Book review: *Dementia and Language*

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Abstract. This article reviews the book *Dementia and Language: The Lived Experience in Interaction*, edited by Peter Muntigl, Charlotta Plejert, & Danielle Jones (Cambridge University Press, 2024). The reviewer considers that in an era where the population of people living with dementia is growing worldwide, its insights are especially pertinent, as they remind us that communication is a two-way street, and breakdowns are not solely due to the cognitive impairment of one party but are relational events that others can help to prevent or repair. The contributions show that even when one interlocutor's memory and linguistic abilities are compromised, the fundamental moral order of conversation — treating one another as knowledgeable, intentional, and worthy interactional partners — can and must be upheld. The lived experience of dementia, as portrayed here, is not just one of loss, but also of adaptation and resilience, much of which transpires through language and social interaction. Showcasing a diversity of contexts from single cases to group settings and clinical encounters, the book provides robust analyses for scholars of discourse, backed by real data and thoughtful integration with theory. For clinicians and caregivers, it offers practical insights and reminders that how we speak with people with dementia matters profoundly.

Keywords. dementia, interaction, dementia care, communication, conversation analysis

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1 Introduction

The edited volume *Dementia and Language: The Lived Experience in Interaction* brings together cutting-edge research on how people living with dementia navigate everyday

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communication. Drawing on Conversation Analysis (CA) and related interactional approaches, the contributors examine a variety of social contexts — from family conversations and community activities to clinical and cross-cultural encounters — in which the competencies and challenges of individuals with dementia are manifest.

In doing so, the book challenges simplistic assumptions about “typical” versus “atypical” communication in dementia. Instead of focusing solely on deficits, the chapters collectively emphasize the creative, collaborative strategies that people with dementia and their conversation partners use to negotiate meaning and maintain social connections. The result is a book that advances scholarly understanding of dementia discourse and also aligns with person-centered perspectives in dementia care (Kitwood 1997; S. Sabat 2001) by highlighting the agency and personhood of those living with the condition. As the editors note in their introduction, examining real-time interactions involving people with dementia offers unique insight into how dementia affects communication in practice and how interlocutors adapt to these changes. CA, with its focus on the organized sequential structure of talk and the local accomplishment of social actions (Atkinson 1985), provides the primary methodological toolkit across the volume. Early CA studies of dementia dialogue broke ground by analyzing phenomena like repair (for example, how interlocutors resolve miscommunication), questions, and sequential misunderstandings in conversations with people with Alzheimer’s disease. For instance, Hamilton’s (1994) seminal longitudinal case study of a woman with Alzheimer’s demonstrated that even as the disease progressed, the participant remained an active conversationalist, capable of turn-taking, requesting clarification, and introducing personal topics well into the illness. Such findings reinforced a shift in perspective, away from viewing communicative impairment as solely a product of cognitive deficits, and toward understanding communication as a joint, collaborative achievement between people with dementia and their partners. Jones (2015) captures this shift by noting that any interactional breakdown is “contextually situated and collaboratively produced,” rather than simply the result of an individual’s impairment. In line with this ethos, numerous studies have shown that people with dementia often retain social and interactional skills and competencies (for example, humor, storytelling, or responsiveness) that enable meaningful conversation even in advanced stages. This volume builds on that foundation, showcasing analysis of naturally occurring interactions that reveal both the challenges and the adaptive resources of people living with dementia.

Many chapters echo the guiding principle that the person with dementia is an active social agent, a view resonant with discursive and sociolinguistic approaches to identity that see identity as an interactional achievement (Antaki and Widdicombe 1998; Antaki and Wetherell 1999). By examining how knowledge, identity, and agency are managed moment-by-moment in conversations, the book provides an empirically grounded portrait of the lived experience of dementia in interaction.

