



Topic Management in Selected Dementia Patients' Speeches: A Clinical Discourse Analysis Study

Maha Salim Jasim¹ , Rufaidah Kamal Abdulmajeed² 

Department of English, College of Education for Women, University of Baghdad, Iraq¹

Department of English, College of Education for Women, University of Baghdad, Iraq²

maha.salem2103m@coeduw.uobaghdad.edu.iq¹

rufaidah.kamal@coeduw.uobaghdad.edu.iq²

<https://doi.org/10.36231/coedw.v34i3.1682>

Received: 5 June 2023; **Accepted:** 25 July 2023; **Published:** September 30, 2023

Abstract

Topic management is the awareness of how speakers deal with initiating, developing, changing, and ending a topic and how they fix the relationship when a misunderstanding occurs. It is such an important unit of conversation as it includes the transition from one strategy to the other to be accomplished in a systematic and orderly manner. These strategies are impaired in dementia patients thus lead to communication breakdown. This study aims at detecting the dementia patients' topic management strategies in selected speeches and answering the questions of which of these strategies are fully or partially detected in these speeches. The researchers use a qualitative method to examine the speeches of those patients and they adopt an eclectic model including the four strategies of topic management; they are: initiating of (Button & Casey, 1985), developing of (Leo & Thomas, 1998), changing of (Greatbach, 1986), and ending the topic of (Heydon, 2005). According to the findings of the study, patients with dementia are capable of developing conversational topics, but they are unable to initiate, change, or end the topics.

Keywords: Topic Management, Dementia, Language Impairment, Clinical Studies, Clinical Linguistics.

ادارة الموضوع في خطابات مختارة لمرضى الخرف: دراسة تحليل الخطاب السريري

مها سالم جاسم¹ ، رفيدة كمال عبدالجليل²

قسم اللغة الانكليزية، كلية التربية للبنات، جامعة بغداد، العراق¹

قسم اللغة الانكليزية، كلية التربية للبنات، جامعة بغداد، العراق²

maha.salem2103m@coeduw.uobaghdad.edu.iq¹

rufaidah.kamal@coeduw.uobaghdad.edu.iq²

<https://doi.org/10.36231/coedw.v34i3.1682>

تاريخ الاستلام: ٢٠٢٣/٦/٥، تاريخ القبول: ٢٠٢٣/٧/٢٥، تاريخ النشر الالكتروني: ٢٠٢٣/٩/٣٠

المستخلص

إن ادارة الموضوع تتلخص في الوعي بكيفية تعامل المتحدثين مع بدء الموضوع و تطويره و تغييره و انهائه فضلا عن كيفية اصلاح العلاقة عند حدوث سوء الفهم. انها وحدة محادثة مهمة فهي تتضمن الانتقال من استراتيجيات لأخرى ليتم انجازها بطريقة منهجية منظمة . يتم اضعاف هذه الاستراتيجيات عند مرضى الخرف مما يؤدي الى انقطاع التواصل . و تهدف هذه الدراسة الى الكشف عن استراتيجيات ادارة الموضوع لدى مرضى الخرف في مخاطبات مختارة و الاجابة عن اسئلة حول اي من هذه الاستراتيجيات يتم اكتشافها كليا او جزئيا في هذه المخاطبات . يستخدم الباحثون الطريقة النوعية لفحص مخاطبات هؤلاء المرضى و يعتمدون نموذجا انتقائيا يتضمن الاستراتيجيات الاربع لإدارة الموضوع وهي: بدء (Button & Casey, 1985)، و تطوير (Leo & Thomas, 1998)، و تغيير (Greatbach, 1986)، و إنهاء موضوع (Heydon, 2005). وبحسب نتائج الدراسة فإن مرضى الخرف يستطيعون تطوير موضوعات المحادثة لكنهم غير قادرين على بدء الموضوعات او تغييرها او انهائها .

الكلمات المفتاحية: ادارة الموضوع، الخرف، اضطراب اللغة، دراسات سريرية، علم اللغة السريري.

1. Introduction

Dementia, generally speaking, is a word used to describe degenerative disorders that impair thinking and language abilities, induce a deterioration in memory function, and ultimately lead to memory loss (Alzheimer's Foundation of America, 2022). Denning and Sandilyan (2015) add that dementia is a syndrome that develops as a result of a brain disorder that is typically chronic or progressive in nature. It involves a deterioration of various higher-order cognitive processes, such as memory, thinking, comprehension, computation, learning, language, and judgment. Changes in emotional stability and social behavior frequently accompany these disabilities.

