells you what the sweets are, what ones you want.
192 : G	no but eh (.) the one's that is (.) on
193 : GD1	the card ? do you want to see the card?
194 : G	uh huh
195 : GD1	is that what you say, yeh ?
196 : HB	ah , yeh.
197 : G	< sings loudly >

These differences between interaction with an aphasic and interaction with an AD sufferer can be related to the differing expectations of the interlocutor, as revealed in their interactive patterns. Rommetveit's (1979) concept of anticipatory comprehension, "Vorverstaendigung", cited in Sabat and Cagigas (1997), provides a good explanation of these differences. "Vorverstaendigung" refers to a contract between interlocutors in which the listener comes prepared to understand. This contract is not made where the interlocutor believes that the AD sufferer is not capable of meaningful communication. The absence of Vorverstaendigung on the part of the interlocutor leads to failure to carry out the extra inferential work required to interpret the AD sufferer's talk. It also leads to the assumption that the AD sufferer will not respond meaningfully to the unimpaired interlocutor's talk. This is reflected in the interaction, for example in sequences involving repair initiation followed immediately by some other action, in sequences involving a question followed immediately by a topic shift or in sequences in which the interlocutors engages with just the form of the AD sufferer's talk.

Conclusions

There are a number of conclusions to be drawn from this work, all of which point to the need for further investigation. Firstly, we have seen that face and coherence rather than being competing interactive goals on a single continuum reflect different levels of action within the interaction. We have also seen that the response to the word finding difficulty and the response to the turn containing the word finding difficulty constitute different levels of actions, since the interlocutor can embed a word finding difficulty repair within a turn that acts as an agreement with the previous turn (Excerpt 10). The question remains as to how exactly face concerns interact with these distinct levels of action, for example can we identify different facework strategies at these different levels, or is it an overarching concern with face maintenance that drives the separation of the two levels of action.

As suggested by Hamilton (1988), repetition has proven to be a frequently used practice. It has been shown to implement more than one conversational action, in that it can be used simply to accept the AD patient's turn, but can also be used to initiate repair of a turn. However, it is clear that repetition needs to be looked at in much more detail and that the syntax, semantics and particularly prosody of repetition are all important in understanding the actions that repetition is used to accomplish. It has been suggested that the sequential properties of the practices reveal the interlocutors' orientation to the AD sufferer's impairments. This needs to be examined in greater detail along with the impact of different practices on the subsequent talk of the AD sufferer themselves as both of these issues have clear implications for caregivers and therapists.

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Nederlandse samenvatting

Het belangrijkste doel van dit artikel is het bestuderen met behulp van conversatie-analyse van de gespreksvormen die niet-professionele gesprekspartners hanteren als reactie op de woordvindingsproblemen bij patiënten met de ziekte van Alzheimer. Het artikel begeeft zich echter ook buiten de geijkte paden van conversatie-analyse – er wordt een discussie aangegaan over de interactiedoelen die wellicht tot de gekozen gespreksvorm geleid kunnen hebben. De gespreksvormen worden met name gerelateerd aan twee doelen die potentieel met elkaar in conflict zijn: 'gezichtsbehoud' en coherentie in het gesprek. Het assortiment van gespreksvormen van de gesprekspartners als reactie op de gespreksbeurt waarin de patiënt een woordvindingsprobleem had,

bleek uit slechts een beperkt aantal gesprekshandelingen te bestaan. Bovendien werd gevonden dat de respons op het woordvindingsprobleem en de respons op de gespreksbeurt waarin dit probleem voorkwam verschillende handelingsniveaus bevatten. Met andere woorden, gesprekspartners letten tegelijkertijd op de inhoudelijke aspecten van de gespreksbeurt van de patiënt en op het woordvindingsprobleem. De interactie op inhoudelijk niveau wint het van de interactie betreffende het woordvindingsprobleem. In tegenstelling tot wat Hamilton (1988) vond, bleken 'gezichtsbehoud' en gesprekssamenhang geen concurrerende doelen van de interactie te zijn: ongeacht de mate waarin de handelingen op samenhang zijn gericht, bepalen overwegingen van gezichtsverlies de gespreksvorm die werkelijk wordt gekozen.

Notes

1 Strictly speaking in example (4), it is not a question of establishing a referent since *none* is non-referential. Rather *none* contains an anaphoric predicate variable which should have an interpretation by coreference with an antecedent but there is no antecedent in the preceding discourse.
2 This point was made by a reviewer.

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