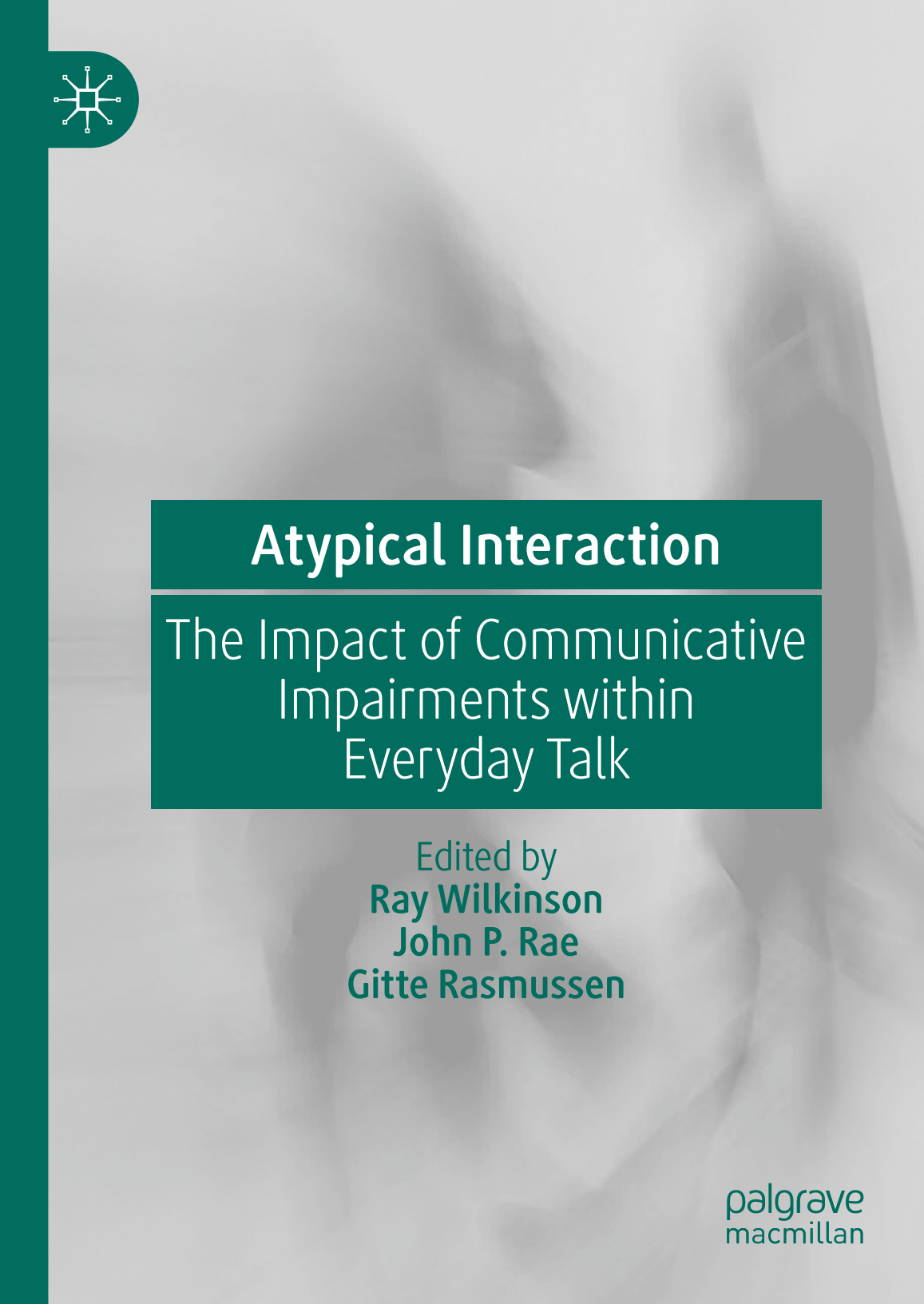

Atypical Interaction

The Impact of Communicative Impairments within Everyday Talk

Edited by
Ray Wilkinson
John P. Rae
Gitte Rasmussen

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culture" (with Anne Rawls, 2019). He is currently working on a monograph on how clinicians assess/diagnose autism (with Doug Maynard, forthcoming with University of Chicago Press) and another monograph on the Milgram "obedience" experiments (with Matthew Hollander, forthcoming with Oxford University Press).

