SPEECH THERAPY FOR ELDERLY PEOPLE : CONSTRUCTION OF COHERENCY

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Introduction

Speech therapy in France is more and more frequently integrated into the care of elderly people who are placed in long-stay geriatric institutions. The practice and the very notion of therapy, or, more exactly, of readaption, takes on a very different significance from that relating to children and adults. The speech therapist should necessarily examine objectives when accepting patients, and should examine the reasons behind the techniques and exercises which are then proposed during the therapy sessions. In order to illustrate reflection on this subject we have analyzed excerpts from sessions where a speech therapist presents semantic exercises, and which clearly show that although failures in therapy occur, there is, nevertheless, maintenance of virtually normal functioning of interaction.

The semantic and pragmatic description of the succession and unfolding of turn-taking, and of the form of exchanges shows which levels of coherency are perturbed. The study of successive reformulations allows us to identify and to classify strategies of avoidance, facilitation and repair, in the conversational analysis sense of the word. We can thus better understand what, in fact, constitutes the objective, and the stakes involved in this type of therapy.

1. The contribution of the speech therapist in the geriatric context: Framework and objectives

In France, the activity of speech therapists in geriatrics is quite a recent one, as are courses on geriatrics in speech therapy studies and training. In the past, speech therapy was not prescribed in the case of degenerative illnesses (Parkinson's, Alzheimer's, etc.), nor in the case of very elderly patients. The aim of speech therapy was that the patient should experience a return to a more favorable condition. At present, enlarging the scope of cases for treatment allows us to suggest a broader definition of therapy.

Speech therapy claims to be a means of action in the process of individuals adapting to their surroundings, in cases where this adaptation is considered to be insufficient, either when compared to a norm (as in the case of children), or in relation to a former level of adaptation (as in the case of adults having suffered a sudden or progressive regression), for reasons considered to be pathological. The ideal of therapy is thus to repair a deficiency. In the case of young adults who have suffered a loss of faculties because of some non-

regressive pathology, the objective is clearly a question of coming as close as possible to a former level of performance by using the appropriate techniques. For those people, however, whose faculties can only diminish, the objective of therapy is as complex to define as the deficiency itself. This is what happens in geriatrics. It seems important to see which forms elderly institutionalized patients' deficiencies take before understanding which objectives, whether primary or secondary, govern the therapy.

On the one hand, the notion of age itself includes the notion of deficiency, from a cognitive and especially from a communicative point of view. Everyone emphasizes the social isolation in which elderly people as residents of homes for the elderly find themselves, even when no recognized pathological explanation is found. On the other hand, speech therapy in geriatric hospitals is often prescribed in degenerative pathologies in which regression can merely be delayed, or in very severe pathological cases where the degree of complete or even partial regression remains an unknown. Furthermore, life expectancy is always short, added to which, the illness that the person has been hospitalized for sometimes involves a difficult diagnosis. Finally, as an environment, the institution requires a lesser degree of adaptation than the non-institutional one. The very request for speech therapy is normally made either by the family, or by the medical team, but never by the person who is the most concerned, the patient her/himself, who has to agree to a health-care contract that s/he never requested in the first place (Chalivet & de Gaulmyn 1996).

Prescribing speech therapy is justified in cases where one hopes simply to delay regression or, by means of 'maintenance' techniques, to stabilize a condition considered as precarious. In practice, fighting the objective reality of the deficiency (the illness) merges with an illusory struggle against the ageing process itself. This confusion is often produced by the patients who hold responsible their own age rather than their illness, and by the institution which treats ageing as a medical problem.

2. The data

This study is based on two recordings of speech therapy sessions with elderly women, the first suffering from an advanced stage of Parkinson's disease, and to whom the term dementia can be applied, and the second suffering from an already-advanced stage of Alzheimer-type illness which was evolving especially rapidly during the period of the recording. We shall refer to the first lady as P1 and to the second as P2.

These sessions were conducted by a speech therapist trainee in her last year of studies, in the presence and under the responsibility of the speech therapist officially in charge of these patients. The trainee, herself in an examination situation (which actually heightens the exam atmosphere of the exchanges), acts according to instructions given by the speech therapist before the sessions. This results in a greater rigidity when applying the programmed therapy. This situation certainly gives a false oversimplified impression of what really happens in therapy. However, it provides accurate guidelines on the way of managing a situation which is inherently delicate and which represents a potential threat to the patient's face.

We have analyzed five excerpts from these recordings, each composed of about thirty turn-takings, three from the first recording and two from the second. They contain eight sequences of language exercises. The examples are taken from these sequences, and

each turn-taking is numbered. The speech therapist trainee (from now on referred to as S) presents exercises on the use of vocabulary to the patients. The exercises are different for P1 and P2. In an item uttered by S, P1 is to rectify a semantic anomaly which has neither a context nor any connection with the situation. P1 must perceive and judge as inappropriate a word having a paronymic or antonymic relationship with the correct word, and which she must find by association. The inappropriate word is always at the end of the utterance and it is a substantive or a verb.

