Avoiding interactional conflict in dementia: The influence of gender styles in interactions¹

Abstract

Sociolinguistic research in the general population has established the existence of gender differences in the social use of language. In particular, it has been noted that women use more markers of politeness, small talk and structural devices (e.g. minimal responses, tag questions) to help maintain their conversations. Analysis of interactions involving people with dementia (PWD) suggests that these gender based differences were still present in the face of dementia. Furthermore, the use of these forms of language helped the women with dementia *to avoid conflict* and extend the length of their interactions. This study investigated whether the use of such language helped or hindered women with dementia in maintaining conversational satisfaction.

Key words: gender, politeness, dementia, interactional resources

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¹ Guendouzi, J., Meaux, A., & Müller, N. (2016). Avoiding interactional conflict in dementia: The influence of gender styles in interaction. *Journal of Language Agression and Conflict*, 4:1, 9-35. DOI 10.1075/jlac.4.1.01gue

1. Introduction: Socialized gender differences in talk

Early sociolinguistic research in the general population claimed that there were marked differences in the language use of men and women (e.g., Fishman 1978; Lakoff 1975; Thorne & Henley, 1975; Zimmerman & West, 1975). These claims were also supported by more recent work (e.g., Coates 1998; 2013; 2014; Coates and Pichler 2011; Guendouzi 2006; Sunderland 2006; Talbot 2010) and, in particular, it was suggested that women are linguistically more polite than men (Holmes 1995) and engage in more small-talk (Coupland 2001; Guendouzi 1996, 1998) in their conversations. Edelsky (1981) suggested that women's talk was by nature collaborative and all-female groups were more likely to share the conversational floor. Women's talk has also been described as "playful" (Coates 1998, 285) like a jam session involving jazz musicians. Several features that are seen as central to women's talk include back-channeling, minimal responses, the use of tag questions, matching troubles-telling, overlapping speech, hedges, finishing of an interlocutor's utterance, jointly constructed utterances, mirroring, and a greater use of markers of politeness, gossip, and small-talk (Coates 1998; Guendouzi 1999, 2001).

It has been suggested that women's talk reflects historical domestic roles and women may attempt to accrue social capital by claiming success as wives and mothers (Guendouzi 2004, 2006). These are social roles that require interpersonal communication skills reflecting a woman's role as a mediator or nurturer within the family structure. However, this is not to say that women are not competitive in their conversations; rather, as Eckert (1992) noted, historically they competed with other women on the marriage marketplace, an exchange where the 'better woman' got the 'better husband'. Guendouzi (2001, 2004) suggested that women use

communicative cooperation to instigate gossip about non-present others to achieve social capital, that is, they elicit support from their peers in verbally competing with a potential ‘rival’. This is often done through initiating gossip discussions about another woman’s appearance or moral behaviors. Gossip is a form of talk that relies on cooperative talk and interlocutor agreement to negotiate potentially sensitive topics; therefore, women may enlist interlocutor support to manage topics of gossip about non-present others. Indeed if the topic is not discursively negotiated within a collaborative floor, gossiping about others may risk censure from a speaker’s audience.

Men’s talk, on the other hand, has historically been referred to as ‘big talk’ (Guendouzi 1996, 1998) and as feminist researchers (Cameron 1992) have argued was taken to be the ‘norm’ in early linguistic studies (Jespersen 1922). It has also been suggested that gender differences in communication behaviors reflect the historical division of social responsibilities (Eckert 1992; Guendouzi 2001, 2003, 2004, 2006). The literature claims that men engage more in instrumental talk and favor topics that are related to sports, work, news, and politics (Coates 1983; Johnson and Meinhof 1997). Men are said to ‘do’ more of their interpersonal work (e.g., bonding with other peers) through the exchange of information-giving stories relating to sports, hobbies, or work, etc. Men’s conversations have been said to include fewer politeness markers, and other supportive devices such as tag questions, overlapping speech, or finishing each other’s responses, thus the literature suggests that the structure of men’s talk is more orderly than women’s conversations (Coates 1983, 2014).

It has been noted that men’s conversations may include talk that involves self directed displays of knowledge or expertise (Guendouzi 1998b). For this reason, it has been suggested that men are more ‘competitive’ in their talk than women (Coates 1993, 1998), that is, they are

able to claim social capital (Bourdieu 1991) through talking about their accomplishments, for instance, talk about topics such as, earning enough to buy coveted possessions (a nice car); their sports/educational achievement, work accomplishments, or success by association through their leisure activities (e.g., supporting a sports team that wins a championship). Thus men's competitive talk appears more *self-oriented*, whereas women's competitive talk generally tends to be more *other-oriented* (Guendouzi 2001). As noted above, the other directed talk of women includes discussions of the lives of others known to the participants (Guendouzi 1996, 2001, 2006), and tends to involve more evaluative gossip forms that are likely to relate to the appearance and social behaviors of the person(s) under discussion. Men, it is claimed, are more likely to make statements about their achievements, a communication behavior that allows interlocutors to support or challenge the claim but does not necessarily rely on cooperative talk styles. Rather it relies on the speaker making a declarative statement about a skill or achievement that can be openly supported (e.g. "yes you sure pulled that off") or challenged (e.g. "who are you kidding you can't change a fuel pump to save your life"). A variety of forms of men's verbal dueling has been noted in many cultures (Bax and Padmos 1983; Dundes, Leach, and Ozkok 1986), talk that was built on a format of speaker claims and counter-claims of achievement; jointly constructed interactional activity but not necessarily cooperative in structure. It is important to note before going further that the women's and men's talk outlined in this article outlined in this article are implicitly heteronormative.

The issue of competitiveness and conflict in women's and men's talk is a complex one and we are aware that research often reflects generalizations that do not play out at the level of individual interactions. Gender researchers do appear to agree that the structure of women's conversations show evidence of a higher use of supportive linguistic resources. It would be easy

(as one reviewer noted) to come away from reading the above summary of the gender literature with the impression that men are “narcissistic bounders” and that women are all “sweetness, light and friendship”. It is the interactional structure of women’s talk that has led to the impression that cooperativeness is a generic female quality. Women are in their own ways equally competitive (Guendouzi 2001, 2006) but discursively they just go about it in different ways to men. Historically in most English speaking western countries women were expected to use more ‘polite’ forms of language and, as has been noted in the research, often attempt to smooth any troubles that might arise in conversations.