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Transcription Symbols

These are the main conversation analytic transcription symbols used within this volume.

Some chapters use, and provide descriptions of, additional symbols.

[	⌜	The simultaneous occurrence of one utterance or non-verbal
[	⌞	action with another is marked by left-hand brackets at the point where the simultaneous occurrence begins
]	⌝	Right-hand brackets mark where the simultaneous occurrence
]	⌟	or two or more utterances or non-verbal actions ceases
=		An equals sign marks where there is no interval between adjacent utterances
(0.5)		Silences are marked in seconds and tenths of seconds
(.)		A full stop in single brackets indicates an interval of around a tenth of a second within or between utterances
:		A colon indicates a prolongation of the immediately preceding sound (the more colons, the longer the prolongation)
.		A full stop indicates a stopping fall in tone
,		A comma indicates a 'continuing' intonation
?		A question mark indicates a rising inflection
!		An exclamation mark indicates an animated tone
↑ ↓		Upward or downward pointing arrows indicate marked rising or falling shifts in intonation respectively
hhh		'h's indicate discernable aspiration, sometimes laughter

.hhh	'h's preceded by a dot indicate discernable inhalation
£	The pound sterling sign indicates 'smiley voice'
WORD	Capital letters indicate talk that is spoken notably loudly compared to surrounding talk
°word°	Degree signs surround talk which is spoken more quietly than surrounding talk
word	Underlining indicates emphasis
>word<	The 'greater than' sign first indicates talk that is produced at a faster speed than surrounding talk
<word>	The 'lesser than' sign first indicates talk that is produced at a slower speed than surrounding talk
word-	A dash indicates an abrupt cut off to a word or part of a word
(word)	Single brackets before and after talk indicate that the transcriber is unsure if this is what was said
( )	Single brackets with no talk transcribed within indicate that the transcriber was unable to produce even a best guess at what was said
(( ))	Double brackets before and after text indicate that this text is the transcriber's description of something in the interaction

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Atypical Interaction: An Introduction

Ray Wilkinson, John P. Rae and Gitte Rasmussen

Talking with others is central to many areas of daily living, including one's professional, educational, family or social life, and for most people this ability to talk is a taken-for-granted competence. Many individuals, however, have an atypical capacity for talking within everyday social interactions. This book contains a collection of empirical studies of 'atypical interaction', that is naturally-occurring conversation or other forms of social interaction where at least one of the participants has a

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communicative impairment which impacts upon the interaction. These impairments are linked to particular conditions or disabilities, including (to mention those in this collection) autism spectrum disorder, learning disability, schizophrenia, dementia, aphasia, developmental language difficulty, stammering, dysarthria or hearing impairment.[1]

Much of what we know about people with these conditions and disabilities comes from a long tradition within medical and psychological practice of testing them in various ways, particularly using formal assessments (e.g. Goodglass et al. 2001; Lord et al. 2012). By highlighting and focusing on the impairments and on what those taking part in the tests cannot do, or find difficult to do, such testing can be useful in a number of ways. These include diagnosing the presence of the condition (e.g. aphasia) and the type of condition (e.g. Broca's aphasia), highlighting deficits in order to target treatment, and allowing for re-testing, for example following treatment, to capture possible change. Another set of methods used in the assessment/investigation of people with these conditions involves the use of interviews or questionnaires, where the

