



Part I Pragmatics, Discourse, and Sociolinguistics





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1 Discourse Analysis and Communication Impairment

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1.1 Introduction: Definitions and Conceptualizations of Discourse

1.1.1 *What is discourse?*

The applied clinical disciplines have a long history of borrowing theoretical constructs and methods of inquiry from, for example, theoretical linguistics, psycholinguistics, the philosophy of language, sociology, anthropology, and others. This means on the one hand that there is an impressive array of methodological resources and complementary (and sometimes contradictory) theoretical viewpoints that can inform our understanding of all manner of speech and language data. On the other hand, there is a danger of conceptual and terminological confusion, if the theoretical and philosophical heritage of terminologies is overlooked (see Guendouzi & Müller, 2006; Perkins, forthcoming, for more detailed discussion).

The terms *discourse* and *discourse analysis* are used in many different ways by different people, not only in clinical¹ linguistics (or, more broadly, clinical communication studies) and speech-language pathology, but also in non-clinical domains. The Latin word *discursus*, which became 'discourse' in English (Onions, 1966, p. 272), means 'running to and fro', from which derived the medieval Latin meaning 'argument'. Thus, within disciplines that deal with human language, speech and communication, 'discourse' can be understood, in the widest sense, as both the process of running to and fro, an exchange, between a human being and his or her environment, and the products arising from such exchanges.

Because of space limitations, we do not attempt to give a comprehensive overview of explicit and implicit definitions of the terms discourse and discourse





analysis as they have been used in the non-clinical literature. Readers may find such overviews in the opening chapter of Jaworski and Coupland (1999) or Schiffrin (1994, ch. 2), and in the introduction to Schiffrin, Tannen, and Hamilton (2001). The latter volume groups the multitude of discourse-analytic approaches into three major strands: “(1) anything beyond the sentence, (2) language use, and (3) a broader range of social practice that includes non-linguistic and nonspecific instances of language” (p. 1). The conceptualization of discourse adopted, whether explicitly defined or left implicit to emerge from the data gathered and analyzed, depends of course on the research question asked, which in turn is constrained by the theoretical or analytical framework within which a researcher works.

Schiffrin (1994) distinguishes between formalist and functionalist traditions in discourse analysis. Formalist approaches aim at the discovery of structural properties pertaining between elements of discourse, (1) as defined in Schiffrin, Tannen, and Hamilton (2001). It would appear to follow that such approaches also implicitly focus on discourse as *product*, rather than as a *process*. In other words, while there are “producers and receivers of sentences, or extended texts, . . . the analysis concentrates solely on the product, that is, the words-on-the-page” (Brown & Yule, 1983, p. 23). Functionalist views of discourse, on the other hand, aim to capture patterns of language use, including the use of linguistic form (and other communicative devices) for interactive and communicative purposes, thus discourses (2) and (3). Brown and Yule, taking a *process* stance towards discourse, describe a discourse analyst as someone who is “interested in the function or purpose of a piece of linguistic data and also in how that data is processed, both by the producer and the receiver” (1983, p. 25), and who treats “data as the record (text) of a dynamic process in which language was used as an instrument of communication in a context by a speaker/writer to express meanings and achieve intentions (discourse)” (p. 26). Discourse (3) is the object of analysis in critical approaches, which examine language and its use within the context of social practices, and society and identities as constructed through discursive (linguistic and non-linguistic) practices. (Guendouzi & Müller, 2006, ch. 1, on which this section draws substantially, presents a more detailed overview of definitions and approaches to discourse, and additional references, with specific application to dementia studies.)

In reality, the distinction between discourse as process and discourse as product, and indeed between formalist and functionalist approaches, turns out to be less than straightforward to maintain. First of all, it has to be stressed that all analysis of discourse is an analysis of a product (with the possible exception of real-time neuroimaging studies; but even there we can argue that what is analyzed is an artifact of an analytical procedure, i.e. a pattern, or image). That is to say, the starting point of an analysis is always going to be a “piece of linguistic data”, in Brown and Levinson’s phrase, or a *text*. In general, researchers in clinical contexts are primarily concerned with the mechanisms that underlie the processing of discourse and the production of text.





However, definitions of discourse in work that does not draw on the methods of conversation analysis (see Wilkinson, chapter 6 in this volume), particularly in experimental research, tend to fall squarely into Schiffrin, Tannen, and Hamilton's (2001) category (1), as for example Joannette, Goulet, and Hannequin's statement (1990, p. 163) that discourse "refers to a groups of sentences such as in a conversation or a story", or Cherney, Shadden, and Coelho's definition of discourse (1998, p. 2) as "continuous stretches of language or a series of connected sentences or related linguistic units that convey a message".

Research and assessment in clinical discourse analysis frequently targets specific discourse types, or genres. Table 1.1 summarizes a widely used taxonomy (based on Cherney, Shadden, & Coelho, 1998).

The distinction between discourse types and their characteristics is of course an oversimplification. A speaker's main purpose in telling a story may be instructional (a 'cautionary tale'), by way of entertainment. A business negotiation may have a conversational structure overall, but is likely to contain elements of expository and persuasive discourse, and possibly even narrative material (by way of illustrating elements of either expository or persuasive discourse). However, in terms of clinical applications the simplification inherent in the categorization is deliberate, since it limits the variables of analysis that have to be taken into account, and thus makes comparisons and generalizations easier. This is also the reason why in assessment or research contexts, 'naturalness' tends to be sacrificed for the sake of standardization in terms of the tasks and stimuli used. For example, one of the frequently used picture stimuli to elicit descriptive discourse is the well-known "Cookie Theft Picture" from the Boston Diagnostic Aphasia Examination (Goodglass & Kaplan, 1983). Narrative discourse is often elicited using action pictures, or picture sequences (see some of the references in sections 1.2 and 1.3 below. Thus a balance is attempted between achieving generalizability and, if not necessarily a discourse context that is entirely personally relevant and natural to the participant, one that is engaging enough to produce data that reflect the best of the participant's ability.