Although the topic of gender based communication difference has continued to generate some discussion in recent years (Mulac, Dindia, & Canary, 2006) the current debate appears to be directing its focus to specific types of communication difference such as the use of social media. Gender roles have been question in the last two decades leading to some shifting in the boundaries of what is acceptable in gender behaviors yet there have been no recent large scale descriptive studies examining structural or stylistic differences across gender in everyday talk. Indeed, Jennifer Coates (2013; 2014) recently released books that included examples of her early work suggesting that the differences she found in men and women’s talk are still likely relevant in the current decade.

Gender differences in language use are socialized behaviors related to the traditional roles women have played in society and as such they are behaviors that become highly formulaic interactional routines persisting within an individual’s repertoire of communication resources even when stressed by cognitive deficits such as dementia.

1.1 Gender differences in the context of dementia

Dementia is a growing problem within the global community, particularly in industrialized countries where the aging population is rising. Women are more likely to be affected by dementia both literally and as caretakers (Erol, Brooker, and Peel 2015). Recent figures cited by the Alzheimer's Association noted that "almost two thirds of Americans with Alzheimer's are women" (2015). Given that women's lives are so deeply impacted by dementia it is important for researchers in the field of gerontology to consider whether reported gender differences in communication are still noticeable in the presence of dementia. The biologically based cognitive deficits associated with dementia (see Mikesell this issue) are the same across both sexes, that is, both men and women suffer the same physiological damage in dementia. However, the question we are interested in pursuing is how biologically based deficits interact with socialized communication behaviors that have become cognitively habitualized over a lifetime. That is they are more reflexive in nature and likely require less overt language processing to produce. Thus it is important to consider (a) whether socialized gender differences persist in the face of dementia, b) how these differences affect the way people with dementia (henceforth PWD) manage their interactions, and (c) do such differences result in more or less interactional conflict?

Conflict talk has been investigated in a wide range of interactional contexts (Grimshaw 1992; Stein, Bernas, and Calicchia 1997; Stewart and Maxwell 2010) including (amongst other types of talk) institutional discourses and everyday conversations. Interactional conflict typically arises in situations where there is a disagreement of ideas or principles between two or more parties (Angouri and Locher 2012; Coupland, Giles, and Wiemann 1991; Hamilton 2012), or when the interlocutors' goals and expectations are not matched (Sarangi and Slembrouck 2012).

In the case of dementia conflict or troubles in talk manifest often when a PWD might become confused because of the inability to recall a fact, name, or lose the gist of what his/her

interlocutor is discussing. We have noted that for some PWDs, this can result in affective responses, that is, they may cry, become distressed, or angry with their interlocutor. In the early stages of dementia (mild cognitive decline), this may result in argumentative behaviors and cause conflict between the PWD and the interlocutor particularly in familial relationships. However, once a diagnosis is made and the neurotypical interlocutor is aware of the PWD's disability the neurotypical interlocutor may be more reluctant to correct or contradict the PWD. Thus neurotypical interlocutors are more likely to try to repair or 'smooth' over the trouble or perhaps attempt to change the subject. The first author often found, when she encountered this type of situation, that she would attempt to switch topics by introducing a different line of talk. For example, on one occasion when a woman with dementia was confused and started to cry, she pointed over to some Christmas cards with family photos and said "oh is that your granddaughter she is sweet". This tactic often distracted the PWD and the trouble was avoided. Thus, conflict in conversations with people who are known to have dementia often involves repair work that uses topic change or distraction rather than reality orientation.

Although typically when we talk of interactional conflict we think of disruptions that are visible (or audible) within an interaction, conflict may also exist within the individual. A PWD, for instance may experience internal conflict when struggling to understand the gist of a conversation, the interactional context, or indeed recognizing the identity of their interlocutor (Guendouzi 2013). It could be argued that it is not possible to 'know' whether a person is experiencing inner emotional or cognitive conflict, but such mental processes are often visible in our physiological responses. For example, an individual's eye movements, facial expression, and other non-verbal behaviors give clues to his/her frustration or lack of comprehension. These visible signals may influence the way an individual perceives their interlocutor and thereby

negatively affect the communication. The neurotypical individual may notice these signals of internal stress that mark a potential trouble point and attempt other initiated repair more overtly than when talking to a person without cognitive impairment. Unfortunately, it has been our observation that when an interlocutor knows that his/her conversational partner has dementia s/he may be over vigilant in expecting trouble and initiate repair strategies that can appear patronizing or akin to the use of “baby-talk”.

For effective communication, the cognitive systems supporting both language and collaborative social exchange need to be in a state of functional equilibrium. For example, a PWD’s ineffective working memory may restrict his/her ability to hold the content of an interlocutor’s prior turn in his/her working memory for a long enough period of time to fully process the propositional meaning of the utterance. Also, focal brain damage may disrupt access to the neural pathways to a word and its associated meanings in a PWD’s mental lexicon. Thus a PWD may experience both cognitive and interactional confusion either of which could lead to a breakdown in communication. Therefore, the potential for interactional conflict in the context of dementia is ever present and exists on multiple levels.

Investigating conversations in the context of dementia allows researchers the opportunity to both describe the conversational features that vary from the norm, and also to consider what this information reveals about language processing systems. For example, it has been noted in several studies that people with dementia frequently use formulaic strings in their conversations (Davis 2008; Davis and Guendouzi 2013; Hamilton 2008, 2010; Guendouzi and Müller 2006; Sabat 2001; Schrauf and Müller 2014; Ramanathan 1997). We use the term ‘formulaic strings’ to refer to lexical strings that reoccur repeatedly in casual conversation; this also includes *politeness tokens*. Politeness tokens (Holmes, 1995, 125) are other-oriented formulations such as

compliments; for example when meeting someone a speaker might say “that’s a nice dress you have on.” Politeness tokens primarily fulfill an interpersonal role rather than a transactional or ideational one (Halliday, 1978), by demonstrating solidarity, formality, or signaling positive evaluations, and as such can be used to help maintain conversations in the presence of a breakdown in topic, or a lengthy pause. Politeness tokens can be seen as conversational ‘smoothers’, formulaic strings that function to fill awkward silences or moments of potential breakdown. In addition, they serve as linguistic devices that are used to help the interlocutors project themselves; thus they function as both cohesion devices and identity markers.

