

Running head: Bakhtin and CDI

Using Bakhtin to Understand Communication-Debilitating Illnesses and Injuries:
A Preliminary Examination

Abstract

When a person's ability to communicate is impaired by an illness or injury, members of that patient's social network deal with a complex array of issues. Chief among those is representing the voice of the patient, whose capacity for communication is diminished. This paper employs a Bakhtinian analysis of two case studies based on qualitative interviews to understand how relatives invoke the voice of a loved one whose literal voice has been lost. The paper concludes with recommendations for additional research exploring this unique health context.

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People with chronic illnesses experience a variety of changes in their relationships, both in the size and structure of their social networks and the overall quality of their interactions (e.g., Lyons, Sullivan, Ritvo, & Coyne, 1995). A stroke, for example, can have a profound impact on the patient and on his or her entire network of friends and family members (Jongbloed, 1994). As the patient deals with pain, the rehabilitation process, and changes in relationships, those experiences are shared with other individuals who also have their own questions and frustrations. The perspectives of a patient's friends and family members are salient because they are inextricably connected to their loved one and to the functioning of the relationship. Unique challenges to relationships occur when the illness or injury involves a speech disability that inhibits the patient's capacity for communication. Even if the patient is eager to discuss and ameliorate the relationship changes and difficulties that can naturally accompany chronic illness (Lyons et al., 1995), the physiological or psychological abilities to do so may simply not exist. In some cases, the patient's literal voice has been lost or damaged.

How, then, do friends and family members of a loved one with such a condition deal with such a daunting predicament—the patient's loss of voice? A Bakhtinian approach to language is useful in examining the experiences of individuals whose loved one has lost the ability to speak because the notion of voice is central to Bakhtin's understanding of language. This paper represents a preliminary examination that applies Bakhtin's principles to two such cases. The paper provides an overview of the unique nature of communication debilitating illnesses and injuries based on previous research, a description of key Bakhtinian principles, and an analysis of two case studies.

Overview of Communication-debilitating Illnesses and Injuries

The focus of this study is on the experiences of Wanda¹, a woman's whose mother had a stroke, and Kristin, a woman whose cousin had a stroke. These two cases are part of a larger study that investigated the experiences of social network members when a loved one's communication abilities have been impaired by an illness or injury (Name Withheld, in press; Name Withheld, under review). Communication may be affected by a variety of health conditions, for example, stroke (Sundin, Jansson, & Norberg, 2000), multiple sclerosis (Pring, 1999), Alzheimer's disease (Williamson & Schulz, 1990), and traumatic brain injury (Allen, Linn, Gutierrez, & Willer, 1994). Language disorders range from slightly slurred words and occasional memory lapses to being "locked in" (i.e., able to construct lucid thoughts but unable to communicate them by mouth) to suddenly being incapable of reading simple sentences. The term *communication-debilitating illness or injury*, or CDI, is used to broadly identify a chronic condition yielding an incapacity to use language in a standard manner. This term describes the loss of an ability that existed prior to the onset of the illness or condition, or prior to the occurrence of the injury (Name Withheld, in press; Name Withheld, under review).

Previous research has shown that a CDI presents significant challenges not only for patients but also for their friends and family members (Name Withheld, in press). Social network members of a person with a CDI have reported instrumental changes, relational changes, and identity changes related to a loved one's CDI. Instrumental changes included modifications of communication mechanics, simplification of conversation, and a desire to protect the person with the CDI by filtering topics of conversation. Relational changes included a shift in the nature of the relationship between participants and the person with the CDI and a strain on the family network created by the illness or injury. Identity changes concerned how patients themselves changed as a result of their illness or injury and role changes perceived by friends or family

members. The changes described by social network members in previous studies highlight the distressing effects of the patient's impaired communication (Name Withheld, in press).

