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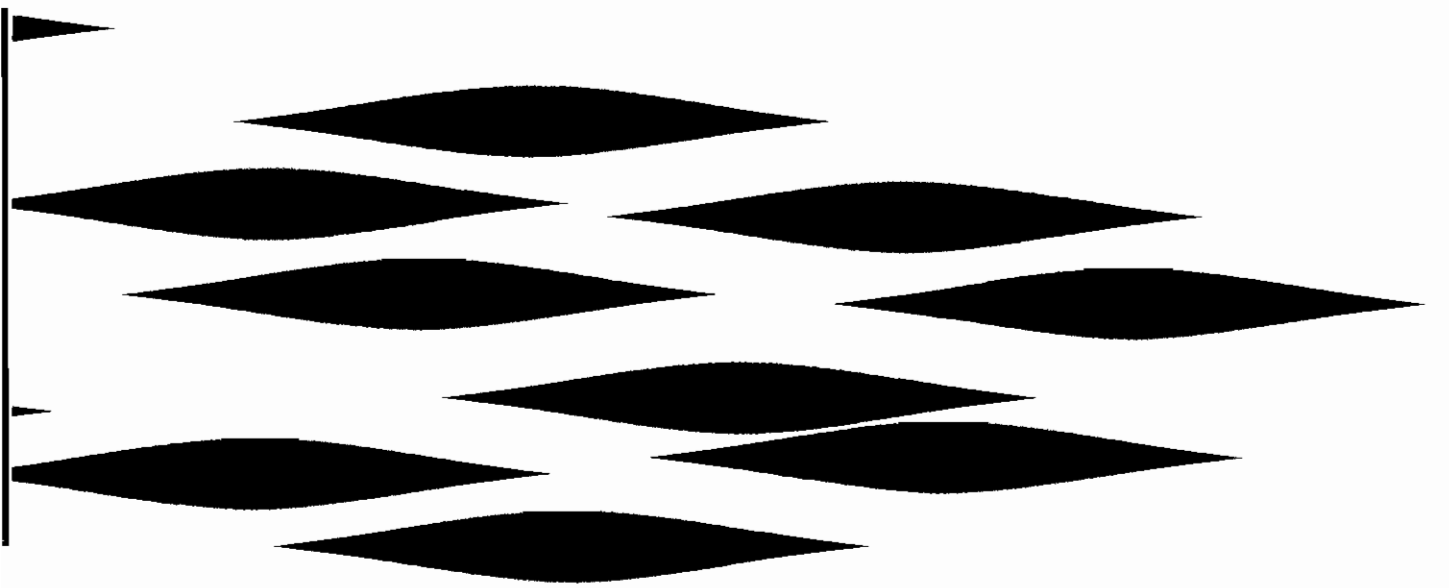
LANGUAGE INTERACTION IN CLINICAL AND EDUCATIONAL SETTINGS



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LANGUAGE INTERACTION IN CLINICAL AND EDUCATIONAL SETTINGS

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Contents

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Preface

Over the past decade, there has been an increasing interest and concern for how professionals in medicine, law, and education communicate in their respective institutional work settings. Although investigations into professional interaction have yielded important insights into the nature of communication, which practitioners in other disciplines can make use of, efforts to extend information from the study of occupational discourse to communication disorders are, at best, in their infancy. For a discipline that is deeply concerned with promoting successful communication on a variety of levels, this gap is particularly distressing. The studies presented here represent an entry-level effort to address some of these issues. We focus on occupational discourse involving professional teams, public schools, and a day care in terms of implications for communication disorders.

Chapter 1

Introduction: Linguistic Theories and Language Interaction

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The present volume is a contribution to the study of language in institutional settings. The authors avail themselves of methods of analysis that have not been common to communication disorders, although they are ideal for studying language socialization and, more fundamentally, language in context. The institutional settings visited in these analyses are childcare facilities, schools, clinics, and a hospital.

The introduction focuses on four points: (a) some key issues about language theory; (b) a brief account of relevant studies of organizational talk, both between adults and children and among adults; (c) a discussion of fundamental concepts and methods of inquiry common to the authors in this volume; and (d) a brief introduction to the chapters.

LANGUAGE THEORIES

More Than a Single Linguistic Theory

It is a somewhat strange and extremely narrow reading of the history of linguistics to think that language has been studied primarily outside of the context of use. That is a peculiarly Chomskyan view, albeit one that has influenced studies of children's language and consequently the study and teaching of children who are deaf or have language disorders.

The studies in this monograph reach to other traditions of language study—lines of research that are perhaps not as well known in the fields of communication sciences and disorders or deafness. In the 1960s, as Noam Chomsky was garnering so much attention for his theory of transformational-generative grammar, other theoretical approaches were being pursued that perhaps should be of even more interest to those studying language behavior and language problems. The works in this monograph highlight the importance of studying language in context for applied language fields such as communication disorders.

Context is not just background; it is the total frame that gives a message meaning. In *Steps to an Ecology of Mind*, Gregory Bateson shows how ludicrous it is to see an utterance or action "as the product or effect of the context after the piece which we want to explain has been cut out from it." On the contrary, behavior is "part of the ecological subsystem called context" (Bateson, 1972, p. 156). Indeed, some students of discourse have gone so far as to claim that "[t]he meaning of a text is its relation to its context" (Moerman, 1988, p. 20). Context both shapes talk and renews itself through talk (Heritage, 1984).

Language as Syntax

Chomsky's early transformational-generative theory attempts to locate universal, possibly genetically programmed, aspects of human language systems; consequently, the most central part of the theory is syntax, whereas phonology and semantics are considered interpretive components of the model (especially in the early stages of the theory). These are important ideas about language and mind, and they have led to major discoveries about children's language, not least of which is an appreciation of their inherent ("innate") abilities to learn language. But language performance (or use) was specifically excluded from the calculation (at least until the inclusion of pragmatics in the modularity theorizing of the late 1970s). Nevertheless, the mechanics of the theory have been applied widely in analyses of language behavior and in language teaching.

Contextual Approaches to Language Theory

Other theoretical approaches are, however, grounded in language use. Three from the 1960s are ethnomethodology (Garfinkel, 1967), ethnography of speaking (Hymes, 1962, 1964), and systemic linguistics (Halliday, 1961, 1967–1968; Halliday, McIntosh, & Strevens, 1964). Ethnomethodology and its contemporary robust relative conversational analysis (Sacks, Schegloff, & Jefferson, 1978) focus on procedures, especially the structure of the turn, in conversation: What are the procedures that people use to accomplish the work they do in talk? Ethnography and, especially, the ethnography of speaking focus on the cultural meaning of forms of talk: What are the speech events of this culture, who takes part in them, and how are they performed? Systemic linguistics focuses on the systematic integration of participant relationship, topic, and symbolic organization through language. Halliday is more "grammatical" than the others, but they all share a focus on how language is used to get things done. To wit, saying is doing, and talk is constructed through mutual approach and response.

Competence Versus Performance

Although Chomskyan theoretical linguists focus on competence, located in something conceived of as the ideal speaker-hearer, and therefore need collect no actual utter-

ances from speakers of a language, studies of language performance are necessarily contextual and require the study of actual language used by actual people in actual activities. Contextual approaches recognize that how people talk and what they say is locally determined (although perhaps related to universal patterns and constraints) and constitute meaning. Students of child language developed the notion of *communication competence* to investigate the child's ability to use appropriate language in contexts. Conversation analysis uses *competence* in the ordinary sense: "it is directed at describing and explicating the competencies which ordinary speakers use and rely on when they engage in intelligible, conversational interaction" (Heritage, 1984, p. 241). Conversational analysis, ethnography of speaking, and systemic linguistics should be pursued in fields devoted to language use as approaches that systematically reveal communication activities rather than just abstract language systems.

Language and Multiple Perspectives on Reality

People have come to believe more and more in the social construction of reality—that what we think and understand is the outgrowth of interactive processes with others and not a simple mirror of external reality (see Gergen, 1991, etc.). That is, how we perceive and classify is the result of conceptual frameworks constructed in interaction with significant others and a language tradition and not a matter of neutral (objective) direct perception of sensory data. Along with such beliefs comes the recognition that others do not necessarily share the same perception and organization system.

These ideas are at the heart of classical ethnography, but they are being affected and modified by a particularly postmodern sense of process. In some treatments of such differences in perception and understanding, culture was invoked as the explanation and was treated as something fixed and frozen. Postmodern approaches instead stress how emergent such understandings are as people interact with others, especially in multicultural environments where people have access to interaction with such varied others (Clifford & Marcus, 1986; Gergen, 1991). At any event, when interaction is the locus of understanding of reality, the power of language is seen to be overwhelming.

LANGUAGE SOCIALIZATION AND ORGANIZATIONS

Language Socialization

People learn to communicate to some extent through direct instruction (e.g., Miller, 1979) but primarily through indirect means. Sometimes the word "socialization" is used to describe the relationship between adults and children or between members of a group and newcomers. Unfortunately, this term is unidirectional, as if a person were socialized as a sweater is knit. Yet, surely, the direction is uneven, with more influence moving from higher-power persons such as parents and employers to children and those who wish to become members. The notion of socialization has been applied to child language development, classrooms, law and medical schools, workplaces, immigration—in short, to any situation that neophytes enter and try to fit into.

Parents, of course, are the dominant socializing agents for their young children, but they are joined by other kids, babysitters, day care providers, school teachers, and others in their environment. Of course, when everyone fits together smoothly, no one really notices; when the process does not go smoothly, the outcome may be labeled as a failure of some individual (Payne, 1989), as a clash of different background cultures or the dynamics in the interaction, or perhaps as a combination of factors. A child, for example, may be seen as disruptive or unintelligent or lazy. Children who fail in school may do so because they do not successfully enter the social realm of school; thus, they are seen to fail because they do not fit in rather than because of their inability to learn literacy and mathematics and so forth (Osser, 1983). Adults who fail on jobs may do so because of social factors rather than their inability to perform the necessary job tasks. Socialization has, of course, been an important political issue, especially as regards the fate of social minorities and lower classes (Fairclough, 1989).