- (1)
01	S	<i>ARTICULE les mères' promènent souvent leur bébé en</i>
ARTICULATES mothers often take their babies out in a
<i>traineau, + 00/ qu'est-ce/</i>
sleigh, + 00/ what is it /
02	P1	<i>/euh : /</i>
<i>/ er : /</i>
03	S	<i>qui ne va pas là,</i>
that's not right here,

After several self-reformulations (Gülich & Kotschi 1987) on the part of S, S obtains a coherent response from P1.

- (1 cont)
20	P1	<i>(en) voiture'</i>
(in a) car' |
|----|----|-------------------------------------|

In fact, the exercise planned on producing the word 'landau' - pram / perambulator, (a rarer word at present than the hyperonym 'voiture', the object itself becoming something of a rarity). S takes advantage of this to explain the instructions for the exercise once again and to introduce the right answer.

- (1 cont)
23	S	<i>/alors/ moi j' ai dit en traineau 0 c'était ça' qui n'allait pas bien, qui était faux</i>
so I said in a sleigh 0 that's what wasn't right, that was wrong
24	P1	<i>ah : ' / oui</i>
ah, yes
25	S	<i>/voyez' / à chaque fois' dans chaque phrase' je dis quelque chose</i>
/you see/ each time' in each sentence' I say something
<i>qui ne va pas, 0 qui est 0</i>
that's not right, 0 that is 0
<i>faut trouver quelque chose pour remplacer/quelque/</i>
you have to find something to replace/some/
26	P	<i>/oui oui/</i>
/ yes yes/
27	S	<i>chose qui alle mieux, donc là oui' en voiture, 0 ou en landau, 0 par exemple</i>
thing which goes better, so there yes' in a car , 0 or in a pram, 0 for example
28	P1	<i>(oui) en landau</i>
(yes) in a pram

On hearing another item, P quickly finds the answer, the word being obvious, even if she is unable to directly utter the modified sentence.

- (2)
01	S	<i>ARTICULE on entend miauler' 0 le canari, + 00</i>
ARTICULATES one hears miaow 0 the canary, + 00 one
you hear the canary miaow, + 00 you
<i>on entend miauler'</i>
hear miaow'
hear miaowing from
02	P1	<i>le canari</i>
the canary
03	S	<i>le/canari/</i>
the/canary/
04	P1	<i>/(mais on sait/très bien) que (les) 0 canaris miaulent pas'</i>
/(but we know very well) that (the) 0 canaries don't miaow'
07	S	<i>on entend miauler'00 le (6s) quel est l'animal qui miaule,</i>
one hears miaow'00 the (6s) what is the animal which miaows,
you hear miaowing'from 00 the (6s) what is the animal which miaows,
08	P1	<i>ben: le chat</i>
well: the cat
09	S	<i>oui'0 alors 0 ça ferait' on entend 0</i>
yes' 0 so 0 that would be' you hear 0
10	P1	<i>le chat miauler</i>
the cat miaow

P2, for her part, is confronted with a referential identification task. The item is integrated into the instructions. She must answer direct closed questions, (either alternative or predicative ones), on the objects represented by the words which are given to her. This reduces the formulation of the answer to a partial repetition of the alternative or to the utterance of 'yes' or 'no', as we see in the following example :

- (3)
01	S	<i>alors je vous avais demandé des lunettes, 0</i>
So I asked you for spectacles, 0
<i>est-ce que ça se mange, 0 des lunettes,00</i>
are spectacles eaten, 00
02	P2	<i>ah ben ça alors, 00</i>
goodness me, 00
03	S	<i>est-ce qu'on (pourrait) est ce que vous en mangez des lunettes, 0 vous</i>
do (could) you eat spectacles, 0 you,
04	P2	<i>ben j'en ai une</i>
well I've got one
05	S	<i>vous en avez' mais est-ce que vous en mangez,</i>
you've got some but do you <u>eat</u> them,
<i>00 est ce que c'est bon, 0 à <u>manger</u>,</i>
00 is it good, 0 to eat
06	P2	<i>je crois bien que oui'</i>
I believe so'

This type of exercise is the only way of continuing to work on verbal material with a lady whose impoverished ability to recall is becoming increasingly critical.

In both cases, and by choosing the right word, S aims at stimulating a failing metacognitive activity in patients who are often incoherent in conversation. In both cases

the speech therapist acts as if the main language functions were stored within the patient's receptive capacity to comprehend. These functions are, on the one hand, the function of communication that underlies, for example, the ritual of greeting and the unfolding of turn-taking exchanges, and, on the other hand, the function of representation which makes the designation of objects by words possible, and allows us to attribute utterances with a conventional presumed reference which is common and shared within the universe of everyday beliefs. S also acts as if the specific properties of natural language were maintained either totally or partially. These properties are, on the one hand, the reflexivity of language which allows language to designate itself, and allows the speaker to utter metadiscursive commentaries on what is said and on the act of saying (de Gaulmyn 1987). On the other hand, it is the capacity to translate all language utterances by another equivalent utterance, or presented as approximately or functionally equivalent, which makes repetition, reformulation, synonymy and paraphrases possible.