[1]A note on terminology. The field of communicative impairments/communication disorders is one which has been the focus of attention from a number of different disciplines, with medicine (including psychiatry), psychology (including neuropsychology, clinical psychology and developmental psychology), linguistics, and speech pathology and therapy being among those which have had most influence on the field. While social science perspectives, such as that in the current volume, have perhaps been less in evidence historically, this has changed somewhat in recent years, with, for example, the social model of disability (Shakespeare 1998) becoming influential. Overall, therefore, there is a wide range of perspectives and terminology within the field. The approach in this volume is primarily a descriptive one, aiming to capture aspects of the talk and other interactional conduct of the participants in these interactions, while at the same time retaining an awareness that at least one of the participants has a particular condition or conditions which are impacting on their talk and/or conduct. In the vast majority of cases, these conditions will have been assessed or diagnosed by a medical or other professional. The interactions here are 'atypical' in that they display differences in systematic ways to the practices that have been described by conversation analysts in relation to 'typical' interaction (i.e. here, in people without communicative impairments). We use the term 'impairment' to refer to aspects of the condition which impact on talk and interaction. These can be, for example, linguistic, cognitive, motor or sensory in nature and are often only evident in mundane interaction through their impact on talk or conduct. The term is not used here in the sense of the talk/conduct being 'impaired'. To take one example: the use of sign language is 'atypical' in that its use of the visual-manual channel as the primary mode of communication makes it different from spoken talk, the most common form of human face-to-face communication, which uses the auditory-vocal channel. While sign language is by no means an 'impaired' form of communication, it can be used when the person has a hearing impairment (see Girard-Groeber, this volume).

person affected, or those with knowledge of them such as family members, are asked for their perspectives on the condition and its impact (e.g. Hilari et al. 2003; Lee et al. 2008).

The research studies within this book provide analyses of data which were collected neither through eliciting linguistic or other communicative behaviour via testing, nor through eliciting some form of personal report via interview or questionnaire. Rather the data are of social interactions which were (a) recorded—usually video-recorded—within everyday settings such as the home, care home, the street or the classroom; (b) generally do not include the researcher; and (c) would typically have occurred even if they were not being recorded (i.e. they are 'naturally-occurring' and do not, for example, contain any pre-arranged topics suggested by the researcher).[2]

Until around 30 years ago there was very little naturalistic observational research published on how people with communicative impairments actually communicated within their everyday life environments and how social interactions involving these participants differed in systematic ways from those of 'typical' participants (i.e. without communicative impairments). For example, in a pioneering 1982 observational study of people with aphasia (a language disorder acquired following brain damage) in family interactions at home and in other daily settings, the author was able to remark that while 'systematic field observation' was used in many areas of social and behavioural science, including in studies of language acquisition, it was 'used less in the study of language problems, and few if any studies exist of language problems and communication usage in natural environments. To my knowledge, no published observational studies of aphasic patients' natural communication are currently available' (Holland 1982, p. 50).

Holland's study used trained observers who were present when the interactions were taking place and who used a set of pre-determined categories to guide their observations, which they made in real-time. One development since the time of Holland's study has been that recording devices, including video-recording devices, have become far

[2]This is not to deny the risk of the interaction being affected in some manner by the participants' awareness of being recorded i.e. the 'observer's paradox' (Labov 1972). For some ways in which this type of research attempts to overcome, or at least minimize, these risks see Goodwin (1993).

easier for the researcher to access and use, and the studies in this collection draw upon (often extensive) sets of recordings of people with communicative impairments within everyday social interactions. These recordings can be made in various ways, with common methods including the researcher either leaving the recording device (sometimes over a number of weeks) with the participants in order that they can record themselves, or remaining within the same space as the participants during the recording but typically not being part of the interaction (for example, following the participants around while video-recording them). Recordings have some obvious advantages compared to real-time observational note-taking and scoring, including the fact that they provide a record of the 'raw data' for the researcher to repeatedly return to and use, and for others to potentially access and examine.

Another development over this period is that more powerful analytic tools and methodologies have been applied within studies of atypical participants' social interaction. One such approach has been that of systemic functional linguistics (Eggins 1994) which has been applied to a number of communication disorders (e.g. Togher and Hand 1998). Other developments (e.g. Angeleri et al. 2008) have drawn on work within the field of linguistic pragmatics, including speech act theory (Searle 1969) and Grice's (1989) maxims of conversation. All the studies in this collection, however, draw on a different and distinctive approach to social interaction which has been increasingly applied over the last 25 years to the talk and social interaction of people with communicative impairments: that of Conversation Analysis (henceforth, CA) (Clift 2016).

In the following section we will provide a brief introduction to CA. Following this, by way of introducing each of the chapters in the book, we will outline some of the main themes and findings of research carried out over the last couple of decades that has used CA to investigate the impact of different types of communicative impairment within social interaction. In the final section of this Introduction we discuss the status of atypical interaction as an area of study, including what we see at this stage in its development as its main contributions to the fields of (1) communication disorder research, and (2) conversation analytic research, as well as how it may develop in the future.

