Book Review Wray The Dynamics of Dementia Communication

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The Dynamics of Dementia Communication
Alison Wray, Oxford University Press, New York, 2020, 330 pp., ISBN 9780190917814, EUR 78.54 (hardback)

Over the last two decades research about what it is to live with dementia has expanded. In particular communication has been in focus as one of the most painful experiences of both persons living with dementia as well as their relatives is the increasing difficulties in using language in everyday settings, in particular for making conversations. This of course has also stimulated attempts to develop communicative support techniques similar to those found in the nearby field of aphasia rehabilitation. A basic ambition has been to enhance the quality of life both for persons living with dementia, their relatives as well as their formal carers. Still, almost no attempts have been made to develop a comprehensive theoretical framework for helping to understand and explain communicative challenges created by dementia. Alison Wray’s new book The Dynamics of Dementia Communication (Oxford University Press, 2020) is one of the first attempts to present a systematic theoretical framework for understanding and explaining, not only the communicative challenges that are a consequence of dementia, but also a number of the different clinical approaches to enhancing communication in dementia. Wray’s educational background is in linguistics and her research focus is on formulaic language.

The book contains 11 chapters dived into three parts: (i) how dementia affects the linguistic and cognitive systems (chapters 1-6); (ii) the presentation of the communicative impact model of communication and its application to dementia (chapters 7-8); (iii) the application of the communicative impact model to dementia (chapters 9-11).

Chapter 1 serves as an introduction to the book presenting the main problem and the suggested remedy. The chapter starts with the question that motivates the book: “Why is it
difficult to sustain effective communication practices in dementia interaction?” In order to
answer this question a theoretical model is developed in the book that can explain “why our
communicative actions can leave us with negative feelings”; feelings that will affect our next
actions. A specific focus is on the “awkward pragmatic gaps” that are created when one
interlocutor is not sure about what the other knows and thus what they should say or do next.
In the book, the argumentation is presented in three steps: first a number of factors
constraining communication with people living with dementia are introduced: cognitive,
linguistic and social constraints as well as constrains on the communication. In a second step
the “communicative impact model” is introduced and discussed. In a third step possibilities to
optimize communication are discussed.

Chapter 2 focus on how the different types of dementia impact language functions.
Alzheimer’s disease – the most common type of dementia – results in symptoms having to do
with word finding difficulties and later on a tendency to replace content words and the use of
neologisms. Among the frontotemporal dementias more specific effects on the linguistic
functions can be noted. In for instance semantic dementia speech fluency is not affected while
the connection between word and meaning becomes disrupted. In vascular dementia language
is less affected. Some of the effects of brain degeneration seem to be constrained through
what has been called the brain or cognitive reserve. Both these concepts refer to the fact that
individuals with higher education seem to receive a dementia diagnosis later than those with a
shorter education. A reason might be that in particular education and occupation seem to
favor the development of “extra” brain capacity which can be used when the degenerative
processes of dementia impair the brain.

In chapter 3 the role of memory in communication is discussed. The discussion is based
on the various memory systems often used by experimental psychologists (i.e., long-and
short-term memory, episodic and semantic memory) and how these systems are affected by
ageing and dementia. Impairment of the memory systems affects communication directly through for instance challenges to working memory making it difficult to keep track of ongoing conversation; and indirectly when challenges to in particular the episodic memory might affect the self-confidence of the person living with dementia as they no longer are “reliable witnesses to their own experiences and knowledge” (p. 53). This in turn can lead them to withdraw from social interaction or it can result in conflicts with interlocutors, overemphasis of own standpoint and high emotions.

Chapter 4 is about the construction of dementia as a disease and especially how social attitudes and contextual factors shape how healthy people interact with people living with dementia and how their beliefs about dementia affect communication. Dementia is constructed as a disease mainly through medical discourse. The medical conception of dementia is further supported by the use of tests in clinical contexts, something that often results in low expectations about people living with dementia being able to engage in communication. A number of factors are discussed that might counteract the negative expectations and beliefs about the communicative abilities of people living with dementia. Among the protective factors social and emotional reserves are the most important. These reserves are factors like positive attitudes, social and emotional support and credibility, as well as social groups that might facilitate communication.

Chapter 5 focuses on how the constraints on communication affect the experience of persons living with dementia as well as their carers. People living with dementia will experience difficulties in connection with communication as they lose confidence as expressive agents. Carers generally experience a heavy burden as a result of their attempts to sustain communication. Again, this burden is reduced by the social and emotional reserve they have access to.
Chapter 6 presents an overview of various approaches to communication in care. In total 12 different programs for enhancing communication with people living with dementia are presented and some of these are discussed in further detail. A set of core principles are identified: address the person as a person; accommodate to his/her needs; be aware of what you are doing and what effects it has. Although communication with people living with dementia is shaped by the totality of the social and emotional context, the healthy partner’s self-awareness is central to improved communication.

In chapter 7 the “communication impact” model is presented. Central to the model is the assumption that communication starts with the speaker having an intention directed toward another person (“What I want to achieve”). This intention is then forwarded to the “Communicative Demand Management System”, an internal system that includes an assessment of best way to go about achieving what is wanted and a sub-component that gathers necessary linguistic resources (“the resource component”). Finally, this intention designed for a specific context and expressed in words is expressed as a verbal speech output (“the processing component”). This output will have a certain potential communicative impact on the interlocutor. Depending on the hearer’s understanding of the communicative output from the speaker, the actual impact may be assessed by the speaker.

Chapter 8 explores some theoretical underpinnings of the communicative impact model. Some of the arguments come from evolutionary research stressing the socio-biological background of communication. Other arguments come from pragmatic theory for understanding the grounding of communicative intentions in an understanding of the communicative context. Finally, there is a brief discussion about “the resource component” that formulates the output as well as “the processing component” responsible for the execution of the production.
Chapter 9 explores how the communicative impact model is used to pinpoint the problems and challenges that can emerge on the way from intention to potential and actual communicative impact. Many difficulties are related to the problem people living with dementia have with both decoding input and finding a linguistic resource (words or structure). For each of the problems with the internal systems a number of different solutions are possible in terms of output, i.e., the generated verbal message. When a person living with dementia for instance is unsure about who they are talking to and in what kind of situation they are participating and the interlocutor gives a negative response, this might result in experiences of embarrassment or frustration. Thus, interlocutors need to use effective methods when persons living with dementia cannot express themselves adequately.

Chapter 10 discusses how people living with dementia are positioned starting with a distinction between the concepts of being different in kind or degree. Positioning a person living with dementia as different in degree would involve terms that would stress the similarities with the interlocutor. Using negative words about the person living with dementia instead would position the person as being of a different kind. Thus, perceiving someone in terms of degree or kind could result in communicative behaviors that include or exclude others.

Chapter 11 summarizes the priorities for improving communication with people living with dementia. Although kindness and respect are important in improving communication, understanding what people are trying to say and do can engender empathy and help us understand that persons living with dementia are persons like anyone else and thus deserves dignity and respect.

Wray’s book is an ambitious, original, comprehensive and thoughtful attempt to present a theory about the communicative challenges and possibilities people living with dementia experience. A such, it brings together an impressive amount of research about dementia as a
disorder, as well research about the cognitive, linguistic and social challenges people living with dementia face and the various factors that might facilitate communication. A limitation of the book is that it is based on an individualistic view of communication: an individual attempting to express something in order to influence another person. Thus, much of the research from recent years based on communication in interaction involving persons living with dementia, their relatives and carers, is not included in the book.

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