Journal Of the Iraqia University (77-2) 31 October (2026)

ISSN(Print): 1813-4521 OnLine ISSN:2663-7502
Journal Of the Iraqia University
available online at
https://iasj.rdd.edu.iq/journals/journal/view/247

Live Floor: A Psycholinguistic and Conversation Analysis of Cognitive Attrition of Speakers with Alzheimer's

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Abstract

The present study investigates the effects of Alzheimer's disease on immediate communication from a hybrid psycholinguistic and conversation analysis (CA) perspective on ordinary interaction. The study investigates how individuals with Alzheimer's use communication to make meaning, maintain social engagement, and express personal identity. To this end, a qualitative multiple-case study technique is used; the research analyses three television interviews with well-known individuals suffering from Alzheimer's disease. The analysis includes psycholinguistic aspects of cognitive decline (lexical retrieval problems, pausing, repetition, syntactic simplification, and decreased verbal expression) and interactional aspects (turn-taking, repair strategies, interviewer support, and pragmatic competence). Thus, the research shows that Alzheimer's has various effects on communication. Many people have difficulty word-finding and have breaks in conversational memory; others are less verbally elaborate but retain associations with major events and ideas. However, all three occurrences remain comprehensible and socially beneficial in interactions. Evidence indicates that cognitive deficits do not obliterate the ability to express emotions, recount personal narratives, or preserve social identity. Conversational assistance and collaborative interpretation are essential for enabling individuals with Alzheimer's to remain engaged in communication. The research illuminates televised conversation as a significant framework for comprehending the difficulties and perseverance of language use in Alzheimer's disease.**Keywords:** Alzheimer's disease; cognitive attrition; psycholinguistics; Conversation Analysis; televised discourse; spontaneous speech.

الملخص

تتناول هذه الدراسة أثر مرض الزهايمر في الأداء التواصلي الفوري من منظور تكاملي يجمع بين علم اللغة النفسي وتحليل المحادثة، مع التركيز على اللغة بوصفها أداة لإنتاج المعنى، والحفاظ على التفاعل الاجتماعي، والتعبير عن الهوية الشخصية. واعتمدت الدراسة منهجًا نوعيًا قائمًا على دراسة حالات متعددة، من خلال تحليل ثلاث مقابلات تلفزيونية لشخصيات معروفة مصابة بمرض الزهايمر. واستند التحليل إلى محورين متكاملين: أولهما الجوانب النفسية اللغوية المرتبطة بالتدهور المعرفي، بما في ذلك صعوبات استرجاع المفردات، والتردد والتوقف، والتكرار، والتبسيط التركيبي، وانخفاض الكثافة اللفظية؛ وثانيهما الجوانب التفاعلية للمحادثة، ولا سيما تناوب الأدوار، وآليات الإصلاح، والدعم الذي يقدمه المحاور، والكفاءة

التداولية.تكشف النتائج عن تأثيرات متفاوتة للزهايمر في القدرة التواصلية؛ إذ تظهر لدى بعض الحالات صعوبات ملحوظة في استدعاء المفردات وانقطاعات في استمرارية الذاكرة الحوارية، في حين يتسم خطاب حالات أخرى بانخفاض التفصيل اللفظي مع استمرار قدرتها على استحضار الروابط الدلالية المتعلقة بالأحداث والأفكار الرئيسة. وعلى الرغم من مظاهر التدهور المعرفي، حافظت الحالات الثلاث على قدر من القابلية للفهم والفاعلية التفاعلية والاجتماعية. كما تشير النتائج إلى أن القصور المعرفي لا يؤدي بالضرورة إلى فقدان القدرة على التعبير الانفعالي، أو استحضار الخبرات الشخصية، أو المحافظة على الهوية الاجتماعية. وتبرز الدراسة أهمية الدعم الحواري والتفسير التعاوني في تعزيز المشاركة التواصلية للأفراد المصابين بالزهايمر، كما تؤكد أن الخطاب التلفزيوني يمثل سياقًا تحليليًا مهمًا لفهم تعقيدات استخدام اللغة وقدرتها على الصمود في ظل التدهور المعرفي.