Topic management, as stated by Mentis et al. (1995), may be especially detrimental because it is a crucial level of discourse structure and a requirement for the creation of a coherent conversation. Deficits in conversational discourse are particularly significant since this aspect of language is essential to the emergence and maintenance of social contacts and relations, even though it is crucial to comprehend all aspects of language breakdown in dementia.

The absence of studies on this particular topic is what motivated the researchers to conduct the present study. Consequently, the focal point of the present study is to raise awareness of such communicative phenomenon. It delves deeper to address a knowledge gap about this phenomenon that has not been tackled before from this point of pragmatic angle. Hence this study answers the following questions:

1. Which topic management strategies are fully used?
2. Which topic management strategies are partially used?

It can be expected that the present study will make some theoretical and practical contributions. Theoretically speaking, this study is expected to enrich knowledge in the linguistic field; namely, it highlights the strategies of topic management that are used by the patients and which one of these strategy are affected by the disease. The outcomes of this study have practical implications for how to engage with and support people with dementia. By being aware of

these challenges, caregivers, healthcare professionals, and communication partners should modify their communication strategies. Additionally, it is comparable to communication partner education programs that can be highly helpful in promoting effective topic management and person-centered communication. There have been no studies conducted by Iraqi researchers that dealt with topic management to analyze dementia patients' speech. And globally, no studies have dealt with this topic in research articles; only Mentis et al. (1995) investigated "Discourse topic management in senile dementia of the Alzheimer's type". Moreover, the researcher finds that prior to this study, no attention was paid to how the dementia patients managed the topics they engaged in and, especially, which strategies of topic management they are able to use and which ones they are not able to use. Moreover, the model of this study consists of four strategies for topic management.

2. Theoretical Framework

2.1 Key Words

2.1.1 Dementia: A Clinical Syndrome

Dementia is a clinical syndrome, which is a grouping of symptoms and other characteristics that occur together and make sense as a pattern rather than a singular disease in and of itself. There are numerous causes for the dementia syndrome; some are more prevalent than others. Recent scientific and other advancements have questioned the boundaries of the syndrome and the way it is divided (Dening & Thomas, 2013).

The most frequent symptoms of dementia in the early stages are memory loss in relation to recent events and trouble finding words (Taylor & Thomas, 2013). Greater memory loss and linguistic problems become apparent as the disease worsens. This makes it difficult to carry out daily tasks like shopping, handling money, and finding the way around. Other symptoms, such as anxiousness and a lack of drive, could exist. According to Steinberg et al. (2008), the disease's symptoms typically get worse as it advances.

2.1.2 Topic Management

As proposed by Burns and Joyce (as cited in Paltridge (2000)), topic management involves awareness of how speakers deal with changes

in a topic, how they maintain a topic, and how they fix the relationship when a misunderstanding occurs. However, because the topic itself is such an important unit of conversation, the management of topics, including the transition from one to another, is likewise accomplished in a systematic and orderly manner, just as the organization of a sequence, action, and other conversational elements are.

In general, there are several places where participants can monitor and manage topics. These places are: where participants are generating a topic in a segmented way (topic initiation), where participants are shifting topics (topic shifting), and where they are trying to terminate a topic (topic end) (Yang, 2019). As a result, topic management can be summarized into four strategies:

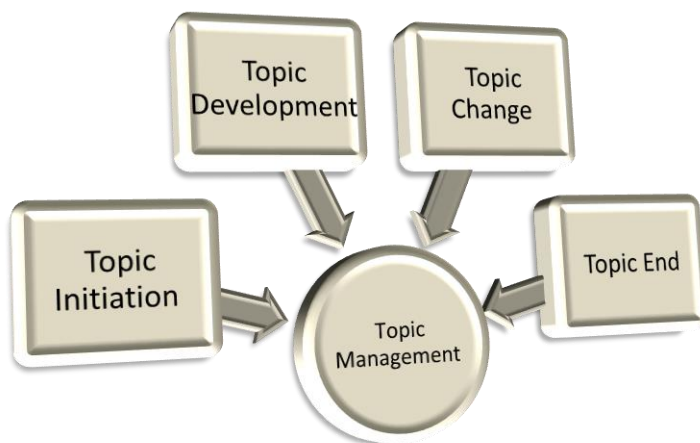


Figure 1
Strategies of Topic Management

2.1.2.1 Topic Initiation

As demonstrated by Button and Casey (1985), various acts and linguistic structures can be used to introduce a topic. For instance, a speaker might ask a question to introduce a subject (such as, “How's Peter doing?”) or make a statement (such as, “I finally received my new car”). Nakane (2014) notes that participants might ask “questions and initiate the first pair components of adjacency pairs”

(p. 13), for example:

A: Have you ever heard about Mysterious pyramid?