In an ethnographic study initiated to examine formulaic language and its role in interactional management in dementia, the first author’s observations reinforced the findings in the literature regarding use (or indeed overuse) of formulaic strings by PWD. It was also noted that women with dementia used more politeness tokens in their interactions than men. This observation appeared to support many of the findings reported in early gender research discussed above (e.g., Coates 1993; 1998; Fishman 1978; Lakoff 1975; Tannen 1990; Thorne and Henley 1975; Zimmerman and West 1975) regarding differences in the communication styles of men and women. Thus a question arising from these observations was whether socialized gender behaviors (e.g. politeness tokens) played a role in mitigating troubles or conflict that might arise in PWD’s daily interactions. Specifically, we concentrated on whether

1. The use of particular language forms (e.g., formulaic strings and in particular politeness tokens) allows PWD to compensate for some cognitive deficits that may lead to interactional conflict or troubles.
2. Gender-based differences in the use of these forms of language result in women with dementia having a perceived advantage in avoiding interactional conflict or troubles.

2. Methods

In order to explore the above issues, we drew on data from three separate sources: first, ethnographic field notes collected during a two-year study carried out by the first author in a day center for people with mild to moderate dementia; second, data collected in clinical interviews between PWD and three different researchers (two female and one male); and finally, a corpus of seven interviews between the first author and family caregivers who were recruited from a local Alzheimer's Association support group. The ethnographic field notes collected in the day center were typically transcribed immediately on leaving the day-center but, on some occasions where the physical setting permitted, they were noted down in the moment. The term 'clinical interview' is used to represent conversations that initially involve a question-answer type format between a researcher and a person with a known pathology (e.g., dementia). These are not interviews that seek to ascertain medical or clinical symptoms; rather they are interviews initially focused on trying to develop an understanding of the PWD's daily life and past history. However, it was sometimes the case that as the researcher became known to the PWD some of the interactional relationships developed over subsequent visits into conversations that were more like those of acquaintances.

Institutional Review Board (IRB) permissions were obtained for each of the three data collection contexts, but it should be noted that each site required different restrictions in reporting the data. These will be described below in the sections that discuss each of the individual sites.

Transcription conventions were kept to a minimum for three reasons. First, the day center conversations were transcribed *in situ* and were not video/audio recorded due to the specific IRB restrictions of that project. Therefore it was not possible to go back and listen for the kind of paralinguistic detail that would be used in traditional Conversational Analysis methods (e.g., Jefferson 2004). Second, some of the PWD had co-morbid conditions (e.g., dysarthric speech or voice quality disorders) that would require specialist transcription and/or knowledge of the disorder to interpret in a meaningful manner. Third, in conversations with PWDs, it is often the case that due to cognitive slowing there is little overlap or interruption. The researchers in these conversations were either students or researchers familiar with dementia and trained to not interrupt the PWD and also instructed to allow time for the PWD to find their response. In contrast to a conversation involving neurotypical interlocutors the turn-taking followed a one speaker at a time format. However as we were particularly interested in the semantic content of the conversations, we felt that these limitations were acceptable but we needed to acknowledge they exist, due to ethical and IRB constraints that sometimes arise when researching populations with cognitive impairment.

3. The Day Center Data: The persistence of socialized communication behaviors

This particular day center was seen as a model resource center and had won a national award for its provision of services for PWD and their caregivers. Regular tours of the facility were given to prospective clients and community groups. It was possible that unannounced visitors, volunteers, and PWD might enter the open plan kitchen and dining area and participate in the interactions.

These individuals would not have been aware of the study nor signed prior consent letters for Institutional Review Board (IRB) permissions. The day center administrators, therefore, would not allow the researcher to audio or video record interactions. However, permissions to observe and make field notes were obtained. The researcher attended the day center on Wednesday mornings and met with a group that typically consisted of seven women and five men, a relatively balanced gender ratio of participants. The participants with dementia were still able to reside in their family homes and were also capable of engaging in acts of daily living without assistance (e.g., visit the bathroom, eat, were ambulatory). There were two tables in the dining room area set out with coffee cups, plates, and napkins. Professional care assistants provided coffee, juice and cookies to the PWD on their arrival at the center. The purpose of this session was to recreate the atmosphere of a social club meeting to encourage the PWD to engage in conversations that would help maintain social engagement. In order to talk with all the PWD who attended the day center, the researcher moved between the two tables during the coffee session. The coffee sessions lasted from 9.00 am to 10 am and following this activity, the care assistants with the help of volunteer students would engage the PWD in mild seated exercise sessions, word finding games, knowledge based quizzes, or playing a form of name that tune.

During these sessions there was evidence of some information-giving talk amongst the women with dementia but primarily they engaged in the “free, aimless, social intercourse” that Malinowski (1935, 313) termed phatic communion, talk that included comments about the weather, colors of clothes, baking, hairstyles, and other ‘stereotypical’ female small-talk. It was also noted that women with dementia appeared more likely to interject small-talk or politeness tokens when lack of comprehension threatened to cause an interactional breakdown, thus enabling the conversation to continue. The women’s utterances often took the form of routine

phatic comments such as, “lovely day today, isn’t it?” or compliments such as, “your hair looks nice today.” It should be noted that these women were all born and raised in the southern United States in a time period when politeness was a quality that was an essential part of being a ‘refined southern lady’ and we are aware that this might have resulted in a slightly higher volume of usage of this type of talk.

The researcher’s initial impressions were that her interactions with the women with dementia less conflict or breakdown occurred when compared to her exchanges with men with dementia. Indeed, the researcher felt it was easier to engage in conversations with women with dementia because they were able to maintain longer and ‘seemingly’ more coherent interactions. In particular, the use of politeness tokens and formulaic comments allowed both interlocutors to do a great deal of conversational support work through the use of (a) back-channeling when comments about the décor, coffee cups, etc. were made by either interlocutor (e.g., “mhm,” “oh yes,” etc.), (b) reciprocation of compliments (e.g., “mhm your bracelet is lovely too”), and (c) tag questions to extend utterances and maintain conversational flow (e.g. “oh it is nice today isn’t it,” “it seems like rain, doesn’t it”). These are all linguistic features that research has traditionally associated with conversations between all female groups (Coates 1998; Fishman 1978; Tannen 1992). The women with dementia also made more requests for information of a personal nature, for example asking the first author if she was married or had children, thus the talk of the women focused more on interpersonal relationships rather than instrumental remarks. It should be noted that the researcher (as a female) was quite familiar with the types of requests and the general conversational style of the women with dementia.