Friends and family members of a person with a CDI have also reported uncertainty as a result of the loved one's illness or injury (Name Withheld, under review). Uncertainty experiences identified in previous research commonly centered on questions about the condition and the impaired communication that was a direct result. Social network members have described managing uncertainty through seeking information, changing the ways they communicated with the person with the CDI, and creating illness schemata to help reduce uncertainty (Name Withheld, under review). This paper extends previous research by focusing specifically on how loved ones represent the diminished voice of the patient.

Overview of Bakhtin

Bakhtin's approach to language and social interaction provides a valuable framework for understanding what happens when a person's literal voice is damaged. Previous scholars have used a Bakhtinian approach to illuminate a variety of research topics (Miller, Cho, & Bracey, 2005; Miller, Hoogstra, Mintz, & Fung, 1993; Tobin, 2000; Wortham, 2001). For example, Miller and her colleagues have applied Bakhtin's ideas to examinations of storytelling. Tobin (2000) used a Bakhtinian approach to understand how children respond to and talk about media, and Wortham (2001) has developed a detailed methodological guide for making Bakhtin's ideas "empirically useful" (p. 74). This paper will follow in the footsteps of previous endeavors that applied Bakhtin to the exploration of empirical questions.

Bakhtin's approach to language insists that language is alive and developing, that it is inherently dialogical, and that meaning is essentially unfinalizable. The following passage from his classic essay *Discourse in the Novel* (1981) gives us a sense of Bakhtin's unique understanding of the nature of language and how language functions:

The living utterance, having taken meaning and shape at a particular historical moment in a socially specific environment, cannot fail to brush up against thousands of living dialogic threads, woven by socio-ideological consciousness around the given object of an utterance; it cannot fail to become an active participant in social dialogue. After all, the utterance arises out of this dialogue as a continuation of it and as a rejoinder to it—it does not approach the object from the sidelines (p. 276-277).

This passage brings together many of Bakhtin’s ideas in a single space. Bakhtin creates a vivid image in which utterances are active and alive and are infused with meaning and social intention. Utterances are dialogical—they “brush up against” thousands of other living threads—and utterances are connected to the utterances that precede and follow them—they do not approach from the sidelines.

Two underlying assumptions of Bakhtin’s approach to language are critical to an application of Bakhtin to the special case of CDI: the inherent dialogicality of speech and the unrepeatable nature of an utterance. Before I outline the cases analyzed for this paper, I will overview these two key principles.

The Inherent Dialogicality of Speech

According to Bakhtin, all utterances have dialogic overtones. Any utterance is just a single link in the ongoing chain of speech communication and, therefore, reflects what came before it (preceding utterances) and what will come after it (subsequent/anticipated utterances) (Bakhtin, 1986). Miller and colleagues (1993) referred to this notion as the “inherent dialogicality or multivoicedness of speech” (p. 99). Every utterance is addressed from a particular voice to a particular voice, and perhaps most important for the purposes of this paper, every voice reflects previous voices. Tobin (2000) demonstrated this principle in his citational analysis of children’s talk about media. He claimed that when children discuss their reactions to

media, their talk reflects the voices of a larger social discourse. Tobin (2000) said that all language is inherently citational. Wortham (2001) applied the notion that all words echo with the voices of others to his examination of autobiographical narrative and demonstrated that any current discourse is always filled with the previous discourses of others.

In some sense, all speech is reported speech (Morson & Emerson, 1990). This claim alerts us to the origin of words. Where do words come from? We do not, as Bakhtin (1981) pointed out, get our words from dictionaries; we get our words from other people's mouths. As Wortham (2001) put it, "speakers must use words already used by others because all words have been" (p. 21). According to a Bakhtinian approach, voices come into contact with one another in a variety of ways, one of which is through the process of ventriloquation. Ventriloquation is "the process by which one voice speaks through another voice or voice type" (Miller et al., 1993, p. 99). When we ask the question "Who is doing the talking?" Bakhtin would reply by saying, "at least two voices" (Wertsch, 1991).