B: yeah.

2.1.2.2 Topic Development

Leo and Thomas (1998) suggest that speakers can influence topic development by asking questions to keep the flow of the conversation, for instance:

A: who was your first teacher here ?

B: mrs healey

A: mrs lucy in reception.

B: yeah

A: and then who?

B: we've just gone through all the teachers John

A: yes John (p. 13)

2.1.2.3 Topic Change

Greatbach (1986) demonstrates that certain speakers “are unable to shift from one topic or topical line to another” (as cited in Haworth, 2006, p. 3). While according to Shuy (2005), the speakers purposefully use their authority by “bringing up a topic, then changing it before the other person has an opportunity to respond” (p. 34), such as:

A: what time is this flight to Paris?

B: I think it is on.....

A: How are you?

2.1.2.4 Topic End

Heydon (2005, pp.115-6) believes that speakers have the ability to pose questions, direct the course of the dialogue, and eventually decide to end the interaction process:

A: what did you do over the weekend? I think you went to the party, right.

Therefore, dementia patients have difficulty constructing an informative and coherent narrative. Besides, their narratives are often repetitive with frequent topic changes (Kempler & Goral, 2008). Hence, patients with dementia eventually become less adept

at managing conversations or introducing topics. They gradually increase the repetition of words, phrases, or stories (Guendouzi & Davis, 2013) and they become less able to change the topic of a conversation. For example, they may “introduce new topics, maintain existing topics, and contribute to existing themes, shifting topics more abruptly” (March et al., 2006, p. 313). Mentis et al. (1995) assert that it is difficult for those patients to introduce and change topics in a way that is active and coherent throughout the conversation (as cited in Caramelli et al., 1998, p. 468).

Other studies, such as Rousseaux et al. (2010), highlight the difficulties of topic management, particularly when shifting topics and bringing in new information. In addition, the patient would be better able to manage topic selection and management, topic shifting, and turn-taking in a relatively unstructured situation (group conversation) as opposed to a more formal setting of language evaluation.

2.2 Clinical Discourse Analysis

Clinical discourse analysis is a term used to describe language behavior analysis observed in clinical contexts (Asp & De Villiers, 2010). They state that clinical research on language behavior covers clearly defined disciplines that deal with syntax, vocabulary, phonology, conversational skills, and coherence. The main focus of clinical discourse analysis is on natural language behavior and all aspects of language use. This kind of analysis “explores the multivariate features.” (p.4)

Simon (1985) states that language abilities can be assessed from the functional rather than structural point of view. The functional perspective would have to focus on language behavior above the level of the structures of the sentences. He further confirms that language functions are governed by certain variables as “speaker intent, physical setting, verbal context, social context, style and apparently universal principles of communication such as the need for cooperation” (p.169). It is essential therefore, to take the behaviours from real situations involving real discourses to be analysed.

To be clinical discourse analysis, the behaviours selected for the analysis should have clinical relevance in order to test and identify language misconduct in real context and in order for the results not to be artificial (Simon, 1985).

In identifying problematic behaviours that affect the functionality of communication interactions it is necessary to collect a realistic data that are monitored by clinicians. Simon (1985) states two points concerning the selection of clinical data:

First, language sampling allows for holistic evaluation rather than viewing language as consisting of discourse and isolated units, and it preserves the intentionality of the communicative situation. Second, language samples are obtained in relatively open communicative settings (p. 170).

2.3 Related Works

There have been no studies conducted by Iraqi researchers that dealt with topic management to analyze dementia patients' speech. And globally, no studies have dealt with this topic in research articles; only Mentis et al. (1995) investigated "Discourse topic management in senile dementia of the Alzheimer's type". The aim of the study was to give a thorough assessment of the topic management abilities of a group of subjects with Alzheimer's-related senile dementia (SDAT) and to compare their topic management patterns to those of a normal elderly (NE) subject group. The researcher used a modified version of the multidimensional topic coherence analysis developed by Mentis and Prutting (1991). Besides, the findings showed that there were substantial variations between the SDAT and NE individuals along a number of topic introduction and maintenance parameters.