In contrast, beyond initial obligatory greetings on arrival at the day center, the men with dementia rarely used the type of comments that were a common feature in the women’s

conversations. For instance, they did not comment on the clothing or apparel of others, compliment their hair, or attempt to act as a host. Although the men with dementia were observed to greet people with an initial salutation or comment on environmental conditions such as the weather, room temperature, or smell of cookies, they were not observed, once a conversation was initiated, to elaborate or continue such phatic topics and rarely to interject compliments or other politeness tokens to their peers. For example, as previously reported (Guendouzi 2013), a man with dementia, Joe, frequently uttered the researcher's name, 'Jacqueline,' (all visitor's wore name badges), and he would follow this remark by commenting that the name was of French origin, he would then repeatedly ask the researcher (in French) if she spoke French (he spoke six languages and prided himself on this accomplishment). In contrast, a woman with dementia, Ann, who was a language teacher from a Cajun French background and was familiar with French and fluent in Spanish, would also repeat the researcher's name, but then add a qualifying comment about it being "beautiful" or refer to Jacqueline Kennedy's chic appearance, "She used to dress so nicely." The researcher's name cued different semantic associations for each participant. Joe's responses involved information giving, his comments often referenced his own accomplishments (e.g. "that is French you know, *parlez-vous français?*"). This form of conversational move allowed Joe to claim social capital (Bourdieu 1991) or prestige. In contrast Ann's compliments were directed towards others (i.e., the researcher or Jacqueline Kennedy). Although speculative, this difference in response style may have been the cause of the significant number of breakdowns that occurred in the conversations the researcher had with Joe. After asking if the researcher spoke French and receiving a response of "no", the topic line would go no further and Joe would typically drop out of the conversation. In particular, due to memory constraints and lack of comprehension, Joe

found information-seeking questions that required specific propositional information difficult to formulate.

During the researcher's visits, the men with dementia were more likely to engage in talk that imparted information or was speaker-oriented. That is, they often talked about their former employment or life accomplishments (e.g., the number of languages spoken), professional or educational achievements (e.g. "I did my PhD at LSU"), sport (e.g., "LSU won last night") or goal-based requests (e.g., "Can I have more coffee?"). These types of comments also provided opportunities to claim social capital. That is, there appeared to be a formula that involved classifying oneself as a 'type of person' (e.g. LSU alumni and fans). If LSU played well it would be possible to gain associated social capital and be perceived in a positive light, that is, if the team I support won the game, then by default I am also a 'winner'. The men with dementia also tended to ask questions that required information but did not necessarily require further elaboration from the interlocutor. For example, they might ask a student volunteer what college they were attending or they might request actions from caregivers (e.g. "Can I have more coffee?") and simply offer a "thank you" when given coffee.

The women were more likely to add evaluative comments such as "this coffee is good where did you buy it?" and the conversation would be extended by at least one more turn. Certainly, in this particular study, the researcher struggled to maintain lengthy conversations with the men with dementia because of the frequent pauses, restarts caused by the men's apparent inability to respond to or extend a topic line through phatic comments. In contrast, in the conversations with the women the use of politeness tokens, formulaic comments, and interpersonal topics often allowed the women to overcome moments of silence or confusion. This strategy (or reflexive social behavior) allowed the women with dementia to sustain a

conversation allowing for structural, if not propositional coherence. The women also appeared to be more aware of silences and would attempt to engage in talk for the sake of talk itself, whereas the men did not sustain conversations for long periods if there was ‘no point’ or goal to the interaction. The men were more likely to offer lengthier periods of silence.

The conversations between women (with and without dementia) in the day center appeared to reflect a socially conditioned behavior that suggests for the women conversations in casual social settings included compliments about appearance or surroundings, or comments that imply some approval of the interlocutor’s appearance or behaviors. Turn-taking segments that involve compliments may also involve self-deprecating responses (“oh I am not”) or a return compliment by the recipient (“you look nice too”) allowing the conversation to move forward another turn and thus extending the interaction without introducing a new topic. For PWD the cognitive load becomes less when they can use the interlocutor’s words to formulate their own response. For example, below, a female researcher pays Ann (a woman with dementia) a compliment, and interestingly Ann often draws on the researchers’ words to produce her own responses.

Extract 1.

- Researcher: that is a nice sweater
- Miss Ann: yours is a nice sweater too
- Researcher: yes I bought it in Dillards
- Miss Ann: mhm I went to Dillards
- Researcher: yes they are very good for clothes
- Miss Ann: yes good clothes

In addition to compliments, the women with dementia provided matching troubles-telling stories (Jefferson 1988), particularly in relation to tales of medical problems, domestic topics, or family issues (e.g., “mhm the things children do” or “mhm I know my husband is like that too?”). In line with Fishman’s (1978) early research on the work women do, the women with dementia in this study appeared to use small-talk and politeness tokens to both extend their conversations and to support interactional communion. Although, it is not possible to speak for the PWD, for the researcher, the *gender effect* led to more communication satisfaction and less frustration when interacting with the women with dementia in comparison to the men with dementia. Certainly, talking to the men with dementia was much harder interactional work and required more conscious effort on the part of the researcher.

A further behavioral difference noted during these sessions was the habit of women with dementia to offer to make the researcher coffee or “fix her some lunch.” One particular woman with dementia regularly made comments about “not being a good hostess,” while another woman with dementia would walk around with the care assistants serving the others and insist to the researcher she was just a “volunteer worker not one of those people.” The women with dementia often attempted to enact domestic roles that focused on making others comfortable or at ease. These were routine behaviors of social politeness, actions primed by the pseudo ‘home’ setting and were often accompanied by formulaic utterances such as “some more coffee dear,” “would you like a cup of coffee?” “can I get you something?” “would you like a throw?” (to keep warm). Within the context of a setting that had been set up to functionally resemble a family home, these politeness tokens would be the expected norm for a southern woman hosting a coffee morning in her home. Such remarks and questions are also socially acceptable

interruptions in any casual conversation; the social rules of communication allow them to be inserted into a topic line without appearing to be impolite - they are remarks that show attentiveness to one's audience.

