Alzheimer Discourse: Some Sociolinguistic Dimensions (1997)

Author: Vai Ramanathan

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Reviewer: Richard J. Welland, Brock University, St. Catharines, Ontario

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In *Alzheimer Discourse: Some Sociolinguistic Dimensions*, Ramanathan, a linguist at the University of Alabama, reports on her study of narrative discourse recorded from older adults with mild to moderate dementia of Alzheimer type (DAT). Employing a "life history method", the author elicited narratives from 16 participants over a five-year period. Participants were asked open-ended questions, such as "when you look back on your past, what is it that stands out most?". Recordings were taken in places where participants spent most of their time (e.g., day-care centres, their homes). Also included are ethnographic analyses of two case studies.

Chapter 1 begins with the statement, "this book is about remembering and ways in which it is manifested in particular language use," (p. 1). It is here that the author clearly articulates her argument that memories and personal identity are intertwined, and that social factors, such as communication partner, influence how and what is said. The remainder of the chapter is devoted to a brief section that describes Alzheimer disease and its prevalence, a section reviewing "psycholinguistic" research concerning DAT, and a section outlining the methodology for the study.

Chapter 2 provides the theoretical framework for the study. Ramanathan describes life stories as a means to reconstruct one's past, and as being co-constructed between storyteller and audience in the context of communicative interactions. The author notes that for individuals with DAT, the communication partner's participation may either facilitate or diminish the storyteller's memory retrieval, thereby affecting the quality and quantity of communication. This chapter concludes with sections describing the notions of narrative "wellformedness" (or coherence), continuity devices (e.g., sustainers), and discontinuity devices (e.g., pauses, repairs).

In Chapter 3, Ramanathan introduces the reader to Tina (the first case study) by providing an ethnographic description of her social world. Using several excerpts from Tina's discourse, she illustrates how narrative wellformedness (defined by stanza structure and continuity devices) can vary across physical settings and across audiences. Tina's talk is therefore described as being more wellformed when speaking to the author at home; her narratives are less wellformed when speaking to Ramanathan at the day-care centre she attends and when interacting with her own husband. The chapter ends with a discussion of how some participants with DAT can maintain discourse continuity by reminding *themselves* of the topic (e.g., "Let me see, what was I saying?").

Chapters 4 and 5, respectively, describe narrative "illformedness" in Tina's talk with Ramanathan at the day-care centre and with Tina's husband. At the day-care centre, Tina's discourse was interrupted by extended pauses, and was described as more egocentric and incoherent. According to Ramanathan, Tina's talk with her husband was more like a conversation than the narration of her life story. Yet, the excerpts show their interaction to be mostly one-sided, with Tina's husband often directing her talk by selecting the topic, by prompting her to remember specific events, and by frequently taking over the speaker's role.

In Chapter 6, the reader is introduced to Ellie (the second case study). Ethnographic data are provided concerning Ellie's condition, her past, and the inner-city day-care centre she at-

tends. In contrast to Tina's day-care centre, this centre is described as lacking in meaningful stimulation. Although Ramanathan describes Ellie's talk within this setting as repetitive, she suggests that this repetition may be interpreted as evidence for remembered "event schemas" rather than as preseveration. These schemas are described as still evident in Ellie's talk a year and a half years after the first recording when she is in the later stages of Alzheimer disease.

Finally, Chapter 7 concludes that the observed differences between Tina's and Ellie's narrative discourse skills are related to their contrasting social environments. Ramanathan speculates a cause-and-effect relationship between restricted opportunities for communication characteristic of Ellie's social environment and her rapid language deterioration. Similarly, the author cites Tina's husband as negatively affecting her narrative discourse because his style of interaction offered few opportunities for communication. The chapter ends with a brief discussion of potential intervention strategies for caregivers.

Criticisms of the book are that the author provides no table to describe her participants' ages, stage of DAT, previous occupations, or any other demographic information, and no table to summarize her findings across all 16 participants. At times, it is not clear to whom she refers when making general comments about DAT participants' communicative behaviours — do her comments refer to Tina or Ellie specifically, or more generally to all 16 participants. These are, however, relatively minor weaknesses that do not detract appreciably from the overall quality of the work.