1.Introduction

One of the distinctive criteria of televised broadcasting is liveness. Auslander (2008) defines liveliness as a " live broadcast of an event that is transmitted to viewers and users in real time as it unfolds". Ellis (1982) compares televised liveliness to cinema by saying "unlike cinema and theatre, TV is always talking to us". On TV, less detailed pictorial elements are found, and domestic circumstances of response make it a focus for the 'glance' rather than the 'gaze'. For those reasons, the sounds, for instance jingles and signature tunes, or speaking directly to the listeners will mainly draw the audience's attention. Filming a television program requires having an active, physical space on the live stage where broadcasting interactions between hosts and guests in real-time needs managing high-energy distractions, controlling conversational flow, and operating without editing. The immediacy of live broadcasts triggers significant cognitive processes, including language formulation, speech interruptions, and the integration of thought and emotion. Psycholinguistics provides a framework for understanding how the mind organizes, shapes, and regulates speech under the heightened stress of live television interviews. Conversation analysis, a subfield of discourse analysis, further uncovers the intricate dynamics in everyday conversations, including in live TV interviews. Essentially, conversation analysis analyzes everything from tone, pauses, back-and-forth, and the context of the interaction (Moerman, 2010; Van Zant et al., 2025)Zalipska (2020) asserts that universal characteristics of the oral variant of literary language are what define the language of live broadcast. The following characteristics of oral communication are noted in the scientific literature: easiness, spontaneity, unpreparedness, and arbitrariness. According to D. Barannyk, "oral language is characterized by greater arbitrariness in compliance with the language norm, certain features in the structural-grammatical organization (shorter sentences, high frequency of incomplete constructions, inversions due to the spontaneous nature of speech)" (Barannyk, 2000: 691). O. Selivanova (2011) sets out a list of characteristics of oral communication, including synchrony, restricted accessibility, processivity, unstructured, single-phase production in one of the most recent editions of "Fundamentals of the theory of speech communication" (34).In addition, the live broadcast is an oral public language, defined as "a kind of literary language that is used as a form of communication between the speaker and the collective listener and is characterized by special means of influencing the audience" (Yermolenko, 2000: 691). According to Yermolenko, "the oral form of public communication of the speaker with the audience activates non-verbal, non-worded figures, among which are intonation, gesture, and facial expressions." Oral public language follows the rules of so-called oral grammar and is intended for auditory perception. Oral public speech's verbal, visual, and auditory elements work together to deliver and perceive information (Yermolenko, 2000: 691). Therefore, the journalists' live (oral) communication is the primary aspect of the live broadcast. This article's goal aims to examine how internal cognitive deficiencies interact with external interactional mechanisms to assess the primary psycholinguistic aspects of live broadcast

1.1 Alzheimer's and Language Production

The term "Alzheimer's disease" (AD), in use for over a century, originates from the German doctor Alois Alzheimer, who is considered the first to describe the disease. (Zilka, 2006) proclaims that in 1907, Alois Alzheimer described the main characteristics of the disease after observing a woman in her early 50s with progressive dementia—Alzheimer's disease (AD). It has since come to be recognised as an illness mainly affecting older individuals. This disease is the most prevalent form of dementia, a progressive condition characterized by a gradual decline in cognitive abilities, starting from mild memory loss and culminating in a complete inability to respond to surrounding communication, ultimately leading to social isolation. Ferris and Farlow (2013) state that "the breakdown of semantic and pragmatic components of language processing is the main cause of Alzheimer's disease's progressive decline in several cognitive domains, including language". Nearly 70% of dementia cases in older people are caused by Alzheimer's disease, which is widely

acknowledged as one of the most crippling and burdensome medical conditions worldwide (Newton and McManus, 2011). However, Kubi and Richard (2019) claim that it is caused by a brain disorder that impairs cognitive abilities and strongly affects day-to-day functioning rather than being exclusively related to ageing. According to Graham and Warner (2010), it can be difficult to differentiate the early signs of Alzheimer's disease from normal memory decline because they are frequently mild and may resemble age-related forgetfulness. Mild confusion, trouble paying bills, and issues with language use are some early indicators.

1.1.2 General signs of Alzheimer's

From the point of view of Grober and Bang (1995), the symptoms include memory loss, impaired judgment and decision-making, disorientation to current locations, repetitive questioning and changes in memory as the most significant cognitive symptoms observed in individuals with AD. Spatial memory decline can lead patients not to recognize their own homes just a few feet away from them, resulting in disorientation. Additionally, patients may struggle with remembering the names of objects and familiar people due to declines in semantic long-term memory. Alzheimer's-related working memory impairment can also cause difficulties in following the coherence of conversations. Slattum et al. (2014) mention warning signs for Alzheimer's that specifically manifest in changes in speech, which are considered to be at the early stage of the disease. Memory and language problems, such as difficulties in naming objects and finding the appropriate words, become more prominent in the moderate stage and progressively worsen over time, eventually leading to speechlessness in the late or severe stage.