The women with dementia's use of politeness tokens and other supportive linguistic devices resulted in conversations with more structural coherence (if little informational content) that could mask moments of confusion. It appeared that the women with dementia habitually inserted these linguistic forms when breakdowns occurred within a conversation or when potential conflicts arose. For example, one man with dementia would pick up the eye glasses of another woman and claim them for his own. The woman in question was timid and often unsure whether they were her glasses and looked visibly distressed. One of the other women with dementia would then interject with a politeness token directed at the man (e.g., "Would you like some more cookies"). It would be difficult to know whether this was a deliberate or reflexive strategy but it was a notable behavior in the group dynamics. There were often moments of potential conflict arising when a PWD claimed the belongings, coffee, or seat of another person. These were not acts of deliberate aggression rather a result of the individual's confusion over whether an object, food, or seat was in fact their own. On occasions, these incidences did initiate some argument amongst the PWD but these were usually mediated by one of the caregivers distracting the interlocutors with a new activity (e.g., "Why don't we all go over to the piano now") or as noted above by one of the women with dementia making an offer to the interlocutor (e.g., a cup of tea) or a comment that gave some positive validation to their interlocutor (e.g., "Your hair looks nice today"). Indeed, although a speculative assertion, it could be said this seemed a default parameter for some of the women in this particular group, that is, *when conversations becomes problematic use a politeness token.*

3. The Nursing Home Data: Gender

In this section, we will draw on data from audio-recorded clinical interviews collected at two long-term residential homes for PWD. The data will be used below to more fully illustrate the differences in gender styles. The long term care homes were located in the United Kingdom and in South Louisiana, USA. Unlike the day center participants, the PWD involved in the interviews were in the moderate to severe stage of dementia. IRB permissions were obtained and the interactions took place in either the lounge area of the facility or in the private rooms of the participants and permission to audio-record was given by both the institution and PWDs families. One of the interactions involves a male-to-male conversation, while the others involve female researchers.

3.1 The structure of women's talk in the context of dementia

The second extract examined involves a woman with dementia who was in the moderate stage of dementia (F) and a female researcher (R). As was noted in the methods section the researchers in these conversations were aware that PWDs need time to process and formulate responses and that interrupting would likely cause confusion; therefore, all the neurotypical interlocutors were given instructions to give the PWD time to respond and to try to avoid interjecting or talking until the PWD appeared to have finished their turn. Therefore, there was very little overlap or simultaneous talk in the structure of these conversations.

Extract 2.

Participants: Ms F, a woman in the moderate stage of dementia; R1, a researcher. Location:

United Kingdom

- 1 R1: I think it's- it's looking very nice now
- 2 F: pardon? (*F's facial expression appeared confused*)
- 3 R1: it's looking very nice now.
- 4 F: oh yes (*looking directly at R*)
- 5 R1: they've done all the docks up an
- 6 F: oh it's beautiful yes (*nodding head and smiling*)

In extract two, R1 was referring to the city in which they are located, but F appears confused and responds with a request for clarification. R1 repeats her comment but F's facial expression suggested she was still confused. However, F does not overtly mark this in her talk, rather she nods and says, "Oh yes," in agreement and then goes on to comment that 'it' is "beautiful now." On occasions like this, the researcher was not always sure whether F fully understood the topic of discussion, but F was able to offer responses to R1's comments and questions and use this type of small-talk to maintain the conversation for lengthy periods. This was a notable characteristic of the conversations R1 had with women with dementia.

Extract 3.

Ms FM, a woman in moderate to severe stage of dementia; R2 (female student researcher).

Location: USA

- 1 FM: you're married?

- 2 R2: yeah, I have got married.
- 3 FM: got- got children?
- 4 R2: no
- 5 FM: uh?
- 6 R2: no.
- 7 FM: oh that's good.
- 8 R2: how about you. have you got married?
- 9 FM: I'm married but I don't have no children
- 10 R2: ah you have no children
- 11 FM: mhm,

In this example (extract 3) FM asks the researcher two questions about her personal life, and although there are points (line 5) at which the interaction appears at risk of breaking down because FM seems a little confused, she can re-engage in the conversation by using formulaic comments (line 7) of approval, back-channeling, and minimal responses (line 11).

Extract 4.

Participants: MH and FM, women with dementia, and R2 (a female student researcher).

Location: USA

1. MH: I live in O?
2. FM: oh you (unintelligible syllable) you live in O.
3. MH: mhm,
4. FM: that's not far from here.

5. MH: no. (*4 sec pause*)
6. FM: and you live in China.
7. R: yeah! (*6 sec pause*)
8. FM: have any children,
9. R: no
10. FM: you're married.
11. R: yeah.

In extract three, FM recycles the topic of marriage and children, repeating her previous question seeking information about R2's personal life. This was a frequent conversational move FM made throughout this interaction that has been noted elsewhere (see Guendouzi and Müller 2006). As the dialogue moves forward, the use of back-channels and repeated utterances in conjunction with the minimal responses extends the length of the conversation. The interactions do not reflect an overt lack of comprehension and a cursory read would not suggest the presence of dementia: the talk might be considered typical small-talk between people who are not well acquainted and are in a situation that requires conversation.

4.2 The structure of men's talk in the context of dementia

As discussed above it has been suggested that men's talk (Coates 1998; Fishman 1978) reflects a very different interactional structure to women's talk. It has been claimed that men's talk tends to be more ordered, based on information giving and shows less evidence of using supportive and collaborative interactional devices such as minimal responses or small-talk. Although this

viewpoint of language as a ‘gendered’ phenomenon has been challenged as a reductionist perspective (Johnson and Meinhoff 1996), much of the collected data still supports the position that men’s talk, particularly the generation of people who featured in the studies discussed here reflects differences in both structure and context. This can be seen in the extract of talk that follows, between a young male researcher and a man with dementia.

Extract 5.

Participants: MA, a man with moderate to severe dementia and B (male researcher). Location: USA.

- 1 B: so what d’you feel like talking about today
- 2 MA: huh?
- 3 B: what do you feel like talking about
- 4 MA: huh?
- 5 B: how’s your week been
- 6 MA: *(two unintelligible syllables)*
- 7 B: how was your week?
- 8 MA: oh it’s alright
- 9 B: it was alright?
- 10 MA: oh ya!
- 11 B: yeah?
- 12 MA: oh ya.