Conversation Analysis

CA emerged during the 1960s and 1970s, primarily through the work of Harvey Sacks in collaboration with his colleagues Emanuel Schegloff and Gail Jefferson. The development of CA was influenced by particular strands within American sociology at the time, in particular Garfinkel's (1967) work on Ethnomethodology and Goffman's (1964) research into what he came to term the 'Interaction Order'.[3]

CA examines talk and other aspects of conduct within naturally occurring social interaction in general and conversation in particular. It does so based on close analysis of recordings (audio or video) of social interactions, and relatively detailed transcriptions of those interactions, making use of a transcription system originally developed by Gail Jefferson (see Jefferson 2004). A distinction (although not necessarily always a rigid one) is drawn between conversation (involving friends, family members, colleagues, strangers and so on) and other types of social interaction, including forms of 'institutional interaction' (Drew and Heritage 1992), such as those between doctors and patients or teachers and pupils.[4] Conversation constitutes the basic speech-exchange system and the form of interaction within which talk developed, both ontogenetically and phylogenetically (Schegloff 2006).

CA aims to uncover the 'machinery' of interaction, that is the structural organizations of practice that participants within a social interaction draw upon (with various levels of conscious awareness) in order to produce talk and other conduct that is perceived as meaningful, coherent and orderly (Heritage 1984). In particular, there is a focus on how talk and other resources (such as gesture, gaze and other aspects of body movement) are drawn upon by participants to produce talk and conduct which are recognizable by recipients as particular actions (such as requesting, offering, directing, informing, complaining, questioning etc.).

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[3]For further details of the development of CA, see Schegloff (1992a).

[4]The term 'talk-in-interaction' is used to refer to talk within social interaction generally, thus including both conversation and institutional interaction (Schegloff 2007).

Some of the organizations of practice that CA focuses on and which are particularly examined in the analyses in this collection include:

Turn organization and turn-taking organization: for example, the practices involved in how turns-at-talk, and the turn-constructional units (TCUs) that make them up, are progressively produced item-by-item, and how turns are exchanged between participants, typically with little gap or overlap (Schegloff 1996; Sacks et al. 1974).

Sequence organization: for example, how successive actions can be formed up to constitute a course of action, with common forms being adjacency pairs (Schegloff 2007) such as questions-answer sequences or greeting-greeting sequences.

Overall structural organization: for example, how beginnings and endings of interactional events are structured and how this informs what might be placed there and how that will be understood by a recipient (Schegloff and Sacks 1973); how topics are launched, developed or closed down (Button and Casey 1984).

Repair organization: for example, the practices involved in highlighting and possibly resolving ('repairing') troubles in speaking, hearing or understanding (Schegloff et al. 1977).

In general, each of the chapters in the collection draws upon relevant conversation analytic work in order to highlight some of the ways in which the particular form of atypical interaction being analysed is distinctive or different to interactions involving typical speakers. As such, the relevant findings from CA work on typical speakers are included in each chapter. It may be useful at this point, however, to provide some more detail about repair organization in typical speakers since repair practices are a central theme in many atypical interaction studies, including several in this collection.

A distinction can be drawn between two aspects of repair activity: the initiation of repair and its outcome (i.e. the repair itself, or abandonment of the repair attempt). Repair activity deals with some trouble (or 'trouble source') in speaking, hearing or understanding of talk. Trouble sources need not necessarily be errors. Both initiation of repair and the repair itself can be produced by 'self' (the participant whose talk contains the trouble source) or 'other' (another participant). Self-initiation of repair can be concerned with certain repair operations such as the

speaker searching for a word or replacing a word or bit of talk that they have previously produced. Other-initiation of repair often highlights some bit of talk produced by another participant (usually in the immediately prior turn) as something which the current speaker has had difficulty in hearing or understanding. Repair can also be launched to deal with misunderstandings in talk (termed 'third-position repair' and 'fourth-position repair': Schegloff 1992b).

There are a number of preferences that have been highlighted concerning repair.[5] For example, self-initiation of repair is preferred to other-initiation of repair (Schegloff 1979), and self-repair is preferred to other-repair (Schegloff et al. 1977). There is also a preference for progressivity in relation to repair activity; since all repair delays the current turn and/or sequence in which it occurs, there is an expectation that the repair activity should be completed quickly, such that the talk that was underway can then resume.