The speech therapist presents a formal and metalinguistic language situation based on vocabulary. She considers that the semantic structuring of lexis is based on referential features in binary opposition, which, in turn, presupposes a certain cognitive organization of the memory, of access to lexis which is homologous to definitions given in a dictionary. This very organization is exactly what is affected in patients who, when producing language, experience difficulty in recalling words as manifested by lack of words or confusion between paronyms. It would seem that a structural exercise centered on several items can improve subsequent performance by engaging the patients' voluntary attention. It is thought that the level of the function of representation which is affected is the recall and the formulation of signifiers appropriate to a context, and not the discrimination among semantic features, nor the faculty of reference itself.

In the case of P1, this faculty of reference is intact, which makes it possible to obtain coherent responses within the universe of everyday beliefs. However, these responses are inappropriate to the form of the exercise. In the case of P2, the task is evidently already ill-adapted, owing to the rapid deterioration of P2's state, and perhaps owing also to the change of therapist from the usual one. S fails to take the initiative to modify the therapy program in spite of the obvious failure of the exercise and of the quasi-surrealistic incoherency of the exchanges (example 3).

In the case of P1 and of P2, the conversation appears unbalanced from the outset. The length and the form of the utterances reveal the overwhelming pre-eminence of S. The distribution of the voices makes S the 'leader' and the initiator of the activities, whereas P1 and P2 are submissive partners reduced to reacting with fragmented, as opposed to complete, utterances. The distribution of acts of discourse shows that all the questions without exception are asked by S. The sound level and the vocal quality are to S's advantage: She possesses flexibility of voice and of intonation, and marked effects of contrast in delivery among different items, questions and commentaries, whereas P1 and P2 have faint voices, unclear articulation, and a monotonous intonation.

As regards P1 and P2, the sequences retained are those which demonstrate pragmatic "accidents" as they shall be defined later - "accidents" which show that the deficiency is not purely at a language level but also at an intellectual one. Nevertheless, in the case of P1, the entire therapy session was satisfactory for the speech therapist, given what she considered to be a sufficient rate of success. P2, however, never manages to fulfill S's expectations because of P2's incapacity either to have access to all representation, or

to retain the two elements of an alternative, or to understand the instructions. However, we intentionally chose to work on those types of sequences which are probably not “efficient” considering the framework of pure speech therapy, that is to say, that they certainly do not remedy an instrumental deficiency, although they reveal the pragmatic failures likely to be observed with this type of elderly patient. The failure of therapy should not prevent interaction from functioning and we shall attempt to understand why this is so.

3. Identifying different types of failure in therapy

It is important to explain what we mean by “failure”. We can liken the therapy model to the pedagogical model. All pedagogical types of interaction entail a normal failure which, while respecting the formal rules of exchange, consist in providing erroneous responses - as regards the norm - for the questions asked. The standard exchange in the therapy situation, based on the same model, would be an exchange of three turns made up of a question from the therapist, of an answer, and of its evaluation - as regards the norm (“it’s right” or “it’s wrong”). The therapist, not unlike the teacher, holds the right answer and checks to see if the patient also knows it. If the latter does not know it and states her/his ignorance by saying, “I don’t know”, her/his response is valid from a pragmatic point of view, but is not the satisfactory answer to the question. The evaluation of this response is focused on the outward sign of ignorance. The response is either recorded and attempts at obtaining the desired answer are abandoned, or it is contested, and the question is reformulated either in an emphatic manner or in an adapted form. In therapy cases designed for elderly people in a deteriorated condition, however, failures are often of a pragmatic nature. In other words, the answer given corresponds to none of the therapist’s expectations neither in relation to the question, nor as regards the continuation of the exchange and, as such, constitutes a breakdown in coherency. In the case of these patients, we must consider the several types of pragmatic failures according to the context which is affected by the said failure. This distinction enables us to establish a typology of non-adapted behaviour, and perhaps, in turn, of categories of dementia (in the medical sense of the word) according to the language which characterizes each type of dementia. On the basis of what we observed of a series of situations where people suffering from dementia were involved, difficulties in adapting to the medical milieu and especially to the therapy setting, were apparent in three contexts (Kerbrat-Orecchioni 1990).

- *General context of the interaction*: The framework of the interaction is perturbed regarding the definition of the situation itself. The patient does not know s/he is in the hospital, or s/he fails to know and acknowledge the function of her/his therapist, or s/he does not respect everyone’s assigned roles, or s/he fails to understand what is required of her/him. S/he can otherwise show her/himself to be perfectly coherent in conversation. Since speech therapy, however, does not make use of passive mobilization as in the case of physiotherapy, it cannot be envisaged. In certain cases, a vague awareness of relationships of role and situation nonetheless allows therapy to be programmed.