Although our speech is filled with the words of others, we rework and assimilate these words in our talk. The degree of reinterpretation can vary, but "even the slightest allusion to another's utterance gives the speech a dialogical turn" (Bakhtin, 1986, p. 94). Every utterance contains "half-concealed or completely concealed words of others" (Bakhtin, 1986, p. 93). Sometimes we use direct quotations as we cite the words of others. More often, we cite the words of others in subtle ways, especially in our everyday speech:

It goes without saying that not all transmitted words belonging to someone else lend themselves, when fixed in writing, to enclosure in quotation marks. That degree of otherness and purity in another's words that in written speech would require quotation marks (as per the intention of the speaker himself, how he himself determines this degree

of otherness) is required much less frequently in everyday speech (Bakhtin, 1981, p. 339).

So, the company of others' words, the echoes of others' voices, are always present in our speech, even if we do not immediately notice them.

The Unrepeatable Nature of Utterance

Bakhtin (1986) defines an utterance as the stretch of something before another gets to respond to it. Utterances can vary greatly in length, from the length of novel to a single word. According to a Bakhtinian approach to language, an utterance by its very nature is never repeatable, even if a second utterance is verbally the same as the first. Yet, as Morson and Emerson (1990) point out, "No speaker is ever the first to talk about the topic of his discourse" (p. 137). At first glance, the idea that all utterances are filled with the voices of others and the idea that utterances are unrepeatable seem to be at odds with one another. Bakhtin, however, makes room for individual agency and creativity in noting the difference between what is "given" and what is "created." "But an utterance or an action is never just the product of what is given. 'It creates something that never existed before, something absolutely new and unrepeatable...What is given is completely transformed in what is created.'" (Morson & Emerson, 1990, p. 170). Morson and Emerson (1990) used the term "prosaics" to reflect Bakhtin's insistence that creativity exists in the ordinary, the mundane, the everyday. Speech is made creative and original in the way that each person puts words together in specific space at a specific time. Ordinary social life is always an improvisation to a certain extent, thus, the unrepeatable nature of utterance.

This goal of this paper, then, is to apply a Bakhtinian approach to the exploration of two specific cases in which a participant's loved one experienced a CDI. The examination of these

cases places special emphasis on the inherent dialogicality of speech and the unrepeatable nature of utterance and seeks to answer the following questions:

RQ1: What voices are invoked by Wanda and Kristin as they discuss their loved ones?

RQ2: How are those voices invoked?

RQ3: What are the ways that Wanda and Kristin deal with the predicament of their loved one's impaired communication?

Wanda and Kristin were two of 31 participants who volunteered to take part in a larger study designed to explore the issues faced by friends and family members when a loved one experiences a CDI. Volunteers from a medium-sized Midwestern university town agreed to participate in face-to-face interviews to discuss their experiences with a friend or family member who had a CDI. Each interview took approximately one hour to complete and was audio recorded for purposes of transcription and analysis. Participants were asked a series of open-ended questions and completed a brief questionnaire requesting demographic information about themselves and the friend or family member they discussed (see Name Withheld, in press; Name Withheld, under review for detailed descriptions of the sample and interview guide). I chose to examine these particular cases because they provided an interesting contrast to one another. Wanda's representation of her mother's voice differs in many ways from Kristin's representation of her cousin's voice. The following section presents these unique cases and considers how Bakhtinian principles illuminate our understanding of this unique health context.

The Case of Wanda

Wanda was 49 years old at the time of the interview. Her mother, Susan, had experienced a stroke at the age of 68 and had died two years later from complications related to the stroke. Susan's death occurred approximately six months prior to the interview. The stroke severely impaired Susan's ability to communicate. In her interview, Wanda explained that after the stroke,

her mother's communicative ability was reduced to making a "ko-ko, ko-ko" noise when she tried to talk. Wanda, who lived in Illinois, made special efforts to stay in touch with Susan, who lived in New York, both before and after the stroke. Wanda described making phone calls, writing letters, and traveling to New York to communicate with her mother.