1.1.2 Analyses of discourses in clinical domains, and the role and impact of disorder

We believe it is safe to say that there is, in clinical domains, a common thread among the multiplicity of approaches to the analysis of discourse, namely the quest for mechanisms that permit humans the creation of meaning in context.² The chief instrument for meaning creation is of course language use. Within clinical linguistics and interaction studies, a focus of interaction is impairments that impede communicative language use. The object of analysis is always a text, and the properties of the said text may be formulated in a multitude of different ways; however, clinical discourse analysis in the end will always aim at a clinical purpose. The purpose may be the search for generalizable features, patterns or symptoms that characterize either disorders





Table 1.1 Discourse genres distinguished in clinical applications

<i>Type</i>	<i>Characteristics</i>	<i>Purpose</i>	<i>Examples</i>
Descriptive	Lists attributes and concepts; no chronological sequence	To translate a static visual image (real or imaginary) into language	Description of a picture or an object
Narrative	Presents events/ actions arranged in a chronological or temporal sequence	To entertain by relating real or fictitious event to an audience	Retelling a personal experience or a fictional event; retelling a story heard, read, or from a picture sequence or action picture
Procedural	Includes instructions and/or directions, in a specific order	To instruct as to how a procedure is carried out	Instructions how to make a cup of tea; how to change a wheel on a car
Persuasive	Expresses an opinion; gives reasons to support that opinion	That the addressee should come to share the opinion expressed by the speaker	Political canvassing (persuading voters to vote for a certain candidate)
Expository	Provides factual and interpretive information about a topic (compare and contrast; cause and effect; generalization, etc.)	To inform about a topic	Exposition of pros and cons of a certain therapy approach
Conversational	Interactive; participants switch roles (speaker–addressee)	To mutually communicate content	Chat between friends; interview

or populations with certain impairments, for strategies by which the impact of impairment is alleviated, or for the mechanisms by which societies construct images of impairment or disorder. Whatever the research question, the analysis of discourse in clinical domains is essentially *functional*, even though the





measures employed may be borrowed from so-called formal approaches to discourse analysis.

As regards the enabling (or, depending on one's perspective, disabling) mechanisms in the creation of meaning in context, we can, at a minimum, distinguish the following:

- 1 Intra-individual or -personal: the cognitive, linguistic, but also organic (including neural) mechanisms that can be linked to the achievement of discourse. Michael Perkins (chapter 5 in this volume) lists a number of semiotic, cognitive and sensorimotor elements of pragmatics, which can be included here as part of the intra-individual discourse potential.
- 2 Inter-individual, or interactional: the mechanisms at work in an interaction that contribute to meaning creation. These mechanisms could be further subdivided into characteristics of interactants (which makes reference back to point 1), of an unfolding interaction, and of the context in which an interaction takes place.
- 3 Social: the mechanisms in the socio-cultural context beyond any given communicative situation that contribute to meaning creation.

This tripartite distinction is of course somewhat of a simplification: It is too gross-grained in that within each category, multiplicities of mechanisms and processes could be distinguished; and it is too rigid because meaning creation between communicating participants cannot happen without all three types of mechanisms. However, it may serve us as a simple structure to which to anchor some distinctions concerning the various approaches to clinical discourse analysis, and the presence and nature of *disorder*.

To say what it means for a skill, an anatomical or neurological mechanism, an interaction, or even a person (to name only a few possibilities) to be 'disordered' is not a trivial endeavor in clinical studies. The perspective on this question will determine how a researcher or clinician defines and approaches a research question or therapeutic activity. Our tripartite classification of contributing mechanisms, then, offers three different perspectives on the nature of texts, and on the role of disorder. We can look at texts as windows on cultural and social processes, and socially negotiated meanings of 'order' and 'disorder' (making reference to point 3). Another perspective is an interactional-emergent view of disorder that makes reference to point 2 above, and that looks at a text as a record of the joint, interactional negotiation of meaning. Furthermore, we can use texts, and in particular texts in which meaning construction is disrupted in some fashion, as reflections of certain configurations of impairments that are properties of a person (point 1).

Wilkinson (chapter 6 in this volume) discusses the application of conversation analysis (CA) to clinical data. Among the major methodological tenets of CA and clinical approaches based on CA is the principle that one's data must be approached with as few preconceptions as possible as to *how* mutual understanding (the joint negotiation of meaning within the interactional context)



is or is not achieved. Further, the analyst's role is to discover, by way of detailed description of the 'local' (i.e. turn-by-turn, in conversational data) organization of a text (e.g. a transcript of a conversation), the mechanisms that interactants use to jointly negotiate meaning. Thus, there is no *a priori* 'ill-formed' or 'well-formed' structure; rather, what is or is not successful emerges out of the unfolding interaction. Thus the search is for joint interactional mechanisms (including, for example, compensatory strategies, or even non-conventional uses of interactional tools; see also Perkins, chapter 5 in this volume), rather than primarily for indicators of communicative impairment.

In contrast to what could thus be termed a bottom-up approach to discourse as defined above, many investigators apply a top-down set of tools to the analysis of data from clinical contexts. These tools are then employed in the search for characteristics of discourse that can be considered typical for certain types of disorder; in other words, discourse characteristics are analyzed as reflections of impairment. This perspective within clinical discourse analysis typically employs an experimental or quasi-experimental-reductionist approach to research, in which attempts are made to control for factors that may influence the production of texts and cloud the perspective on individual impairment. Top-down approaches to discourse typically employ, either implicitly or explicitly, a notion of well-formedness. In other words, as well as applying a set of descriptive-analytic categories to a text, such approaches bring a set of assumptions as to appropriate or inappropriate realizations of categories.

Our presentation of approaches to the analysis of discourse is necessarily selective. In sections 1.2 and 1.3 below, we discuss perspectives on discourse that originated in research on language processing, namely the notion of micro- and macrostructures (1.2) and analyses of narrative, specifically story grammars (1.3). Section 1.4 deals with a perspective borrowed from the philosophy of language, speech act theory. While these perspectives emerge from very different scientific and philosophical traditions, they have provided researchers in the clinical disciplines with analytical and descriptive frameworks that have been widely used (and at times widely criticized). Other influential work in the realm of clinical discourse analyses is discussed elsewhere in this volume: for example, cohesion analyses grounded in Systemic Functional Linguistics (Ferguson & Thomson, chapter 8 in this volume), and conversation analysis (Wilkinson, chapter 6 in this volume). Section 1.5 moves the discussion to the social construction of self and personhood in the presence of disorder, specifically dementia.

1.2 Perspectives from Discourse Processing: Micro- and Macrostructures

Theories that attempt to explain the processing of discourse, developed chiefly in the 1970s and 1980s, have had a considerable impact on the clinical domain. The research underlying the clinical application was deliberately and





programmatically interdisciplinary, spanning psychology, linguistics, sociology and cognitive science (see e.g. Gordon, 1993; Kintsch, 1977; Mandler, 1984; Schank & Abelson, 1977; Van Dijk, 1977; Van Dijk & Kintsch, 1978, 1983). Attempts to model cognitive structures and processes underlying the comprehension (and by implication production)³ of discourse were motivated by the view that “actual language use in social contexts” rather than “abstract or ideal language systems should be the empirical object of linguistic theories” (de Beaugrande, 1991, p. 265, excerpting from Van Dijk & Kintsch, 1983). This view is influenced by the traditions of European structuralism, literary scholarship and rhetoric, and sociolinguistics, and can also be seen in part as a reaction against the preoccupation of mainstream linguistics (in essence dominated by the transformational generative paradigm) and psycholinguistics with the syntax and semantics of isolated sentences. A central tenet of what Duchan (1994, pp. 2–3) briefly summarizes as the “thought behind the discourse” approach is that the comprehension and production of discourse involves a language user’s establishing and subsequently drawing on mental representations (knowledge structures or schemas). Further, it is assumed that it is possible to formally model such representations. In the clinical literature, further assumptions that emerge are that such models can be used to describe and isolate deficits in processing (both linguistic and cognitive) associated with various diagnostic categories, such as aphasia, right-brain damage, and others, and that, in turn, the deficits associated with these diagnostic categories can shed light on normal, non-disordered language processing.