Yet socialization is not just an issue for children or people with little societal power; it occurs whenever anyone enters a new social environment and is one way of maintaining a definition of the environment. That is, established members of that environment expect conformity to certain behavior, and a new entrant reacts to those expectations, seeking clues to what is believed and how to behave, whether accepting or rejecting. Subsequently, behavior and beliefs are constrained and reinforced through these processes.

Talk Between Adults and Children in School Settings

There is now a well-read and widely cited literature on the notion of communication context with regard to children at home and at school (e.g., Erickson & Mohatt, 1982; Heath, 1983; Michaels, 1981; Miller, 1979; Philips, 1983; Schieffelin & Ochs, 1986) and some understanding that different language behavior is part of different contexts. Because these differences have implications for school success, they have rightly commanded a great deal of interest related to preventing school failure (e.g., Trueba, 1987). Much professional concern about these conditions has derived from demographic changes in the United States (Delpit, 1991). According to the 1990 census, the number of people in the United States 5 years and older who speak a language other than English at home was 31,845,000 (14%), an increase of over 38% since the last census (Barringer, 1993). More than half of these individuals speak Spanish, but there are huge increases in the numbers of Spanish-, Chinese-, and Korean-speaking people among recent immigrants. Certification and licensing rules reflect

the concern that cultural and linguistic diversity may be misidentified with disorder.

Our society employs many individuals whose job it is to "help" those who have not socialized (or been socialized) smoothly into a particular environment, including psychological and rehabilitation counselors and special educators. Speech pathologists may be called in because a child's language is assessed as deviant from the norm ("disordered" or "delayed"); language teachers are called in when children appear at school without expected language abilities; teachers of the deaf are called in when children do not acquire spoken language from their environment because of a hearing loss.

There has been some attention to the teachers who teach (e.g., Green, 1983) and to the schools in which children pursue their educations, resulting in some enlightening revelations about the unconscious control mechanisms that support or foil school success (e.g., Erickson, 1987; Erickson, Shultz, & Florio, 1982; Lane, 1992; Mehan, 1979).

Many of these writers have noticed the potentially destructive consequences of a mismatch between teacher and student. This impact can be seen not only in how students behave in response to their teachers but also in how they are selected for special services. Children may enter special education services when screening tests identify a level of deviation from the norm of response or when their teacher judges that they are in some important way deviating from the norm and refers them to specialists. In this way specialists are asked to determine the nature of the deviation.

Talk Between Specialists and Other Persons

Specialists communicate with each other and with lay persons in ways that shape outcomes. One must demonstrate communication competence that makes that person's role recognizable; individuals with formally defined roles assume a communicative style consistent with that particular role setting (Brown & Fraser, 1979). Doctors speak like doctors, teachers like teachers, and so on to reinforce their ability to perform the duties of their roles. Studies of such role communication are consonant with a view of language that is not located within an individual operating in a social vacuum but a view that language is interactive discourse that is itself social action. Someone who does not "talk in role," in fact, may lack the credibility she or he needs to perform the roles. On the other hand, role talk may impede important communication. Many issues in the study of institutional discourse have to do with the interaction between professionals and lay persons and show ways in which lay persons are often at a disadvantage in decision making.

Veteran staff members in a health care facility, for example, consider communication with patients successful when it results in compliance rather than debate (Sutkin, 1980). Not surprisingly, women patients are at a disadvantage in dealing with doctors (Bonanno, 1982), and women at a community health clinic are at an even greater disadvantage than women in a faculty clinic (Fisher, 1982). Adoption of professional communication styles by nonprofessionals may also be good strategy: in small-claims court litigants who adopt a lawyer-like style are at an advantage over litigants who do not (Conley & O'Barr, 1990). Professional styles of talk are intimately tied to the control of communication.

In special education planning meetings, Mehan, Hertweck, and Meihls (1986) have demonstrated that psychologists have more power than teachers and parents. The three groups have "different definitions of situations," and it is the definition held by the technical experts that prevails. They credential their version of the student through the presentation (without the possibility of negotiation or discussion) of test results in technical language. The presentation is in long turns without interruption, followed by the elicitation of shorter responses to their questions from classroom teachers and parents. The final reports are then written in the language of the psychologists. Thus, their use of communication defines children and constructs and constrains outcomes.

Talk in Organizations

The working team is a popular topic in the study of communication in organizations (e.g., Parker, 1990) and medicine (e.g., Prince, Frader, & Bosk, 1982). Goffman (1959) pointed out that members of a team perform at two levels: they perform some task activity, such as planning education, and they also cooperate to perform the interaction of the team. This second level of performance allows for the maintenance of a given definition of a situation. A team is not just a group of people but "a set" of individuals who jointly enact the same defined situation. "It may be necessary for the several members of the team to be unanimous in the positions they take and secretive about the fact that these positions were not independently arrived at" (Goffman, 1959, p. 89). Thus, people may appear to be in collusion because they act in coordination with each other. This conspiracy will not be noticed if everyone shares the definition of the situation, but it may be noticed when a team has noncompliant individuals in its midst.

Teammates take their clues for the definition of a situation from the leaders and conspire against noncompliant individuals either to pressure them into conformity or to exclude them. Seldom are these dynamics deliberate or conscious on the part of team members. Part of the strength of the team is that members accept the definition of the situation as inevitable and natural. As Goffman makes clear, there is a great psychological payoff to being part of a team, and it is lonely to be excluded. Consequently, "concealing or playing down certain facts in order to [maintain the stability of some definitions of the situation and exclude others], we can expect the performer to live out his conspiratorial career in some furtiveness" (Goffman, 1959, p. 105). Goffman's language sounds vaguely distasteful because it suggests dishonesty, but we should not infer (or impute) base motives. These are simply the dynamics of belonging. Such subtle interactional dynamics, precisely because they are based on individuals' accommodation to a

norm and because they are related to belonging and exclusion, will be found in communication behavior. A skillful professional will be expected not only to carry out such tasks as administering and interpreting test behavior of clients but also to negotiate interaction on teams. The current popularity of team models suggests that skilled team member behavior will, if anything, grow in importance in the future.

QUALITATIVE METHODS OF INQUIRY

Fundamental Concepts

It is argued that methods of inquiry that focus on values rather than causes are more appropriate to the understanding of meaning. Habermas (1970, 1975) claims that social action follows values and understood norms of action rather than causes and that such values are better understood as "collective behavioral expectations." According to Max Weber, "If meaning is insufficiently understood, then regardless of the degree of uniformity and the numerical precision of probability, the statistical probability is still *incomprehensible* [italics added]" (Weber, 1947, p. 99).

A simple example (Maxwell, 1990) may illustrate: The number one fear of Americans in many surveys is speaking in front of groups. The generalization provides a prediction of American attitudes and can be correlated with variables such as gender. Furthermore, treatment effects can be measured: Does a particular training activity lessen the fears of most participants? All of these statistical findings are of interest. On the other hand, to use Weber's terms, "the statistical probability is still incomprehensible" (Weber, 1947, p. 99) without some understanding of why and how Americans form groups and what kind of speaking is done in them, how self-image is formed in the modern United States, how people reveal themselves to survey takers, and so on. Or, to paraphrase Geertz (1983), you cannot know what a catcher's mitt is if you do not know what baseball is (p. 70), and you do not really know what baseball is unless you understand the nature of the *game* (Wittgenstein, 1953).

Although experimental and correlative studies contribute much to language study, they are hardly objective (value-free) activities because they are largely determined subjectively by the analyst's own individual values (Gadamer, 1975; Habermas, 1984; Mickunas, 1983). Such studies provide sound information about the association between variables but only weak explanations for speech behavior (Garfinkel, 1967; Gumperz, 1967). Gumperz (1967) argues that because sociological measurement always entails the perception of the variables to be measured, variables are categories of interpretive communicative symbols. "Individuals cannot 'step out' of their lifeworlds; nor can they objectify them in a supreme act of reflection. . . . Not only culture but also institutional orders and personality structures should be seen as basic components of the lifeworld" (McCarthy, 1984, p. xxvi).

Norms shift in relation to cultural background and psychological state, leading Gumperz (1967), in his early critique of social science methods, to reject the identification of independent variables in communication, conceiving instead of hierarchical stages in the communication process. In his book on ethnomethodology and conversation analysis, Heritage (1984) summarizes Garfinkel's attempt to shift the center of attention of study away from norms to specific details:

> Garfinkel rejected the view that normative rules—no matter how detailed and specific or deeply 'internalized'—could in any way be determinative of conduct; that intersubjective knowledge is founded upon such rules or that intersubjective communication is founded upon prior agreements about what words 'mean'. Rather than treating the reflexive aspects of actors' orientations as an obstacle to the maintenance (and the explanation) of social order and attempting to marginalize them as empirical phenomena, Garfinkel argued that they are critical to the maintenance of social organization. (p. 34)

"[T]he fact remains that language is only ever produced or interpreted in a social context. In the study of language use, therefore, positivistic 'objective' research methods are quite inappropriate" (Cameron, Frazer, Harvey, Rampton, & Richardson, 1992, p. 12). Consequently, researchers will have to grapple with the concepts of the participants (and will have to consider themselves as participants as well).

Qualitative Analytic Arguments

Researchers who wish to pursue understanding as a goal of social research, therefore, must confront subjectivity as an issue of methodology. Writing about understanding is retrospective rather than predictive (Agar, 1986). Different qualitative methodologies share a valuation of understanding and of primary "lived" experience. They all ask in some way, "What is going on here and what does it mean to the participants?"