Examining the transcript of Wanda's interview from a Bakhtinian approach reveals that Wanda invoked the voice of her mother throughout the interview session. Sometimes Wanda quoted her mother directly. For instance, she described Susan's insistence on taking pictures during a visit she made to Illinois prior to her stroke: "She'd buy cameras, and then she'd, 'Take a picture, take a picture, take a picture.'"

In most cases, Wanda's ventriloquation of Susan's voice was more subtle than the previous excerpt; however, Wanda seemed to invoke her mother's voice with a certain level of authority as she described her mother's experience. When asked to provide an account of her mother's illness, Wanda explained:

She went into the hospital to have, her heart wasn't beating properly. So, they were trying a new medication on her. She was gonna spend the night in the hospital to make sure everything went okay. She was doing fine. Got ready to go to bed at 9:00 at night, at the hospital, and had a stroke. She was in the hospital when she had the stroke. It paralyzed her on her right side. She lost her speech, her use of her arm and her leg, and was showing some progress after awhile. They put her in a rehab hospital, and started to try to teach her to walk again. She never spoke after that, and they let her go to the restroom by herself. She fell and broke her hip. Infection after infection continued. They opened her to try to fix her leg three times and finally decided there was just nothing they could ever do for her. So she would never sit up, she would never walk, she would never talk...By the time a year had went by, it was guaranteed, the surgeries they had done and

everything had failed. This was her life, from that point on. She made noises. She made this “ko-ko, ko-ko” noise when she was trying to talk. And that was the only sound that ever came out of her mouth.

Wanda’s description of her mother’s stroke is filled with such detail that one might assume that Wanda was with Susan when she fell ill. Wanda was actually hundreds of miles away when her mother had her stroke, yet in her interview, she spoke with confidence about the details of the night Susan’s stroke occurred. She described her mother’s state prior to the stroke (“She was doing fine) and even tells us what time Susan went to bed (9:00).

Throughout the interview, Wanda invoked the voice of her mother as she speculated on her mother’s emotions. Because Susan had lost her ability to communicate her emotions verbally, Wanda replaced Susan’s voice with her own as she described her mother’s emotional state. When asked if her mother experienced stress as a result of the stroke, Wanda replied, “Extreme, yeah. It just got worse because every hope kept disappearing.” Later in the interview Wanda described the impact of the stroke on her relationship with Susan: “There was nothing, nothing fun left for her.” These excerpts once again demonstrate the authority with which Wanda invoked her mother’s voice. She did not hesitate in drawing conclusions and describing her mother’s emotional state, despite Susan’s incapacity to express her emotions verbally.

Wanda described various ways that she dealt with the predicament of her mother’s impaired communication. Considering these ways of dealing provides some insight into how Wanda was able to invoke her mother’s voice with such confidence. Specifically, Wanda described trying to sense make of her mother’s verbal and nonverbal cues and using intermediaries to cope with her mother’s CDI.

Susan’s “ko-ko, ko-ko” sound provides an interesting case for considering Bakhtin’s notion of the unrepeatable nature of utterance. Susan literally made the same sound every time

she tried to articulate a word, yet Wanda had the feeling that her mother's utterances had meaning, that she was trying to talk. Wanda said, "And, from what I was understanding, I think she was talking. Although we didn't know what she was saying, that was her talking." Even though her mother's utterances were verbally the same, Wanda tried to infer some unique meaning from them. This process of inference often proved difficult, but at the very least, Wanda concluded that the "ko-ko" noise signaled her mother's understanding. In her interview, Wanda described a situation in which she explained the noise to her children in preparation for a phone call to their grandmother. Wanda said that she tried to:

prepare them for what they were going to hear on the other side. And that they weren't going to get a response except to hear this noise and to understand that that was her communicating back, whether she was just, that was her way of letting them know that she heard them or if she was actually saying something to them, we wouldn't know.