The categories micro- and macrostructure in particular, and by extension micro- and macrostructural deficits, are frequently employed in the clinical literature. Studies employing the notion of micro- and macrostructures frequently make reference to Kintsch and Van Dijk’s (1978) model of discourse comprehension and production. Our brief summary of the model is based on Kintsch and Van Dijk (1978), Mross (1990), and Fayol and Lemaire (1993). One assumption in Kintsch and Van Dijk’s model is that comprehension happens in real time. Processing the linguistic cues in a text and relating them to conceptual knowledge is constrained by the limitations of short-term memory. This circumstance forces cyclical, iterative processing. In Kintsch and Van Dijk’s model, text is represented at three levels. The verbatim trace or surface of a text is the memory of specific words or phrases.⁴ The text base represents the meaning of the text, and consists of a partially ordered list of connected propositions. Within the text base, Kintsch and Van Dijk distinguish between microstructure and macrostructure. The microstructure contains ‘local’ information, “corresponding to the individual words and their relationships in the text” (Mross, 1990, p. 55). Argument overlap, or co-reference, results in local coherence. The macrostructure of the text base represents global information; it represents the level of gist, topic, main ideas of the text. Correspondingly, global coherence operates at the level of the text as a whole. The macrostructure results from the operation of so-called macro-rules, which “relate sequences of propositions at the local level to higher-level sequences of propositions, in so



doing yielding the global meaning of the discourse" (Mross, 1990, p. 59). The macro-rules (deletion, generalization and construction) operate recursively on the micropropositions, and thus produce a hierarchical, partially ordered list of propositions. Superstructures, in Kintsch and Van Dijk's (1978) terms, are abstract cognitive structures that correspond to conventionalized types of discourse (e.g. narrative). Superstructures are, as Mross points out (1990, p. 59), "more of a description of the overall form that a discourse *may take* and are *not* a representation of the semantic content of a particular discourse", in contrast to the macrostructure. Kintsch and Van Dijk further hypothesize that, in addition to the text base "readers construct a structure referred to as the situation model" (Mross, 1990, p. 62), in order to account for phenomena such as learning from texts, i.e. using information from texts, as opposed to remembering a text. Whereas Kintsch and Van Dijk's (1978) model proposes that the processing of micropropositions results in macrostructure (see above), other authors (e.g. Johnson-Laird, 1983; see also Van Dijk and Kintsch, 1983) stress the role of general world knowledge, and a heuristic model of processing.

The differentiation between micro-, macro- and superstructures, and between micro- and macroprocessing has been attractive to researchers in the area of memory (impaired or otherwise), and various impairments of linguistic and cognitive functioning. Mross (1990), as well as giving a detailed précis of the Kintsch and Van Dijk model in its philosophical and historical context, summarizes experimental studies on short-term and long-term memory and text processing. In the field of aphasia studies, Ulatowska and her colleagues in the 1980s investigated micro- and macrostructure availability in the production of procedural and narrative discourse (Ulatowska, Doyel, Freedman-Stern, Macaluso-Haynes, & North, 1983; Ulatowska, Freedman-Stern, Weiss-Doyel, Macaluso-Haynes, & North, 1983; Ulatowska, North, & Macaluso-Haynes, 1981). The superstructures of Kintsch and Van Dijk's model are here defined as "categories of story grammar", or "sets of instrumental scripts" (Huber, 1990, p. 171). The general conclusions are that even where significant language impairment at the syntactic and lexical level is present, the most essential elements were recognizably preserved. As Huber (1990, p. 172) points out, "methodologically, the discovery of macropropositions is difficult to achieve", given that macropropositions are abstractions and therefore not directly accessible. Ulatowska, Freedman-Stern, Weiss-Doyel, Macaluso-Haynes, and North (1983) chose to identify essential propositions empirically, as those most frequently used in the story summaries of their non-impaired control group. They found that none of the participants with aphasia produced the complete set of essential propositions, but that nonessential ones were omitted more often.

Huber (1990) contrasts heuristic macroprocessing and algorithmic microprocessing, the former relying significantly on world knowledge, the latter on linguistic knowledge. He summarizes experiments in text-picture matching, comprehension of metaphorical idioms, story arrangement (with cartoon stimuli), and verbal description of cartoon stories. Overall, the studies pointed towards knowledge based macroprocessing as "the preferred mode of text



processing” in aphasia. However, they also found that macroprocessing was not completely spared in persons with aphasia, either in production or in comprehension.

In a review of aphasic discourse analysis, Armstrong (2000, p. 880) finds that investigations of micro- and macrostructural deficits in aphasia research have led to a separation of levels of processing “to the point where it has been suggested that a dissociation between the skills required for intact microstructure and macrostructure of text may exist”. Glosser and Deser (1990) suggest that hemispheric specialization of micro- and macrolinguistic skills may underlie a dissociation. However, the existence of such a dissociation is not universally accepted (see e.g. Christiansen, 1995). Armstrong, who approaches micro- and macrostructure from the perspective of discourse coherence, calls for further research into the possible links between the two levels of processing, as well as investigations into their organization in speakers with aphasia.

The differentiation between micro- and macro-levels of processing has also been applied to populations with impairment other than aphasia. Coelho, Grela, Corso, Gamble, and Feinn (2005) summarize relevant research in the area of traumatic brain injury (TBI). They report on a study utilizing propositional density at the microstructural level, which finds that persons with TBI produce narratives with lower propositional density (number of propositions per sentence) than persons without brain injury. Myers (1993) summarizes findings on deficits in narrative production in persons with right-hemisphere damage, among them macrostructural deficits.

Research involving persons with various types of brain damage assumes, in general, that neural correlates of characteristics of texts (e.g. propositional density) can be identified; in other words, a departure from well-formedness reflects patterns of processing deficits. At times, however, the terms micro-, macro- and superstructure are used in a more or less theory-neutral fashion in the clinical literature. Cherney, Shadden, and Coelho (1998, p. 5), for example, refer to micro-, macro- and superstructural *analyses*, the first being defined as a focus on the word or sentence level, investigating the “small elements” in a text and the relationships between them. Macrostructural analyses operate at the level of the text, looking at “gist, theme, or main ideas”. Superstructural analysis “overlies the text”; the term is essentially used in the sense of genre or discourse type. Thus terms that were originally conceived of as distinguishing between levels of processing become analytic, or assessment, categories, that do not necessarily make an *a priori* claim to psychological, or neural, reality.