The chapters in this monograph all use different qualitative methods, but all are influenced to some degree by ethnographic concepts and ethnographic reasoning. This is a style of analysis that is not as linear as is typical to social science. Geertz (1983) describes the "characteristic intellectual movement" involved in interpretive analysis aimed at semiotic understanding as

> a continuous dialectical tacking between the most local of local detail and the most global of global structure in such a way as to bring them into simultaneous view. . . . Hopping back and forth between the whole conceived through the parts that actualize it and the parts conceived through the whole that motivates them, we seek to turn them, by a sort of intellectual perpetual motion, into explications of one another. All this is, of course, but the now familiar trajectory of what Dilthey called the hermeneutic circle, and my argument here is merely that it is as central to ethnographic interpretation . . . as it is to literary, historical, philological, psychoanalytic, or biblical interpretation. . . . (p. 69)

This orientation seems to be growing in communication disorders, probably through the need to address the needs

of minority groups and different national origins. In chapter 8, I have attempted an analysis influenced by systemic linguistics, which focuses on a more interpersonal level, on the systematic integration through language of participant relationship, topic, and symbolic organization. Hermeneutically, argument in this analysis moves back and forth between listing of linguistic details (such as pronoun choice) and aspects of social relationships.

Yet I know of no examples of conversation analysis of interactions in communication disorders. I have devoted some space to its theory and method in this introduction, nevertheless, because it is being used to analyze other occupations and I believe its reference to *temporal* (sequential) organizational features of mundane activities could greatly illuminate what teachers and therapists are actually engaged in doing. Although there are some attempts at "culturally contexted conversation analysis" (Moerman, 1988, p. 5), most conversation analysts avoid reference to cultural context. Instead of the dialectal or hermeneutic circle, conversation analysts believe they are methodically "data-driven," deriving all their arguments about the orientations and motives of speakers from detailed examination of their actions, with an emphasis on the sequence of procedures that make up the talk.

Many qualitative researchers reject the use of programmatic methods on the grounds that a preconceived program cannot possibly avoid distorting results. Others are comfortable with them, but the process is usually not particularly linear, because interpretation is present throughout the process of research, whether in the ethnographer's fieldnotes, the conversation analyst's labeling of an action sequence, or the linguist's derivation of relationship from word choices. Concepts are emergent through interpretation at every stage of the research from initiation, choice of focus, arrangement of ideas, and so on. Actual communication data are primary and studied in repeated detail, so that the researcher can come to understand through insight and systematic analysis.

This approach is almost the mirror opposite of orthodoxy in social science, which eschews insight and analytical procedures in methods as ruinously subjective. Indeed, an early reader of this monograph, a social scientist, looked fruitlessly (and one assumes with some frustration) for the following components expected of social science research: quantified data, summary statistics, clear demarcation of results and discussion, independent measures, criteria for representative subject selection, criteria for sample selection for the analysis, reliability coding on transcripts, comparison groups, "blind" investigators, claims of replicability, general statements, and general objectivity. What readers will find in this volume, instead, are typical components of qualitative research: illustrative data and examples, detailed description, data chosen from actual behavior for its availability and interest, participant observers, and subjectivity.

Participant Observation

Qualitative methods derived from ethnography are intensely personal because of the conditions of fieldwork. To perform ethnographic fieldwork, one (ideally) lives in the community and learns the language to participate in daily life. The researcher is thus involved in intensive interaction with the researched. She or he works to understand at the same time why and how people live in this field and what aspects of that way of living are interesting to the theoretical academics back home. The experience is likely to be very emotional, and the successful fieldworker "uses" subjective reactions to problematize both the subject of inquiry and the "situation back home" to derive interpretation. And, of course, researchers' status as visitors in homes and small communities and institutions limits their ability to impose a research agenda on the people they are beholden to for access. After Geertz, participant observation has become increasingly reflexive and dialogic, as researchers go back and forth between their own subjective understandings and what they encounter (Harvey, 1992). The research agenda is "left deliberately loose or open-ended in order to allow for the emergence of those ideas and concerns salient and relevant to the researched" (Harvey, 1992, p. 77).

Many students of child language also participate to collect data, and they seem to manage the role without all the gnashing of teeth and alienation associated with ethnographers. The child language researcher sometimes takes pains to minimize the observer's paradox, which is the belief that the data collector should be an invisible outsider (even an unattended tape recorder). On the other hand, there is a well-respected tradition of parent researchers producing careful analytic description, sometimes constructing large theories from one or two or three children's behavior. They do not seem tempted by the ideal of objectivity.

Recording Data

Participant observation has traditionally relied heavily on field notes as a locus of developing understanding. Ethnographers often have files full of original field notes, and modern computer programs propose to help them organize their notes. Ethnographers of speaking have tended to focus on speech events that pose contrasts with mundane linguistic interaction, but audio- and videotape recording are increasingly necessary to analyze the details of interaction. Sometimes interviews are recorded; sometimes notation of an interesting interaction leads to subsequent recording of examples for further analysis; sometimes recordings are obtained covertly; sometimes people are asked to engage in an activity or tell a story for the camera. Generally speaking, analyses of details of interaction require recordings, and it is the recordings themselves, not the processed transcriptions or codings, that are the data of the analyses.

Transcription

Packaging of data for analysis and presentation is a serious problem. With Moerman (1988), I acknowledge that

transcripts are "ugly to look at and clumsy to handle and refer to" (Moerman, 1988, p. 13). I also acknowledge that they are "opportunistic" and controlled by theory and expectation. The very notion of calculating reliability on transcripts is contrary to the truth of the experience of using them. "One way in which a transcript is not an objective *thing* is that new work and acute re-listening change it" (Moerman, 1988, p. 14). As Moerman (1988), Tedlock (1983), Sacks (1984), and others remind us, almost every time the researcher listens to or watches a selection, something in the transcription changes; thus, transcripts are typically viewed as both unfinished and purposeful. Reworking the transcript can permit disconfirmations as well as discoveries. The more researchers attend to the details of speaking and interacting, rather than just the words, the more we can be surprised and open to new learning.

THE CHAPTERS

The Settings

The set of data analyses brought together in this monograph has implications for language intervention and teaching. In the chapters there are three different institutional environments for children and three different settings of professionals involved in language intervention. The authors use a variety of qualitative techniques to pursue what adults do in communicating with children, specifically with Appalachian, Inuit, and immigrant children in schools and day care centers, and what professionals do in communicating with each other to determine intervention.

Although the need to broaden approaches to children from different backgrounds is readily accepted in view of the social changes we now recognize in our society, the need to examine interactions among professionals may be less obvious. The editors believe it is absolutely necessary to do so and not at all a scholarly luxury. First, we are greatly moved theoretically by the powerful truth that definitions and actions (diagnosis and treatment) are the result of professional interactions. Children are labeled and consigned to services (which means they are not consigned to other services) through professional communication. There is no question that communication in courtrooms and hospitals is important: "communication in a health care environment is particularly powerful and important: It literally kills or cures patients" (Stenger, 1980, p. 4). We believe that important consequences are also determined by professional communication in the fields of communication disorders and deafness—not literal life or death but certainly decisions related to the quality of life.

We suspect that teams related to communication disorders are, indeed, an especially important workplace context precisely because the topics—communication disorders and language problems—are not exclusively "owned" by the profession, and speech-language pathologists and audiologists not infrequently find themselves dealing in overlapping content expertise and service delivery with experts in learning disabilities, deaf education, physical therapy, psychology, medicine, and other fields. Each may claim the right of greater expertise for a given child. Effective collaboration should not be expected to be simple.

Adult Communication with Children in Institutional Settings

The children in the first three studies represent different backgrounds. Two of the studies (one Inuit community in Canada and two communities in Appalachia) focus on homogeneous situations in which teachers and children appear to share background. The third, instead of being regionally isolated, deals with a class of children who have immigrated from several different backgrounds.

The first two studies raise questions about expectations for participation in classrooms. Collaboration between members of different cultural communities may be needed to produce therapeutic discourse that has the potential for effective educational and intervention strategies when the classroom is not homogeneous.

In Chapter 2, Eriks-Brophy and Crago analyze the organization of Inuit classroom discourse. Their analysis revisits two now familiar contrasts between the individualization of the canonical "mainstream" classroom and the peer group focus of many other groups. Teachers' individualization and evaluation may be perceived as threats to face, and these Inuit teachers do not use such strategies nor do they consider it appropriate to lower their own face by engaging in equal communication with children.

Gomes entered a school dominated by immigrant children. The focus of her study is a "special" English as a Second Language class of children from four different countries, taught by a teacher from the United States. This analysis illustrates the dangers of conflicting expectations for participation. Gomes is concerned that learning in this classroom may be compromised by the mismatched interaction between the teacher and the students. She argues that the children never really have a chance to learn; although the analysis does not treat the appropriateness of special education for the children, the mismatched interaction in the classroom derails the possibility of successful learning. As a consequence, Gomes argues, the children become candidates for special education by the end of the year. Although that may have been beneficial for the boys, it might not have been necessary if the teacher's and students' structures for participation had come into alignment to build up these students as language users.

Kovarsky's study of two Appalachian day care centers provides an example of multiple descriptions of regional norms; clearly, there is no single "Appalachian" participation style. This study provides some clues to how children might develop different structures for participation in communication. Each day care center shows evidence of characteristic but different adult responses to preschool children's conflict. The adults in the two settings respond differently to the children in their care, likely leading the children to formulate different expectations about how adults communicate and expect them to communicate.

Eriks-Brophy and Crago draw the most heavily of this group of authors on traditional ethnographic methods. They go as outsiders to an "other" people, "steep" themselves in the culture, and derive understandings of the behaviors and cultural meanings of certain key settings and events. The classrooms studied are viewed as relevant of the values of the culture. The studies go beyond the description of communication skills to determine the relation between communication behavior and values and meanings. If communication behavior is not simply a matter of habitual pattern but is related to important values such as status, as in the Inuit study, or like handling conflict, as in the Appalachian study, then we are not dealing simply with different communication skills. We are instead dealing with deeply ingrained values about communication, which may not easily be amenable to instructional change.