- 13 B: so what do you normally do l- here?
- 14 MA: huh?
- 15 B: what do you normally do here in- in a day
- 16 MA: huh?
- 17 B: what do you here in a day
- 18 MA: who
- 19 B: you
- 20 MA: what I used to do?
- 21 B: yeah
- 22 MA: for my livin?
- 23 B: yeah
- 24 MA: I run a dairy
- 25 B: you run a dairy?
- 26 MA: eh: sell the milk, (*four unintelligible syllables*) creamery. (3.0) hello cher.

In extract five, there is a noticeable difference in the way the interaction unfolds. B starts off with a question that requires MA to think of a specific topic for their conversation. B, unlike the female researchers, seems less focused on doing politeness work or extending the greeting / opening sequence with small-talk, rather he gets straight to the point. MA seems a little confused and responds with a request for clarification to which B repeats his question. MA again seems somewhat confused, then B rephrases the question and at that point MA responds. A similar sequence of turns is repeated when B asks what MA does on a normal day. Eventually, MA refers to his past profession as a dairy farmer. B's series of questions require specific

answers and it appears as if MA does not always understand what he is being asked (lines 1, 3, 13, 15, 17). The structure of the talk and the development of topics in the above exchange were reflective of the complete dataset of conversations involving the male researcher and MA.

Confusion was more overtly marked in the talk if MA did not immediately understand B's comment or question. MA seemed more comfortable at points in the conversation when he could repeat his well rehearsed story of running a dairy (see Guendouzi and Müller 2006), a story that he told and re-told frequently. The story related to his former social role in life – a dairyman, and he often mentioned his skills in carrying out this job. As with the men with dementia at the day center, MA tended to inject personal information rather than attempt to establish an interpersonal connection with the researcher. Information that acknowledged their former social roles as active members of the workforce, family providers, or skills they possessed (as with the case of the man who spoke six languages). In the day center study, many of the conversations involving men reflected a similar structural pattern to that of MA in extract five above. They responded to confusion with requests for clarification, rather than use back-channeling or politeness tokens to help extend the conversation or smooth over disruptions.

5. Dementia and interactional expectations in family conversations

Although we have suggested that the use of formulaic strings, supportive linguistic items, and politeness tokens aid the cohesion of a conversation, it is not necessarily the case that the use of such interactional devices results in a satisfactory communication experience for all the participants, particularly in the case of family caregivers who are responsible for the PWD on a

daily basis. It is important to note that the researcher visited this group only one day per week and she was not responsible for managing their long-term care twenty four hours a day, seven days a week. Furthermore, although, small-talk serves many interpersonal and instrumental goals (see e.g., Coupland 2000), interlocutors are likely to get bored or annoyed if we continue with small-talk for lengthy periods of time. Indeed self-monitoring one's interactions for the appropriate amount of small-talk is an important pragmatic skill. Interlocutors have expectations that conversations will involve a certain amount of shared reminiscence and include reciprocal discussion of the prior events that have been shared. This type of jointly-constructed talk or shared-scene setting (Clark 1996) relies on both or all the participants being able to remember the people and events that occurred at shared family occasions. Furthermore, there is an expectation that the other participants in such conversations will be able to help extend the stories and elaborate on the events. There is also an expectation that these occasions may involve entertainment through the use of humorous anecdotes, a skill that relies on the ability to understand and interpret speaker implicature.

5.1 Constructing family narratives

The sharing of narratives is a form of communication that relies on an intact episodic memory system and the ability to negotiate the telling of those memories through language. It requires a high degree of meta-linguistic skills to create a coherent and cohesive text for the listener. As noted elsewhere (Guendouzi, Davis, and MacLagan 2015), narrative in dementia can take many different forms and does not always fit the standard Labovian model (Labov and Waletzky 1967). Although this model has been influential it is not without its problems, however, it is typically viewed as the classic Western structure that underpins the way we tell stories.

From the perspective of a close family member, the expectation when talking to older (or peer) family members is that both (or all) participants will remember the events and people in the story, or in the case of younger family members partially recognize the protagonists in the story (i.e., other family members' roles or their place in the family history). There are cultural expectations in interactions with our elders or other family members of a joint interactional effort that involves all the participants being involved in co-constructing, collaborating and contributing to stories of shared past occasions or people who are known to all the audience. As noted above, this includes interactional features such as adding further information to the story, embellishment by adding details to descriptions, or reinforcing the legitimacy of the event by the appropriate affective reactions (e.g., laughter, sighs, facial expressions). In addition, the neurotypical interlocutor is not able to predict how much the PWD shares or understands. In the case of dementia, it is not just that the ability to remember people or events is compromised, it is the fact that this cognitive deficit denies the PWD an important role in social interaction, the ability to participate in co-constructing the stories of their own and their family's past.

Social narratives are not lectures on the part of one interlocutor; they are collaborative activities that produce a discursive product that has been jointly constructed from the shared memories of the participants' past experiences. What we seek when we interact with our families and close friends is the opportunity to have our lives validated through our shared experiences. We rely on both our own memory and a shared collective memory to accomplish this type of communication (Hirst and Echterhoff 2012). In dementia, the individual loses (or partially loses) access to the underlying cognitive resources that help support this form of language use. Thus, they are unable to participate in the traditional collaborative process of co-constructing our life narratives. This loss or change in the way PWD engage in communication becomes a potential

source of conflict for caregivers and family members. PWD do produce narratives within their conversations but they are often forms that do not allow for discursive co-construction. MA's story of running a dairy was a frequently repeated and highly rehearsed verbal behavior and, therefore, may have been information that was easier for MA to recall. Yet, it is this repetitiveness that makes this form of story a source of conflict to neurotypical interlocutors and family members — they are too formulaic and *over* familiar to the listeners. In the case of the women in the studies discussed here, this repetitive type of behavior was to some extent offset by their use of smalltalk, matching troubles-telling, and discursive devices such as minimal responses, back-channeling, and tag questions, strategies that allowed for a semblance (at least) of participation.