Wanda often relied on her mother's nonverbal cues to derive meaning. In an excerpt mentioned previously, Wanda described her mother as stressed because "every hope kept disappearing." When asked how she knew that her mother was stressed, Wanda explained that her mother often cried and refused to get out of bed. Later in the interview, Wanda described an incident when Susan was in the hospital and kept rubbing her stomach, leading Wanda to conclude that she was in pain. Wanda went to the nurse and said, "I think she's in pain." In both of these instances, Wanda drew inferences from nonverbal cues to give voice to her mother. When she retold these events to the interviewer, the voices of both Wanda and Susan were intermingled in Wanda's utterances. Wanda also gave voice to her mother during her interaction with the nurse, speaking for her mother to notify the nurse of her mother's pain.

Wanda also relied on intermediaries to give voice to her mother and to represent others' voices to her mother. After her stroke, Susan continued to live with a "gentleman friend," Pat, in

New York. Wanda often talked to Pat on the phone, and Pat would update Wanda on Susan's condition. In addition, Pat would read Wanda's written letters aloud to Susan. In this way, Pat was an intermediary who represented both the voice of Susan and the voice of Wanda.

Wanda herself also served as an intermediary. She described a number of occasions when she represented the voice of her mother to the rest of the family:

I tried to be the, the middle person. The person who said, "Grandma's doing fine. Mom's doing fine." My sister lives in Texas, you know. I would do all the reporting of what Pat would tell me, and I would share that.

Notice the layers of reported speech (see Morson & Emerson, 1990) in this example: Pat infers how Susan is doing; Pat reports this to Wanda, and Wanda reports the information from Pat to the rest of the family.

Wanda also represented the voices of the rest of her family to her mother. Wanda said that when she wrote letters to Susan or spoke with her over the phone, she often tried to update Susan on "what was going on in the family." In a Bakhtinian sense, Wanda reworked the news of the family, adding her own interpretation, to keep her communication with Susan "positive." She said, "I'd always try to talk positive in the letters." In one instance, Wanda attempted to bring the actual voices of the family to her mother:

My daughter and I went out and visited her in August. And we bought a, you could see, it was a photo album, and you could actually record on every page. So I had all of the family members say a little something next to their picture so that when we went, we could play it back, and she could hear people's voices.

In the photo album example, Wanda moves from more subtle attempts to represent the voices of her family to her mother (e.g., writing about the family in her letters) to an attempt to bring the literal voices of the family to New York.

The Return of Voice

In an unusual turn of events, Susan's literal voice returned just six days before her death. For the first time since her stroke, Susan was able to articulate sounds other than the "ko-ko, ko-ko" noise described by Wanda. Wanda explained:

And she told me she loved me. It took her a lot to get it out, but she said "I...love...you." It took a lot for her to say it, but she said it four times in the six days that I was there. She pointed to the door on the fifth day and said, "Go." And, the nurse one time wouldn't give her morphine without asking my mother if she felt pain because she was supposed to give her morphine whenever she felt pain...And the nurse came in and kept asking her, "Are you in pain? Are you in pain? Are you in pain?" And you could see she was working it out. And you could see when you asked her something, it took her awhile to figure out what it was you said. You could just, you could tell she was trying to figure out what you said. And she said, "Pain." So, she said "I love you," she said, "pain," and she said, "go," and those were the first words we had heard from her since she had the stroke, besides that noise.

How would Bakhtin interpret the return of Susan's literal voice? That remains somewhat unclear; although, Susan's need to communicate such deeply affective utterances in this mortal situation is consistent with Bakhtin's social view of language. To say that Susan's ability to articulate utterances so close to her death is an instance of finding creativity in the mundane seems like an understatement that does not do justice to this small miracle.

The Case of Kristin

Kristin, like Wanda, was a volunteer in the larger study of social network members of patients with a CDI. She was 26 years old at the time of the interview. Her cousin, Brian, was 27 at the time of the interview and had suffered a stroke at the age of 15. The stroke damaged

Brian's larynx. Immediately after the stroke, he was able to communicate by pointing to letters and words on a laptop board but could not use his literal voice. Over time, his condition improved, and he was able to articulate words, though talking was often a slow and exhausting process for him. As Kristin explained, Brian had to stop and take deep breaths frequently while speaking. As a result, conversations with him were time consuming, and it was often difficult to understand him, even though he wore a microphone to assist his damaged larynx. When asked if she tried to read her cousin's nonverbal cues when talking to him, Kristin explained that Brian's facial movements were "stagnant" since the onset of the stroke. He rarely showed expression in his face. The stroke also affected Brian's ability to walk, and he used a wheelchair and a cane to aid in his mobility.