1.1.3 Effects of Alzheimer's Disease on Speech Production

Individuals with Alzheimer's disease experience a decline in their vocabulary and pronunciation skills due to difficulties in accessing and retrieving words. As a result, they may experience word loss and confusion in their speech performance. Furthermore, their overall speech output tends to decrease as they lose the motivation to communicate. Alzheimer's also negatively impacts the comprehension process, leading to noticeably poor understanding of incoming speech. The progression of the disease gradually impairs the ability to interpret sentences correctly, as memory, which plays a crucial role in comprehension, weakens with Alzheimer's disease. According to Szatloczki et al. (2015), individuals with Alzheimer's exhibit distinct speech characteristics from those of normal people, and this can be observed from the early stages of the disease, that is, the mild stage, such as temporal features of spontaneous speech, like phonetic change, the number of pauses and speech length, which are highly affected by the disease. In the discourse of individuals with Alzheimer's, challenges in identifying are common, and their speech may seem fluent but devoid of substantial significance. Nonetheless, their capacity for repetition and articulation skills often stay very preserved. Speech production and memory processes are closely related as memory is the foundation of language skills. Due to the process of ageing, language expression changes and speaking ability and memory decline, which in turn limits active vocabulary (Croot et al., 2000; Kempler, 2004, cited in Szatloczki, 2015). Hoffmann et al. (2010) reported that people with Alzheimer's disease tend to demonstrate more hesitation and breaks in their verbal production.The progression of the disease is characterized by a reduction in key temporal properties and a concurrent increase in temporal interruptions in speech. The speech rate, reflecting the number of phonemes produced per second, significantly decreases in narrative discourse as the disease advances, and the Brightfocus Foundation (2015) adds that Alzheimer's introduces observable speech features that differ from those of unaffected individuals. Generally, speech becomes slower in individuals with the disease. Reisberg and Franssen (1999) note that from the early stage of Alzheimer's, the patients' speech is affected and they struggle to find the correct words, and this difficulty worsens with the progression of the disease. Eventually, their speech becomes noticeably limited to single words; thus, the speech process in individuals with Alzheimer's disease is abnormal due to the negative impact of the disease upon it

2.Review of Previous Studies

Garrard is one of the scholars who have examined dementia via psycholinguistics. One of his most influential contributions is his work on connected speech as a diagnostic resource. Working with Ahmed, he showed that discourse-level features—including reduced informativeness, repetition, word-finding difficulties, and impaired coherence usually display a cognitive decline more effectively than isolated linguistic tasks (Ahmed & Garrard, 2012). His work helped establish spontaneous discourse analysis as a valuable psycholinguistic tool for studying dementia progression.Keady's work focuses on dementia, personhood, and communication within everyday social contexts. He argues that individuals with dementia should be understood as active participants in social interaction rather than passive recipients of care. Through research on lived experiences and communicative practices, Keady emphasizes how conversation contributes to the maintenance of identity, relationships, and