In summary, this book represents a substantive contribution to the growing body of knowledge concerning discourse features of individuals with dementia of the Alzheimer type. Although researchers may consider some of Ramanathan's interpretations to lack

sufficient empirical evidence, they should find the competence perspective she espouses a refreshing change from the deficit view promulgated throughout much of the literature in this field. The excerpts of narrative discourse provided in the book offer particularly invaluable illustrations of how the communication partner's interactional style can influence the communicative performance of persons with DAT. For this reason, the book should be of interest to clinicians who counsel family and other caregivers of these older adults.

Nature and Treatment of Stuttering: New Directions (1997)

Editors: Richard F. Curlee and Gerald M. Siegel

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This book under review is the second edition of a previous work with the same title, published in 1984 and edited by Richard Curlee and William Perkins. However, do not expect to find the same, albeit updated, information as in the previous edition. In their preface, the editors explain that they wanted to go beyond merely providing updated information and restated views from the first edition, and really make an effort to reflect the many new research and treatment developments that have taken place in stuttering over the last decade. As such, this new edition is like a whole new book that attempts to present a comprehensive up-to-date review of new theoretical, methodological, and clinical developments in stuttering. The book is subdivided into five parts, each part consisting of a number of individual chapters written by researchers, clinicians, and "thinkers" who review the state of knowledge in a particular area. Many of these experts are new to this

edition, again reflecting the fact that this is a very different book from the first edition.

The first section deals with childhood stuttering. The chapter by Felsenfeld provides a critical overview of past and current research into the genetics of stuttering. It goes beyond a mere summary of reported data and provides the reader with an insightful overview of the techniques, strengths, and weaknesses of the various methodologies used in this kind of research. The two chapters by Yairi deal with home environment and disfluency characteristics at the onset of stuttering, respectively. This is first rate information from a researcher at the forefront of research into early stuttering. These chapters provide a very readable and coherent overview of his findings as they fit into what we already know, or think we know, about early stuttering. The chapter on learning, written by Starkweather, reviews some behavioural learning principles and the role they might play in stuttering. While providing a good overview of classical instrumental and respondent learning principles, this chapter relies heavily on research done during the heyday of behaviourism in the 1960s and 70s. More recent expansions of this learning model, in particular the inclusion of cognitive processes in the learning process, probably receive less attention than they deserve. It could be argued that this is not so much a shortcoming of Starkweather's review, as it is a reflection of the relative lack of recent research on this important issue in stuttering and the general failure of our field to integrate models of stuttering development into existing broader models of child development.

The second section of this book deals with stutterer-nonstutterer differences. The first two chapters review psycholinguistic (Bernstein Ratner) and respiratory-laryngeal (Denny & Smith) aspects of stuttering. The authors in each of these chapters go well beyond a mere summary of existing research, and offer the reader an integration and theoretical

interpretation of the data. In this regard, readers may do well to read the chapter on laryngeal-respiratory control by Denny and Smith in conjunction with chapter 10 by Smith and Kelly which explains stuttering from within a dynamic model of human behaviour. A third chapter in this section (by Watson & Freeman) summarizes current research using brain imaging techniques. Much of the information presented in this chapter is tentative, as the use of this technology in stuttering is still very new and only a few studies have been published. Nevertheless, the authors should get credit for attempting to integrate the findings from this line of research into an early explanatory model of the "fluent speech generating system". This model would allow researchers to test specific hypotheses in searching for the neural basis of stuttering.

In part three, four etiological views of stuttering are presented. With the exception of Bloodstein's anticipatory struggle hypothesis, the models presented here have all been formulated within the last decade. At least two of them (the covert repair hypothesis by Kolk & Postma, and the dynamic model by Smith & Kelly) represent clear efforts to integrate the explanation of stuttering within larger (although somewhat opposing) theoretical models of human speech and language. Such an explicit effort to see stuttering within a larger behavioural context, rather than as an isolated phenomenon, can only be applauded. In his chapter, Perkins restates his criticism of much of current research in stuttering and offers his own view that stuttering can only be identified accurately by the speaker at the moment stuttering occurs. He goes on to explain the development of stuttering as an asynchronous integration of involuntary and voluntary aspects of speech production, resulting from a difficulty in being openly assertive. Clearly, Perkins is not one to shy away from thought-provoking ideas or from challenging previous concepts of stuttering. While his arguments have (rightly) been questioned on previous

occasions by other researchers, I think that many readers will find his contribution stimulating if for no other reason than that it forces them to reflect critically on their own, often implicit, assumptions about the nature and identification of stuttering.