2 Conversation, identity, and personhood in dementia

A unifying theme of the volume is how identity and personhood are constructed and sustained through interaction in the face of cognitive decline. A landmark contribution in this regard is Chapter 6, “Being Sociable: A Case Study of a Man with Vascular Dementia Signing in Conversation,” by Roy Foster. This chapter offers a detailed single-case analysis of “Dan”, a man with vascular dementia who spontaneously breaks into song during everyday conversations with his wife. Far from a random byproduct of pathology, Dan's singing emerges as a deliberate communicative strategy that allows him to participate in talk and express himself creatively. Foster shows how Dan often picks up on a word or phrase in his partner's prior turn — for example, the word *gusto* during dinnertime talk — and then launches into a relevant melody (here, playfully adapting the lyrics of "Daisy Bell" to incorporate the word *gusto*). Through these modified lyrics, Dan contributes to the conversation in humorous and meaningful ways, performing actions like complimenting his wife ("I'm half crazy over eating with you", he sings, transforming the original love-song line). His wife responds appreciatively — "Well that's very kind of you" — treating the singing as an intentional compliment. This example illustrates how musicality and creativity become interactional resources: Dan's adaptive use of song maintains conversational cohesion (by riffing on prior talk) and affirms his identity as an affectionate, witty husband despite his memory impairment. Foster's analysis positions Dan's behavior not as a symptom to be managed, but as social action; in effect, Dan is "doing being sociable" through song. The chapter situates these findings in the broader context of research on dementia and singing, noting that both informal caregiver-led singing and formal music therapy have documented benefits for social engagement and emotional connection. By zooming in on a spontaneous form of singing in everyday life, Foster extends this literature to show how a person with dementia can actively shape the interactional environment to support their own remaining abilities and personality. The case resonates with prior work by S. R. Sabat (1991) and others showing that people with dementia often deploy compensatory communicative strategies to preserve a sense of self in interaction. It also underscores Kitwood's ((1997)) contention that upholding personhood requires attending to the individual's communication style and emotional needs — here, humor and music — rather than focusing narrowly on factual memory losses.

Identity is also a central concern in Chapter 10, "'You Know This Better': Interactional Challenges for Couples Living with Dementia when the Epistemic Status Regarding Shared Past Events Is Uncertain". In this chapter, Anna Ekström, Elin Nilsson, and Ali Reza Majlesi examine a research interview with an elderly couple in which the wife is living with dementia. They analyze how the couple collaboratively tells stories about their life with dementia, in particular a story where the healthy spouse is the primary narrator and the person with dementia is the subject of the narrative. The telling of past events becomes a delicate interactional dance: because the wife with dementia may not remember the events being discussed, the husband must manage the telling in a way that is sensitive to her potential lack of recall. Ekström and colleagues draw on the concept of epistemic status (Heritage 2012) — the participants' relative rights and access to knowledge — to show how the husband continually adjusts the story based on what his wife can remember. For example, when narrating a difficult past experience related to dementia, the husband sometimes includes his wife as an addressed recipient of the story (Goffman 1967), almost as if she were hearing these details for the first time. In other moments, he treats her as a co-teller who can confirm or elaborate, if able. The chapter's title, "You know this better," actually originates from a telling moment in the interaction where the husband explicitly acknowledges his wife's privileged epistemic access to their shared past ("you were there — you know this better than I do"), even as her memory for that moment is uncertain. This poignant sequence encapsulates a core tension for couples managing dementia: partners strive to uphold the person with dementia's identity as a knowledgeable interlocutor, a bearer of their own life story, yet they must also navigate the reality that some memories are inaccessible to that person. Ekström et al. link this to the idea of life story co-construction in dementia: narrative identity is negotiated between speakers, and even when one partner's autobiographical memory is impaired, interactional work can sustain that person's role in story. Indeed, research by Hydén (2011) has demonstrated that storytelling in dementia is often a collaborative, scaffolded activity, where family members support and fill in gaps to enable the person with dementia to participate in reminiscing. In Ekström and colleagues' case study, the husband's storytelling practices (for example, gentle prompts, affirmations of the wife's perspective, and strategic use of first-person voice) serve to protect his wife's face and personhood even as he necessarily takes on a larger share of the telling. The authors deftly tie these micro-interactional observations to broader issues of identity and ethics: life stories are a key medium through which continuity of self is maintained in dementia (Hydén and Antelius 2011), and the way caregivers handle epistemic asymmetries in conversation can either bolster or threaten that continuity. Chapter 10 thus provides an intimate look at identity construction within the context of cognitive decline, reinforcing that who is recognized as a valid "knower" in interaction (and under what conditions) has deep implications for the dignity and self-image of people with dementia.