The Impact on Social Interaction of Particular Types of Communicative Impairment

Starting in the late 1970s and through the 1980s, a few isolated studies were published which used findings from CA's research on typical conversation to investigate the nature of social interactions involving people with communicative impairments.[6] Two groups to be investigated in these early studies were people with aphasia (Lubinski et al. 1980; Schienberg and Holland 1980) and people with a learning disability (Price-Williams and Sabsay 1979; Abbeduto and Rosenberg 1980; Yearley and Brewer 1989).

Around the mid-1990s, CA started to become established as a method for examining the interactions of people with communicative impairments and their interlocutors, with studies published on, among

[5]For an outline of conversation analytic work on 'preference' see Pomerantz and Heritage (2013).

[6]A related strand of ethnomethodologically-inspired work on communicative impairments and disability more generally should also be noted here. See, for example, work on interactions between children with severe learning disabilities and their family members (e.g. Pollner and McDonald-Wikler 1985; Goode 1994), and Robillard (1999) on the lived experience of motor neurone disease. For reflections on ethnomethodological studies of disability, see Goode (2003).

others, aphasia (Goodwin 1995), autism (Local and Wootton 1995), sign language (McIlvenny 1995), learning disability (Rapley and Antaki 1996) and people with cerebral palsy using augmentative and alternative communication (AAC) (Collins et al. 1997). Since that time there has been a rapid growth in the field, with many individual studies and collections of papers applying CA to particular types of communicative impairment. The collections include analyses of aphasia (Goodwin 2003), dementia (Mates et al. 2010), hearing impairment (Egbert and Deppermann 2012) and AAC (Norén et al. 2013).

The current volume is, however, the first set of conversation analytic studies which investigates communicative impairments from across the spectrum of types of atypical interaction, including both congenital/developmental disorders (i.e. occurring from birth or during development in childhood) and acquired disorders (occurring after the person has developed communication, often following brain damage). Forms of communicative impairment are discussed here within four main groupings (cognitive impairments, language impairments, fluency impairments, speech or hearing impairments). These groupings are not meant to be rigid or absolute, but rather are designed to allow some broad similarities and differences to be explored across them. In practice, the same type of communicative impairment can present quite differently in different people due to factors such as the severity of the impairments or changes over time (in developmental or degenerative conditions). It should also be noted that any individual can present with a range of different types of impairments (for example, someone with dementia may also have dysarthria and a hearing impairment).

The Impact of Cognitive Impairments on Social Interaction

Autism spectrum disorder, learning disability, schizophrenia and dementia are in many ways a heterogenous group of conditions, but speakers with these conditions (and others which are not able to be focused on in this volume due to reasons of space, such as traumatic brain injury) who present with communication difficulties are regularly described as having problems at the level of pragmatics i.e. the rules

governing how language is *used* (Levinson 1983).[7] While the factors underlying these pragmatic difficulties and other features of these conditions are, in many cases, not yet well understood, it is typically considered the case that in these conditions cognitive functioning is generally in some manner impaired, with deficits in, for example, memory, attention or executive functions (e.g. Stopford et al. 2012).

Within social interaction, one common way in which these pragmatic difficulties present is in the form of atypical actions, where actions (such as questions or informings) or other conduct produced by people with these conditions may regularly be oriented to by co-participants as inapposite or inappropriate in some way (Wilkinson 2019; cf. Denman and Wilkinson 2011).

We will now present short summaries of each of the chapters in the book on these conditions, preceded by some brief descriptions of relevant previous conversation analytic work.

A number of pioneering case studies using CA to examine interactions involving children with *Autism Spectrum Disorder* (ASD) appeared in the 1990s and focused on echolalia, the tendency of some children with autism to produce utterances that reproduce expressions that they have previously heard (Local and Wootton 1995; Wootton 1999; Tarplee and Barrow 1999). In the last 20 years a large number of studies on a range of phenomena involving children with ASD have appeared. One focus has been on the distinctive capacities and competences of children with ASD (e.g., Muskett et al. 2010; Stribling et al. 2007; Sterponi et al. 2015). Another line of research has focused on clinical testing (e.g. Maynard and Turowetz 2017; Korkiakangas et al. 2016) or on ASD within medical settings (Solomon et al. 2016). A further line of research has examined the interactional provision of support for children with ASD (e.g. Stribling and Rae 2010). Whilst most of the research has focused on children with autism, the interactional use of formulas in an adult with ASD was examined by Dobbinson et al. (2003).