Although both Gomes and Kovarsky begin their analyses with discussions of cultural background and reference to sociolinguistic language variation, both authors essentially reject the autonomy of cultural identity. Both emphasize the importance of locating communication in specific interactions rather than in individuals or collectives. Gomes defines her study as "a sociolinguistic analysis of communicative interactions" relevant to interethnic communication and to the ethnography of schooling. Unlike the Inuit study, the histories of the boys in this class are so complex that the analyst cannot legitimately identify discrete sources of culture as explanations for what happens.

Not only is immigrant history such as that of the boys in Gomes' classroom particularly representative of complex identity, but complex identities may be more normal than we have been inclined to recognize. Evidence for this possibility comes from several sources. First, the more detailed and sensitive the linguistic analysis, the less it seems to be satisfied by correlates of broad sociological categories (e.g., LePage & Tabouret-Keller, 1985). Second, contemporary life poses such a multiplicity of identities for groups and individuals that it may no longer make sense to talk of autonomous cultures. Bakhtin (1981) calls the recognition that any culture has within it a multiplex nature of language within a culture "heteroglossia." "The existing language of any culture bears the remnants and admixtures of languages from various subcultures and historical eras" (Gergen, 1991, p. 247).

Professionals in Communication

The second half of the monograph contains four chapters analyzing communication in three different professional team settings. One deals with a specific diagnosis, word-finding difficulties, and how this diagnosis is constructed by different professionals who combine their expertise on an assessment team. The other teams are studied with a focus on their strategies for operation. All four chapters raise doubts about the pursuit of mutual understanding, even when differences of opinion or confusion are realized during team interactions.

Using participant interviews and diagnostic examples, Prelock and Lupella find that there is no consensus on the definition or identification of word-finding difficulties. Essentially a complex study of coding agreement, the study calls into question not only the diagnostic category of word finding but the diagnostic assumptions that clinicians make when they are admittedly unsure of both their own conceptual frameworks and those of their colleagues. Like physicians who use conversational hedges to "shield themselves from full commitment on patients' conditions" (Prince et al., 1982), the clinicians in this study do not face the doubts they have. DiPietro argues that this "fuzziness . . . is probably present in any field marked by uncertainties [but is probably] peculiar to physicians . . . [who] need to 'save face' " (DiPietro, 1982, p. xiii). In this study, it is not only the physicians who are fuzzy on the categories, suggesting that the problem may not be located solely in the fuzzy category but also in the communication professionals' need to save face by appearing more certain and knowledgeable than they are (or, indeed, could be).

This study differs from the others in this volume in two ways. First, it focuses on one diagnostic category that is problematic in the professional literatures of several fields. Second, the data are not records of naturally occurring interaction but were elicited for the specific purpose of analysis. This is an example of locating a problem through natural interaction—the researchers had experienced questions about the diagnostic category as used by their colleagues outside the field of speech-language pathology —and then devising a follow-up concentration on language shared by the group to discern if meanings are also shared. Although Prelock and Lupella limit their interpretations to use of the specific term "word-finding," one wonders how many diagnostic terms could stand up to intense scrutiny. More attention to such issues might teach us some important lessons about professional jargon.

Westby and Ford use the metaphor of team culture, borrowed from the organizational communication literature, to understand the behavior of one team of specialists in infant behavior and development. Business and management applied the notion of culture more narrowly than anthropologists. Instead of shared membership in a culturally determined category collection related to essential identity, culture here applies to something like shared assumptions for group behavior in the organization. Westby and Ford believe that the shift from child-centered to family-centered intervention goals has led some of the staff of the infant team to "give up some of their expertise" and to overlook some of the child's needs. As in the word-finding study, though, conflicts and clarification needs are not openly addressed. Certain information and questions are suppressed by the structure of the interaction.

In the final two chapters, conflicts are destructive to the team as well as to the diagnostic purpose. Both chapters focus on meetings of an interdisciplinary staff assessing the communication of a child with impaired hearing. In the first analysis, Kovarsky and I focus on the value conflicts of the team members. In the second, I analyze aspects of language associated with dimensions of power and solidarity to detail how professionals discount certain information and avoid recognizing certain possibilities in their deliberations. In essence, this team is not functioning adequately, in spite of the considerable expertise of the individual partici-

pants. We argue that the nonsuccess of the team is predictable from certain conflicts in values and strategies used for interaction.

In Chapters 6 (Westby & Ford), 7 (Maxwell & Kovarsky), and 8 (Maxwell), the authors are in a complex relationship of consultant-researcher to the team participants. Both analyses focus on the relationship of participants' beliefs and expectations for group communication behavior to their diagnostic goals. Chapter 8 is the most linguistic of the analyses in the monograph. This chapter draws primarily on systemic linguistics to provide a detailed technical analysis of aspects of the linguistics of the team whose values are analyzed in Chapter 7. This type of analysis may be the most unfamiliar of all to readers, but it reveals some of the subtlety of the dynamics of team communication.

CONCLUSIONS

The editors believe that together these chapters outline some dimensions of the practice of language intervention. Language disorders and language incompetencies are not located solely within a child's head nor directly contained by explanatory reference to a child's background. Children communicate in relationships; therefore, useful and accurate understandings of their communication need to address their relationships. The studies we have collected here are examples of the enhanced understanding of communication behavior that results from analysis that attends to the contexts and relationships in which one communicates.

The editors believe that these studies also demonstrate that the communication of professionals also must be recognized as a powerful factor in intervention. Whether we all "speak the same language," the technical diagnostic categories and participants' beliefs and values, including the definitions, goals, and "treatment paradigms" with which we work, influence understanding and decision making.

The studies of professional talk have something of a critical feel to them, and the authors are all at some pains to acknowledge the competence of the professionals involved in the studies. I am not sure whether a critical impression results from the natural tendency to focus more on negative information when we examine anything, a natural and sincere desire to look for ways to improve the professions, unrealistic expectations of professional perfection, or genuine dissatisfaction with the status quo in general. Regardless, it is clear that Mehan et al. (1986) are correct that teams are not accurately described by simple rational models. Teams engage in complex interactions affected by values, goals, background knowledge, communication style, personality, and the moment-to-moment dynamics of mutual influence. Additional studies of team interaction, especially interdisciplinary teams, are needed to give us a balanced view of how the professionals are functioning.

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Chapter 2

Inuit Efforts to Maintain Face: Elements From Classroom Discourse With Inuit Children

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Our goal in speech-language pathology intervention has been described as a process of eliciting appropriate language behaviors and then increasing, maintaining, and generalizing these productions to a variety of contexts (Lahey, 1988). What has sometimes been lacking in the intervention strategies used to achieve this goal is an understanding of what is considered to be appropriate language within a particular context. An appreciation of cultural context in the field of communications disorders has meant examining the differing ways adults socialize their children to become competent communicators within their culture, as well as realizing that intervention and assessment strategies must be transformed and adapted to suit the culturally different views and values regarding communicative competence (Crago, 1992; Crago & Cole, 1991).

Examination of social interactions across cultures has led researchers to outline differences in communication style that include such aspects as politeness routines, speaker-listener hierarchies, accommodations to children, and conversational roles (Heath, 1983; Philips, 1983; Schieffelin & Ochs, 1986). One underlying notion that seems to extend across a number of these cultural differences is the role of face in social interactions. The term "face" has been defined as the "image of self delineated in terms of approved social attributes" (Goffman, 1972, p. 319) or "the public self-image that a person seeks to maintain" (Scollon & Scollon, 1981, p. 172). An important aspect of the social code of any cultural group involves the understanding of basic rules regarding the rights and obligations of an interactant in face-to-face encounters.

According to Scollon and Scollon (1981), a basic assumption in the theory of face is that any communicative act poses a potential threat to face. Nevertheless, it is assumed that in normal interactions, conversational partners will tend to conduct themselves in such a way as to both maintain their own face as well as the face of the others involved in the interchange. A system of checks and balances in the act of communication is achieved through a combination of rules regarding self-respect and considerateness that underlie the analysis of "facework" as outlined by Goffman (1972). Thus, although gaining face for oneself, solving problems, introducing information, or performing various tasks may form the objectives of social interactions, the maintenance of the face of all the interactants is considered to be a basic condition of the interaction itself (Goffman, 1972).

In both the classroom and the clinic, these same processes underlying the maintenance of face in social interaction are not always as symmetrical. Instead, much of the educational and intervention process is accomplished through overt use of face-building processes as well as processes that may intentionally or unintentionally reduce face. The conversational exchange in the classroom or clinic is more extensively controlled by only one of the partners, the teacher or clinician (Silliman & Wilkinson, 1991).

In efforts to guide children toward linguistic and academic proficiency, normal assumptions underlying the maintenance of face in conversation may often be supplanted and replaced by interactional strategies that direct, monitor, and evaluate the exchange, leaving the manipulation of face in the hands of the teacher or clinician. In these exchanges, individual students have often been called on to display their knowledge through responding to teacher/clinician-initiated dialogue and questions. The child's responses to these elicitations are then either positively or negatively evaluated by the teacher/clinician for accuracy, form, and/or appropriateness. These exchanges are known as Initiation-Response-Evaluation or IRE routines, and are widely reported on in the educational and intervention literature (Cazden, 1988; Garcia, 1992; Mehan, 1979; Silliman & Wilkinson, 1991). An example taken from Cazden's (1988) book on classroom discourse illustrates this pervasive educational discourse structure:

IRE Routines
(Initiation-Response-Evaluation)

Conversation	Classroom Talk
What time is it, Sarah?	What time is it, Sarah?
Half-past two.	Half-past two.
Thanks.	Right.

(Cazden, 1988, p. 30)

In this example, the "right" serves to build face. Correspondingly, an evaluation of "wrong" might be said to reduce face. Cazden (1988) calls the IRE form of interaction the "default pattern" of mainstream classroom instruction. According to her, it is the most common form of mainstream classroom discourse at all grade levels. Others (Kovarsky, 1990; Prutting, Bagshaw, Goldstein, Juskowitz, & Umen, 1978; Ripich & Panagos, 1985) describe how this discourse structure also dominates much of clinical interaction.