Kristin and Brian lived about two hours from each other at the time of the interview and typically saw one another only during large family events, such as holiday celebrations. They grew up attending these family functions together and were nearly the same age (just one year apart). During the interview, Kristin speculated that perhaps she and Brian might have developed a closer relationship if he had not suffered the stroke:

Well, like I said, he had it when he was 15, so we were kids, pretty much prior to that, so we did play together, whatever, talk about high school stuff, but. It's kind of hard because, not that I don't feel relaxed around him, but at the same time, it's like, Well what can I do? What do I have in common with him really anymore? Because I like to go out, not get all crazy necessarily, but that's a lot of my good times is just going out and going to the bars or whatever. And I'm sure he doesn't do that, or if he does, very little, and I've done traveling and stuff like that... So, I guess it's just kind of hard to find something in common... I think he'd be at a different place in his life right now if he didn't have that, so, therefore, maybe we could have a related a little better.

Kristin invoked Brian's voice in subtle ways throughout her interview. She rarely quoted Brian directly. When she spoke of her cousin, Kristin tried to emphasize the positive qualities Brian retained despite suffering a stroke at such a young age. She often mentioned his intelligence, his sense of humor, and his positive outlook on life, as though she was trying to paint an image of Brian as an upbeat, talented young man. For instance, she said:

He graduated valedictorian of his high school class. He attended here (referring to the university where the interviews were held) in engineering, so he's very smart. He is working in engineering right now. So, none of that was affected at all. His sense of humor, nothing... I mean, he's very strong, very spiritual person. So, if that wouldn't have been, then it could have been a lot worse.

When asked to speculate about Brian's emotional state, Kristin was somewhat tentative. In one portion of the interview, Kristin described Brian's sense of frustration in carrying on conversations with others: "We're constantly saying (to Brian), 'I'm sorry, what did you say?' or 'I didn't get that' And that kind of, you can tell, he's just like, 'Never mind' I don't know. It's just, it is a little bit of stress." Notice Kristin's sense of hesitation in this passage, including her use of phrases such as "I don't know" and "it is just a little bit of stress." This use of hedgers is typical of the way Kristin invoked Brian's voice throughout much of the interview. For instance, in another passage, Kristin was hesitant about describing the effects of the CDI on Brian's work: "He might be getting used to it more now, or maybe he, I don't know how he does at his job." This way of describing Brian's frustrations and experiences could be an indication of Kristin's hesitance to infer about his emotional state. At other points in the interview, however, Kristin seemed somewhat more confident in speculating about Brian's feelings. She mentioned that the relatively normal stresses of high school and college must have been amplified for Brian because of his condition. She said, "I think we all get depressed right out of college anyway, but I think

for him it was a little magnified because of his situation.” In this and other similar statements, Kristin’s confidence in speculating about Brian’s emotions seems to be increased, as though being nearly the same age as Brian and sharing similar experience (e.g., attending college) with Brian allowed Kristin to understand Brian’s feelings. However, she stills used hedgers such as “I think” when speculating about Brian’s feelings.

Kristin described dealing with Brian’s diminished ability to communicate in two primary ways: using intermediaries and exercising patience. Kristin explained that Brian’s brother and father helped her other family members communicate with Brian by sharing their insights about the best way to communicate with him and through leading by example. She explained, “They would just say, that he can hear really well. It’s just that he can’t communicate back to you very clearly, so I guess they wouldn’t say a lot , but basically what they would do we would do.” Because Kristin had limited contact with Brian, she often received updates from her father: “My dad and my uncle talk, and my dad tells me stuff.” In this way, Brian’s voice was represented in layers of reported speech: from Brian to his father, from Brian’s father to Kristin’s father, from Kristin’s father to Kristin herself.