Moreover, the researcher finds that prior to this study, no attention was paid to how the dementia patients managed the topics they engaged in and, especially, which strategies of topic management they are able to use and which ones they are not able to use. Further, the model of this study consists of four strategies for topic management.

3. The Analytical Part

3.1 Methodology of the Study

The researchers use a qualitative research design as a beneficial way to collect adequate data for the studied topic. The qualitative aspect is represented by locating the topic management strategies in the speeches of dementia patients. Moreover, the researchers use the sampling strategy as a maximum variation approach (Coyne, 1997). This strategy is purposely used because almost all interviews have the same strategies of topic management and almost all patients with dementia have the same general knowledge and a large spectrum of experiences. Out of (20) interviews collected for the purpose of this study, only (5) are selected to be a good representative sample. They are collected from Guendouzi and Savage's (2017) as real situation conversations collected to be studied from different perspectives other than topic management.

To deal with the nature of the information under examination and to answer the study's questions, the researchers have adopted an eclectic model that involves four topic management strategies, including initiating of (Button & Casey, 1985), developing of (Leo & Thomas, 1998), changing of (Greatbach, 1986), and ending the topic of (Heydon, 2005) to find out whether those patients are fully capable of following these strategies during conversing with others or partially.

3.2 Data Analysis

3.2.1 Data analysis

Conversation (1)

(R is the interviewer, E is a patient with Dementia)

R: it's got some interesting neighborhoods though I found the last time I was there. Different little niches in town, it's not just big buildings (laugh)

E: I haven't even. I haven't bothered to look around like that (looks confused)

R: (laughs) too busy probably huh?

E: well, my honey is a driver (looks at researcher with a knowing look)

R: oh (smiles and nods)
E: she drives
R: oh, you're lucky (laughs)

(Guendouzi & Savage, 2017, p. 329)

In the conversation described above, the interviewer (R) speaks with a dementia patient (E) about a city where the patient had previously resided and worked. E no longer works and has visual difficulties, so he needs to rely on his wife to transport him everywhere and take him outside.

Topic management: the patient responds to the worker's first statements by saying I haven't even. I haven't bothered to look around like that; he tries to develop the same topic by admitting that he never notices the buildings surrounding him this way, may be due to lack of concentration.

When the interviewer tries to end the topic by justifying to him by saying too busy probably huh?, the patient changes the topic totally and shifts it to his wife saying My honey is a driver. As such, he is unable to cope with the interviewer and focuses on the topics that attract him most or that of emotional value for him like his honey wife.

Finally, the patient ends the conversation when he repeats his statement, She drives. By and large, dementia patients are known to have difficulty constructing an informative and coherent narrative as well as initiation of the topic, but this is partially true in this conversation; the patient has a limited ability of developing the topic, and practices topic change and end despite his language impairment of dementia.

Conversation (2)

(F is a patient with Dementia, J is an interviewer)

F: is it Friday?

J: It's Friday today

F: really?

J: hmm

F: I never know what day it is, a Monday or anything here is the date (appears distressed).

J: hmm (light laugh) that's because when you don't work anymore you don't have to worry do you? about what day is what when you don't work anymore you have to- you don't need to worry about what day is what

F: yeah.

F: they don't - they don't change their for this you know.

J: did you have a good Christmas?

F: pardon?

J: did you have a good Christmas?

F: what we- what were talk

J: did you have a good Christmas

F: well, alright?

(Guendouzi & Savage, 2017, p. 331)

Because there aren't any required tasks or events linked to the passage of time for which the dementia patient is accountable in the nursing home, many dementia patients in nursing homes can't recall the common time and date markers that are found in the outside world. Subsequently, a woman with dementia (F) from the prior conversation asks the interviewer (J) if it is Friday.