- *Context of the required task*: Interaction is perturbed at the level of the sequence of exchanges. The patient can understand that s/he is in a therapy situation but cannot

provide the response expected of her/him at that specific moment. The instructions themselves are not followed. The metadiscursive level is affected as for P1 in example 2 quoted before, and in example 4 which follows example 2.

- (4)
1	S	<i>ARTICULE il prend ses lunettes'0 pour mieux sentir,</i>
ARTICULATES he puts on spectacles' 0 smell something better
+ 00 <i>là c'est peut-être un peu:</i>
+ 00 here it's perhaps a little:
2	P1	oui,
yes,
3	S	<i>pas facile, 00 il prend ses lunettes' 0 pour mieux sentir,</i>
not easy, 00 he puts on his spectacles'0 smell something better
<i>qu'est-ce qui ne va pas, là (4s),</i>
what's not right here
4	P1	<i>on ne peut pas tre: (arriver à prendre un chat comme ça')</i>
you can't tre: (get hold of a cat like that')
5	S	<i>pardon'</i>
<i>pardon'</i>
6	P1	<i>on ne peut pas arriver à prendre un chat' c'est difficile'0</i>
you can't get hold of a cat it's difficult'0
7	S	<i>ah oui, mais là vous voyez' c'est: une autre phrase,</i>
ah yes, but here you see' it's: another sentence,
<i>elle n'a rien à voir avec celle d'avant,</i>
it has nothing to do with the one before,
<i>avant' je vous avais dit' 0 on entend le chat miauler</i>
before' I told you' 0 you hear the cat miaow
8	/P1/	<i>/oui/</i>
<i>/yes/</i>
9	S	<i>0 on avait dit</i>
0 we said
10	/P1/	<i>/oui/</i>
<i>/yes/</i>
11	S	<i>0 là' on passe à une autre phrase</i>
0 here' we' re moving on to another sentence

P1 shows she has not assimilated the element implied in the instructions, namely that “the given sentence is necessarily wrong” and she seems surprised by this absurdity (Ex 2, turn 4). Then, when S moves on to the following item, P2 retains the reference pertaining to the first item.

- *Context of speech acts:* The level of propositional coherency is the third area of failure. Breakdowns in the chain of speech acts constitute the most apparent markers of dementia, and are frequent in P2's case, as in her two answers in example 3 quoted above.

In this classification of the three contexts of incoherency, P1 is not in the same position as P2. P1's difficulties are more apparently related to context 2, that is, the instructions. Possibilities of a conversational exchange exist but the metalinguistic work is disrupted. P2, on the other hand, understanding neither the meaning of the questions asked nor the form of the exercise, also fails in the conversational exchange itself. She has certainly retained the meaning of substantives and the representation of named objects.

These substantives are picked up in the majority of cases from verbal predicates. This leads to a reaction of comprehension, not of the comment of the utterance but of the theme or topic. This would explain her response, *well, I've got one* in example 3 above (Berthoud 1996). Finally, P2 demonstrates certain problems in relation to context 1, since she would be incapable of saying, for example, who the speech therapist is, or of naming her; but she recognizes her, tries to give the answers which are expected of her, and keeps up automatic routines of pedagogical exchanges such as "I don't know". Thus in the following example:

- (5)
1	S	<i>maintenant ça va être un petit peu différent, 0</i>
now this is going to be a little bit different, 0
<i>je vais vous proposer des mots et puis je vais</i>
I'm going to present you with words and then I'm going
<i>vous demander si ça se mange' 0 ou</i>
to ask you if it is eaten' 0 or
<i>bien si ça se boit, 0 par exemple' le thé, 0</i>
else if it is drunk, 0 for example' tea, 0
<i>est-ce que ça se mange' ou est-ce que ça se boit</i>
is it eaten' or is it drunk
2	P2	<i>bien sûr'</i>
of course'
3	S	<i>le thé 00</i>
tea
4	P2	<i>BAS le thé +</i>
SOFTLY tea
5	S	<i>hm 00</i>
6	P2	<i>ça ça ça se mange' ça</i>
it it it is eaten' it
7	O	<i>c'est pour boire' on pour manger, 000</i>
is it to be drunk' or to be eaten, 000
8	P2	<i>BAS chais pas + 0</i>
SOFTLY dunno

The study of the therapist's reactions to the patient's responses (or non-responses) should enable us to clarify the notion of pragmatic failure. At the level of the exchange strictly speaking a prolonged unjustified silence coming from the the patient is certainly not accepted over and above a certain time limit (from 4 to 7 seconds). Silence is no longer considered as a normal thinking time but rather as being connected to a malfunctioning of mental vigilance, and, as such, is incorporated into pragmatic "accidents" which require S to intervene. This is the case in example 2 above which includes a silence 6 seconds long (turn 7).