6. Caregiver reports of communication with people with dementia

In a study briefly reported in Guendouzi and Müller (2006), members of a support group for family caregivers were interviewed about their experiences of communicating with a loved one with dementia. Caregivers in this study reported that an initial reaction to the overuse of smalltalk was to resort to reality orientation, that is, they attempted to steer the PWD back to the topic at hand: an action in and of itself that created further tension and conflict. In particular, caregivers reported that the PWD's use of formulaic language was annoying or frustrating. As one participant put it "I get upset when she uses meaningless utterances" or "she talks about nothing." When asked to elaborate on what he meant by "meaningless" utterances, he reported a range of examples including, an overuse and repetition of formulaic strings (e.g. "it's a nice

day”); politeness tokens complimenting items of clothing (e.g. “that’s a nice sweater”); and the use of empty fillers (e.g., mhm, oh yeah, well fancy that). Caregivers in this study also noted that it was annoying when the PWD failed to stay on topic or did not use propositional (fact-based) talk.

Although the family members often admitted to feelings of guilt for “getting angry,” they suggested it was hard to avoid such daily conflict in their interactions with the PWD. A review of the interviews in the caregiver study showed that these verbal habits were more frequently reported in situations where the PWD was a woman. In addition, as two men reported, this verbal behavior had to some extent masked the severity of their wives’ dementia. Indeed, another man, Mr. John had been in denial of his wife’s dementia for months because they appeared to be having relatively coherent conversations, albeit conversations with little propositional content. He suggested that his conversations with his wife had generally proceeded in this way prior to the onset of her dementia; the woman had been a home-maker and she had typically greeted him with small-talk when he arrived home from work.

The examples reported in the caregiver study suggest a conflicting interpretation of whether politeness tokens and formulaic language actually help or hinder the communication process. In the case cited above, it did help the husband maintain communication with his wife for a longer period of time; yet for others, it became a source of annoyance and they admitted to avoiding interacting with the family member with dementia. One son did not want to visit his mother if she could not have a conversation with him that “made sense” or she did not “remember who people in the family were”. This further suggests that different audiences (researchers and professional caregivers versus family members and close acquaintances) are looking for different outcomes from their interactions with PWDs and are willing to tolerate

different levels of propositional content within a conversation they deem satisfactory. The participants often reported that they frequently experienced feelings of both frustration and anger because the PWD could not remember facts about specific and meaningful personal events or the identity of close relatives.

This raises some crucial questions for researchers attempting to create protocols for best practice communications training programs for professional and non-professional caregivers. Are the forms of talk that the women with dementia used in the examples discussed above actually indicative of volitional compensatory strategies? Or are they the result of a socially conditioned habitual behavior that has become an automatic or reflexive conversational move due to frequent use? Are they language behaviors that are associated with a person's social roles and life experiences, behaviors that are continually enacted and re-enacted throughout the lifespan? Certainly, it has been suggested that frequently used formulaic language may be stored, accessed, and processed using different cognitive mechanisms to propositional language (Guendouzi 2013; Guendouzi and Pate 2014; Wray 2002, 2008).

7. Gender differences in dementia: So what?

In conclusion, we will first summarize the gender differences, then consider what, if any, knowledge we have gained from examining the features and structure of men's and women's talk in the context of dementia. In the day center setting, the first author noted that the women with dementia quantitatively provided more turns-at-talk than the men with dementia. Furthermore, the women with dementia also appeared to manage their interactions with relative ease through

the use of phatic communion or by interjecting politeness tokens to keep the conversation flowing smoothly. The men with dementia contributed far less turns-at-talk and their utterances mostly consisted of requests for actions or information giving comments; overall they played a less active role in the group's social conversations during the coffee sessions. However, in contrast, the men with dementia did contribute a greater number of turns in quiz games where the required responses involved providing facts. It should be noted that this did not always mean that the men with dementia provided the correct response; rather, they were more likely to contribute *a response* in interactions where the quiz structure consisted of adjacency pairs in a question-answer format. The visible pleasure of beating their peers, or 'winning a game,' did appear to have a positive effect on the cognitive ability of some of the PWD. The women with dementia also appeared to enjoy beating their peers in the quiz games but the men with dementia became noticeably more active communicators within this competitive context. For instance, they paid more attention to their peers, made more eye contact, turned their bodies towards others, sat in a more upright posture, and smiled or laughed more frequently.

Overall these findings are unsurprising if we consider them in relation to the claims of gender research (Coates 1998, 2013, 2014; Fishman 1978; Lakoff 1975; Tannen 1993) over the past thirty years. The data collected from PWD supports the claims of the literature; the men's talk was (a) more competitive, (b) more structured in terms of turn-taking, and (c) more likely to consist of information giving topics. The women with dementia's conversations revealed many features traditionally associated with women's talk, a communication style that did give them some advantages *if* we judge the success of an interaction in relation to the length of time spent talking and how smoothly the turn-taking was carried out.

We are not suggesting these behaviors are in any way biological differences, rather they are socialized gender roles that have become ‘habitual’ communication processes; that is, they are reflexive communication behaviors that are automatically triggered in certain contexts and have taken a lifetime to acquire and become fossilized in the speaker’s linguistic repertoire.

7.1 Compensatory strategy or habitual response

If socialized gender behaviors remain so firmly embedded in our interactional styles, even in the presence of cognitive deficits such as dementia, then there is a need to address the question of why factors such as gender are not taken into consideration when creating communication training protocols for caregivers. As the reports from the caregiver study suggested, some women with dementia may be able to mask some of their cognitive decline by maintaining seemingly coherent conversations or covering up their lack of comprehension with politeness tokens, small-talk and minimal responses.

More recently (Benwell and Stokoe 2006; Eckert and McConnell Ginnet 2013; Eelen 2001; Mills 2003; Speer and Stokoe 2011; Sung 2012), the existence of global gender differences has been challenged. Mills (2003, 2005), for instance, in a critique of Holmes’ work called for gender to be seen as something fluid and dynamic, and in particular suggested it is discursively negotiated (Potter and Wetherell 1987; Benwell and Stokoe 2006; Stokoe 2011) within the bounds of a specific speech event or context. Politeness theory (Brown and Levinson 1987), in particular, has been found lacking when examined in reference to cultural differences (Bayraktaroğlu and Sifianou 2001). However, in the study discussed above the use of politeness tokens may have helped the women with dementia to maintain face (Brown and Levinson 1987) through the appearance of conversational competence. An interesting question raised by a

reviewer of this article asked whether facework in PWDs could be considered intentional? The first author's opinion based on sixteen years of interacting with PWD is "yes": the intention to please, to interact, and to be appreciated by others is the driving impetus behind the PWD's use of these communicative behaviors. Politeness tokens, after all, are not about propositional content or comprehension of ideas; their purpose is purely interpersonal to engage and commune with others. It allowed the women to avoid the potential disruptions or conflict that might be caused by excessive or lengthy pauses or non-comprehension of a current topic. Successful discursive construction of self needs, the support of our co-interactants, and the use of politeness tokens and small-talk may be an attempt to project a coherent self-image and avoid malignant positioning by neurotypical interlocutors (see Davis, Maclagan, and Shenk this issue; Sabat 2001).