In addition to using intermediaries to cope with her cousin’s impaired communicative ability, Kristin described exercising patience in conversations with Brian. Kristin and other members of the family tried to let Brian maintain a sense of voice by resisting the urge to finish sentences for him and letting him know that they understood him:

I guess one thing that we did do, back to the succession of when we talked to him. He could, like I say, take a breath and then say the sentence. Well before he would say one word at a time. So, then you would repeat what he said so you could make the sentence out, but wouldn’t take too much effort for him to try to spit it all out at the same time. So that was one thing that helped in the progression, too. Letting him know that we knew

what he was saying at the same time we could understand what he was saying. If that makes sense. And his brother did that at first, so then, oh, well that's what we need to do. So, that's what we did. It worked.

Although Brian was able to engage in conversations, Kristin reiterated throughout the interview the time and patience required to speak with Brian. The following passage demonstrates the devastating impact of Brian's impaired communication:

If it would have been, you know, we've said this. I don't know if this is gonna sound harsh or whatever, but we were like, if he could never walk again but could talk clearly and talk like he used to, then I think we would all have been, it would have been a better...I don't want to say better situation, but it would have been easier for us to deal with him in a wheelchair than to be able to not talk with him very well.

Kristin and her family clearly mourned the loss of Brian's former voice. Although he was still able to speak and to engage in conversations, Brian's family wished that he could "talk like he used to."

Comparing Wanda and Kristin

Applying Bakhtin's principles of language to these two cases helps us understand how Wanda and Kristin dealt with a loved one's CDI. By considering Bakhtin's belief in the inherent dialogicality of speech, we can illuminate the ways in which Wanda and Kristin invoked the voices of others in their interviews. We can also use Bakhtin's approach to language to understand Wanda's attempts to bring others' voices to Susan, sometimes literally (in the case of the talking photo album) and Kristin's attempts to allow Brian to retain a voice in their interactions. Finally, taking into account Bakhtin's notion of utterance helps us explain Wanda's desire to derive meaning from her mother's utterances, even though those utterances were verbally identical.

These two cases share similarities but also illuminate differences in the experience of a CDI. Although both Susan and Brian suffered a stroke, Susan's ability to communicate was so diminished that she uttered the same noise each time she spoke. Brian, in contrast, could engage in conversations, even though doing so was an exhausting process for everyone involved. Both Wanda and Kristin invoked the voice of the patient during their interviews, but Wanda displayed more confidence in her ability to represent her mother. She provide a detailed narrative of the night Susan had a stroke; Kristin provided no such account of Brian's stroke. Wanda described her mother's emotional state with authority; Kristin seemed comparatively hesitant when speculating about Brian's feelings. Both Wanda and Kristin described using intermediaries and layers of reported speech to cope with the CDI; however, Kristin herself did not serve as an intermediary who represented Brian's voice to others. Wanda, in contrast, communicated to others on behalf of Susan. Each participant also described another way of dealing with the loved one's CDI. Wanda relied on Susan's nonverbal cues to infer meaning, but Kristin could not rely on Brian's ability to express himself nonverbally because this ability was affected by his stroke. Kristin described exercising patience when allowing Brian to speak. We might presume that Wanda also exercised patience, but she did not explicitly describe doing so in her interview.