1.3 Perspectives from Discourse Processing: Story Grammars

Narratives have been an object of analysis for many disciplines within the humanities, sciences and cognitive sciences (see Johnstone, 2001, for an overview). While there is great potential for the use of narratives (especially



personal autobiographical narratives) as a tool to explore the social construction of disease and disorder, the analysis of narrative structure has also been frequently used to investigate patterns of cognitive and linguistic deficit in the context of various types of impairment.

Story grammars were developed, in the 1970s, within a generative perspective on language and language processing which, however, aspired to provide formal models of language beyond the level of isolated sentences (see above). Story grammars are, in essence, “systems of rules defining the regularities found in narrative texts” (Fayol & Lemaire, 1993, p. 4).

Stein and Glenn’s (1979) story schema is an example of such a grammar. Initially drawing on, and then departing from, earlier work by Rumelhart (1975), they propose to set out a grammar that represents the internal representation involved in comprehending (and, by implication, producing) stories. The story grammar has a set of ordered generative (or ‘rewrite’) rules that specify category structures and intercategory relations; further, a “story consists of a setting category plus an episode system” (Stein & Glenn, 1979, p. 59). The internal structure of a simple episode comprises (1) an initiating event, (2) the protagonist’s internal response to (1), (3) her or his internal plan to achieve a goal, (4) an attempt to carry out the plan and attain the goal, (5) the consequence of (4), and (6) the protagonist’s reaction to (5). A story’s episode system consists of one or more episodes linked by the connectors AND (includes simultaneous or a temporal relation), THEN (includes temporal but not direct causal relations), or CAUSE (includes temporal relations which are causal in nature) (Stein & Glenn, 1979, pp. 60–2; see also e.g. Mandler, 1984; Mandler & Johnson, 1977). Story grammars have not been universally accepted as adequate models of story processing; however, as Fayol and Lemaire (1993) point out, canonical story structure has widely been considered a relevant factor.

The notion of story grammar has experienced considerable popularity as an analytical tool in the investigation of narratives produced by persons with a variety of linguistic and cognitive impairments. For example, Roth and Spekman (1986) used Stein and Glenn’s (1979) structure, with slight modifications, to analyze oral narratives by children with learning disabilities, who produced stories containing fewer propositions overall, fewer complete episodes and fewer Minor Setting statements than normally developing controls. Jordan, Murdoch, and Buttsworth (1991) replicated Roth and Spekman’s procedure with groups of children with closed head injury (CHI). In contrast to other studies discussed in the paper, story grammar analysis did not result in significant differences between narratives by children with either mild or severe CHI and those by normally developing peers. Ska and Guénard (1993) analyzed narratives produced by persons with dementia of the Alzheimer’s type (DAT) using Stein and Glenn’s (1979) categories. They found that persons with DAT produced fewer story components than normally aging controls, made sequential-order errors, and produced more irrelevant propositions. In addition, for both participants with DAT and controls, the nature of the task (narratives produced with no visual stimulus, with a single picture stimulus,





or an ordered series of pictures) significantly affected performance. Pearce, McCormack, and James (2003) used picture stimuli (a wordless picture book, and an isolated picture) to elicit oral narratives from children with specific language impairment (SLI), normally developing (ND) age-matched peers, and children with language impairment and low non-verbal ability (LNVA). Children with SLI produced more complex stories than children with LNVA, but only with the wordless picture book. The authors interpret their findings as challenging notions about SLI as “a unique classification that may be defined by morphosyntactic characteristics” (p. 331). McDonald and Turkstra (1998) review literature on assessing pragmatic language function, including story grammar analyses of narratives, in adolescents with traumatic brain injury (TBI). Coelho, Youse, Le, and Feinn (2003) included elements of story grammar analyses (number of complete and incomplete episodes, and the completion of T-units contained within episode structure) in a discriminant analysis of narrative and conversational discourse produced by adults with CHI and non-brain injured adults.

In terms of story grammar, a well-formed story is one that contains the elements specified in the story grammar, and no (or little) extraneous information that would distract from the well-formed story structure. McCabe and Bliss (2003, pp. 12–14) urge caution in the use of story grammar analysis as an assessment tool for children’s narrative production. Story grammar analysis does not necessarily discriminate between children with and without language impairment, particularly on story-retelling tasks. Furthermore, a prescriptive use of story grammar in the sense of an assessment template produces a bias against narratives which are not produced in the European tradition.

1.4 A Perspective from the Philosophy of Language: Speech Acts in Theory and Practice

Communicative intent, its expression and comprehension – in other words, what people do with language – is of course a fundamental concern in clinical contexts. Austin’s (1962) tripartite division of a speech act into *locutionary act*, *illocutionary act*, and *perlocution* looks simple and straightforward. A locutionary act, or locution, is a speaker’s use of words with determinate sense or, in other words, unambiguous meaning, and reference. The *illocutionary act* or *illocution* is the act carried out by the speaker uttering the locution; in other words, the illocution embodies the speaker’s intention in making an utterance. The *illocutionary effect* is the addressee’s (or listener’s) recognition of the speaker’s intention (Searle, 1969). The listener’s acting upon the speaker’s expressed intention is the *perlocution*, or *perlocutionary act*. The effect, or force, of an utterance is a source of meaning that can be distinguished from the truth or falsity of a sentence, another source of meaning. To illustrate, the proposition



expressed by means of the sentence *It's raining* will be true if at the time specified (the present) watery precipitation is indeed happening. However, the sentence can be used in an utterance to express, for example, a reminder by the speaker to the listener to pick up an umbrella before stepping outside, or as an excuse by the speaker when asked why she hasn't cut the grass yet. Certain conditions, often referred to as *felicity conditions* (see e.g. Austin, 1962; Searle, 1969, 1975) have to be met for illocutionary acts to be successful, i.e. lead to the desired perlocutions. For example, a promise can only 'count as' a promise if the action to which a speaker is committing represents something that is desirable to the addressee.

Searle (1975) classifies illocutionary acts into five major categories, using their *illocutionary point* as a criterion. The illocutionary point can be described as the main source of meaning of the illocutionary act. As an illustration, an order has the same illocutionary point as a request: the speaker's intent is that the addressee will carry out an action. However, the former has an element of compulsion or obligation on the part of the addressee and an element of authority on the part of the speaker; the latter does not. Searle's classification has been modified by various authors both in terms of terminology and definitions (see e.g. Bach & Harnisch, 1979; Clark, 1996; Levinson, 1983); the following is based on Searle (1979, pp. 12–20).

Illocutionary acts	Illocutionary points
Assertives	"commit the speaker . . . to something's being the case, to the truth of the expressed proposition" (p. 12).
Directives	"are attempts by the speaker to get the hearer to do something" (p. 13).
Commissives	"commit the speaker to some future course of action" (p. 14).
Expressives	"express the psychological state specified in the sincerity condition about a state of affairs specified in the propositional content" (p. 15); "express a feeling toward the addressee" (Clark, 1996, p. 135).
Declaration:	"bring about some alteration in the status or condition of the referred to object . . . solely in virtue of the fact that the declaration has been successfully performed" (p. 17).