3 Knowledge, power, and interactional asymmetries

Issues of epistemics (knowledge) and deontics (the authority or right to determine action) recur throughout the volume, reflecting a recent surge of interest in how these social dimensions are managed in conversations involving people with dementia. Several chapters explicitly grapple with the interactional asymmetries that dementia can produce and how participants either mitigate or exacerbate these imbalances. The editors point out in the introduction that as memory declines, a person with dementia may gradually lose epistemic authority over even their own past experiences and similarly may lose deontic authority as they become less able to initiate interactions or set the agenda of talk. At worst, this can relegate the person with dementia to a passive role of constantly responding to others' questions and directives, rather than steering conversations or actions themselves Such shifts have consequences for face and autonomy: a loss of epistemic or deontic status can threaten one's identity as a competent social actor. The contributions in this book do not treat these outcomes as inevitable; instead, they examine the nuanced ways in which knowledge and power are negotiated turn by turn, often finding that participants find creative ways to rebalance the interactional field.

Chapter 7, "On the Use of Tag Questions by Co-Participants of People with Dementia: Asymmetries of Knowledge, Power and Interactional Competence," by Jacqueline Kindell, John Keady, and Ray Wilkinson, directly addresses how caregivers or spouses manage epistemic asymmetry in conversation. This chapter analyzes sequences in which the non-dementia conversation partner produces tag-formatted assertions or assessments (for example, "She really enjoyed the visit, didn't she?") when talking with their spouse who has dementia. Tag questions are a fascinating grammatical resource: they combine an assertion with a question tagged onto the end ("..., doesn't she?"), thus inviting confirmation. In healthy adult talk, tag questions often serve to secure alignment or agreement with something the speaker believes the other knows (or should know), effectively checking shared knowledge or seeking affirmation. In the dementia context, as this chapter shows, tag questions become a delicate tool for scaffolding the memory and engagement of the person with dementia. The analysis reveals that spouses like "Reg" and "Karina" frequently use tag questions to introduce information that normally would belong to the epistemic domain of the person with dementia (were it not for the memory impairment). For example, a husband might say, "You visited Jean last week, didn't you?", packaging a factual assertion ("you visited Jean last week") with a tag that seeks his wife's confirmation. This format, as the authors note, treats the person with dementia as if they remember, effectively bestowing epistemic competence on them. Even if the spouse is unsure whether the person actually recalls the event, the tag question creates an opportunity for the person with dementia to perform remembering by agreeing (or to indicate trouble remembering). In CA terms, the tag design invites a yes-type response, aligning with the asker's agenda (Heritage and Raymond 2005).

Chapter 7 documents how, through such tag questions, caregivers manage to engage the person with dementia in co-constructing conversation about their own life: topics from the person's lifeworld, such as experiences, friends, and family. Notably, because individuals with dementia in these data initiate very little on their own (often taking a passive respondent role), the tag questions serve as a scaffolding mechanism: they seed topics into the dialogue that the person with dementia can then latch onto. One effect is that the caregiver maintains control over the topical trajectory (they choose what to ask about), but at the same time they invite the person with dementia to contribute knowledge, or at least to affirm what the caregiver suggests. This strategy appears to strike a balance between epistemic inclusion (treating the person as a knower) and topic control by the caregiver. The chapter's nuanced analysis shows both the promise and limits of this practice. On the one hand, tag questions often succeed in eliciting responses and even triggering further reminiscing by the person with dementia, thus enriching the interaction. On the other hand, there are moments when the person's response is ambiguous or minimal ("right, oh yeah"), suggesting that the presumed knowledge might not actually be accessible. In such cases, the caregiver may repeat or reformulate the tag question, or provide the answer themselves, revealing that the epistemic imbalance persists. The authors tie these findings to the notion of best epistemic practices in dementia care: interactions should strive to empower persons with dementia as knowers whenever possible, without turning conversations into quizzing sessions that merely expose their memory gaps. Indeed, they observe that while tag questions can momentarily "bestow competence", there is a risk that if overused as tests of knowledge, conversations may revert to a pattern where the person with dementia is repeatedly faced with what they do not know. In sum, Chapter 7 provides an illuminating look at how a subtle shift in linguistic format (from direct question to tag question) can have significant implications for the epistemic and affective dynamics of a dementia conversation, simultaneously involving the person and controlling the flow of talk.

