Metalanguage, Language Switching, and Bilingual Nursing Home Residents with Dementia Symptoms

This presentation reports on a field study conducted at a nursing home in Ireland. The majority of the nursing home residents were Irish-English bilinguals, who used both languages on a daily basis. Many residents also showed clear symptoms of dementia (although, as is common among nursing home residents, no routine cognitive evaluations were carried out).

**General research question:** What are the meanings attached to language use and choice in this bilingual environment?

**Method:** Ethnographic methods: low-involvement participant observation documented in field notes (30 field visits), and semi-structured, audio-recorded interviews (approximately 6 hours).

**Emergent themes:** Two related themes emerging from observations and interviews were those of metalanguage and language switching for functional communicative purposes. The former theme arises out of two sub-categories, namely on the one hand behaviours that evidence stance-taking and the expression of value-judgements, and on the other hand behaviours that evidence the awareness of communicative effectiveness and behaviours to enhance it. The latter is closely linked to the second theme of language switching.

**Results:** Observational and interview data documented many instances where nursing home residents with dementia symptoms used metalanguage and language switching in communicatively functional and effective ways. Behaviours under the heading metalanguage include, for example, correcting another speaker’s Irish grammar, or commenting on a learner’s Irish pronunciation. While such behaviours can in theory be communicatively disruptive, they have an important interpersonal function by asserting a speaker’s role as a competent communicator, and language expert.

Functional language switching behaviours include, for example, a resident translating from Irish to English on behalf of another resident, to facilitate understanding on the part of a care assistant, or a resident switching languages to clarify his own utterance.

**Discussion:** There is to date comparatively little work that investigates the communicative skills of bilinguals with dementia in authentic, daily living contexts. In order to use language switching as communicative repair, speakers need to be able to monitor (at a minimum) their own and others’ contributions, interpret signals indicating lack of mutual understanding, and adjust their own contributions in light of their interpretation. In order to make evaluative metalinguistic comments, speakers, again, need to monitor language use, form value judgments on the basis of their own knowledge, and have the motivation to broadcast their judgment. These acts make use of multiple linguistic and cognitive domains, such as working memory, executive function, lexical access and selection. The fact that people with behavioural cognitive symptoms consistent with moderate dementia nevertheless show such skills underlines the importance of evaluating cognitive and language functioning in real-life contexts. Further, these skills have potential for intervention both in terms of cognitive-linguistic stimulation (by eliciting translation equivalents, for example), and in terms of affirming personhood and independent agency (by calling on the person with dementia as the language expert).