Subclassifications of these basic categories can be found in various treatments and applications of speech act theory; we shall return below to potential problems of taxonomies and their applicability to texts.

As mentioned above, the success or failure of a speech act depends on the addressee's 'uptake', which presupposes that the addressee recognizes the illocutionary force and acts accordingly. In day-to-day language use, speakers typically do not have any problems with decoding a declarative sentence form





that could in some context express the illocutionary point of an assertive ('I'm cold') as a directive (the point of which is to get the hearer to achieve a rise in the ambient temperature, e.g. by turning the heating up). Speech act theory (SAT) distinguishes between *direct* and *indirect* speech acts. In the former category, there is a direct mapping between sentence form and illocutionary force, or, to put it differently, the illocutionary force is derived from grammatical structure and semantic meaning (e.g. 'I'm cold' used as an assertive). With indirect speech acts, a distinction is made between primary and secondary illocutionary acts, where the primary act consists of the 'literal' act, whereas the secondary (and dominant) illocutionary act is inferable (e.g. the use of a 'literal' assertive to perform a directive). Various mechanisms have been proposed to account for how a listener arrives at a speaker's intended interpretation of an illocutionary act, including reference to felicity conditions, Gricean implicature (Grice, 1975; Searle, 1975), idiom theory and convention, and so-called *ifids*, or 'illocutionary force identifying devices' (Levinson, 1983) (see e.g. Geis, 1995; Grundy, 1995, for summaries and discussions).

1.4.1 Critiques of SAT and its application to contextualized data

Speech act theory as developed in the 1960s and 1970s was not intended as a framework for the analysis of naturally occurring conversational language, nor indeed as a taxonomy to capture the cognitive (even less the neurological) processes underlying the expression of communicative intent in authentic communicative situations (see e.g. Searle, 1986). Indeed, the limitations of SAT in terms of its applicability to contextualized, interactive language use have drawn much comment. For example, H. H. Clark (1996, pp. 136–9) points out that Searle's basic five categories are too general to generate all possible illocutionary acts. Further, he notes that there is an assumption that an illocutionary act belongs to only one category; however, utterances, in practice, can and do fulfill multiple functions simultaneously. In Clark's discussion, the greatest drawback of Searle's approach is the almost exclusive focus in SAT on the speaker's actions, all but ignoring the listener's contribution (but see Austin, 1962). According to Clark, "illocutionary acts . . . can be accomplished only as parts of joint actions, and the same is true for perlocutionary acts" (1996, p. 139). Clark makes reference to Streeck's (1980) critique of SAT and subsequent attempt to extend and modify the theory into a framework that lends itself to the analysis of naturally occurring interactive language. Streeck identifies several principles which a theory of communicative interaction needs to accommodate: Interaction cannot be reduced to intentional action on the part of the speaker (pp. 146–7). Meaning is constituted interactively, rather than predetermined (pp. 147–9), so that "[i]llocutionary forces are created and can only be identified within the context of prior and subsequent speech acts" (p. 149). Further, SAT's insistence on the complete sentence as the typical grammatical form of an illocutionary act is problematic, since what functions



as a communicative unit is constructed interactively (pp. 149–50). A further principle is the indefiniteness of shared understandings (pp. 150–1). According to Streeck, an analysis of speech acts only makes sense within a framework for the analysis of interaction, which aims to discover the participants' "methodic *procedures* for accomplishing shared understanding and coordinated behavior" (p. 151). This call for procedural, as it were, analysis of situated talk of course brings us into the neighborhood of conversation analysis (see further below, and Wilkinson, chapter 6 in this volume).

Lesser and Milroy (1993, p. 149) point out that "indeterminacy and multiplicity of meaning have plagued attempts to apply a speech-act framework to *situated* speech . . . But from the point of view of the practical analyst, perhaps the most serious problem is that meanings seem to be jointly negotiated as conversation proceeds, interpretation cosequently changing as the discourse unfolds." They also stress the problematicity of using top-down analyses that attempt to specify sets of rules for the production and interpretation of utterances, and the need for more bottom-up "empirical analysis" that approaches contextualized data with a "minimum of prior theoretical constraint" (p. 151).

1.4.2 *Applications of concepts from SAT in clinical domains*

Lesser and Milroy (1993, p. 147) comment on SAT that while "it hardly holds water as a theoretical model [to be applied to authentic communication], some of its basic distinctions and concepts are quite fundamentally relevant to clinical practice", which would explain why, for several decades, many researchers have sought to apply concepts from SAT to clinical data, in a variety of contexts. As elsewhere in this chapter, the examples given below are intended to be illustrative, rather than exhaustive. Our focus will be on taxonomies, categories and classifications, rather than on the results of individual studies.

Classifications from SAT have been used in the construction of communication assessments. The earlier version of Prutting and Kirchner's (1983) Pragmatic Protocol includes a taxonomy of behaviors based on SAT, distinguishing between utterance acts (how a speaker presents a message), propositional acts (linguistic meaning), illocutionary acts and perlocutionary acts. In the later (1987) version of the Pragmatic Protocol, this classification was abandoned; the notion of speech acts (*speech act pair analysis* and *variety of speech acts* are to be rated as either 'appropriate' or 'inappropriate', or 'no opportunity to observe') was, however, maintained. The Profile of Communicative Appropriateness (Penn, 1988) includes the management of indirect speech acts (without further subclassification) as one aspect under the metacategory of sociolinguistic sensitivity. Damico's Systematic Observation of Communicative Interaction (see e.g. Damico, 1991) is a tool for 'real-time' observation of communicative interaction which uses Bach and Harnisch's (1979) modification of Searle's original classification of illocutionary acts as a framework. Inappropriate execution of illocutionary acts is classified by means of 16 types of problematic verbal that are categorized according to Grice's maxims of conversational cooperation



(Grice, 1975; also Ahlsén, chapter 2 in this volume), as well as four types of problematic non-verbal behaviors. (See Adams, 2002, for a review of other assessment methods and analytic procedures that employ concepts from SAT, among other aspects of interaction and pragmatics.)

Attempts to use concepts and taxonomies from SAT have frequently led to extensions and modifications of the original classification, both on the level of *what* is categorized (speaker's intent, as in 'classical' SAT, or other levels of interaction as well as speaker's intent, or comprehension of speaker's intent), and *how* the taxonomies are structured. Given that the development of intentions and their expression is a cornerstone of cognitive and linguistic maturation, it is not surprising that the area of child language development (both normal and disordered) represents a particularly rich, and sometimes bewildering, array of classification schemes. Bates, Camaioni, and Volterra (1975) applied the tripartite conceptualization of the speech act into perlocution(ary act), illocution(ary act) and locution(ary act) to the communicative development of children, drawing on Piaget's developmental model, and used them as labels in a chronological stage model: The first stage is the *perlocutionary* stage (birth to approximately 8 months, by the end of which the child produces goal-directed behaviors. During the second stage, labeled the *illocutionary* stage (approximately 8–12 months), the child conveys a range of intentions, by gesturing and the use of phonetically increasingly consistent vocalizations. The *locutionary* stage (from approximately 12 months) begins with the production of the first meaningful words.