Where Chapter 7 focuses on how partners manage knowledge asymmetries, Chapter 8 turns to the interactional expression of agency by the person with dementia. In "Initiating and Pursuing a Topical Agenda with Limited Communicative Resources," Anne Marie Dalby Landmark and Jan Svennevig present a case study of an extended interaction between a man with dementia and his home care nurse. This chapter is especially compelling because it shows a person with dementia actively initiating and persisting with a topic of his own, even in the face of communicative challenges. The authors describe how the individual, despite significant word-finding difficulties and memory loss, argues for a particular understanding of a situation and pushes for a decision about a practical matter in his care. In doing so, he embarks on what they call an "epistemic project" — asserting his version of "how the world is" — and a linked "deontic project" — advocating for "how the world ought to be" in terms of the care task at hand. The analysis reveals the interactional resources that enable this speaker to exercise agency: he takes the initiative in conversation (something often noted to diminish in dementia) by introducing a new topic and repeatedly returning to it, he uses whatever linguistic means available (including repetition and emphatic tone) to insist on his viewpoint, and he strategically enlists the nurse's assistance by framing the issue as one that requires action. Landmark and Svennevig show the back-and-forth negotiations as the nurse initially hesitates and offers counter-suggestions, but the man with dementia persists across multiple sequences, eventually gaining the nurse's agreement to the proposed solution. From an epistemic stance perspective, the person with dementia in this case claims a [K+] position: he presents himself as knowing what he needs and prefers, countering the common expectation that the caregiver "knows best." From a deontic perspective, he effectively asserts his right to influence the course of action, resisting a purely compliant role. This is noteworthy because, as the authors remind us, dementia is often associated with a reduction in both epistemic and deontic authority in interactions. People with dementia may be seen as unreliable informants (thus losing epistemic credit) and as incapable of decision-making (thus losing deontic rights). Chapter 8's case study powerfully counters this narrative: with sufficient interactional support and time, a person with dementia can succeed in negotiating both understanding and outcome. The authors credit the nurse's responsive conduct as well: ultimately, she aligns with the patient's project, illustrating how professional caregivers can empower clients by yielding deontic control when appropriate. In linking their findings to wider research, Landmark and Svennevig cite studies (for example, Backhaus 2011) that have observed the typically passive conversational roles of dementia patients, and recent work by Lindholm (2015) and Lindholm and Stevanovic (2022) that details how epistemic and deontic rights are often constricted for people with dementia. Against this backdrop, their analysis is optimistic: even someone with "limited communicative resources" can gain acceptance of their knowledge claims and recruit assistance for their goals through persistent communicative effort. The chapter thus has practical implications for person-centered care: it exemplifies why carers should allow space for the voices of people with dementia in decision-making conversations, echoing calls in dementia care policy to treat these individuals as persons with preferences and will. In CA terms, it also enriches our understanding of how incipient agency can be interactionally realized: the man's success came through sequential work — initiating topics, resisting closure of the topic, and framing proposals in a way the nurse could uptake — highlighting once again the collaborative nature of communication. We see clearly that agency in dementia is not solely an individual trait but an interactional accomplishment, co-constructed with a partner who is willing to recognize and ratify that agency.