Topic management: Since the patient lives in a nursing home, she never knows what day it is, so she asks the worker about the day to initiate the topic. She then elaborates the topic by stating, I never know what day it She tries to explain the cause of her inability to distinguish between the days, thus the patient tries to develop the topic. The interviewer makes an effort to calm down the patient's anxiety by reminding her that since she no longer works, she does not need to worry about the day or the time. The patient affirms, Yeah, but the interviewer tries to change the topic by asking about Christmas because she does not get what the patient is trying to say in her response Pardon? The interviewer then repeats her question, but the patient replies what we- what were talk . Thus, the patient struggles to adjust the unexpected change in the topic. Then, the interviewer asks her a question for a third time, and the patient responds, well, alright, because she does not seem to be able to retain information in short memory for a long period of time when she says what we- what were talk. Consequently, the patient manages the topic well and responds to inquiries about the situations

in which the patient initiates and develops the topic, but it is obvious that the patient has trouble comprehending what the interviewer is saying and cannot change the topic or end it.

Conversation (3)

(F is a patient with Dementia, J is an interviewer)

F: my brother (sniffs) but my brother w- would like me to come out waiting me just being. being kept well an everything

J: mhm

F: and my own brother

J: what's your brother's name?

F: my brother....my brother

J: where does your brother live,

F: ah (sighs) oh dear

J: York?

F: no?

J: oh doesn't live in York does he live in Castlebridge?

F: no? there ...oh it had been taken away with me, and they want me to make...

J: ahh right who took it away?

F: I get

J: what've you done to your leg

F: who?

(Guendouzi & Savage, 2017, p. 334)

In the aforementioned sample, the dementia patient (F) has been transferred to an unfamiliar nursing home lobby area while her usual recreational area is being cleaned. She pretends as if she's being taken to a waiting area where she'll meet her brother, who she assumes is going to be late.

Topic management: the patient makes a statement in order to initiate the topic of waiting for her brother, which is my brother (sniffs), but m.....but She seems unable to develop the topic, especially when she says and my own brother, my brother. Besides, again she is unable to develop the topic because she is unable to remember her brother's name and the city where he lives, as well as, what she wants to say in her utterance: no? There, oh, it had been taken.... Likewise, the patient is not able to change the topic; this can be seen in her utterance, They want me to make... Briefly, despite that the

patient initiates the topic by making a claim, she is unable to further developing, changing and ending the topic.

Conversation (4)

(Ms A. is a woman with Dementia, R is the interviewer)

R: so you used to teach?

Ms A: yes it inoh somewhere in South America

R: oh that must have been interesting what were the kids like?

Ms A: well you know children (face tilts to one side)

R: hmm yes I can imagine (smiles)

Ms A: you had to be strict make them work hard (shakes her finger)

R: yes that's true what did you teach?

Ms A: well you know everything... a bit of math or reading

R: mhm the usual were you in a city or the country

Ms A: well we were out there you know in the trees

R: nice was it warm?

Ms A: Oh yes warm

R: that must have been an interesting job.

(Guendouzi & Savage, 2017, p. 339)

Throughout the above conversation, Ms. A is a woman with dementia mentions to the interviewer (R) that she was a teacher. It is a common conversational topic that she seems to utilize to both keep the discussion going and to represent a more socially active personality than her present circumstances suggests A competent and socially accepted professional identity for (Ms. A) is discursively produced as a result of the exchanges between the interviewer (R) and (Ms. A) using question-answer pairs.

Topic management: The matter is brought up by the interviewer by asking about the patient's former employment, and even though the interviewer does not ask. It is the patient who develops the topic by responding in accord and mentions her career of teaching and the location as South America. Afterwards, the interviewer continues to raise questions and asks the patient about her students; the patient then responds that she must be strict and make her students work hard. While the interviewer presses her for further information when inquiring the patient about her area of specialization, she replies that she is proficient in both math and reading. Finally, she responds

with her nation when the interviewer asks where she used to live. To sum up, even though the patient is unable to initiate, change, or end the topic, the patient has nonetheless developed it since the interviewer asks and she responds.

Conversation 5

(JR is a man with dementia)

JR: I just happen to meet her one weekend.

JR: She gone [stands up walks in place with exaggerated arm movement].

JR: She was [moves hands around in air] just somewhere else.

JR: Where I was kinda living there [laughs].

JR: Anyways and I thought Oh wow [gestures hand over heart in a heart beating motion].

JR: And she said “I like him very much.”

JR: “I want to be a you know wanted to be a I want to help..

JR: Work in a you know [gestures giving a shot in his upper arm]”

JR: And as time...

JR: And she was only in grade 11 at the time when I was in University.

JR: But then she said she wanted “I’m gonna be a nurse and go down in Hamilton”.