Current trends in education and language intervention recognize the important relationship between self-esteem and learning potential (Bashir, 1989; Bryan, 1986; Donahue, 1985; Silliman & Wilkinson, 1991). Yet, IRE routines may result in the reduction of an individual's face. This reduction of face by the teacher or clinician is directly associated with the organization of classroom and clinical dis-

course. At their worst, the consequences of such an organizational framework on a child who is unsuccessful in these exchanges might include loss of motivation, depression, anger, resistance, and/or a reluctance to participate in any form of learning, including remedial activities (Bashir, 1989).

For some time, there has been a recognition that the organization of clinical intervention needs to ensure client success. Within the behavioral framework for intervention, reinforcement of the desired response through feedback has been seen as one effective means of facilitating language. Feedback can be given in a number of different ways, including overt evaluation of performance, direct praise, smiles, or even direct physical contact. Another means is through extrinsic reinforcers such as tokens, food, or access to desired activities (Lahey, 1988). It is now generally accepted that language can be remediated in more naturalistic social contexts. Within this framework, listener attention and effective communication can be seen as intrinsically motivating (Snow, Midkiff-Borunda, Small, & Proctor, 1984).

An attitude of respect and regard for others is seen as a central and critical aspect of the remediation process (Cole & Lacefield, 1978; Murphy, 1982; Pickering, 1987). This process needs to focus on building clients' awareness of themselves as capable communicators, thereby enhancing self-esteem (Silliman & Wilkinson, 1991). Respect for individual face constitutes an implicit aspect of this attitude toward intervention. Remediation can thus be seen as a face-building process that often can include restoring or rebuilding lost face.

An examination of classroom interactions within cultures in which the maintenance of face holds a central and crucial place in the conducting of social interaction may give us some insights into how classroom talk and, by extension, clinical interactions might be organized to maintain the socially operative rules regarding facework in these and other social contexts. A number of researchers have commented on the centrality of the notion of face in the social interactions of various Aboriginal groups. Scollon and Scollon (1981) pointed out the high degree of respect that Athabaskans have for the individuality of others in conversation while simultaneously carefully guarding their own individuality, an observation that underlines their deep consciousness of their own and other's face in social interactions.

Philips' (1983) description of the values that the people of the Warm Springs Reserve reflect in the organization of their conversations again points to a deep concern for face. The values Philips described included avoiding calling attention to oneself and others in conversation, avoiding the exertion of social control over others, and avoiding putting oneself above others in social interactions. Erickson and Mohatt's (1982) examination of participant structures in two classrooms of Canadian Native students pointed to the avoidance of overt social control of students in the classroom interactions of a native teacher. Their explanation of the term "interactional etiquette" (p. 165) contains key elements related to respect for face within classroom discourse.

FACE IN THE COMMUNICATIVE INTERACTIONS OF INUIT CLASSROOMS

Method

Our research examined the organization of classroom discourse in six classrooms of Inuit teachers in Nunavik or Northern Quebec. In this region, Inuit culture and the Inuit's language, Inuktitut, remain strongly entrenched in the communities. This situation is rare in North America, because many Aboriginal groups are dealing with revitalization rather than the maintenance of their traditional language and culture.

Under the jurisdiction of the Inuit-controlled Kativik School Board, Inuit children are taught in their native language, Inuktitut, from kindergarten through Grade 2. All of the classes that were videotaped for this study were conducted exclusively in Inuktitut by Inuit teachers. The research followed one of the children from a previous language socialization study conducted by Crago (1988) into his kindergarten classroom. This child functioned as what Green (1983) has called a "tracer unit" that led to his kindergarten and first-grade teachers. Two other kindergarten and three first-grade classes were selected through informed subject selection, a process whereby subjects especially pertinent to the field of inquiry are identified to the researcher through informant's comments. The teachers of these classes had limited elementary and secondary school education and one had no formal schooling at all. All of the teachers, however, were enrolled in a special teacher certification program. The program allowed them to complete all their coursework in Northern Quebec, with most classes conducted in Inuktitut. This model results in a relatively closed system, allowing many of the traditional patterns of discourse and interaction to remain intact. The teachers varied in experience from 1 year of teaching to 20 years of teaching.

The data for the study were collected over a period of 2 years and were gathered from a variety of sources, allowing for a multilayered data base. The data corpus consists of over 40 hours of videotape along with several hundred pages of observation and field notes and extensive interviews with teachers and recognized cultural experts. These experts were instrumental in the selection of bracketed videotaped sequences for transcription and analysis.

Two sections of videotape, an oral language and a mathematics lesson, were selected for each teacher. Observation notes and tape logs were kept in all classrooms and concentrated on the activities and interactions that occurred both during and between formal lessons. After bracketing, translation, and transcription, 11 transcripts of taped classroom sequences were entered into the CHILDES data base system (MacWhinney & Snow, 1990). A set of classroom interaction codes that included categories based on the work of Mehan (1979) and Ervin-Tripp and Wong Fillmore (1988) for interethnic classrooms was developed to code the transcripts.

Field notes and interview data were coded using broad categories as labels. Included in these categories were such

labels as "peer interactions," "corrections," "fostering cooperation," and "teacher modeling." These broad categories stemmed from the researcher's own 8 years of teaching experience with Aboriginal children, as well as concepts and labels derived from the literature, and Inuit's stated concepts regarding the important aspects of teaching and interacting in the classroom. Themes of analysis were abstracted from the various levels of data collected. One of the three main themes to emerge from the data analysis was the importance of respecting and maintaining face in the Inuit classroom.

The Organization of Inuit Classroom Discourse

The six Inuit teachers involved in this research organized their classroom interactions with their students in a manner that seemed to reflect a deep underlying concern for the face of all the participants. The face-maintaining aspects of the organization of Inuit classroom discourse is discussed in terms of teacher elicitations, teacher evaluations and corrections, and incorporation of student initiations into classroom talk.

Teacher Elicitations. The six Inuit teachers videotaped in this study typically directed their elicitations to the class as a whole rather than singling out students to respond individually to teacher-initiated questions. Students tended to reply to teacher elicitations using choral responses that often contained a variety of responses embedded within overlapping talk.

From an Oral Language Lession on Feelings

Teacher:	What's he doing?
Student A:	He's sleepy.
Teacher:	Please pretend that you are sleepy.
Students:	(yawning)
Teacher:	Are you guys sleepy now?
Some Students:	No.] (overlapping talk)
Other Students:	Yes.]
Teacher:	Why do we get sleepy?
Student B:	From yawning.
Teacher:	From yawning? Why?] (overlapping talk)
Student A:	When we rush to go to school.
Student C:	When we don't sleep well.]

Those students who did not respond to the elicitations directed to the group were not put on the spot or pushed to reply. Teachers would often ask the students as a whole, "Are you listening?" or "Do you remember this well now?," but they did not typically check comprehension through nomination of individual students to answer questions. These findings are similar to those outlined in other examinations of aboriginal classroom interactions (Erickson & Mohatt, 1982; Lipka, 1991; Philips, 1983). Thus, although teachers demanded attentiveness to the conversational topic, they did not require active oral participation. As one teacher commented:

> I would never force my students to participate. It only makes them feel bad. They should only do it if they want to.

Students were encouraged to participate when they felt competent to do so, and this competence was developed through listening to the models provided by the peer group. Rather than taking their guidance exclusively from the teacher, students were subtly directed to peer models who were completing activities as desired or who had the correct response. Peer models were used very effectively through grouping weaker and stronger students together in small group activities. Students at various levels were encouraged to work together and cooperate on various tasks. The students themselves did not tease each other for making errors nor did they take pride in correcting each other's errors or calling attention to the fact that they had done so. This situation seemed to allow the teacher to avoid being in the position of constantly correcting errors. It also appeared to encourage the students to take greater responsibility for their own learning as well as for the progress of the group.

Teachers were nevertheless very much aware of the individual performance of their students. They would often repeat the same question several times, observing the responses and participation of individual children in the group without having attention drawn to them. In one oral language lesson, the teacher repeated the same question four times in succession, observing various students' responses though never singling them out to answer individually.

Talking About the Kakivak or Fish Spear

Teacher:	This one, what is it?
Students:	Kakivak (fish spear).
Teacher:	What?
Students:	Kakivak.
Teacher:	Kakivak. It's a small one. What is it?
Students:	Kakivak.
Teacher:	Look.
Students:	Kakivak.

Teacher Corrections and Evaluations. The Inuit teachers rarely evaluated student responses in IRE fashion. Only approximately one quarter (26.4%) of all student responses to teacher initiations were evaluated in any way by the Inuit teachers (Eriks-Brophy and Crago, under review). The teachers would not typically interfere in the flow of the dialogue unless there was clearly an error in the group response. In these situations, the teachers tended to model or repeat the desired response but did not usually make any overt evaluation of the response itself.

Example From an Oral Language Lesson on Animals (Teacher shows picture card)

Teacher:	This one, what is it?
Some students:	Fox.] (overlapping talk)
Other students:	Wolf.]
Teacher:	Wolf.
Teacher:	Where does he stay?

Teachers did not select individual voices within the group response to praise them, even if only one student provided the desired response. This was also the case when single individuals responded incorrectly within the context of the group response. Evaluation and correction of individual student performance within the group did occur; however, it was carried out subtly and in a manner that would not cause the individual to stand out within the group. To accomplish this, teachers would "check in" frequently with individual students within the context of the group lesson, providing feedback on a one-to-one basis rather than in front of the class as a whole.

The majority of class activities was conducted with teachers and students sitting in a semicircle on the floor, allowing the teacher to move in closer to students when making suggestions or corrections. This sort of checking in was conducted at a lower voice level than the group instructions, resulting in a kind of privatized comment intended only for the individual student. When the students were seated at their desks or tables, the teachers spent a lot of time circulating to each child making individual comments or corrections, again at a lower voice level.