Chapter 9 "Identifying Family Members in Photographs" by Peter Muntigl and Magdolna Hödl, continues the exploration of knowledge asymmetries, here in the context of an activity designed to stimulate a person's memory: asking a woman with frontotemporal dementia (bvFTD) to name people in old family photographs. This scenario is a familiar one in dementia care — often part of "reminiscence" or cognitive stimulation exercises — but Muntigl and Hödl unpack the subtle dynamics that unfold as the person, "Trudy," struggles to recognize even close relatives in pictures. They find that the use of photographs, while intended to help evoke Trudy's autobiographical memory, is a double-edged sword. On the one hand, personal photos provide an opportunity for Trudy to take up epistemic authority by sharing information or stories about her life when she does recognize someone. On the other hand, the activity inherently tests her memory, and when she cannot recall a face, it becomes immediately apparent to all present that her knowledge is "failing." The authors observe a telling moment in which Trudy briefly takes the conversational initiative — she volunteers some biographical comment triggered by the photo exercise — demonstrating that with the right prompt she can still engage and assert her persona. However, as the interaction proceeds, the pattern reverts to a more typical quiz-like format: Trudy's daughter and the researcher continue asking "Who is this?" questions, and Trudy often cannot provide the correct name. The analysis highlights the interactional practices used by the interlocutors to handle Trudy's difficulties. These include providing hints or clues about the identity of the person in the photo, encouraging Trudy to "keep trying," and offering positive assessments ("Yes, that's right!") when she does guess correctly. Such practices are classic forms of scaffolding in a dementia context, aiming to support the person's failing recall without simply moving on or taking over. Muntigl and Hödl connect this with literature on "lifebook" or life story work (Elfrink et al. 2018), which recommends using personal photos to stimulate positive emotions and memories. Indeed, family photographs align with what cognitive theorists call type 1 autobiographical knowledge — core memories of one's own life — which should ideally empower the individual to share stories. In Trudy's case, however, her bvFTD has specifically impaired her person recognition and recall of names, meaning the activity exposes a reduced epistemic domain in this area. The chapter discusses how this affects Trudy's face and her relationships: repeatedly failing to recognize her children and grandchildren in front of them is not only embarrassing but potentially damaging to her role within the family. One striking observation is that Trudy often responds to these questions by guessing or using vague responses that imply uncertainty ("I don't know, maybe *X*?"). Such responses themselves are interactional moves; they can be seen as Trudy's way of participating despite not knowing, and of perhaps trying to save face by offering something rather than silence. The family members, in turn, treat these responses by gently correcting or giving further prompts, rather than bluntly saying "wrong," which shows an orientation to protecting Trudy's face. Nevertheless, as Muntigl and Hödl point out, no matter how sensitively handled, the activity underscores Trudy's epistemic gaps and can inadvertently reinforce a sense of incompetence (for example, "being reminded that you no longer remember your own children" is inherently fraught). They link this to the concept of confabulation and prior work by Lindholm (2015) on how people with dementia and their partners manage conversations when the person's contributions seem implausible or incorrect. The chapter ultimately serves as both an analysis and a gentle critique of common dementia communication practices: it suggests that while memory games and quizzes can offer moments of connection, they should be structured and moderated in ways that maximize the person's dignity and enjoyment (for example, focusing on storytelling around photos rather than rapid-fire quizzing, or quickly moving off topics that consistently stump the individual). In broader perspective, Chapter 9 reinforces a key message of the volume: interactional environments can amplify or alleviate the apparent "deficits" of dementia. With skillful support (like hints and affirmations), a potentially face-threatening knowledge gap can be transformed into a collaborative search for memory, maintaining the person with dementia as an active partner in conversation rather than a passive subject being tested.