We cannot, however, claim that the women in this study used this style of communication as a deliberate compensatory strategy because it may be a reflexive habitual behavior that women developed in their historical roles as family caretakers (e.g., mothering, caring for elderly parents) and social mediators — they are doing, as Fishman (1998) and Lakoff (1995) noted three decades ago, a great deal of cooperative, supportive work to keep the conversations flowing and retain a conflict free conversational floor (Edelsky 1981). It is a compensatory strategy that has resulted from socialization and is likely stored and processed using different cognitive mechanisms than propositional talk. In other words, the behavior may result from an over reliance on cognitive resources (i.e., formulaic, habitual politeness tokens) to achieve their agenda (see Wray this issue). This may be both a volitional strategy and a reflexive processing mechanism — taking the path of least resistance both socially and cognitively.

It is possible to suggest then that the use of this type of talk in Western English speaking cultures is often a default parameter of women's talk. Politeness tokens can be used to avoid direct interactional conflict, and for the women in this study it appears that this may result from a response to both internal mental conflict (e.g., lack of comprehension or loss of memories) and potential interactional conflict (i.e., awareness that the conversation has stalled). It is a behavioral habit that emerges not as a direct compensatory strategy in response to dementia; rather, it is something women tend to *do* in conversations and in this case acts to compensate for potential breakdowns that the cognitive deficits of dementia might cause in the interactions. It is also a means of using socially reciprocal politeness tokens to assert a positive or competent self-image. Using politeness talk enabled the women with dementia to (a) extend the length of their interactions, (b) to smooth over potential disruptions, (c) to project a positive self-image, and (d) to fulfill social obligations of participation.

Ironically for caregivers who are responsible for the PWD twenty-four hours of the day this type of talk can be aggravating and eventually lead to interactional conflict. In particular, family members want their conversations with elders to include jointly constructed narratives that relate to a shared family identity and past history that draws on a collective memory. In a recent interview, MIT sociologist Sherry Turkle (2014, 84) noted that “older people deserve to tell the story of their life to someone who understands what a life is”. She was referring to the changes that technology and social networking sites might ultimately bring to our social interactions. Her words echo the feelings expressed by the family members in the support group interviews — they miss the interactions where participants are able to engage in shared communion and jointly create narratives of their family history.

As is always the case in qualitative research, it could be argued that the examples of data presented here were specifically chosen to illustrate the gender differences claimed in this article. Conclusions drawn from conversations of only 15 individuals with dementia (6 male: 9 females) are obviously tentative; yet these socialized patterns of communication did reflect the structure and content of the majority of interactions collected in this corpus of data. In particular, there was a marked contrast in the communication styles of the men with dementia and the women with dementia. Such differences have been noted in the general population and have given rise to cultural ‘stereotypes’ such as “Men are from Mars and Women from Venus” (Gray 1992) or claims that men and women often do not understand each others’ communication styles (Tannen 1990).

Communicative conflict is a phenomenon that emerges when the interaction between two parties does not flow cohesively or meet the *expectations* and *needs* of each participant. There is always a potential for misunderstandings or disruption in any interaction but the added variable of a cognitive deficit that causes memory loss and confusion results in a communicative context that has a high risk for developing conflict. Drawing on Wray’s ‘communicative demand management system’ (Wray this issue), we can suggest the following: for the women with dementia (in this study) the use of politeness tokens and small-talk was the best way to express their needs. It allowed them to avoid conflict and have a positive communicative impact. Thus a better understanding of pragmatic processes that are subject to cognitive stress such as dementia will ultimately help us better understand factors that affect and lead to interactional conflict.

In addition, there is a further aspect of these gendered communication behaviors that relates to the expression of identity (Benwell and Stokoe 2006; Speer and Stokoe 2011). Although identity *per se* was not the focus of this particular article, we are aware that

interactional behaviors are performances (Goffman, 1957; 1967) of gendered identities (Coates, 1998) that imply agency. In the case of PWDs, the issue of overt agency is less clear due to the constraints of cognitive decline but to some extent the behaviors discussed here do suggest that the PWDs are utilizing communicative behaviors to mark membership of socialized categories of gender identity. On the part of the female participants, the use of politeness tokens or ‘acting as hostess’ may have allowed these particular women with dementia to perform what was previously an identity role that was expected of women in this part of the world. For the men, talking about accomplishments (e.g., being an engineer or speaking five languages) or noting their former careers (e.g., MA ran a dairy), was a means to express their role as active providers or contributors to society; a marked role of men in society. Although this was a small group of participants, the data collected from the men and women with dementia in this study revealed gender specific communication patterns that did reflect findings from previous research studies on the structure of men’s and women’s conversations. As they struggle with cognitive decline, PWD utilize their diminishing communication resources to express both their needs and their changing identities. In order to understand the needs of PWDs we, as researchers, need to closely examine these communication patterns, not only through the lens of shared cognitive deficits but also through the variables that make each individual different. The study of interactional behaviors in communication disorders such as dementia can shed a great deal of light on both ‘normal’ and ‘abnormal’ language processes, and will ultimately help in the development and training of best practice care models for both professionals and families who are caring for the growing population of people with dementia.

Transcript conventions

Underscore reflects stress and slight increase in volume

GUESS WHAT reflects a word spoken loudly

? denotes upward intonation reflecting a question form

(*italics*) provides contextual information

(.) denotes a minimal pause

(.3) denotes a timed pause e.g., 3 seconds

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Linköping University Post Print

N.B.: When citing this work, cite the original article.

Original Publication:

Jacqueline Guendouzi, A. Meaux and Nicole Müller, Avoiding interactional conflict in dementia: the influence of gender styles on interactions., 2016, Journal of Language Aggression and Conflict, (4), 1, 9-35.

<http://dx.doi.org/>

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