While the first three sections of the book addressed stuttering from a more theoretical point of view, the last two parts deal directly with clinical issues. Conture provides an excellent and practical overview of issues to consider during the initial evaluation of stuttering in children. The next three chapters deal more specifically with various approaches to treatment.

Starkweather's chapter deals primarily with a demands-capacity approach to intervention. Although he also reviews some capacity-increasing techniques, it is clear that his approach focuses on reducing environmental demands, primarily through working with the parents. Starkweather also suggests a number of types of stuttering behaviours that develop in young children. While this typology is based on clinical intuition and is not necessarily supported by systematic research, it may help to emphasize the need for individualized intervention planning. In the next chapter, Guitar provides an overview of techniques useful for working with emotions surrounding stuttering in young children. As is typical for this author, the suggestions are accompanied by numerous case studies which help to illustrate their clinical implementation. Ramig and Bennett, in turn, concentrate more on fluency-increasing techniques for young children. This chapter can best be regarded as a library of techniques from which clinicians can "borrow" in setting up an individualized treatment plan. In the final chapter of this section, St. Louis and Myers address the management of cluttering. In addition to addressing issues related to differential assessment of and clinical intervention with cluttering, they also provide an extensive and important discussion of the relationship between cluttering and other communication and learning

disorders. Clinicians will find many practical suggestions on how to manage cluttering in all its complexity.

The last and fifth section of this book covers clinical management of stuttering in adults. Only one of the five chapters in this part, the one by Onslow and Packmann, discusses a specific (behavioural) approach, an adaptation of the prolonged speech treatment. To their credit, the authors acknowledge the fact that effective treatment not only needs to teach clients how to produce fluent-sounding speech, but, in addition, needs to pay close attention to cognitive variables that affect maintenance of stutter-free speech. The chapter provides a good discussion of how attention to cognitive variables can be combined with fluency shaping. The other four chapters in this part discuss issues of stuttering treatment that transcend any particular approach or orientation. The chapter by Prins aims to "illuminate ideas from the past in order that we may better understand the present and how to proceed into the future" (p. 351). After reviewing the significant contributions made by Johnson, Van Riper, and the behaviourists, Prins goes on to discuss the three components he considers to be central to effective stuttering management: exploration, desensitization, and modification. While not offering ready-made treatment suggestions, this chapter is a welcome reflection from an experienced researcher-clinician on what constitutes effective clinical intervention. In another chapter, Bakker provides an overview of various techniques available for obtaining a more objective measurement of various characteristics of stuttered speech. With the increasing demands placed on clinicians to provide quantitative measures of treatment efficacy and the exponential increase in available computer hardware and software, the use of technology in assessment and treatment undoubtedly will become increasingly important in years to come. The last two chapters in this book, on measurement of speech naturalness (Schiavetti & Metz) and self-measurement (Ingham & Cordes)

respectively, address the important but difficult question of how to measure the efficacy of stuttering treatment. One of the most persistent criticisms of fluency shaping has been that, while post-treatment speech may be stutter free, it often sounds and feels monotonous and unnatural. It is argued that this may be one of the major reasons why a significant number of clients fail to maintain the fluency level attained immediately posttreatment. Schiavetti and Metz review past efforts to measure speech naturalness in a reliable and valid manner and discuss how these measures can be incorporated in clinical intervention. Ingham and Cordes critically review the measures of speech fluency traditionally used in measuring treatment efficacy and argue that these measures have failed to capture the effectiveness (or lack thereof) of treatment. They suggest that it may be time to listen more closely to what clients going through treatment have to tell us about the success of treatment. They propose a three-factor model of self-measurement in which clients are systematically asked to evaluate their own speech along three variables: speech performance (frequency, rate, and quality), speaking situations, and maintenance over time.

In conclusion, for a number of reasons, this book would be a good addition to the library of any clinician or researcher interested in stuttering. In the first place, it is an excellent, although unavoidably selective, review of the current state of knowledge with regard to this fluency disorder. Secondly, clinicians will find not only an excellent discussion of guidelines for clinical practice but also many practical tips and techniques useful in working with children and, to a somewhat lesser extent, adults who stutter. Thirdly, many of the chapters in this book will force clinicians and researchers to clarify and re-examine personal assumptions which guide their thinking about stuttering. Finally, the authors who contributed to this book do not shy away from pointing out what voids still exist in our understanding of stuttering and what difficulties lie ahead in our