The theme of face-threatening situations tied to knowledge and competence is further examined in the volume's final empirical chapter (Chapter 15, "Social Quizzes for People Living with Dementia," by Joe Webb). Here, the context is not one-on-one conversations, but a group activity frequently found in community dementia care: trivia quizzes conducted in memory cafes and day centers. Webb's chapter is a standout for its focus on institutional interaction and the built-in interactional complexities of a seemingly lighthearted social game. Quizzes, by nature, generate Q-A sequences where one party (the quizmaster) holds the correct answers, and the other party (the players) is expected to display knowledge. This dynamic inherently carries epistemic asymmetry and potential face risks. As Webb notes, asking a quiz question places the respondent under pressure. If the person with dementia cannot answer or answers incorrectly, it can be an acute face-threatening act (in Goffman's sense). Chapter 15 uses CA to analyze video recordings of 10 quiz sessions with people with dementia, revealing how staff and participants manage these face contingencies. One significant observation is how staff often deviate from a strict quiz protocol in order to be inclusive and protective of participants' face. For example, quiz moderators may reformulate questions to make them easier, provide multiple-choice options instead of open-ended questions, or even hint at the answer after a pause. These practices can be seen as aligning with what Brown and Levinson (1987) would call attending to the players' positive face wants — the desire to be seen as competent and valued. Webb also describes how participants with dementia themselves contribute to managing face: some give self-deprecating comments or laugh off their mistakes, which can preempt humiliation and reframe the situation with humor (see Glenn 2003 on laughter in interaction as a tension-release mechanism). In some cases, fellow participants or staff quickly volunteer answers or change the topic when someone is struggling, to avoid prolonged exposure of an inability to answer. The chapter insightfully connects these practices to epistemic and deontic dynamics. The quizmaster role is imbued with deontic authority — the right to allocate turns and topics (questions), yet good facilitators consciously downplay this authority, for instance by adopting a playful tone or framing questions as collective puzzles rather than tests. In doing so, they temper the deontic force ("you must answer now") and foster a more collaborative atmosphere. Nevertheless, the institutional format imposes some rigidity: questions do call for answers, and at some point, someone must reveal the correct one. Webb discusses how this is handled: often the revelation of the answer is couched in praise for any partial knowledge displayed ("Yes, it was Toronto — you were on the right track with Canada!"), thus salvaging positive face. The analysis draws on Heritage's (2012) concept of the epistemic engine of conversation — the idea that question-answer sequences are driven by a normative orientation to information exchange — and on Stevanovic and Peräkylä's (2012) work on the deontic rights of questioning. It shows that the quiz interactions continually toggle between knowledge-focused exchanges (with right/wrong evaluation) and relationship-focused exchanges (supportive commentary, humor) to ensure that the activity remains fun rather than discouraging. What makes this chapter especially valuable is its practical upshot: by identifying the interactional strategies that staff use to keep quizzes engaging — repeating or rephrasing questions, offering clues, managing turn-taking so no one person is spotlighted for too long, and addressing mistakes with empathy — it provides evidence-based guidance for facilitating such activities in a person-centered way. The authors explicitly frame their study as applied CA, aiming to feed back into care practices (indeed, the data came from a project evaluating how CA insights could help improve support for people with dementia in group settings). This aligns well with the volume's broader person-centered ethos: the goal is not only to analyze how interaction works, but also to inform how we can optimize interactions to affirm the identities and well-being of people with dementia. Quizzes, often thought of as harmless fun, carry hidden interactional pitfalls, but with the right adjustments, they can become genuinely inclusive social encounters. Chapter 15 encapsulates this lesson, reinforcing findings from earlier chapters about the importance of adapting interactional formats (be it everyday conversation or structured activities) to the competencies of those with dementia.

4 Applied conversation analysis in dementia care: Institutional and cultural contexts

Beyond the micro-interactions of family life and social activities, *Dementia and Language* also addresses broader institutional and cultural dimensions of dementia communication. Notably, Chapter 4, "The Role of Applied Conversation Analysis to Enhance Equity in Care for People with Dementia from Minority Ethnic Groups" by Charlotta Plejert, extends the discussion to intercultural encounters and how CA findings can influence dementia care policy. Plejert's chapter is grounded in the recognition that people from minority ethnic backgrounds often face additional barriers in dementia assessment and support, including language differences and institutional biases. The chapter uses an episode of an interpreter-mediated dementia assessment to illustrate how misalignments in communication can arise when the patient, family, interpreter, and clinician must coordinate interaction across language and cultural boundaries. CA reveals, for instance, how the turn-by-turn flow is disrupted by interpretation delays, or how subtle meaning can be "lost in translation," potentially affecting the outcome of the clinical assessment. By combining fine-grained analysis of this interaction with ethnographic interviews of stakeholders, Plejert demonstrates the need for more culturally and linguistically responsive practices. She discusses how conversation-analytic insights (like noticing frequent repair sequences or misunderstandings in interpreter-mediated talk) were used as a basis for training programs to improve communication in memory clinics serving diverse populations. This applied dimension — taking CA evidence and feeding it into interventions — showcases CA's relevance beyond academia. It resonates with Antaki and Wetherell's (1999) broader point that discourse analytic research should engage with real-world problems and power imbalances. In this case, the problem is inequity in care: minority ethnic patients might receive poorer quality dementia care due to communication hurdles. Plejert's work shows that CA can pinpoint where those hurdles occur and how they might be overcome (for example, by training interpreters in conversational techniques specific to dementia contexts or educating clinicians about cultural norms of talking about illness). The chapter thereby bridges micro-analysis and macro-level concerns about equity and inclusion.