social inclusion. His work has been influential in shifting dementia research toward a person-centered approach that recognizes the social dimensions of communication (Keady et al., 2013).Kindell (2014) studies the communication practices of people with dementia and their interlocutors in everyday conversations. Her findings show that cooperation (e.g. urging, explaining, repeating, helping with subjects) is commonly used to overcome communication problems. Kindell notes the value of naturalistic conversation analysis in showing how people with dementia sustain meaningful social interaction despite their cognitive decline. Her research has contributed significantly to the development of communication-assistive techniques in dementia therapy (Kindell et al., 2017). Wilkinson's work uses conversation analysis to explore communication problems, for example, those observed in dementia. His study concerns the management of conversational problems such as lexical retrieval problems, misinterpretations and interruptions in turn-taking in interaction. Consequently, Wilkinson demonstrates that communication failures are not only the result of cognitive deficits, but a joint activity of meaning formation between the speaker and their audience. His study emphasises the necessity of restorative processes, conversational support, and interactional competence for the maintenance of communication in people with dementia (Wilkinson, 2019).Fraser et al. (2020) further the psycholinguistic research on communicating with people with dementia, by mixing traditional psycholinguistic approaches with natural language processing (NLP) methods. Their work shows that it is possible to quantify lexical variety, syntactic complexity, semantic richness, stop patterns and speech coherence, and that these measures may be used to diagnose cognitive impairment. They also suggest that unplanned connected speech involves a number of cognitive processes simultaneously and is therefore a highly important source of information on dementia-related decline. This method is a major step forward in building automated systems that can detect linguistic markers connected to Alzheimer's disease. Much has been written about speaking in Alzheimer's disease but there has been little attention paid to televised interviews. Most of the study is focused on clinical interviews, carer interactions or narrative assignments in a laboratory context. Thus, we have a limited understanding of how cognitive attrition happens in the setting of public media, which involves institutional constraints, audience awareness, and current conversational needs. Furthermore, the majority of recent research tend to explore psycholinguistic deficits and interactional dynamics in isolation. A combined psycholinguistic and conversation analysis approach may give a more complete understanding of the impact of memory deficiencies, lexical retrieval problems and executive dysfunction on turn-taking, repair and topic management in television debates.

3.Methodology

This study used a qualitative multiple-case study technique to investigate cognitive decline in televised interviews with Alzheimer's patients via a hybrid psycholinguistic and Conversation Analysis (CA) framework. The data are broadcast interviews with a selection of prominent figures. The study uses conversation analytic tools including turn-taking, repair sequences, pauses, topic management and interviewer scaffolding as well as psycholinguistic methods of lexical retrieval failures, syntactic simplification, semantic ambiguity, repetition and discourse incoherence.Because of the research subject's specificity, we used a variety of techniques, including direct observation to identify the psycholinguistic parameters of live broadcast and the descriptive method to characterise these parameters. To find linguistic indicators of cognitive decline and the interactional techniques employed to handle communicative breakdowns, transcripts are analysed. The findings are then integrated to show how cognitive impairment and conversational structure interact in high-pressure televised discourse.

3.1 Data description

To provide the best data for both psycholinguistic and interview analyses, priority is given to three TV interviews conducted in 2026 with nearly identical durations (7-10 minutes), in which the person with Alzheimer's talks relatively fluently with the interviewer.

Data 1

Interviewee: Bill Ritter

Program: *Good Morning America* (ABC News)

Year: 2026

Duration: 9-10 minutes

Description: Bill Ritter discusses his early-stage Alzheimer's diagnosis, the symptoms he noticed, and his decision to step away from the anchor desk while continuing to advocate for Alzheimer's awareness.

Data 2

Interviewee: Jon Snow

Program: *Jon Snow: A Last Big Story* (Channel 4)

Year: 2026

Duration: 8–10 minutes
Description: Jon Snow discusses his Alzheimer's diagnosis and why he chose to speak publicly about it.
Data 3
Interviewee: Danny Glover
Program: *The Daily Show* (TODAY)
Year: 2026
Duration: 8–10 minutes
Description: Danny Glover discusses living with Alzheimer's disease and his family's support.

4. Data Analysis and Discussion

An analysis of three TV interviews shows that Alzheimer's affects communication in complex, multidimensional ways. Unlike clinical language assessments, where interviewers perform structured tasks under controlled conditions, televised interviews place individuals in spontaneous, socially challenging situations. In all three cases, the most notable changes in language are not full communication failures, but rather subtle interruptions in speech, such as hesitation, repetition, reduced verbal output, and occasional difficulty retaining conversational information. All three participants also reveal retained pragmatic skills, emotional expression, autobiographical knowledge, and the ability to interact meaningfully. These findings suggest that Alzheimer's disease affects the performance and processing requirements of communication more than the basic ability to communicate social messages. From a conversation analysis perspective, the interviews also show that communication is not produced by the person with Alzheimer's alone. Meaning is constructed collaboratively through the interviewer's support, topic choice, interview strategies, and conversation scaffolding. The interaction environment plays a key role in enabling people with cognitive impairments to retain their identity and social participation.

4.1 Lexical Recovery and Access to Meaning

Difficulty accessing and producing language efficiently are the main psycholinguistic features observed across the three interviews. However, the severity and form of this difficulty differ among them.