Halliday's longitudinal observations of his son (Halliday, 1975) resulted in seven categories of the expression of communicative intentions with the introduction of the first words (Instrumental, Regulatory, Interactional, Personal, Heuristic, Imaginative, Informative). Dore's (1974, 1975) classification of the communicative intentions of children at the one-word stage distinguishes nine major categories of so-called 'primitive speech acts' (Labeling, Answering, Requesting action, Requesting an answer, Calling/addressing, Greeting, Protesting, Repeating/imitating, Practicing (language). In the language of preschool children, Dore (1978, 1979) makes 38 distinctions in total, in six major categories (Requestives, Assertives, Responsives, Regulatives, Expressives, and Performatives). Fey's (1986) coding system of speech acts distinguishes the major categories of requestives, assertive acts, and performatives, all with several subcategories.

Ninio, Snow, Pan, and Rollins (1994) review several taxonomies of speech acts, as well as a number of studies that apply speech act classifications to the spoken language output of children with a variety of communicative disorders. They come to the conclusion that "there is rather little comparability of analysis across the various studies" (p. 161) and, further, that it is not sufficient to classify communicative intent in terms of an illocutionary act. Their classification scheme distinguishes between the propositional or semantic level, the performance or speech act level, the interactive level, and the conversational level, with the caveat that these levels are easily distinguishable, but that "there are undoubtedly more" (p. 157). The authors offer the "Inventory of



Communicative Acts-Abridged (INCA-A)”, which distinguishes between 22 interchange types and 66 speech acts. Rollins, Pan, Conti-Ramsden, and Snow (1994) distinguish three levels of communicative act, namely the social interchange, speech act and conversational levels. Their major speech act categories (with subcategories of “openers” and “responses” for each with the exception of the category “other”) are: directives, statements/declarations, questions, commitments, and other (p. 199).

Research employing various taxonomies of speech acts is not restricted to the investigation of child language development and disorders. For example, Ripich, Vertes, Whitehouse, Fulton, and Ekelman (1991) adapt their classification of speech acts from Dore (1979). Causino Lamar, Obler, Knoefel, and Albert (1994) include the categories “directives” (and responses to directives), comments and representatives, and expressives and commissives in a series of 13 pragmatic parameters (derived from Prutting & Kirchner, 1983) in their investigation of conversations between persons with late-stage Alzheimer’s disease and hospital care staff.

The distinction between direct and indirect speech acts has also received considerable attention in clinical contexts. Stemmer (chapter 4 in this volume) outlines research in this area as involving persons with right-hemisphere damage and other acquired neurological impairment, and the reader is referred to that chapter for more detailed discussion. Earlier experimental literature relating to how listeners use contextual information in identifying the intended meaning of an utterance (e.g. whether an interrogative serves as a request for information or as an order) is summarized in Abbeduto, Furman, and Davis (1989) (see also Lesser & Milroy, 1993, with specific reference to aphasia).

That the existence of multiple taxonomies and categorizations makes it difficult to make comparisons between studies has been remarked upon by many researchers (see e.g. Lesser & Milroy, 1993; McTear, 1985; Ninio, Snow, Pan, & Rollins, 1994; Rollins, Pan, Conti-Ramsden, & Snow, 1994; also Perkins, chapter 5 in this volume, and forthcoming). This *embarras de richesses* of course also represents the continued search for methods to systematically, reliably and categorically capture the logical, syntactic, and interactive relationships between communicative intent and linguistic expression over several decades (see e.g. Geis, 1995 for a comparatively recent attempt to synthesize principles from speech act theory, conversation analysis, and artificial analysis in natural language processing). However, it also points towards the inherent problemat�city of top-down approaches in the analysis of human communicative activity.

1.5 Social and Cultural Discourses of Disorder and Impairment: Critical Approaches

Critical approaches to discourse investigate the linguistic and non-linguistic social practices that contribute to and express the world views and sense of self of individuals within a society, and that both reflect and give rise to value



systems and ideologies. Our discussion of the investigation of discourse as a social-cultural process draws its illustrations mainly from the field of dementia studies, and is based in part on the more detailed discussion in Guendouzi and Müller (2006). In the areas of gerontology, investigations of normal and pathological aging, and dementia studies, critical analyses have gained much prominence over the past two decades, in particular in the so-called 'caregiving' or 'caring' professions, such as nursing, elder care, and geriatric medicine (see e.g. Golander & Raz, 1996; Kitwood, 1990, 1997; Sabat, 2001).

1.5.1 *Critical Discourse Analysis and Discursive Psychology: philosophical and political roots*

Two influential approaches in the critical tradition are Critical Discourse Analysis (CDA) and Discursive Psychology (DP), both seeking to investigate the values and constructs underlying, and giving rise to, discourses of various types. Critical approaches allow researchers to describe, interpret and explain how language is used to accomplish clinical interactions and interventions (Candlin, 1995).

CDA "primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political contexts" (Van Dijk, 2001, p. 35). Texts are viewed as the products of social and historical traditions, and it is the analyst's task to situate current discourses within those traditions. CDA looks for patterns within texts that may reveal the interests and influences of particular groups within society. An important contributing tradition to CDA is critical linguistics (e.g. Fowler, Hodge, Kress, & Trew, 1979; Kress, 1988; Mey, 1985), a major objective the examination of power and ideology (Fairclough, 1989; Hodge & Kress, 1992). CDA analysis, however, is more than just a commentary on texts, but calls for a systematic analysis of the form and organization of texts. CDA has also drawn on traditions that are not primarily linguistically oriented, for example work in media studies by the Glasgow University Media Group (1976) and by Stuart Hall and colleagues (1980), and studies by Anthony Giddens in sociology (1976, 1991). Unlike conversation analysis, CDA does not regard conversational interaction as the prime site of analysis. Rather, it takes a broader perspective to include non-conversational spoken, written, and non-linguistic texts, for example images (e.g. Kress & van Leeuwen, 1996). Critical approaches are multi-layered and situate their data samples within broader social and institutional discourses. For example, work in gender studies has looked at how women's talk is embedded within the patriarchal texts of Western cultural and historical traditions (see e.g. Cameron, 1992; Coates, 1996).

