Turn-taking in older adults and in persons with Parkinson's disease

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When we engage in a conversation, we often switch between the roles of speaker and listener, taking and yielding turns with our conversation partners. Language researchers have observed that time lags between consecutive turns tend to be very short or absent, leading to fluent turn transitions. Such fluent turn-taking must mean that 'next talkers' already prepare their turn while listening. At the same time, most turn-taking research, like any behavioural research, has based its claims on results obtained with student populations. One such claim is that listeners start planning their responses to questions as soon as they can. A second observation based on research with students is that 'next talkers' know or predict *when* to jump in, based on e.g., accurate perception of prosodic information signaling turn-finality of one's interlocutor. Where preparing one's turn while listening and knowing exactly when to jump in may be relatively easy for students, I will focus on turn-taking fluency in two populations in these two aspects of turn taking may be more difficult: healthy older adults, as well as people with Parkinson's Disease (PD). PD is best known for its effects on the limbs (tremor), but PD also affects speech acoustics and prosody, word finding, and cognitive control. Speed of information processing is often claimed to be lower in older adults (as compared to younger adults), and more particularly in those with PD. Decreased processing speed could be hypothesized to slow down responses to questions across the board, and could also compromise dual-tasking in conversation. Age-related hearing loss and Parkinson-related prosody perception problems may hamper accurate prediction of turn finality. In this talk, I will present the two turn-taking studies I am currently running, and present preliminary findings of one of them.