JR: And I thought that was good ‘cuz I knew where that was.

(Guendouzi & Savage, 2017, p. 368)

In the conversation shown above, a question regarding how JR, a dementia patient, met his wife is asked.

Topic management: When the patient is asked how he met his wife, he immediately starts talking about her, which leads to developing the topic where he shares additional details about their first encounter and how she likes him and wants to be with him. In addition, the patient continues to assert that his wife wants to be a nurse and that she was in the eleventh grade while he was at college. However, in brief, the patient is capable of developing the topic but cannot initiate, change or end it.

3.2.2 Results and Discussion

According to the findings of analyzing of the above five conversations, it is found that some patients have shown their ability

to use certain strategies while others are unable to employ some of these strategies. The frequencies of distribution of the strategies are summarized by the researchers in the table below to support the analysis:

Table 1 Strategies of Topic Management

No.	Topic Management Strategies	Able	Unable
1	Topic Initiation	2	3
2	Topic Development	4	1
3	Topic Change	1	4
4	Topic End	1	4
Total		8	12

Regarding the first strategy of topic management, topic initiation, which occurs five times. The patients fail to use it three times while using it successfully twice. This shows that patients with dementia most often lack the ability to ask questions or make statements, which is why they are unable to use this strategy. Contrary to the first strategy, the topic initiation, the topic development strategy is used successfully four times by the patients, and it involves asking questions or making statements to maintain the flow of the conversation; while patients fail to use this strategy only once.

Concerning the third strategy, topic change, the patients most frequently fail to bring up a topic and then change it before the other person has a chance to answer; as a result, the patients are unable to utilize this strategy four times but only succeed in using it once. Similarly, in the fourth strategy, topic end, for which the patients do not have the ability to pose questions, direct the course of the conversation, and eventually decide to end the interaction process. Then, after using this strategy just once, the patients are unable to apply it four times.

To discuss these results, the very first strategy that patients can employ is topic development, which they use four out of five examples, demonstrating that they have the capacity to pose

questions or make statements in order to keep the conversation moving forward. Topic initiation, in contrast to other strategies, demonstrates that patients frequently lack the ability to ask questions or make statements since they are unable to use it three out of five times. Additionally, the patients are unable to employ the topics change strategy, as seen by the fact that they do so only once, failing to do it four out of five times. This shows that they are unable to bring up a topic and then change it before the other person has a chance to respond. Lastly, when it comes to the topic end, the patients are also unable to employ it in their speech, showing that speakers are unable to ask questions, control the flow of the conversation, and eventually decide when to finish the interaction process. Finally, although patients with dementia can develop topics of their conversation, they are unable to initiate, change, or end the topic. This means that dementia patients are not totally unable to manage a conversation. They partially fail to do so but sometimes they are qualified in topic management.

4. Conclusions

4.1 Which topic management strategies are fully used?

Usually dementia patients have trouble presenting a clear and informative story. Besides, they frequently change topics and repeat themselves in their narratives. Therefore, people with dementia finally become less effective at leading discussions or presenting topics.

4.2 Which topic management strategies are partially used?

This research proves that patients with dementia are sometimes capable of managing topics and maintaining a conversation according to the topic management strategies developed for the purpose of this study. Therefore, they partially fail and partially succeed.

References

Alzheimer's Foundation of America. (2022, April 14). *About Alzheimer's disease and Dementia | Alzheimer's foundation of America*. Alzheimer's foundation of

America. <https://alzfdn.org/caregiving-resources/about-alzheimers-disease-and-dementia/>