CDA is not a philosophically or politically neutral form of analysis (see e.g. Verschueren, 2001). It draws on a long line of philosophical traditions, and often makes reference to prominent social philosophers and social scientists (e.g. Bakhtin, 1981, 1986; Bourdieu, 1991; Foucault, 1984; Habermas, 1989). Fairclough (1995) suggests that CDA is a successor to the tradition of European



philosophy and critical theory, and much of the early work in CDA has been grounded in the Marxist tradition (e.g. Althusser, 1971) and the notion of power struggles. Drawing on Gramsci's work (1971), "which foregrounds the winning of consent in the exercise of power" (Fairclough, 1995, p. 27), CDA suggests that ideological perspectives are embedded within our everyday discourse practices, and institutions are held together as much by discourse practices as by constitutional power. Therefore if we study the organization of those discourses we can examine how ideologies affect our everyday interactions. Thus, CDA starts from the premise that discourse practices represent the "social power of groups and institutions" (van Dijk, 2001, p. 354).

Discursive Psychology (DP) is a critical approach that draws on the tradition of ethnomethodology in seeking to understand the individual's own perspective of the world. Potter (2003, p. 6), drawing on Edwards (1997), suggests that one of the "central themes in discursive psychology is the way that versions of the world and versions of psychological states are linked together in talk for the purposes of action". DP, like conversation analysis, calls for researchers to approach their data with an open mind, and to avoid bringing preconceptions of power to the analysis. DP does, however, examine how ideologies are linked to the psychological constructs of the individual, and utilizes "the analytical resources of both discourse analysis and conversation analysis" (Potter, 2003). Thus, although DP may seek to make links to ideologies it does not posit *a priori* viewpoints.

1.5.2 *Critical approaches to discourses of Alzheimer's disease and dementia*

Media discourses

A powerful mediator of public awareness of health issues is the institutional, political and economic perspective of the news media. Negativity is a strong news value (Galtung & Ruge, 1973); 'bad news is good news' (Fowler, 1991; Bell, 1991). Stories involving death, disease or crime gain wide media coverage, they attract a large audience and are therefore profitable for the owners or shareholders of media companies.

Alzheimer's disease, along with its accompanying deterioration of cognition and communication, has received a great deal of media attention in recent years. The most dominant themes emerging from the media relating to dementia are that of a horrific loss of self, and the rapidly growing number of people diagnosed with dementia. Televised documentaries of people living with dementia tend to focus on the negative aspects of dementia, on progressive and irreversible loss of independence and functioning. The public is made very aware, and indeed potentially very fearful, of the growing 'threat of dementia', and of increasing numbers of persons diagnosed with a dementing disease (such as Alzheimer's disease); the latter circumstance is at times referred to as an "Alzheimer's epidemic". An example from a newspaper (see



below) reveals themes of hopelessness and negativity in current public discourses that dehumanize people with dementia:

Alzheimer's disease [is] a progressive and frightening neurological disorder . . . it begins as forgetfulness. As time passes the brain increasingly malfunctions, resulting in profound deficiencies in cognitive thought. This eventually ends in a catastrophe: extreme confusion, loss of judgment, inability to recognize loved ones, belligerency . . . in the truest sense of the word the advanced Alzheimer's patient has lost all of the qualities that make him or her human. (Gott, 2004)

Negative images may raise public awareness and therefore result in more public pressure for funding for research and treatment. However, research has shown that repeated, continuous exposure to negative images may result in a general acceptance of these socially constructed stereotypes (e.g. Fowler, 1991; Hodge & Kress, 1992). Continuous dwelling on negative images of the threat of terminal cognitive deterioration and loss of self may thus lead to an acceptance of this stereotype as 'inevitable', or even 'inescapable', and therefore be counterproductive in terms of mobilizing public pressure.

Discourses of 'selfhood' and 'personhood': the social construction of self and dementia

Debates surrounding the concept of 'self' stretch (at least) as far back as Socrates, and are still with us in recent and current critical thinking (e.g. Dennett, 1990), neuroscience (e.g. Damasio, 1999), genetic research (e.g. in the area of research involving embryonic stem cells) and artificial intelligence (Clark, 2003; Kurzweil, 1999). Whether the self should be conceptualized as a product of evolution (Barkow, Cosmides, & Tooby, 1992), of physiology (LeDoux, 2002), or as an emergent phenomenon of social interaction, we appear no closer to a definitive answer than earlier philosophers and researchers. Indeed, much depends on how 'self' is defined (a thorough discussion of which would lead us beyond the scope of this chapter).

The self as a socially constructed entity may at first sight be a philosophical concern of limited relevance to the clinical professions and research communities. However, perspectives on selfhood and personhood, and the possible or probable links between a person's self or sense of self, and the functioning of the brain (both 'higher' and 'lower' neurological functions) present medical and moral dilemmas. For example, at what point in a progressive degeneration of the brain does 'loss of self' occur? Of what benefit are social contacts to a person with dementia (e.g. in nursing homes); conversely, what harm does social isolation cause to a dementing brain, and the person that this brain inhabits? Can intervention geared towards maintaining a sense of self, or personhood, be effective (and how would such effectiveness be assessed, or measured)? Following on from this, should such intervention be considered a right, and therefore be available to all? Questions of what constitutes 'selfhood' or 'personhood' are highly relevant to how we treat persons with dementia



(especially progressive dementias, such as dementia of the Alzheimer's type), both in the medical sense, and in terms of according them the status of social human beings.

Experimental reductionist science centers on the "psychometric person" (Sabat, 2001, p. 263), a context-free personification of measures and norms used to assess impairment. This of course cannot capture the real-life variations and context-dependent fluctuations in functioning we see in the daily life experiences of persons with dementia. Therefore, Sabat (2001, p. 171) proposes to view persons with dementia as "semiotic or meaning-driven subjects", to consider whether they are capable of forming and retaining (1) intact goals, (2) intentions, and (3) long-standing dispositions, and how their life-contexts are facilitative or counterproductive in these terms. For example, institutional settings, such as long-term residential facilities, may overregiment the residents' lives to the point where they become overly dependent, lacking the power to influence even minor day-to-day life events or make decisions for themselves. Sabat (2001, p. 97), drawing on work by Kitwood and Bredin (1992), and Kitwood (1997), lists a host of "malignant" social behaviors that people in institutions encounter that impact on the "afflicted person's feelings of self-worth and personhood".

Social construction theory (Coulter, 1979; Harré, 1983, 1991) provides ways of analyzing projections of self within daily interactions. For example, one way to construct self within discourse is through the use of linguistic tokens, such as the pronouns 'I', 'me' or 'you'. These pronouns index the individual's awareness of self as a singularity, separate from their surroundings and identifiable as such. Whether the 'I' is indexical of the individual we have always known or some new 'I' is not always clear to the caregiver or family member. This expectation of unpredictability makes it difficult for others to adjust their orientation to the person with dementia.