Questions for Further Exploration

Although applying Bakhtinian principles enhances our understanding of these two cases, this examination also raises questions for further exploration. First, is the issue of authority in invoking a loved one's voice. Both Wanda and Kristin invoked the patient's voice during their interviews, but Wanda did so with relatively more authority and confidence than Kristin. This raises a specific question for future analysis: Who has the authority to speak for the person with the CDI, and how is that authority gained? In comparing Wanda and Kristin, we might conclude that relational closeness plays a role in determining who has this authority. Perhaps Wanda's

close relationship with Susan allowed her a privileged vantage point that Kristin did not have in her relationship with Brian. Rather, it seems that those who were closest to Brian, including his brother and father, were viewed as the experts in the family when it came to Brian's condition. Further analysis could determine other factors that influence authority, including geography. It is interesting that Wanda invoked Susan's voice with such authority despite their geographic distance. We could, however, probably imagine other cases in which the friend or relative who lives closest to the patient is granted more authority to represent the patient's voice than other social network members who live some distance from the patient. Family role could also be a factor in assignment of authority—does the oldest adult sibling have more authority to speak for a parent with a CDI than the younger sibling(s)? Does a spouse have more authority to speak for a patient than the patient's mother or father? Future analysis could also examine conflict that may arise over who has the right to authority. Do friends and family members disagree about who should have authority, and how are such disagreements resolved? Another major difference between Wanda's situation and Kristin's circumstance is the death of the patient. Perhaps Wanda, whose mother died six months prior to her interview, felt more confident in invoking Susan's voice because Susan's narrative had ended. An analysis of the remaining cases could seek to answer such questions.

Further analysis could also explore the how the extremity of the CDI influences issues of authority and ways of dealing with the loved one's loss of voice. For instance, maybe Wanda spoke of Susan with relatively more authority than Kristin displayed in speaking of Brian because Susan's speaking ability was so drastically altered by her stroke. Brian, in contrast, was still able to engage in conversations, so perhaps his friends and relatives were more apt to let him speak for himself than Susan's friends and family members were. Or perhaps, Wanda was confident in invoking Susan's voice because she knew that Susan could not challenge her. Brian,

in contrast, retained the ability to speak and could presumably challenge other's ventriloquation of his voice. In addition, future analysis could explore other ways of dealing with a loved one's impaired communication and determine if the ways in which friends and family members cope with a CDI vary according to the impact of the illness or injury on the patient's voice. Although Wanda and Kristin both described using intermediaries, they also described unique ways of coping. Wanda relied on nonverbal cues, and Kristin exercised patience. An examination of additional cases could reveal additional ways of dealing with a CDI and determine how these might be related to the severity of the patient's condition.

Conclusion

The application of Bakhtin to just two cases has advantages and disadvantages. On one hand, we get an in-depth view of Wanda and Kristin's distinctive situations and their means of invoking others' voices. On the other hand, we cannot draw conclusions about how the notions of dialogicality and utterance function in other cases. The analysis of additional cases could allow us to draw such conclusions and to explore a number of remaining questions.

This examination is also limited by the context of the research interview. Wanda and Kristin talked about their loved ones over the course of a single, one-hour interview. From the transcripts generated from these interviews, it is impossible to tell how their means of invoking the patient's voice might change over time. Will Wanda perhaps become more tentative as time passes and memories fade, or will retellings of her mother's story solidify Wanda's version of the narrative? Will Kristin continue to be tentative in her descriptions of Brian, or will the nature of their relationship change over time? In addition, the context of the research interview tells us little about how Wanda and Kristin's ventriloquation of Susan and Brian emerges in their everyday interactions. How does Wanda invoke her mother's voice in her day-to-day conversations with others? How does Kristin invoke Brian's voice?

Overall, this preliminary attempt at applying Bakhtin to the CDI context represents an important step in the process of understanding the exceptional challenges posed by such a condition. Considering concepts like multivoicedness and unrepeatability helps us get a deeper sense of how loved ones try to retain a voice for a patient after that patient's literal voice is damaged or lost. This preliminary analysis has also been useful in the development of questions that can guide future study. Specifically, future analysis could explore (a) who has the authority to invoke the loved one's voice and why/how this authority is gained/granted, and (b) how the extremity of the CDI influences this issue of authority and social networks members' ways of dealing with their loved one's loss of voice. The analysis of additional cases will certainly expand and enhance the insights gained from this initial analysis.

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Notes

¹Pseudonyms are used to protect the participants' identity.