Similarly, Danielle Jones's Chapter 12 ("Language and Cognition in Conversations with a Person with Alzheimer's Disease") investigates how cognitive change becomes visible in everyday conversation, offering a compelling example of how conversation analytic research can contribute to dementia care beyond descriptive purposes. Drawing on a longitudinal corpus of telephone calls between a woman with Alzheimer's disease and her daughter, Jones tracks changes in memory-related behaviors across the trajectory of the illness. Through detailed analysis of how prior information is remembered — or forgotten — across and within interactions, the chapter demonstrates how the epistemic status of the speaker is gradually reconfigured. In earlier calls, the participant is often able to retain information and display affective alignment; in later stages, memory deteriorates markedly, and knowledge claims become fragile or unsustainable. Yet rather than viewing these shifts as mere evidence of cognitive decline, Jones frames them as interactionally consequential, showing how the daughter adapts her responses to scaffold the conversation and preserve mutual understanding. By highlighting patterns such as topical re-introductions, delayed acknowledgments, and mitigated corrections, the chapter illustrates how interaction partners manage epistemic asymmetries with care. This perspective underscores the practical relevance of CA: it allows practitioners and family members to recognize subtle cues in talk that index not just memory loss but also preserved capacities for affiliation, turn-taking, and stance-taking. In this sense, Chapter 12 demonstrates how CA can inform more attuned communicative strategies in clinical and familial settings alike, aligning closely with the volume's broader emphasis on language as both a site of vulnerability and resilience in dementia.

5 Methodological and ethical considerations

An important strength of *Dementia and Language* is its firm grounding in naturalistic data and the CA tradition of rigorous transcription and analysis (Jefferson 2004). The studies rely on audio or video recordings of real interactions (not simulations), from which transcripts capturing verbal and nonverbal details are produced. This yields a level of detail and authenticity that surveys or experimental studies of dementia communication often lack. Readers of the volume will encounter rich excerpts of dialogue, sometimes including features like pauses, laughter, gaze, and gesture, all of which are analyzed for their interactional import. For instance, Foster's transcription of Dan's singing includes musical notes and timing, giving a vivid sense of how the song interweaves with talk. Such transcription conventions might be unfamiliar to some in the clinical linguistics or sociolinguistics audience, but the editors and authors do an admirable job explaining the symbols and focusing the reader on the most salient phenomena. The payoff of this methodological commitment is evident: we gain insight into phenomena like laughter as a resource to handle trouble (see Lindholm 2008 on laughter to manage communication problems) or how a mere 1.3 second pause in a quiz can signal a looming face threat that a facilitator must address. The CA approach treats these details not as trivial, but as the very fabric of social interaction, and the volume validates this view by showing how meaning and alignment are constantly achieved (or not) through such subtle cues.

Ethically, researching communication with vulnerable populations like people with dementia raises unique challenges, and the volume's contributors are transparently attentive to these issues. Many chapters discuss the ethical protocols followed: for example, Webb's study of quizzes followed a strict ethics procedure to obtain proxy consent for participants lacking capacity, and all names in transcripts are anonymized. The inclusion of these details is not mere boilerplate; it reflects an ethical commitment to respect and safeguard participants, which aligns with the person-centered stance of the volume. Moreover, by presenting the voices and actions of people with dementia in such detail, the book implicitly advocates for viewing these individuals as subjects in their own right, not just objects of care. In fact, one could argue that the entire volume has an ethical dimension: it works to counteract the "malignant social psychology" (Kitwood 1997) that can surround dementia, where well-meaning people talk over, infantilize, or ignore those with the condition. Through example after example, the studies here illustrate how to engage people with dementia as conversational partners, how to recognize their contributions (be it a lyrical turn of phrase, a laugh, or a persistent question), and how to adjust our own communicative behavior to support their remaining abilities. This is the essence of person-centered communication in dementia care, an approach that has been shown to improve well-being and reduce distress (see Williams et al. 2019 on managing epistemic asymmetries to include people in reminiscing).