[7]While this difficulty with pragmatics appears to be a central feature of the communication problems of people with these conditions, in many cases other aspects of language (such as lexis and grammar) or speech may also be affected.

In this volume, **Maynard and Turowetz** examine encounters between people with autism and a person carrying out institutional responsibilities. More specifically, they focus on actions which the professional party interprets as unwarranted and problematic. Two cases are examined. First, an encounter between a young man with autism and a police officer in a public park; second an interaction between a nine-year old boy being assessed for autism by a clinical psychologist. In each case, video records of the interactions are examined in detail. Also, additional evidence in which the professional party talks about, or reports, what happened is analysed. The analysis proposes that the professional party's interpretation of the problematic action (attempting to run away from the police officer, not cooperating with a psychological assessment) arises from their particular understanding of sequencing of the unfolding actions and event. Thus, rather than seeing the young man's backing away as a response to the police officer's conduct, the police officer sees the young man engaging a new course of action—setting out to run away; rather than seeing the boy as resisting the psychologist's directives, the psychologist sees the boy as not cooperating with the test. A specific methodological feature of the analysis is that in addition to examining records of the interaction, other sources of evidence, such as the police officer's report are also considered.

By contrast, **Rae and Ramey** consider domestic interactions involving a child with autistic spectrum disorder (ASD). They present a case study of an extended episode in which Ben, a 12-year old boy with ASD and his father interact while using a construction kit. Drawing on multiple sequences from within this episode, they examine the interactional resources through which the father and son participate with each other. First, they show how the father makes use of directives to organize Ben's activities, and they delineate the supportive practices that the he draws on. In particular, they show how the directives are multimodal, that is they draw on talk, gestures and the use of objects, in order to facilitate Ben's ability to respond to them. They further examine how the father assists Ben in responding, for example by using prompts. Second, they examine how the father orients to situations that arise when Ben engages in other activities, some of which are apparently extraneous. They show how the father's responses to these activities

are selective, on some occasions closing down these activities, or on other occasions co-participating with them. For example, there are two instances of father-son play that are initiated by Ben that are separate to the construction game.

Whilst most of the CA work on ASD has focused on children, most CA work on *learning disability* has tended to focus on adults. One concern here has been to draw on CA and related approaches in order to re-examine the notion of learning disability (notably, Rapley 2004). A further line of research has focused on the challenges to the autonomy of people with learning disabilities (e.g. Rapley and Antaki 1996; Jingree et al. 2006) and on the potential for personal assistants to provide support (Williams et al. 2010). Here, **Walton, Finlay, and Antaki** examine interactions between people with intellectual disability and members of staff in two residential settings and a day-care setting. The study delineates a range of challenges faced by people with intellectual disability in initiating interactions, maintaining and progressing interactions, and closing interactions. The analysis shows how the communicative competence of people with intellectual disability is not solely related to their capacities considered in isolation, but rather depends on the people with whom they are interacting. In particular, Walton et al. show how partners' reliance on conversational resources from typical interaction can lead to difficulties. For example, when a partner does not understand something said by a person with intellectual disability and initiates repair, this can pose a challenge. A further challenge which can intersect with this is that staff members often have a need to fulfill institutional agendas and may orient to these rather than to the person with intellectual disability's immediate interactional concerns. Walton et al. suggest that the atypicality of these interactions is thus an interactional outcome.

Symptoms of *schizophrenia* can include hallucinations, delusions and confused thought patterns. Much of the previous conversation analytic work in this area has been focused on clinical interactions involving people with schizophrenia, including their engagement in clinical consultations (McCabe et al. 2002), the understanding of others' mental processes within clinical interactions (McCabe et al. 2004) and the effects of psychiatrists' questions on the therapeutic alliance (Thompson et al. 2016). In contrast, **Mikesell** presents a single case