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Alzheimer’s Speakers and Two Languages
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Initial considerations

The language of people who suffer from Alzheimer’s disease (AD) has been a field of research in medicine and psychology for a long time. A major focus of this research has been to describe specific language-related deficiencies that can help identify people with AD in contrast to people with only slightly different symptoms. The description of deficiencies has been the basis for research that links language-related deficiencies to stages of an on-going process of psychopathological deterioration and ultimately to specific lesions in the brains of AD patients (cf. Cummings, 1992; Cummings et al. 1985; Heindel et al. 1997; Kempler 1991).

In the interdisciplinary field of first and second language acquisition (often cited as L1 and L2), psycholinguists and neurolinguists have interest in aphasias and also in various types of dementia. This interest is, on the one hand, motivated by the aim to develop an empirical base for models of language and, on the other hand, by the expectation that findings about the structure of the brain will be relevant to an understanding of the processes involved in the language acquisition process (Newmeyer 1998b; Weinert 2000). Studies of language acquisition and of language deficiencies deal with such questions as the relationship between language and thought – this is the tradition of the Sapir–Whorf hypothesis (cf. Whorf 1956) – or between language and cognition in the tradition of Chomsky (Chomsky 1980). Here the language of children with specific language-related problems (Weinert 2000: 316, 339) or of people with aphasias or of people with various types of dementia (Blumstein 1988; Caplan 1988) becomes the object of an investigation that tries to base models of language acquisition or of linguistic models
of language on empirical findings (cf. Grimm 2000). One of the central issues is how language is represented in the human brain. There has been a long-standing debate on whether language is organized in modules in the brain that are accessible to conscious processes of the individual or if – and possibly how – language development is related to the development of cognitive competencies more generally (Ellis 1994: 191–288, 348–96, 417–62). It is a related problem if and to what extent language or components of language are related to or dependent on thought processes.

Slobin’s now-classic language development hypothesis claimed that concept development preceded language development in children acquiring their first language (Slobin 1979). In the meantime empirical research has revealed a far more complex pattern of how general cognitive processes impact on language and vice versa. Elman et al. show that domain-specific influences of the environment and learning and acquisition processes interact with one another and change over time; in this view, modular specializations are the result of development in line with a connectionist model (cf. Elman et al. 1996; Elman 2003: 431). By analogy, insights resulting from this psycholinguistic research can broaden the range of AD investigations. The focus on language deficiencies can then shift to include a perspective that more systematically considers context variables within the environment.

An ongoing shift to a process orientation has characterized a further line of linguistic research: Alzheimer’s discourse. If this research deals with Alzheimer patients’ linguistic deficits in comprehension and production, it combines a process orientation with a deficit approach. A typical example of this is the investigation of Almor et al. which tries to explain why AD patients have difficulty with pronouns in interaction with other speakers (Almor et al. 1999). Such studies make an important contribution to a greater understanding of the different facets of AD. The shift to process orientation becomes even more noticeable in studies of AD discourse that put emphasis on retention rather than loss. They represent a new paradigm of AD research (Ramanathan 1997; Hamilton 1994). Davis and Moore remind us that AD speakers have to make a great effort when they interact with other speakers as they have to use their remaining linguistic and communicative competences creatively. Among other things, it seems they use formulaic language, earlier regarded as a deficit in production, as a “shortcut in processing” in order to “compensate for difficulties with memory and retrieval.” (Davis & Moore 2003, 119f: cf. Wray & Perkins 2000).

Investigations into Alzheimer’s discourse typically focus attention on interactions among monolingual AD speakers. However, patients with a