In a videotaped segment of a Grade 1 math lesson on place value, six students and the teacher were seated in a semicircle on the floor. The teacher modeled with one student's materials how she wanted the activity to be set up, making only occasional comments. One student was having difficulty arranging the appropriate units and number cards to form the desired numeral. The teacher repeated the directives often, "Put the orange ones here," "Put them like this," "How many orange ones do you have?," "Put seven of the orange ones," subtly directing the group to look for errors in their work. She called the student's name softly once but made no other comment. Finally she moved over to the student and tapped lightly on the number seven card, showing the student his error without speaking. The student then fixed the error in silence. Other students did not comment on these individual corrections.

As is seen from the previous example, correction of student errors was not always accomplished verbally. Teachers would often complete an activity or directive for a child who was having difficulty, providing the child with a direct model of what was desired without verbal comment. When the students were engaged in individual written activities, the teachers would circulate frequently, sometimes simply pointing at errors on the paper and other times even erasing errors and fixing them for the student, often without comment. When a group of Grade 1 students was having difficulty putting a set of number cards in the correct order during the cleaning-up phase of a math lesson, the teacher said, "Those cards, are they all in order now? No? Give them to me." She then put the cards in order without talking and handed them back to the student, who responded, "Oh. They will be like that." The student then finished putting the rest of her cards in order while the teacher asked the next student if her cards were ready.

The Inuit teachers refrained from scolding or negatively evaluating students' errors in front of the group, explaining the desired behavior through positive rather than negative examples and emphasizing what the students were able to do well while not overtly praising them. One teacher stated that when she saw one of her students having difficulty she used "encouraging talk" to help the child in his thinking:

> I would say, "You have to try" or "You will do it better for the next time." I would never tell them they can't do it. This is not a good way. We have to help the children with this thinking.

Through the Inuit teachers' use of such subtle methods of assisting and correcting students in the classroom, those children who were having difficulty learning did not stand out in any obvious way from the rest of the class. Although the teachers recognized these children as students with special needs, they tended to be incorporated into the classroom in such a way as to allow them to remain inconspicuous and thus to maintain face within the group. The lack of overt verbal demands in Inuit classroom participation allowed these students to participate successfully in those activities in which they felt comfortable and to remain silent to listen and observe at other times.

Schools in Northern Quebec have recently begun to add special education teachers to their schools. These positions are open to Inuit teachers who have received specialized training through their teacher training program. A number of the older Inuit teachers commented on their discomfort with the notion of individualized instruction and intervention for students with special needs. They were concerned about the potential damage to the children as a result of labeling of singling them out as special students. One teacher commented that she preferred to deal with these children in the following manner:

> I try to be close to them, to have them listen, obey and work well. If all the students can do the activity together, I keep all of them together. Sometimes these children need more attention. Inuit teachers have to have the kids close to them, especially kids with problems.

Another teacher commented on her discomfort with the idea of taking a student with articulation difficulties apart from his classmates to work on specific speech targets. She felt that this individualized treatment only made the child's speech worse because so much attention was being paid to the problem. This teacher preferred to leave the student in the classroom, where he could listen to the peer models and join in when ready with no demand or pressure to perform individually.

Incorporation of Student Contributions. Although teachers initiated the topic of a lesson, they did not control student contributions by requiring bids for turns through the raising of hands or through strict adherence to topic. Student initiations and contributions to a lesson topic were easily incorporated and expanded upon by the teachers. Giving over the floor to student contributions shifted the focus of the interaction away from the teacher and back toward the group, placing the teacher in a less controlling position with respect to the talk in the classroom.

Oral Lesson about the Kakivak or Fish Spear

Teacher:	Kakivak. Is it for dogs?
Students:	No! For fish.

Teacher: For fish. For fish. You guys look at it.
Look at it very carefully.
Hey, cousin, do you see it well?
Do you all see it well?
Students: Yes.
Teacher: You little boys who are here, do you need to use this?
Students: Yes.
Student A: I wonder how it was made?
Student B: By hand. It was made by hand, right?
Student C: Was it made by a *Qallunaat* (a non-Inuit)?
Teacher: This one, was it made by a *Qallunaat*?
Student B: By an Inuk man.
Student D: No. By Inuit people. (overlapping talk)
Teacher: By Inuit people.
(Pause)
Look. It has hooks.

The Implications of Inuit Classroom Discourse for Facework

Unlike the typical IRE exchanges that we have argued may either build or reduce individual face, Inuit classroom interactions were structured to maintain and protect the face of the participants. The Inuit teachers did not seek to build up the face of their students with respect to their peers through the calling of attention to individual performance or giving praise to students in front of the group nor did they reduce the individual's face in the eyes of the peer group through overt correction or criticism of performance.

Instead, the organization of Inuit classroom discourse had the effect of shifting the focus of classroom interaction to the peer group and away from individual group members. Individual voices were embedded in and camouflaged by the larger group response and were thus not held up for scrutiny in the public arena of the classroom. Avoidance of overt demands to participate actively in interactions reduced the risk of error as well as any associated loss of face. This combining of individual responses into the group response resulted in the formation of a sort of "group" or "class" face where individuals had the opportunity to respond collectively with no risk to their personal face. Those evaluations that did occur reflected on the accuracy of the group response and avoided spotlighting individual performances.

Within group activities, the Inuit way of checking in or correcting without directing group attention to individual errors again permitted the students to participate in activities without embarrassment or personal risk. Teachers' comments and corrections were made in such a way as to personalize and privatize them, removing them from the public domain where loss of face could occur. In this way individual students were able to "disappear in the crowd," whereas at the same time benefiting from the models and suggestions provided by their peers and the teacher.

This shift in the control of topic from the teacher toward the students encouraged a more symmetrical exchange between all participants, reducing the teachers' potentially authoritarian role as controllers of classroom conversations. This practice also served to deemphasize the teachers as conversational partners for the children in the class, a role that might be seen as inappropriate for Inuit adults within the context of wider social interactions. Crago and Eriks-Brophy (in press) have pointed out that the differences in Inuit's conceptions of the status and role of adults and children has meant that for an adult to become the conversational partner of a child entails a loss of face.

Face in Clinical Intervention

The Inuit teachers' concern for the protection and maintenance of the face of their students in the classroom serves as a reminder of the importance of maintaining a child's face in clinical interactions. Rather than emphasizing the face-building or face-reducing processes implicit in typical IRE routines, the Inuit example demonstrates how the avoidance of overt production demands and overt evaluation on the part of the teacher has the potential to result in face-maintaining situations for students. It also provides a model for the integration of students with special needs into the classroom in ways that do not spotlight these students or cause them to stand out excessively from their peers.

It was beyond the scope of the present research to collect evidence on specific learner outcomes as a result of the Inuit style of teaching interaction. No student interviews or standard measures of achievement were carried out to determine the effects of these Inuit teaching strategies on learning nor does any measure of "face saving" currently exist. Therefore, the present discussion is based on an assumption that the Inuit teachers' behaviors allowed the children to maintain face in the observed interactions. Nevertheless, it seems plausible that such interactional styles may result in more positive learning experiences for students at all ability levels. In instances where learner outcomes to culturally appropriate teaching have been evaluated, such as in the KEEP Project (Tharp et al., 1984) and the Carpinteria United School District Preschool Project (Campos & Keatinge, 1988), interactional styles have been found to result in improved academic performance. Our own research-in-progress examining the classroom interactions of non-Inuit teachers teaching the same groups of students in second language classrooms shows that these teachers do not demonstrate the same concern for face maintenance as was exhibited by the Inuit teachers. This current research will attempt to address issues of learner outcomes as related to teaching style in a more concrete and systematic fashion.

Meanwhile, it is suggested that emphasis on the organization of discourse in educational and clinical exchanges may help children maintain their face. The utilization of intervention strategies that deemphasize individual performance in classroom and clinical interactions would then become central to an approach that seeks to maintain and protect face. Reducing risk through a decreased emphasis on active participation and overt evaluation in communicative exchanges would have the effect of shifting the focus of

the exchange away from the individual, thus contributing to the maintenance of face. Such an approach may reduce the feelings of resistance, depression, and/or low self-esteem that students involved in remedial processes often exhibit.

The reduction in emphasis on individual performance in intervention may be accomplished in a number of different ways. The utilization of naturalistic, conversationally based forms of interaction in intervention encourages a return to the normal set of checks and balances protecting face that operates in the wider social context and avoids leaving the manipulation of face in the hands of any one participant. Encouraging increased collaboration between teachers and clinicians as well as more classroom-based intervention may reduce the spotlight on individual students that the typical "pull out" method of intervention seems to encourage. Focusing attention on peer models of the desired response while simultaneously reducing overt demands on students to participate actively in the exchange could also serve to promote clients' success because individuals are not compelled to respond unless they feel they will be successful. Regular incorporation of peers in the intervention process may allow students to blend more easily with the rest of the class, reducing potential threats to face within the group.

The examination of interactional etiquette and issues of face in Inuit classrooms points to some of the ways that these teachers have transformed educational discourse to incorporate important Inuit values into classroom conversations. Such differences in the organization of discourse are indicative of underlying variations in interaction patterns across cultures and are examples of the cultural variability of discourse. A sensitivity to and awareness of cultural differences in interaction patterns may also be used to transform the conversations of the clinic making them more congruent with the values of the participants (Crago & Eriks-Brophy, 1993). Collaborative efforts between members of different cultural communities may be used to transform the intervention process so that it takes into account these important variations in interactional patterns. Such collaborations should help move the professional practice of education and speech-language pathology toward more appropriate and effective educational and intervention strategies for nonmainstream children.

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Chapter 3

Locating Communicative Competence: The Dialogue of Immigrant Students and American Teachers

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In this chapter I present a sociolinguistic analysis of communicative interactions involving a class of "Special" ESL students and their teacher. It is an analysis of communicative expectations across several speech activities in the classroom, about the devices and strategies that participants use to signal expectations within these activities, and about what happens when there are multiple expectations operating within a single interactional space in the class. This particular analysis will be used to demonstrate how the communicative problems attributed to the ESL students in this class might more appropriately be located within the interactions of the teacher and students. Based on this work I will then suggest that sociolinguistic analysis of classroom interactions should be incorporated into the language assessment of any student who is suspected of having a communication disability; especially, but not only those who come from linguistically and culturally different backgrounds. In the role of consultant, the communicative disorders professional could work with educators to carry out such an analysis and to develop intervention strategies that address language use within interactions between teachers and students.