Similarly, other kinds of responses which are accurate in appearance fail to then give rise to suitable reactions to the 'real' right answers ; they are responses which happen to be right for example in hitting upon syntactic reflexes. It would appear too that there are incorrect answers "by chance", that is to say that S considers them as incorrect because of language reflexes which escape awareness, for example, echolalia. These wrong answers, valid pragmatically speaking, or at least in appearance as an echo - sign of having registered - gives rise to appropriate reactions to answers which are not pragmatically valid. This means that, overall, the archetypal model of the three turn-taking pedagogical exchange seldom occurs. It is clearly illustrated in example 6 on the *roast joint*.

- (6)
1	S	<i>mais par exemple' 0 euh : 0 le rôti, 0 est-ce que</i>
but for example' 0 er : 0 the roast joint, 0 is it
<i>ça se mange' 0 ou est-ce que ça se boit</i>
eaten ' 0 or is it drunk
2	P2	<i>ça se boit</i>
it's drunk
3	S	<i>le rôti, 0 on en m on le mange' 0 ou on le boit 00</i>
the roast joint, 0 is it ea is it eaten' 0 or is it drunk
<i>le rôti de boeuf, par exemple</i>
roast beef, for example
4	P2	<i>oui 0</i>
yes 0
5	S	<i>vous en mangez</i>
do <u>you</u> eat it
6	P2	<i>oui</i>
yes
7	S	<i>oui' 0 ça se mange'</i>
yes' 0 it's eaten
8	P2	<i>hmm</i>
9	S	<i>hm 0 ça ne se boit pas,</i>
hm 0 it's not drunk,
10	P2	<i>non non,</i>
no no
11	S	<i>on ne peut pas le mettre dans un verre hein, ça se peut pas</i>
it can't be put in a glass eh, it can't be done

At first, S fails to react as she should react to a wrong answer (she does not content herself with a negative evaluation, but reformulates the item in a more analytical way). Secondly, she does not simply confirm the right answer but, instead, checks its soundness and adds justifications, which is proof of her own uncertainty. In practice then, it is not easy to distinguish between a normal failure and a pragmatic accident, and all the more so since too large a percentage of errors can be perceived as threatening, as much by the therapist as by the patient. This means that in the event of an answer simply being incorrect, S's response is never "no" but more often a repetition of the item or a reformulation of the instructions.

4. Reconstruction of coherency

The therapy sessions correspond to semantic exercises which involve degrees of difficulty. It is a matter of schematically stimulating the contextual association capacities for P1, and, for P2, stimulating the reference capacity. The distinction among these different degrees of difficulty help us to understand certain kinds of errors that patients make, and, at the same time, allows us to classify the facilitation procedures employed by the therapist to prevent the patient from making mistakes. The semantic exercises usually presented in therapy can be placed within three different fields of reference (Martin 1987), which certainly correspond to different degrees of difficulty. The change of fields is noticeable by polyphonic markers of utterance, having a metalinguistic function, apparent in S's changes

of intonation. To present an item she adopts a slow and detached articulation, a feature of “school dictation”. She multiplies the metadiscursive commentaries in order to separate the item from the context of the situation. However, she reformulates the instructions in the event of a failure, and progressively makes the task easier by changing the fields of reference.

Field 1. In this field, there is no concrete representation of the item and work is carried out on prototypical out-of-context utterances which are linguistic objects easy to manipulate, to which the value of objective reality cannot be attributed. This is the case of the metalinguistic exercises carried out with P1 (examples 1,2).

Field 2. This is a fictitious but coherent field (for example, the work on a fictional text). The polyphony (or heterogeneity of utterances, Authier 1984) is seen in a very structured and explicit way with, in most cases, a written medium which provides it with a concrete form. It is a field which is used very much in therapy with the help of pictures. Even if there is no direct example in the corpus under study, P1 tends to refer to it and thus shows her knowledge of the procedures used in therapy. She interprets items as data that she seeks to make concrete and to place in the same context, which is a totally personal mental world. Her difficulties stem from this fact when passing from one item to the next. She maintains a link between the items, and experiences difficulties in calling their validity into question from a strictly metalinguistic point of view. That was the case of example 4 quoted before where the *cat* interferes with the *spectacles*. It is also the case in exemple 7 where P1 fails to process the item presented to her as a sentence which is to be modified, but more as data corresponding to a fictitious reality.

- (7)
1	S	<i>ARTICULE Jean est en vacances, 0 il va enfin</i>
ARTICULATES Jean is on holidays, 0 he is at last going
<i>pouvoir travailler,</i>
to be able to work, +
+ 0 <i>Jean est en vacances' 0 il va enfin pouvoir travailler,</i>
0 Jean is on holiday, 0 he is at last going to be able to work
2	P1	<i>(parce que sans ça y va pas travailler) 0 y va pas travailler,</i>
(because he's not going to work without) 0 e's not going to work
3	S	<i>ben non' oui, /qu'est-ce/</i>
well no' yes, /what is it /
4	/P1/	<i>/voilà/</i>
/there you are/
5	S	<i>qu'on pourrait dire à la place, (4s) il va enfin pouvoir'0</i>
that we could say instead, (4s) he is at last going to be able' 0
6	P1	<i>pouvoir travailler,</i>
be able to work,
7	S	<i>en vacances'</i>
on holiday'
8	P1	<i>(...) en vacances,</i>
(...) on holiday,
9	S	<i>qu'est-ce qu'on fait quand on est en vacances,</i>
what do you do when you're on holiday,
10	P1	<i>on se repose'</i>
you rest,