Of course, no volume can cover every facet of a topic as wide-ranging as dementia and language. One area only touched on lightly is the progression of communicative changes over the trajectory of dementia (most studies here are cross-sectional case analyses or snapshots of interactions). Longitudinal CA research (for example, some of Hamilton's work, or Perkins, Whitworth, and Lesser 1998 on conversation change over time) is referenced but not directly included as a chapter. Similarly, while the volume is international in authorship and data (with cases from English-speaking countries and Scandinavia, and one chapter focusing on minority language contexts), other cultural perspectives (for example, how dementia communication is handled in East Asian or African contexts) are not represented. This is not so much a critique as an acknowledgment of scope: the insights here are rich and generative, and they will hopefully inspire further research to fill those gaps. Another minor point is that some chapters may assume a reader is familiar with conversation analytic terminology (terms like "sequence organization," "preference structure," et cetera). The specialist will appreciate the theoretical sophistication — for example, the integration of concepts like recipient design or progressivity (Stivers and Robinson 2006) in the analyses — but novices might find parts of the discussion dense.

The editors, however, mitigate this by providing a clear introductory chapter that outlines the aims and situates the work in the broader literature. The introduction effectively orients the reader to the key concepts of epistemics and deontics and emphasizes that the volume's focus is "not solely on identifying knowledge deficits" but on how limitations and capabilities are managed in interaction. This framing sets a constructive, optimistic tone that carries through the rest of the book.

6 Conclusion

In summary, *Dementia and Language: The Lived Experience in Interaction* is a timely and valuable contribution to both linguistics and dementia studies. It succeeds in its core mission to illuminate the lived experience of dementia by examining the minutiae of interaction, an approach that reveals people with dementia not as defective communicators, but as people who continue to strive for connection, meaning, and autonomy in their conversations. The volume's use of Conversation Analysis provides compelling evidence of how much occurs beneath the surface of dialogues that might otherwise be dismissed as "confused" or "unstructured." By bringing to light the patterns of scaffolding, adaptation, and collaboration in these interactions, the authors collectively refute the notion that dementia relegates one to a purely receptive role in communication. On the contrary, we see that with appropriate support and understanding from partners, individuals with dementia can and do participate in the co-construction of shared reality — whether it is through a witty song lyric, a persistent question to a nurse, a moment of recognition sparked by a photo, or simply the act of taking turns in a quiz game.

The book will be of great interest to linguists specializing in discourse and conversation, demonstrating how theories of talk-in-interaction (Sacks, Schegloff, and Jefferson 1974) apply in atypical contexts and can be extended (for instance, to include multimodal and musical elements of communication). It is equally relevant for practitioners and researchers in gerontology, cognitive science, and clinical fields who want a deeper understanding of communication challenges in dementia. The inclusion of applied research threads, such as training implications for caregivers (formal and informal) and considerations for intercultural communication in care, enhances its interdisciplinary appeal. Indeed, one of the volume's strengths is bridging scholarly analysis with practical relevance, embodying what one chapter calls "applied CA" in the service of equity and improved practice.

In an era where the population of people living with dementia is growing worldwide, insights from this book are especially pertinent. They remind us that communication is a two-way street: breakdowns are not solely due to the cognitive impairment of one party but are relational events that others can help to prevent or repair. As Heritage (2012) noted, every conversation has a moral and epistemic architecture, and this volume shows that even when one interlocutor's memory and linguistic abilities are compromised, the fundamental moral order of conversation — treating one another as knowledgeable, intentional, and worthy interactional partners — can and must be upheld. The lived experience of dementia, as portrayed here, is not just one of loss, but also of adaptation and resilience, much of which transpires through language and social interaction.

In conclusion, *Dementia and Language* is an enlightening and coherent volume that advances our understanding of how dementia is experienced and managed in communication. It is academically rigorous, yet rich in human detail, often moving in the scenarios it depicts. The editors have succeeded in assembling a volume that maintains thematic cohesion — with recurring foci on epistemics, identity, and interactional support — while showcasing a diversity of contexts from single cases to group settings and clinical encounters. For scholars of discourse, it provides robust analyses backed by real data and thoughtful integration with theory (from Goffman's facework to contemporary work on epistemic/deontic authority). For clinicians and caregivers, it offers practical insights and reminders that how we speak with people with dementia matters profoundly. Ultimately, the book exemplifies the best of sociolinguistic research: empirically grounded, theoretically informed, and deeply attuned to the lived realities of individuals and communities. It is essential reading for anyone interested in the intersection of language, interaction, and dementia, and it sets a high standard for future research and dialogue in this important field.

Conflict of interest

The author has no conflict of interest to declare.

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