THE STRUCTURE OF COMMUNICATIVE INTERACTIONS

When people come together in any form of communicative interaction, there must be a kind of management of the interaction such that speakers and hearers attend to one another and participate in talk in ways that are recognized by all parties. In this way participants are able to negotiate their positions within the space of the ongoing interaction. This is what Goffman (1981) refers to as conversational involvement.

We can think of classrooms as contexts consisting of ongoing interactions in which teachers and students must negotiate their positions and their involvement. For the most part they do this through fairly systematic rules of participation. Mehan (1979) described the participant structure typical of many classroom lessons as consisting of an initiation-response-evaluation sequence. The occurrence of one part of the sequence is dependent upon the occurrence of adjacent parts (Sacks, Schegeloff, & Jefferson, 1974). In a lesson, the response is dependent upon the initiation and the evaluation is in turn dependent upon the response. The dependency between the parts of the lesson has to do with more than just their sequence. It has to do with meanings that are signaled within and between each part.

MEANING AND CONVENTIONALIZATION CUES IN INTERACTION

When participants engage in communicative interactions, they communicate meaning at two levels. First, they communicate propositional content or the literal meaning of the message. Second, they communicate what has been referred to as illocutionary force or the intended meaning of the message. This can be illustrated in the brief exchange between a teacher (T) and a 15-year-old student (S) in the hallway of a school soon after the first late bell of the day has rung.

T: Where's your pass?
S: Um, don't have one.
T: Listen, Mister, you better learn how to address a teacher.
S: Um, yes mam, I have a note. I'm late.

On the one hand T has literally asked for specific information regarding S's hall pass. S's response certainly provides the information requested at this level. However, T's second turn suggests that the message in the original question might have gone something like,

T: It is a rule that you must have a pass to be out in the hall. If you are not following this rule you need to explain why and you must do so using a respectful speech style.

In other words, T's question was communicating not only a literal request for information but an intended message about, among other things, the appropriateness of the style of S's response. The communication of this message depended upon a substantial amount of background information regarding school rules and the means within this conversation to signal these rules. The student's repair suggests that he indeed understood both.

* The research discussed in this chapter was carried out while the author was the 1990–91 NAEP Scholar at the Educational Testing Service, Princeton, New Jersey. Portions of this work were initially presented at the Boston University Conference on language Development (October 1991) and the Annual meeting of the Eastern Educational Research Association (March 1992). The comments of Dana Kovarksy and anonymous reviewers on earlier drafts are greatly appreciated.

The devices that speakers use to signal background knowledge, to mark expectations regarding the structure of an interaction, to judge the adequacy or inadequacy of turns at talk, and to negotiate their involvement in interactions are known as contextualization cues (Gumperz, 1982). These cues include linguistic and paralinguistic behaviors such as lexical and syntactic choices, style or code shifts, and prosody—intonation contours, rate of speech, pausing, and silence. They develop as meaningful devices through their use by members of a social group over time.

MULTIPARTY TALK

Many communicative interactions are recognizable as constituting particular speech events because they tend to be bounded in terms of the time frame in which they occur, the contexts in which they occur, and the conventions that define their beginnings, middles, and endings (Gumperz, 1981). In the everyday interactions of classrooms, however, it is not unusual to observe several speech activities occurring at the same time and in the same space. A speech activity is rather broadly defined by Gumperz (1977) as discourse that is longer than a single sentence consisting of one or more connected topics or subtopics. In speech activities that involve multiple speakers and listeners, there is considerable "work" that goes into accessing and maintaining the interactional "floor." The floor can be defined as the turn at speaking that is attended to by other individuals who occupy roles as listeners at that moment (Shultz, Florio, & Erickson, 1982). In other words, access to and maintenance of the floor is interactionally accomplished. In ESL classrooms, teachers and students often share little of the same participatory style and strategies needed to negotiate the interactional "floor" across the many speech activities that occur each day. This can be the case even when they are speaking the same language (Scollon & Scollon, 1981). It is certainly possible that both teacher and students may be misunderstood in such a situation. The many activities that occur in classrooms do so at such a rapid pace that it is difficult, if not impossible, to identify these strategies and to determine what their impact might be. However, in a situation where educators express continuous concern and frustration about the participatory behaviors of a single student or, as in this case, a specific group, analysis of styles and strategies may in fact be important. The study described below should serve as an example of what such an analysis can reveal about communicative interactions within everyday contexts such as the ESL classroom.

THE STUDY

The analysis of talk that is presented and discussed in this paper is part of a larger study of spoken and written conversation in a "special" ESL middle-school classroom. During interviews with members of the school administration and faculty, repeated concerns and frustrations were voiced regarding the students' behaviors within communicative interactions and their lack of progress in literacy and academic skills. The concerns most often had to do with the students' violation of social norms for language use in the school, i.e., their constant talk, their "noisy" talk, and their inability to listen to one another or to teachers. Observations in the classroom and previous research (Scollon & Scollon, 1981) suggested that the concerns regarding language use and difficulty in becoming literate had to do in part with the ways in which these students and their teacher interacted with one another in the classroom. It was therefore decided that an analysis of classroom interactions might provide the most useful insights about the nature of the problems attributed to the students.

Defining the Special Class

The exchange between the 15-year-old student without a hall pass and a teacher suggested that both student and teacher shared a great deal of background knowledge regarding the rules for interacting in the school context. Both student and teacher had in common years of experience in the mainstream of everyday school activity, which had built this shared knowledge. In contrast, the students in the special ESL class shared very little of this experience with either the mainstream school program or the ESL program. A description of the place of the special students in relation to the ESL and regular programs will provide some of the context in which the school experiences of the class were constructed.

The special students were only partially involved in the school experiences of the regular ESL program and were different from the majority of the other ESL students in significant ways. In the school over half of the students in the urban Junior/Senior high school were either immigrants to the United States or the children of immigrants. Of the immigrant group half again were enrolled in the ESL program of the school. Within the ESL program there were four levels that corresponded to levels of proficiency in English. Typically, students in level 1 spoke the least amount of English whereas those in level 4 were the most proficient and partially mainstreamed into the regular English curriculum before full transition into it.

In contrast, the special ESL class was defined along a somewhat different set of criteria from the regular ESL students. Students in the special class were also immigrants but they were performing below expectations in acquiring literacy (reading and writing) skills in English and/or evidenced poor performance in literacy in their native language. They were considered to be educationally at risk. Their English proficiency levels varied. However, all were considered to have better conversational English abilities than their progress in literacy development would suggest. Given their literacy skills, the special students were enrolled in a language arts or humanities class that was separate from the rest of the ESL program. They were integrated within the regular ESL program for math and science. Observation of these classes, however, revealed

that the experiences of the special students in them were characterized by interactions with one another and seldom with other students in the class. They had great difficulty following the content of the science lessons but did better in math, where they were learning basic computations and some elementary level problem solving.

The ethnic and cultural backgrounds of the special students were different from the majority of students in the ESL program, most of whom were from Spanish-speaking countries and had had a considerable amount of educational experience and preparation before their arrival in the United States. In the special class four students were from the Republic of Cape Verde, two from continental Portugal, one from the Portuguese island of Madeira, and one from Puerto Rico. The range of time they had spent in the United States varied from 6 months to 5 years at the beginning of the school year. Their educational backgrounds before coming to the community were quite varied. One boy had no previous schooling until arriving in the United States 2 years earlier. Another had arrived in the United States in time for first grade and had therefore had all of his formal schooling here. One boy had learned to read and write in Portuguese and was able to do so at about a fourth-grade level in English. Most of the boys, however, read only English and did so at a preprimer to second-grade level.

In general, then, the special class came to school with experiences that were varied and different from those of the majority of the ESL students. They were only partially involved in the everyday school experiences of the ESL program and minimally involved in the mainstream experiences. The contexts in which they were learning to communicate were often apart from the contexts of the rest of the ESL students as well.

Carlos and Neo

Interactions from the special ESL class involving two boys in particular were selected for discussion here. One boy was from continental Portugal (Carlos) while the other was from the Republic of Cape Verde (Neo). They had lived in the United States for 2 and 5 years, respectively. They were selected because Carlos was described as more accomplished in his knowledge of English, reading at about a fourth-grade level. Neo, on the other hand, was reading at a first-grade level and was described as "all over the place" when he communicated with his ESL teacher. The teacher in the special class was American and an experienced ESL teacher who had taught in the school for about 20 years.

The Data

During the second 4 months of school, the researcher and/or a research assistant attended the ESL class each day for 1 week a month. During the week, classroom sessions were audiotaped from beginning to end for at least 2 days. A total of 16 hours of classroom interactions were taped. Twelve hours of the taped interactions were then transcribed. An initial transcription of the tapes was made by the research assistant.[1] Subsequently, the researcher reworked the transcriptions several times as decisions regarding the representation of the talk in them were made. Questions about interpretation of the students' talk were resolved by playing the tapes for the students and eliciting their interpretations of what had been said. Final coding and interpretation were done by the researcher. (Conventions used in transcribing are provided in Appendix A.)

Transitions

The portion of the class that was chosen for analysis in the study overall is what we can call a transition phase. During transitions the class seemed to be in the process of moving into or out of official class activities. During these periods the students and teacher would engage in activities that ranged from "lesson-like" to "nonlesson-like." Sometimes these activities occurred consecutively; at other times multiple activities occurred at the same time. Sometimes the behaviors of both students and teacher suggested that they agreed upon where they were in the transition process whereas at other times their behaviors suggested that they did not.