Data 1: An example of lexical retrieval problems is provided when the speaker describes the first symptoms, by saying: *"I realized I was uh I was forgetting people names and places."* The repetition of "*I was"* and the hesitation marker "uh" show struggle during planning speech online. The issue is not in comprehension, but rather in the postponement of obtaining certain facts. Identifiers and locations are most susceptible due to their reliance on precise memory retrieval. In Data 2, the difficulties are more evident than in Data 1, notably in conversational recall vs lexical retrieval. His accomplice explains: "He will ask me what I am doing... even if I have just told him what I am up to. Unlike Data 1, where the issue is with finding words, the main problem for the patient in Data 2 is to recall information that has been previously given in the course of the conversation. This shows a possible decrease in working memory which makes it hard to remember new information that has been obtained. The replies in Data 3 show the opposite pattern. They are more succinct and less detailed, but scarcely show considerable lexical breakdown. For example: 'I can put up with that, in a way.' The reply is brief, yet it manages to communicate acceptance and emotional adjustment. It is more difficult for him to speak for a long time than to find the right words. Together, the respondents indicate that the decline of language in Alzheimer's is not a uniform, monolithic problem. In contrast, numerous stages of language production are affected such as lexical access, memory maintenance and answer formulation.

4.2 Pauses, Repetition, and Direct Speech Planning

Two major features seen throughout the interviews are hesitation and repetition. They are useful in unplanned television interviews when people cannot adjust or improve their speech before delivering it. The orator commonly uses repetition while talking about emotionally charged events. For example: "This this this last four days, three days that when we started this… Starting with Data 1. The repetition of words shows the mental effort required to produce a smart answer. At once he is remembering facts, controlling emotions, and building a coherent story. Similar patterns are seen in the discourse of Data 2: "It was it was a significant difficulty, "where the repetition of words functions as a technique to buy more time for speech construction. Such pauses enable the speaker to go on communicating meaning, rather than showing a complete breakdown in communication. For Data 3, the number of repetitions is decreased. Another consequence of increased cognitive load is lower voice production in contrast. His terse, well phrased responses indicate that larger remarks would take more work. These features need a greater processing effort from a psycholinguistic point of view. Alzheimer's disease may affect working memory and the structuring of language, making it harder to talk spontaneously. Interviews indicate that uncertainty and reduced productivity may be an adaptive strategy that enables speakers to remain in contact .

4.3 Syntactic Clarification and Preserving Coherence

The three of them want to keep it simple. During communication, especially in the rapid flow of speech, people with Alzheimer's disease may find it difficult to produce long and complex syntactic constructions. Data 1 occasionally produces broken or broken-up constructions: "You must proceed and you your father possessed Louis physique… The example shows how hard it is to keep a complex sentence structure going. The communication might be broken , but the context cues help the receiver to understand the intended meaning . Data 2 discourse has a similar preference for short frameworks: "I see myself as a data point." It is my obligation. Let the facts speak. Look where it takes us. There are just a few stand-alone lines, yet they make a strong and obvious statement about who he is as a journalist. 3 Data like to use short sentences: "We all age." It happens. The sentence is grammatically simple, yet it has a lot of social weight. The simplicity of the design does not detract from its expressive powerThe three cases do not signify less by themselves because of less syntactic complexity. The speakers build consistency via shared knowledge, individual experience, and the discourse environment. This conclusion supports the findings of Fraser et al. (2020) who point out that linked speech is an interaction between language competency, memory, individual knowledge and social context.

4.4 Autobiographical Memory and Personal Identity

A notable discovery throughout all three interviews is the ongoing availability of personally relevant recollections. Despite the impact of Alzheimer's disease on memory functions, all three individuals retain robust ties to events fundamental to their identity.Data 1: By saying, *"I felt I owed it to the viewers to be honest about this,"* he recalls his professional role and his relationship with viewers. His identity as a journalist provides a framework to explain his diagnosis. Similarly, Data 2 links his illness with his lifelong role as a storyteller when he says: *"I see myself as an informant. That's my job."* His speech reveals that his professional identity stays cognitively and socially meaningful. By talking about his acting career, Data 3 provides another example when saying, *"Places in the Heart with Sally Field, a wonderful cast."* His capability to access complete autobiographical memories proves that, despite his cognitive decline, the long-established personal experiences may remain available. This suggests that Alzheimer's disease does not remove personal identity. Instead, communication plays an important role through which patient can preserve continuity between their past experiences and present circumstances.