- 11 S *voilà, 0 donc on pourrait dire'*
 there, 0 so we could say'
 12 P1 *on (va) jouer à des jeux /ou/*
 we'('re going to) play games /or/

S's intonation is one of expressive reading (she articulates, accentuates and separates the words), and does not allow P1 to distinguish between utterances corresponding to a concrete reality in discourse and an utterance of an example made for the purposes of the exercise.

Field 3. This is the ordinary world of shared experience. The items here are made concrete in the field of reference which constitutes reality adopted by the speaker-utterer. There is no polyphonic marker and no change of intonation when the items are uttered. The tone is conversational. In order to make the exercise easier, the speech therapist can further limit this field of references to the patient's personal world by using personal deictics. This is what happens for P2 where the personalization of the item is a constant strategy, which is coherent too with her egocentric way of functioning, as in example 3 *do you eat spectacles, 0 you*, in example 6, *roast beef, for example do you eat it*.

This distinction between the different fields of reference makes it possible to interpret most of the patients' pragmatic failures. S, for her part, uses this distinction, among other procedures, to elicit an answer more easily in the event of inadapted behaviour. The facilitation procedures correspond to strategies that the therapist deploys in order to prevent failure of the exercise from occurring, and to obtain its success instead, or to dissimulate and make up for pragmatic failures.

The first strategy consists in persevering until the exercise is successfully completed, while remaining in field 1, that is to say, at a metalinguistic level. The item is repeated and the instructions are reformulated more or less explicitly (example 1).

- (1)
- 1 S *ARTICULE les mères' promènent souvent leur bébé' en traîneau,*
 ARTICULATES mothers' often take out their babies' in a sleigh,
 + 00 /qu'est-ce/
 + 00 / what is it
- 2 /P1 *//euh:/*
 /er/
- 3 S *qui ne va pas là,*
 that's not right here
- 4 P1 *(... promènent souvent leur bébé)*
 (... often walk their babies)
- 5 S *(mhm) les mères' promènent souvent leur bébé' 0 en traîneau (5s)*
 (mmm) mothers' often take out their babies 0 in a sleigh (5s)
 qu'est-ce qui ne va pas bien' dans ce que j'ai dit,
 what is it that isn't right' with what I said.
- 6 P1 *(euh)*
- 7 S *c'est à la fin, 000 les mères' /promènent/*
 it's at the end, 000 mothers' / take out/
- 8 P1 */(...)/*
- 9 S *souvent leur bébé*
 their babies often

Sometimes the instructions can be reiterated at the end of the sequence, as if it were an illustrative procedure aimed at preventing accidents from occurring in the following sequence, as in the follow-up in the same exercise, example 1, turns 23-28, quoted at the beginning of the article. When S reformulates an item she in effect, considers herself responsible for the items inadequately formulated as in another exchange in example 1, turns 10-14.

- (1 cont)
10	P1	<i>les les mères les: oiseaux'</i>
the the mothers the birds
11	S	<i>non</i>
no
12	P1	<i>non,</i>
no
13	S	<i>je voulais dire les: mamans,</i>
I meant: mummies
14	P1	<i>les mamans</i>
mummies

Another procedure consists in pointing out exactly which element of the item the task to be accomplished relates to, as in the example above, turn 7, *it's at the end*.

The second strategy aims at obtaining a coherent response in the world of everyday references. The instructions are moved to this other world, that is to say, that S provides progressive and momentary facilitation with a passage from field 1 to field 3 (example 7), and provides a return to the subject itself within field 3 (example 3). The change of fields of reference is often accompanied by descriptive or argumentative procedures aimed at facilitating the emergence of representations. This figures again in example 1, turns 14-19.

- (1 cont)
14	P1	<i>les mamans</i>
mummies
15	S	<i>quand elles vont se promener dehors' avec leurs bébés'</i>
when they go out' with their babies'
16	P1	<i>oui,</i>
yes,
17	S	<i>tout petits</i>
tiny ones
18	P1	<i>oui</i>
yes
19	S	<i>elles les promènent en' 000 dans quoi elles les installent' pour les promener,</i>
they take them out in' 000 what do they put them in' 0 to take them out

A third strategy corresponds to a lowering of the initial demand. These are prompting procedures. The answer is partially provided and to such an extent that the patient has only one syllable to pronounce, as in the continuation of example 7 given previously.