- Asp, E., and De Villiers, J. (2010). Introduction to clinical discourse analysis. In *when language breaks down: analysing discourse in clinical contexts* (pp. 4-9). Cambridge: Cambridge University Press. doi:10.1017/CBO9780511845352.002
- Button, G., and Casey, N. (1985). Topic nomination and topic pursuit. *Human Studies*, 8(1), 3–55. <https://doi.org/10.1007/bf00143022>
- Caramelli , P., Mansur, L. L., and Nitrini, R. (1998). Language and communication disorders in Dementia of the Alzheimer type. In Whitaker, H. A., & Stemmer, B. (Eds.), *Handbook of neurolinguistics* (pp. 463–473). Academic Press.
- Coyne, I. (1997). Sampling in qualitative research. purposeful and theoretical sampling; merging or clear boundaries? *Journal of Advanced Nursing*, 26, 623-630.
- Dening, T., and Sandilyan, M. B. (2015). Dementia: definitions and types. *nursing standard*, 29(37), 37–42. <https://doi.org/10.7748/ns.29.37.37.e9405>
- Dening, T., & Thomas, A. (Eds.). (2013). *Oxford textbook of old age psychiatry*. Oxford University Press.
- Greatbatch, D. (1986). Aspects of topical organization in news interviews: The use of agenda-shifting procedures by interviewees. *Media, Culture & Society*, 8(4), 441–455. <https://doi.org/10.1177/0163443786008004005>
- Guendouzi, J., and Savage, M. (2017). Alzheimer's Dementia [review of *Alzheimer's Dementia*]. In Paatsch, L., Toe, D., Church, A., & Cummings, L. (Eds.), *Research in clinical pragmatics, perspectives in pragmatics, philosophy & psychology 11* (pp. 323–346). Springer International Publishing.
- Guendouzi, J., and Davis, B. H. (2013). Dementia discourse and

- pragmatics. In Davis, B. H., Guendouzi, J., & Morón, R. G. (Eds.), *Pragmatics in dementia discourse* (pp. 1–28). Cambridge Scholars Publishing.
- Haworth, K. (2006). The dynamics of power and resistance in police interview discourse. *Discourse & Society*, 17(6), 739–759. <https://doi.org/10.1177%2F0957926506068430>
- Heydon, G. (2005). *The language of police interviewing: A critical analysis*. Basingstoke: Palgrave Macmillan.
- Kempler, D., and Goral, M. (2008). Language and Dementia: neuropsychological aspects. *Annual Review of Applied Linguistics*, 28, 73–90. <https://doi.org/10.1017/s0267190508080045>
- Leo, R. A., and Thomas, G. C. (1998). *The Miranda debate: law, justice, and policing*. UPNE.
- March, E. G., Wales, R., and Pattison, P. (2006). The uses of nouns and deixis in discourse production in Alzheimer's disease. *Journal of Neurolinguistics*, 19(4), 311–340. <https://doi.org/10.1016/j.jneuroling.2006.01.001>
- Mentis, M., Briggs-Whittaker, J., and Gramigna, G. D. (1995). Discourse topic management in senile Dementia of the Alzheimer's type. *Journal of Speech Language and Hearing Research*, 38(5), 1054–1066. <https://doi.org/10.1044/jshr.3805.1054>
- Nakane, I. (2014). *Interpreter-mediated police interviews: A discourse-pragmatic-approach*. <https://ci.nii.ac.jp/ncid/BB16350680>
- Paltridge, B. (2000). *Making sense of discourse analysis*. [http://directory.wikieducator.org/images/d/d5/Book3_MS DA.pdf](http://directory.wikieducator.org/images/d/d5/Book3_MS_DA.pdf)
- Rousseaux, M., Sève, A., Vallet, M., Pasquier, F., and Mackowiak-Cordoliani, M. A. (2010). An analysis of communication in conversation in patients with dementia. *Neuropsychologia*, 48(13), 3884–3890. <https://doi.org/10.1016/j.neuropsychologia.2010.09.026>

- Shuy, R. W. (2005). Creating language crimes : how law enforcement uses (and misuses) language. In *Oxford University Press eBooks*. <https://ci.nii.ac.jp/ncid/BA74973934>
- Simon, Charlann S., (1985) Clinical discourse analysis: A functional approach to language assessment. In book: Communication skills and classroom success: assessment of language-learning disabled students. Chapter: clinical discourse analysis: A functional approach to language assessment. College-Hill Press.
- Steinberg, M., Shao, H., Zandi, P., Lyketsos, C. G., Welsh-Bohmer, K. A., Norton, M. C., Breitner, J. C., Steffens, D. C., and Tschanz, J. T. (2008). Point and 5-year period prevalence of neuropsychiatric symptoms in dementia: the Cache County Study. *International Journal of Geriatric Psychiatry*, 23(2), 170–177. <https://doi.org/10.1002/gps.1858>
- Taylor J-P, and Thomas A. (2013) Alzheimer’s disease. In Dening, T., & Thomas, A. (Eds.), *Oxford textbook of old age psychiatry* (431-455). Oxford University Press.
- Yang, Y. (2019). *The Management of topics in ordinary conversation*. [Doctoral dissertation], University of York.