4.5 Turn-Taking and Interactional Competence

From a Conversation Analysis perspective, all three interviews demonstrate preserved interactional competence. Despite cognitive challenges, the participants successfully engage in the basic organization of conversation.In Data 1, by answering questions directly, the speaker develops personal narratives and preserves extended speaking turns. Especially when the interviewer asked him about the beginning of his symptoms, he begins to provide a chronological explanation of his experience. Snow also demonstrates the ability to participate meaningfully in public discussion. Although speakers in Data 2 and 3 provide additional information about their condition, the speaker in Data 1 remains the central figure whose experiences shape the conversation. Data 3 reveals active turn-taking via brief but relevant answers. His shorter answers are not considered a conversational failure because they fit properly within the interactional structure.These findings support Wilkinson's (2019) argument that "dementia communication should be understood as a collaborative process. Difficulties are managed through interaction rather than viewed only as individual cognitive deficits".

4.6 Conversational Restoration and Interactional Framework

A significant role of the conversational partner in supporting communication is a key similarity found among the three interviews.In Data 1, the interviewer emotionally tries to assure Data 1 and gives him enough time to complete responses, as in *"With you, Bill. I mean that sincerely."* This simple, supportive style of conversation decreases communicative pressure and makes hesitation an acceptable style in the interview. In 2nd Data, family members, relatives and colleagues offer more explanations that help construct a complete understanding of what the patient is going through. Statements such as "*He has good days and bad days*" work as interactional restoration by preventing the audience from taking Alzheimer's as a complete loss of capability.In Data 3, topics such as films, awards, and career accomplishments are relied on by the interviewer. Such familiar topics act as cognitive anchors that boost remembrance and support longer communication. Therefore, conversational restoration is very important in live televised interviews because it helps participants with cognitive difficulties to maintain participation and protect their public identity.

4.7 Pragmatic Competence and Social Awareness

All the three subjects had good pragmatic skills despite the disparities in their verbal performance. They know why they are being interviewed and the impact their remarks will have on others. This means that while Alzheimer's damages certain cognitive processes the capacity to recognise communicative values, emotions

and social intents is largely retained. As in Data 1, he frames his revelation as an obligation to the viewers: "I felt I owed it to the viewers to be honest about this. Data 2 takes his condition as a chance to teach others: "If I don't speak out, who will?" Likewise, Data 3 utilises his public platform to battle stigma: "We all get old. It occurs. Their remarks reflect understanding of audience, purpose, and social context. The analysis of the examination of all three datasets shows that Alzheimer's disease results in significant changes in spontaneous televised communication. These changes are complicated, not just a slow regression of language. Some features we identified in the data include hesitation, redundancy, short speech length, simple grammar and memory retention difficulties. But these linguistic problems are still there with benefits of communication maintained. All three could still express their feelings, maintain connections, share personal experiences and send messages about society. Interviews suggest that cognitive deficiencies are not incompatible with interactional competence or individual identity.

5.Conclusions

The analysis of the interview with Bill Ritter reveals a complex relationship between cognitive decline and communication. The transcript indicates various features associated with Alzheimer's disease, including more hesitation, repetition of words and phrases, decreased speed of word retrieval, simpler sentence structure, and increased dependency on real-time arrangement of speech. But they do occur with preserved communication competencies: turn-taking, appropriate emotional expression, self-correction, topic control, and awareness of audience expectations. The interview therefore challenges the assumption that cognitive decline always leads to breakdown in communication. In contrast, it shows communication as a joint achievement of the speaker and the interlocutor. The language obstacles of Alzheimer's maintain a major conversation in the presence of the patient's capacity to communicate and the interviewer's support. The findings emphasize the role of the social environment in promoting communication for people with dementia. Conversational participants help folks to manage difficult circumstances by aiding the interviewer, by thoughtful queries, and by collaborative interpretation. The setting of the broadcast interview highlights an important distinction: although Alzheimer's disease may reduce verbal production, it does not erase a person's ability to communicate meaningfully. The three examples demonstrate that language is an essential tool to retain identity, share experiences, and keep social ties even with cognitive changes.

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Appendix:

Data 1: https://www.youtube.com/watch?v=gF_gaQ4t_8Y

Data 2: https://www.youtube.com/watch?v=IEnsEFJ5dYk

Data 3: https://www.youtube.com/watch?v=vwSwiv5NDsA