

Using speech-act theory

From the introduction of speech-act analysis to aphasia therapy nearly 25 years ago to more recent cross-cultural examination of particular speech acts, such as apologies and compliments, using speech acts helps us understand fine points in the intersections between language and aging.

In their early work to see if therapists working with aphasia could begin to embed therapy within a communicative context, Wilcox and Davis (1977) reviewed speech act theory at an early and major speech and communications conference. Beginning to focus on speech acts allows therapists to draw on facial expressions and whole-body postures – which can intersect with physiology – as well as prosody (intonation and pitch) Their table:

Table 2. Summary of the Speech Acts Used For Classification (Based on those Discussed By Searle, 1969).

Act	Condition	Example (Speaker)
Request	The speaker believes the listener is capable of performing the act but may not perform the act in the normal course of events. Counts as an attempt by the speaker to get the listener to perform the act.	"Please shut the door."
Assert	The speaker believes some proposition and it is not obvious that the listener knows the proposition to be true. Also includes a subset called <u>affirm</u> which is instances in which the speaker is agreeing with or confirming a proposition.	"It's time to go." "It's a nice day." "Yes it is."
Question	The speaker does not know if the proposition is true (or does not have the information needed) and thinks the speaker may be able to provide the information. Also includes instances in which the speaker wants to know if the listener knows the answer.	"How old are you?"
Greet	The speaker has just encountered the listener.	"Hi"
Thank	The speaker believes that some act, attributable to the listener, has benefited him/her or the act is appreciated by the speaker.	(Listener offers speaker his/her chair.) "Oh thank you."
Order	The speaker believes the listener is capable of performing the act and may not perform it in the normal course of events and the speaker perceives himself/herself as in a position of authority over the listener.	"I want you to type this letter."
Argue	Speaker believes some proposition and wishes the proposition to be believed by the listener who does not seem to know its true.	"No, the movie only took 2 years to make."
Advise	Speaker believes that some act will benefit the listener and it is not obvious that the listener will perform the act in the normal course of events.	"You shouldn't smoke."
Warn	Speaker believes that some event will occur which is not in the listener's interest and that it is not obvious to the listener that the event will occur.	"Watch out, you'll burn your hand."
Congratulate	Speaker is pleased with some event, related to the listener, which has taken place. Or, speaker believes that some event which has taken place is in the listener's interest.	"You did a nice job."

Apologies

Twenty-five years later, we use speech-act analysis for fine-grained investigation of all sorts of phenomena. For example, Maria Palma Fahey “analyses and compares the speech act of **apologizing** drawn from two soap operas, one Irish *Fair City* and one Chilean *Amores de Mercado* (Love in the Market Place) to determine if the choice of the preferred strategies for apologizing in both sets of data is affected by cultural context.

Palma-Fahey uses the distinction drawn by Aijmer (1996) “the classification of apologies conveyed in discourse falls into two major groups: **anticipatory** apologies which function is disarming and retrospective apologies which function is **remedial**.” She found major differences between the two cultures as to how formal the apology should be, how it should be worded, and when it should be offered.

In terms of ethnogerontology, which cultures might expect some kind of apology from a caregiver who is touching the body to give care? Is this gender-associated? Is it more likely to be anticipatory or remedial?

And are apologies always useful? In *Patient Safety*, Dr Nancy Berlinger comments: “If apologizing for one's mistakes is the right, or “natural,” thing to do, *not* apologizing is the wrong, or unnatural thing to do, and it makes people angry. The disclosure of a medical error should include an apology for that error (Cohen, 2002, p. 843). But not all “I'm sorry” statements are alike: To say “I'm sorry your father is dead” is not the same as saying “I'm sorry I made a mistake that killed your father.” The first expresses sympathy; the second is an apology, because it acknowledges responsibility. Patients are likely to recognize stilted pseudo-apologies — I'm sorry this terrible thing happened to you — as attempts to dodge liability, rather than as sincere expressions of regret and responsibility (Taft, 2000, pp. 1152-3). There are many professional and institutional myths on the wisdom and perils of apologizing, and many differences state-to-state in the legal status of apologies now that a sizable number of states have enacted or are considering so-called “I'm sorry” laws protecting certain types of statements from being used as evidence of liability. It is prudent to talk with colleagues at other institutions, or to post a query on a patient safety listserv, to find out how others are handling training around this aspect of disclosure, and what their actual experiences in offering sincere apologies as part of disclosure conversations have been.

Both no-fault and mediation models of disclosing mistakes and addressing compensation for injuries can accommodate apologies, and commentators who write about these alternatives to litigation, and about apology in general, may talk about the “magic” of apology in resolving disputes. However, apologies aren't magic. While the absence of an apology may contribute to the anger that triggers lawsuits, an apology does not make the medical and financial ramifications of an injury magically go away.”

Berlinger, N. 2004. Ethical Considerations in Policy Development. *Patient Safety*, <http://www.psqh.com/octdeco4/berlinger.html>

Palma Fahey, M. 2005. Speech acts as intercultural danger zones: A cross-cultural comparison of the speech act of apologising in Irish and Chilean soap operas. *Journal of intercultural communication*, 8, <http://www.immi.se/intercultural/>

Wilcox, M.J., & Davis, G.A. (1977). Speech act analysis of aphasic communication in individual and group settings. In R.H. Brookshire (Ed.), *Clinical Aphasiology Conference Proceedings*. Minneapolis: BRK.