(7 cont)

- 19 S *oui' exactement, 0 alors on pourrait dire' Jean est en vacances'*
yes' exactly, 0 so we could say' Jean is on holiday'
il va enfin pouvoir'
he is at last going to be able to'
- 20 P1 *travailler,*
work,
- 21 S *se' 0 ce que vous m'avez dit avant quand on était en vacances,*
' 0 what you told me before when we were on holiday,
- 22 P1 (...)
- 23 S *il va enfin pouvoir se*
se he's finally going to be able to
- 24 P1 *(lever ou,)*
(get up or,)
- 25 S *re 00 vous m'a vous me l'avez dit, vous venez de me le dire*
re 00 you said it to me before, you've just said it
- 26 P1 *ben oui,*
yes,
- 27 S *(PETIT RIRE) 0 il va enfin pouvoir se rep*
(LITTLE LAUGH) 0 he is finally going to be able to re
- 28 P1 *travailler,*
work
- 29 S *se repo*
res
- 30 P1 *se reposer,*
rest

These three strategies are aimed at obtaining an answer at any price, to give the patient the impression of success, and to enhance her positive face (Goffman 1974).

A fourth strategy's aim is to minimise or even dissimulate failures. The principal aim is to safeguard the patient's face and to repair the damage done rather than produce an answer. We have identified several procedures :

- Moderate approval along with a completed response often confirms answers which are correct but which deviate from the prototype (that is to say, unexpected answers), or answers which happen to be right fortuitously (example 6 "the roast joint"). There is also a pedagogical intent since, whatever the case may be, everything is done to provide the right-answer model.

- The attempt to re-establish a link between the items makes it possible to somehow justify a contribution which is not coherent (example 2 "the cat").

- A reminder of the results obtained by another channel makes it possible to convince the patient that s/he possesses the answer and that the deficiency only exists at the level of recalling information (example 7 "work").

- In addition to this are assessments of the task to be accomplished which constitute a minimisation of failure as in *this is difficult* (turn 3).

(8)

- 1 S *l'eau 0 naturelle, est-ce que ça se mange' ou est-ce que ça se boit, 0 on en boit'*
water, can it be eaten or can it be drunk is it drunk
ou: c'est pour manger 0

- 2 P2 or is it (something) to eat 0
pour manger,
 to eat
 3 S *l'eau (5s) c'est difficile' 0*
 water (5s) this is difficult

And, lastly, ways of lessening the impact of failure, as in *not convinced though* said by the qualified therapist in charge.

- (3 cont)
 5 S *vous en avez' mais est-ce que vous en mangez, 00 est-ce que c'est bon,*
 You have some' but do you eat them, 00 are they good,
0 à manger
 0 to eat
 6 P2 *je crois bien que oui'*
 I think so
 7 S *les lunettes' 0 ah non:*
 spectacles' 0 oh no :
 8 0 *RIT pas convaincue quand même +*
 LAUGHS (you are) not convinced though

In any case, the use of a straight “no” answer is constantly avoided. All of these strategies are used following a regular pattern. The typical facilitation scenario includes first waiting in case of silence or echoing (leaving thinking time to the respondent), the repetition or reformulation of the question or of the instructions (in particular the juxtaposition of the instructions to the item itself), the various facilitation procedures such as actually putting the items into utterances, then prompting, then finally the reformulation of the answer (or the ideal answer) possibly accompanied by an explanation of the answer, by the questioner herself.

5. Conclusion

The final activity of the therapist would then be at least to salvage the exchange, by making do with a parody of therapy, in order to save face for the patient, for herself and for the institution. It is indeed noteworthy to emphasize the effort made by the therapist to maintain at least an apparent coherency of the interaction in relation to the ideal model of a “normal” conversation and to that of an exercise conforming to the planned procedure. The therapist manages to recover all “incorrect” utterances, as demonstrated by the variety of vocal and verbal procedures meant to promote success, and the wealth of strategies which aim at dealing with pragmatic accidents. The therapist tries at the same time to understand the coherency in the patient’s discourse and also to get that discourse to fit in with the coherency of the therapeutic interaction (Apotheloz & Grossen 1995, 1996; de Gaulmyn 1987). It is as if presenting models of successful exchanges possessed therapeutic or pedagogical value. Thus everything points in the direction of an accommodating activity and even face-repairing, which is always in the background of relations with patients as witnessed by the rare use of “no” as a confirmation of an incorrect answer. The administrator of the exercise uses multiple procedures liable to lead to success in the

exercise, or likely to give it the appearance of success. This is because she believes that this success, positive for the patient whose self-esteem is thereby enhanced, is also positive for the patient's language faculties, which are stimulated by this cognitive activity.