Sabat (2001) differentiates between three constructions of 'self'. "Self 1" is the "self of personal identity" a person's experience of personal, individual identity (p. 276). The "self of mental and physical attributes" is referred to as "Self 2" (p. 190). This concept of self includes factors such as the individual's beliefs and cognitive and physical attributes (e.g. being a gifted mathematician, short, thin or blonde). Some of these attributes remain largely unchanged over the course of the lifespan, and are not affected by disease processes (for example dementia), whereas other are (e.g. losing the ability to play chess, or to balance a check book), and these have to be accommodated into a new concept of self. The term "Self 3" (p. 294) refers to the multiple social personae, roles and role-specific patterns of behavior that an individual adopts throughout the lifespan, many of them coexisting with each other, for example those of being someone's child, a parent, a spouse, a co-worker. In order to fulfill their roles, social actors need to be aware of the context, the social status and identity of interlocutors, and their own role in relation to the other persons (e.g. mother, spouse, friend). They also need to discursively position themselves within a specific temporal framework, that is, which aspect of self needs



to be foregrounded in a given situation. A person with dementia may confuse or misinterpret any, or all, of these variables, therefore enacting the 'wrong' role for the particular context or audience, and creating a mismatch between actions and expectations.

Such a mismatch may result in attempts of persons without dementia (e.g. family or professional caregivers) to compensate, which in turn may lead to either overaccommodation (e.g. oversimplification of a communicative situation) or underaccommodation (e.g. preventing further contributions from happening). The dynamics of social interaction require that interactional partners recognize each other's social role(s), intentions and states of mind. Thus, three variables that have an important effect on the dynamics of dementia interactions are (1) the internal concept of selfhood on the part of the person with dementia, (2) the socially negotiated self accorded them by interactional partners, and (3) mismatches between the two. Such mismatches may be difficult or even impossible to resolve, depending on the levels of communicative impairment and the expectations of communication partners.

Critical approaches to discourse and clinical research

Critical approaches to discourse can shed light on the socially constructed values and ideologies that impact the lives of persons with communicative (or other) impairments within their social contexts. Therefore, they can help to raise public awareness, and to identify ideologies that are inimical to the equitable treatment of persons with impairments. However, we need to be aware that there is never only one 'correct' or 'possible' interpretation of texts (see Verschueren, 2001). A further issue arising out of the critical enterprise is that it creates responsibilities: Identification of counterproductive ideologies should be accompanied by attempts to adjust public discourses in order to introduce alternative ways of conceptualizing, for example, dementia or other communicative or cognitive impairment. Researchers in the clinical disciplines can play a role in this process, by carrying out detailed critical analyses of communicative patterns in institutional, medical and media discourses to overcome negative stereotypes, and expectations of failure. Critical approaches to analysis of discourse serve two very important roles in clinical research: CDA can reveal how institutional discourses frame disorder (in relation to, for example, measurable impairment), often identifying impairment with an identity of helplessness, lack of choice, negativity and fear. DP attempts to examine the experience of impairment from the perspective of the person affected. In the case of dementia, for example, it would be overoptimistic to state that any analysis can truly recreate the experience of a person with a progressive deterioration of cognitive and communicative ability. However, work grounded in DP does attempt to let dominant themes (and therefore the priorities and concerns of the person with dementia) arise out of the texts examined, rather than use preconceived expectations of disorder.

Critical perspectives on discourse have not only been applied to dementia. A further context that is experiencing a discussion of the social construction of



disorder is autism and its ramifications. For example, Avdi, Griffin, and Brough (2000) analyze how parents of children with autism represent the ‘problem’ during the diagnostic assessment process, and identify three discourses employed by families in the construction of medical diagnoses, namely the discourses of normal development, the medical discourse, and the discourse of disability. O’Dell and Brownlow (2005) investigate media reports on purported links between the MMR vaccination and the development of autism. They find that a prominent theme in news reports is parental fear of ‘damage’ to affected children (i.e. onset of autism), noting that “[i]mplicit within the debate is the notion that an autistic child/adult is less acceptable than a (supposedly) ‘normal’ child” (p. 194). Thus the emergence of an “autistic identity” (p. 194) is constructed as negative, which, according to the authors, contrasts with the fact that “such identities can be highly valued by those so labelled” (p. 194). Avdi (2005) focuses on the negotiation of a pathological identity in family therapy involving a family with an autistic child. She concludes that dominant medical, pathology-maintaining accounts need to be deconstructed in order to allow for less disorder-centered, less problematic discourses to emerge.

1.6 Whither Clinical Discourse Analysis?

As mentioned in our introductory paragraphs, and illustrated in our discussion, there is a multitude of approaches to discourse (however defined) in the clinical disciplines, using a wide variety of data. Approaches range from the use of top-down frameworks with predetermined categories (e.g. story grammars in their original conception, or speech acts), to bottom-up, essentially emergentist methods such as conversation analysis. In addition, terminologies and concepts have been borrowed from a number of different disciplines, and in this process of adoption their meanings have adapted to a new context of use. Further, a tension can be perceived between ‘naturalness’ of data, and generalizability of findings: On the one hand, the quest for generalizable characteristics of certain types of impairments, typically cast in a traditional reductionist-experimental framework, carries with it the requirement for not only replicability, but also the control of potentially confounding extraneous variables. On the other hand, discourse by its very nature (whether discourse as text, or as an interactional process) is context-shaped, and indeed context-creating.

A potential terminological landmine which thus far we have studiously avoided is the delimitation of discourse and pragmatics. Perkins (forthcoming) discusses this question in some detail. As he points out, whether pragmatics is considered a component of discourse or discourse a component of pragmatics depends on the theoretical tradition framing the inquiry, and the object under investigation. Other chapters in part I of this volume may serve as an illustration of this point: Conversational Implicature (Ahlsén, chapter 2), Relevance Theory (Leinonen & Ryder, chapter 3), Neuropragmatics (Stemmer, chapter 4), conversation analysis (Wilkinson, chapter 6), Systemic Functional Linguistics



(Ferguson & Thomson, chapter 8) and all deal, in various ways and with various types of data, with phenomena of discourse.

Rather than viewing this diverse universe of approaches to clinical discourse as disorderly and in need of unification, we see it as the reflection of a rich tradition of inquiry into human communicative action and interaction, its contributing processes, and indeed impairments. As the sciences contributing to the understanding of human communication continue to progress and interact (see, for example, Perkins in chapter 5 on pragmatic impairment as an emergent phenomenon), so the analysis of clinical discourse will adopt and adapt new frameworks, and in turn contribute to the non-clinical sciences.

NOTES

- 1 For the purposes of this chapter, the term 'clinical' is used as a shorthand to summarize contexts of communication impairment, and data arising out of such contexts, following the convention in use in, e.g., 'clinical linguistics' or 'clinical phonetics'.
- 2 See also Jaworski and Coupland (1999, p. xi) on the multiplicity of definitions of 'discourse' in non-clinical domains: "Whatever discourse is, and however concretely or abstractly the term is used, there will at least be agreement that it has focally to do with language, meaning and context."
- 3 Huber (1990) discusses the problematicity of regarding comprehension and production essentially as reverses of each other.
- 4 Note that Kintsch and Van Dijk's (1978) discussion centers on the reading and recall of texts.

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