Conversational pauses convey meaning. For example, when someone takes a long time to react to something that was said, this behavior might be interpreted as disagreement or lack of interest, when in fact it may simply mean that this person is considering what to say or struggling to say it. Since people with aphasia often exhibit greater frequency and duration of pauses in their speech, it would be pertinent to study pauses as they occur in the context of a conversation with their spouse. A previous study showed an example of a partner who respected a person with aphasia‘s long pauses, by not initiating repair too rapidly (Perkins, 1995). This respect may have permitted them to maintain the topic of conversation without too frequent repairs. Thus a better understanding of how couples manage long pauses may provide valuable information for guiding conversational therapy.

The aim of this research was to explore the phenomenon of long pauses in the conversations of couples with aphasia and the relationship of these pauses to conversational topic management.

Method

Participants

Two couples, of which one member had aphasia, participated in the study. All participants were otherwise in good health and had good hearing.

Couple 1 had been married for 36 years. The wife was 58 years old and the husband was 60. He had Wernicke’s aphasia for 11 years. Aphasia severity was rated as 2, with the *Aphasia Severity Rating Scale* of the Boston Diagnostic Aphasia Examination (BDAE) (Goodglass & Kaplan, 1983). Couple 2 had been married for 26 years. The wife was 49 years old and the husband was 48. He suffered from a mixed aphasia with a severity level of 1, on the severity rating scale of the BDAE (Goodglass & Kaplan, 1983).

Data collection

The couples each participated in two videotaped encounters. Conversations took place at their homes during a meal and were recorded with two digital cameras. The experimenters left the premises so the couples could converse freely on any topic for about an hour. All conversations were edited in order to combine the images of both spouses on a single screen. Once the videotapes were converted to DVD, conversations were transcribed and verified.

Data analysis

Intra and inter pauses in conversations were identified from the video transcripts and viewings. Only long pauses (3 seconds and over) were retained for study, as these are known to engender discomfort (Fox Tree, 2002). Extracts from transcriptions containing pauses were then analyzed. Descriptors were drawn up and coded. Codes represented 18 subcategories under 4 major categories, describing behavior types following a pause in conversation (see appended Tables 1 and 2). Total recording duration for Couples 1 and 2 was 80.9 and 52.1 minutes, respectively.

The project director verified a portion of the descriptors and codes. A project researcher, a speech-language pathology student, then performed a complete blind verification. Due to the number of disagreements that resulted, we developed more precise definitions for each category and subcategory. A second complete verification was then conducted of all of the data. A few remaining disagreements were resolved consensually.

Results

Couple 1

Results for Couple 1 are presented in Table 1. In the 80 minute sample, there were 84 long pauses. Pauses were followed by about as many changes of topic (32/84) as turns which permitted to maintain the topic (28/84). In addition, repairs were also nearly as frequent as the other categories of behaviors (23/84).

In this couple, the husband with aphasia resumed speaking more frequently following a pause. In fact, in the majority of cases, the husband changed the topic (Person with aphasia, n = 20; Spouse, n = 12), and he specifically often introduced a new topic (n = 7).

The person with aphasia also participated more than his spouse to topic maintenance (PA, n = 18; Spouse, n = 10). More particularly, the husband contributed a great number of facts and/or comments (n = 10).

In addition, he experienced trouble or participated to repair following the pauses more frequently than his spouse (PA. n = 19; Spouse, n = 4). The husband also exhibited a great number (14) of moments of trouble. In fact, the speaking turn following a long silence did not very often allow him to self-repair his trouble. PA1 sometimes used the lengthy pauses to his advantage, since he was able to successfully self-repair (n = 2) or partially self-repair (n = 3).

Couple 2

Results for Couple 2 are presented in Table 2. During the 52 minute sample, there were 48 long pauses. Couple 2 managed, in the great majority of cases, to maintain the conversational topic following a pause (30/48). Sometimes they changed the topic (8/48) or participated in a repair (9/48).

In this couple, the wife maintained the topic more often than her husband (S, n = 19; PA, n = 11), notably by contributing facts and/or comments (n = 12).

The wife also took the initiative to change the topic (S, n = 7; PA, n = 1). The person with aphasia participated more often than his spouse to a repair, (PA, n = 8; S, n = 1). Pauses were not immediately followed by successful repairs. In fact, the participant with aphasia simply exhibited a moment of trouble (n = 5) and was able to partially self-repair 3 times.

Discussion

This preliminary study explored what happened when long pauses occurred in conversations with a person with aphasia. In the two couples studied, these pauses did not always

interrupt the topic being discussed, but were sometimes followed by the introduction of a new topic. At other times, pauses were associated with repairs. Clearly, different profiles were observed between the two couples. In Couple 1, the husband with aphasia as well as his wife introduced frequent changes of topic following a pause, while in Couple 2, the wife appeared to be more tolerant of pauses and which permitted them to maintain the conversational topic. The data from these analyses along with data from other dyads could be useful to guide conversational therapy.

References

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Table 1

Impact of the Pauses on Parameters of Topic Management for Each Member of Couple 1

		PA	S	Total
Topic change	Introduction of a new topic	7	3	10
	Introduction of a related topic	3	1	4
	Introduction of a topic related to the near environment	2	2	4
	Introduction of a previously discussed topic	5	5	10
	Unsuccessful introduction	3	1	4
	Total	20	12	32
Repairs	Successful self-repair	2	2	4
	Partially successful self-repair	3	0	3
	Unsuccessful self-repair	0	0	0
	Successful repair by spouse	0	1	1
	Partially successful repair by spouse	0	0	0
	Unsuccessful repair by spouse	0	0	0
	Moment of trouble	14	1	15
	Total	19	4	23
Topic maintenance	Asks a question	4	2	6
	Replies to a question	0	0	0
	Adds a fact or comment	10	8	18
	Repeats what was said	2	0	2
	Topic not maintained	2	0	2
	Total	18	10	28
Unintelligible turn	Unintelligible turn	1	0	1
	Total	58	26	84

Table 2

Impact of the Pauses on Parameters of Topic Management for Each Member of Couple 2

		PA	S	Total
Topic change	Introduction of a new topic	1	4	5
	Introduction of a related topic	0	0	0
	Introduction of a topic related to the near environment	0	0	0
	Introduction of a previously discussed topic	0	3	3
	Unsuccessful introduction	0	0	0
	Total	1	7	8
Repairs	Successful self-repair	0	0	0
	Partially successful self-repair	3	0	3
	Unsuccessful self-repair	0	0	0
	Successful repair by spouse	0	0	0
	Partially successful repair by spouse	0	0	0
	Unsuccessful repair by spouse	0	0	0
	Moment of trouble	5	1	6
	Total	8	1	9
Topic maintenance	Asks a question	4	3	7
	Replies to a question	0	1	1
	Adds a fact or comment	2	12	14
	Repeats what was said	4	1	5
	Topic not maintained	1	2	3
	Total	11	19	30
Unintelligible turn	Unintelligible turn	0	1	1
	Total	20	28	48