The speech therapist, in many cases, would seem to play the role of "midwife" (maieutic role). In fact, we wonder whether the common point of these strategies, and hence the fundamental objective of therapy is more a matter of convincing the patient that s/he virtually possesses all her/his faculties, and that it is simply the function of recall which is in question, and that this function must therefore be stimulated (according to the model of working of the memory). The objective is to create an atmosphere of trust, in order to reduce anxiety and thus facilitate communication. That is, an attempt is made to train him/her to do the very best s/he can with what s/he has to work with. Paradoxically, however, the strict and rigid application of these principles can limit the therapy to a relentless repetition and, contrary to the objective, can increase anxiety. This is the case mainly with P2, where a caricature of therapeutic procedures can be seen, with a patient who is practically reduced to silence. However, it is these same procedures that are to be found in all therapy situations, including those which work well, which have a satisfactory rate of success and which prove gratifying for the patient. It is worth pointing out, however, that from the therapeutic standpoint, the speech therapist is regularly gratified by objective signs of satisfaction from P1, who cried when the trainee left, as with P2, who always welcomed her with an effusive display of joy. It is as if the therapeutic effect resides in taking the deficiency into account and in the acknowledgement of that deficiency by the institution.

Viewed differently, the chaotic sequence of verbal contributions of interaction is not so far from ordinary conversations as one would tend to think. The closer the relationship between co-speakers is, the more their words appear incoherent, implicit, fragmented, unclear, even insane, to an outsider. Understanding inferences in order to reconstruct coherency and to evaluate the pertinence of exchanges depends on shared knowledge and common experience which make up the world proper to the co-speakers. Work carried out on recordings of authentic conversations calls into question conditions necessary for success, for satisfaction and for the accomplishment of speech acts included in and ideal and logical functioning of understanding between the speakers (Colletta 1995). Cognitive pragmatics does, in fact, tend to attribute prime importance to only understanding rational inferences. The speakers are supposed to be unaware of contradiction, to be consistent in their opinions and to appreciate the value given to their utterances. Real language is more complex: Approximation, misunderstanding and ambiguity, as well as implication and duplicity, are the laws governing the affective, cognitive, and interactive functioning of natural language. The subject of discourse is single and multiple at the same time, dispersed and unified, a subject inhabited and shaped by others' voices and taking on different voices according to the roles it claims to play. Otherness is a component part of the very identity of the subject and of the awareness of that identity (Flahault 1978; de Gaulmyn 1996). Routines, reflexes and preconstructed language components make up the material of which the speaking partners make use in order to organise space, each one for her/himself and yet each one for the other. This space, at least acceptable, but always provisional, is used for creating subjects and for constructing a picture of the world (Vion 1992). Discourse, as it is gradually "co-designed", through repetition, echoing, fragments and corrections, results from the dynamic process of

simultaneous and successive operations from which a coherent representation of a world of co-references emerges.

References

Apothéloz, D. & M. Grossen (1995) L'activité de reformulation comme marqueur de construction du sens: Réflexions théoriques et méthodologiques. In L. Mondada (ed.), *Formes linguistiques et dynamique interactionnelle. Cahiers ILCF7*: pp. 177-198.

Apothéloz, D. & M. Grossen (1996) Dynamique conversationnelle dans un entretien thérapeutique: Analyse des reformulations. *Interaction et cognitions* 1: 115-149.

Berthoud, A.-C. (1996) Paroles à propos. Paris: Orphys.

Chalivet, A. & M.-M.de Gaulmyn (1996) Le premier entretien. Aménagement des rôles et ménagement de l'avenir des relations. In J. Richard-Zapella (ed.), *Le questionnement social, Cahiers de Linguistique Sociale*, 28-29: 273-282.

Colleta, J.M. (1995) Qui parle et pourquoi? Examen critique de quelques approches de l'interaction. *Lidil* 12: 43-65.

Flahault, F. (1978) *La parole intermédiaire*. Paris: Seuil.

de Gaulmyn, M.-M. (1987) Reformulation et planification métadiscursives. In J. Cosnier & C. Kerbrat-Orecchioni (eds.), *Décrire la conversation..* Lyon: PUL, pp. 167-198.

de Gaulmyn, M.-M. (1996) Sémantique de l'énonciation et pragmatique des actes de discours: Une jonction devenue nécessaire. *RSP* 2.

Goffman, E. (trad.fr. 1975) *Stigmate*. Paris: Minuit.

Gülich, E. & T. Kotschi (1987) Les actes de reformulation dans la consultation. In P. Bange (ed.), *L'analyse des interactions verbales. La dame de Caluire*. Berne: P. Lang, pp. 15-8.

Kerbrat-Orecchioni C. (1990) *Les interactions verbales..*, T.1. Paris: Armand Colin.

Martin, R. (1987) *Langage et croyance*. Bruxelles: Mardaga.

Vion, R. (1992) *La communication verbale. Analyse des interactions*. Paris: Hachette.

Transcription conventions

:	lengthening
0	short pause 00 longer pause 000 long pause (x) seconds
//	overlap
(...)	inaudible passage
()	uncertain interpretation
CAPITALS:	transcriber's commentary
+	End of passage commented on
(CAPITALS):	transcriber's incidental commentary

‘ rising intonation
, falling intonation
/P1/ at the beginning of a line signifies that P1’s turn entirely overlaps with the preceding turn in which she is still engaged.