Transitions were chosen for two reasons. First, transitions afforded the opportunity to view a range of speech activities occurring within the same interactional space. The variation in speech activities and the need for participants to shift from one to the other provided the opportunity to observe a range of communicative styles or strategies used by the students and teacher to participate. Observation of a range of strategies and interactions was considered to be important if we were to come away with an understanding of the nature of the communicative problems alluded to by the faculty in their descriptions of the special ESL students.

The second reason for focusing on transitions was that they constituted the bulk of time spent within the ESL class. During the study's initial period of observation it became apparent that transitions accounted for a significant portion of the class experience. It was not unusual for there to be 10 to 15 minutes at the beginning and end of the 40-minute class period when students would be moving about, talking among themselves or with the teacher, in informal conversation or in the initial moves of a lesson. Hence, most of the communicative interactions in which teacher and students attempted to understand each other occurred at these times.

[1] Whereas 16 hours of tape were obtained during the study, 4 of these were not usable for the following reasons: the recording quality was compromised or the nature of the day's activities was markedly different from those routinely observed in the classroom, making it difficult to compare data.

THE ANALYSIS

For the purposes of this paper we will look at interactions or segments of interactions that are from sessions that occurred during January of the school year. The second term had just begun and the teacher was new to the class (although not new to the students or the school). Two segments occurred on the same day and the other on a separate day. The teacher's " 'Talk' about Talk" (Figure 1) occurred at the beginning of a class period. The second, Multiple Interactions, occurred on a later day. The third, The Bike Incident, occurred at the end of the second period on the same day as the teacher's "talk." These segments are representative of the types of interactions that typified transition periods during the 4 months of taping. They provide examples of interactions involving single and multiple speech activities and single and multiple speakers. They are interactions in which the teacher and students demonstrate similarities and differences in their participatory strategies and in which there are both cooperative negotiations of the interactional floor, as well as problematic negotiations.

The Teacher's " 'Talk' about Talk"

The teacher's " 'Talk' about Talk" (Figure 1) was similar to talks that commonly occurred within classroom interactions. One speech activity was often embedded within another. In this case what we will call an instructional monologue occurred within an instructional exchange between the teacher and the boys. The topic of the exchange was a warning system that the teacher had formulated to help the boys behave in a manner that signals respect (lines 8–11). It consisted of a question and answer format in which both the teacher and the students seem to agree on how to participate; one person speaks at a time and responses and comments must be explicitly related to one another.

The talk begins at line 27 where there was a shift from a dialogue between the teacher and the students to a single

FIGURE 1. The Teacher's Talk*

1	T:	all right let's start off then
2		I'd like to start off by going over what we-
3		ALso something we talked about yesterday/
4		right C?
5	C:	WHAT sir?
6	T:	WE WOULDn't wanna forget this
7		I KNOW we wouldn't
8	N:	respect
9	T:	always
10		everyday it's respect
11		number one rule
12		right?
13		what's this? [holds up yellow card]
14	R:	yellow card
15	All in unison:	yellow card
16	T:	what happens when you get a yellow card?
17	N:	a WARNing CARD
18	T:	a WARNing card
19		right?
20	S:	detENtion
21	T:	it's a warning
22		NO . NO
23		you're jumping aHEAD
24		unless of course you WANna make it a yellow
25		I could arrange that just for YOU
26	S:	no
27	T:	If I give you a yellow CARD/
28		it's a WARNing//
29		that either you're TALKing.too much/
30		or you're NOT listening/
31		you're . you're disTRACting people in clAss//
32		right?
33		
34		cause we TALked about that
35		the wa:y .
36		we have to LISten
37		'n' talk to each OTHer/
38		and I TOLD you because .
39		maybe it's because
40		ya know I only speak ENGlish//
41		
42		a:nd . I'm just .
43		it's my CUStom .
44		I only . . . LISten to one person at a TIME//
45		and I told you
46		my FRIEND's family/
47		ya know/ they're ITALians//
48		and I visit them
49		and they're sitting around having all this . . spaghetti/
50		and ALL of them are talking at the same time//
51	S:	sir/ ( )
52		
53	T:	but they're Italians
54		and they all talk at the same time
55		and they all understand what each other's saying/
56		and it drives me NUTS//
57		I feel very unCOMfortable with that//
58		you see I'm used to listening to ONE person at a TIME//
59		and I get disTRACted when someone else talks//
60		now SCHOOL . is like that//

* T, teacher; C, Carlos; N, Neo; S, third student.

speaker format. It is notable that the boys did not attempt to speak as they had been doing in response to the teacher's earlier questions and comments. They recognized the talk as a distinct activity in which their roles shift to that of silent audience.

In the talk the teacher explicitly described his expectations regarding the distribution of talk (turn-taking). He indicated that in his terms the boys talked too much and were distracting. He stated that he expected the boys to listen and to talk to each other (lines 33–36). He went on to explain how talk should be distributed; that is, that he could only listen to one person at a time (lines 40–42). Furthermore, he told them that people—his friend's Italian family—who talk at the same time drive him nuts and make him uncomfortable (lines 50–53). He restated that he was accustomed to listening to one person at a time and that he was distracted if someone else also talked (lines 54 and 55). Finally, he equated his practices with those of school (line 56).

The boys' understanding of what the teacher was trying to say is suggested in Jose's response upon hearing the tape of the talk.

J: he was talking about people/
how to lis-
S: about US
J: how to listen to him//
we make noise/
he gets mad
J: one people have to talk . . um . .
MISS . . they say/ he he like he sayin' like . .
for everybody not to talk on the same time/
because . he don't know . what we sayin'//

Multiple Interactions

The Multiple Interactions segment as a whole is an example of the way the class often sounded as the teacher and students moved in or out of an "official" class lesson. (See Appendix B for a full transcript of this segment.) In this interaction it was possible to observe patterns in the participatory strategies that the teacher, Carlos, and Neo used as they negotiated the interactional floor and their roles as speakers and listeners within it (Shultz, Florio, & Erickson, 1982). The patterns of participation demonstrated competing expectations between the teacher and the boys regarding what was supposed to be going on within the interaction. The competition could be observed in the participatory strategies used by each—the teacher, Carlos, and Neo—to initiate interaction and respond to one another.

In this segment the teacher was trying to carry out a teacher-directed lesson: a class biography project. In this project each boy dictated a brief autobiographical statement to the teacher who then wrote the dictation on an overhead projector. These statements were fairly predictable in form and content. They were to be dictated in their entirety by one student at a time with the rest of the class attending, sometimes providing supportive material. The teacher provided prompts or suggestions regarding what might be included. The student was expected to dictate in the first person and always begin with one or two identifying statements. They then followed with lists of relatives, best friends, and favorite activities. They included statements about where they came from, missing home, and/or being happy to be in America. While one boy dictated at a time, the others were to demonstrate attention by copying the dictation in their own notebooks.

While the "lesson" was occurring, a series of exchanges among the students also took place. These exchanges could be described as a student-directed style of talk that we will call "word play." Word play demonstrated its own participatory structure, speaking and listening roles within the structure, and style of talk.[2] In word play one boy would repeat a word heard someplace within the classroom. The other boys would then take turns repeating the word in a round, changing the sounds, sometimes switching from one language to the other, as in the following exchange:

65 D: October
66 C: a tum . [tuna in Portuguese]
67 tuna fish

Word play was often incorporated into their conversation as the source of a new topic.

74 C: gymbo . gymbo . gymbo
75 D: hey, jungle gym
76 C: come on gymbo
77 D: I got gym next//
78 F: I know
79 D: second period
80 N: hey, maybe I go' gym afte' this
81 F: you got gym after this?
82 N: I don' know
83 D: I got gym ev'y day
84 S: I know

The goal of word play was the word play itself.

Throughout the segment the teacher adhered to expectations about the form of talk and the participant structure of the lesson that he had specified earlier in his talk. Carlos, on the other hand, initiated and remained within the student-directed talk in which word play occurred. Neo moved between the participatory structures of each.

[2] Students' ways of talking cannot be attributed to a single cultural source. To some extent, we can think of their talk as coming from their own sociocultural perspectives, including traditions that emphasize face-to-face interactions. All the boys come from backgrounds where talk by more than one person at a time is common (Gomes, 1979; Shultz, Florio, & Erickson, 1982). Talking well, whether to narrate a story or to engage in "talkin' nonsense," are valued in one way or another in both the Portuguese and Luso-African traditions (Meintel, 1984). In addition to family cultural traditions, students' talk also develops within experiences that are part of a larger Luso-African-American society. American-born Cape Verdeans often identify themselves as African-Americans as well as Cape Verdean-Americans. Cape Verdean-born students also identify themselves as Portuguese. Because of such complex cultural identifications, it is difficult and probably inaccurate to identify discrete sources of the styles of talk used by students in this study.

At the beginning of this segment, Neo, who had been resistant to the dictation, turned and prompted the other boys to verbally contribute to the lesson. This was a strategy for getting help that had been acceptable in previous dictations, but it was something that the teacher had prompted.

1 N: le le you guys go' somethin' to say?

Two students responded, "yeah" to Neo but the teacher continued to prompt.

4 T: that's it?
5 that's all you wanna put?

Jose then responded with a complete sentence. The teacher hesitated, indicating instead that he could not accept Jose's contribution because it did not meet the first-person form required in the biography.

9 J: Neo's my best friend//
10 T: well, I can't-
11 do that//
12 we have to write with 'I'
13 Ne- Neo's speaking here//

Later in the interaction the teacher had prompted Neo to return to his participation in the lesson. Neo turned his attention from the word play interaction and responded to the teacher in line 34. The teacher's evaluation of Neo's response is again about form, as it had been to Jose earlier. Neo responded by incorporating word play into his response.

34 N: frien://
35 T: you wanna say
36 my favorite friends are?
37 (you gonna)
38 S: an Jose
39 C: I hafta go to his house//
40 N: an' Punky
41 an'
42 S: Punky Brewster

The teacher's use of silence as a response strategy in this interaction was indeed problematic. Instead of gaining the boys' attention to and participation in the lesson, the response was an increase in nonlesson talk. For example, when Carlos began to tell about his Brazilian cousin, 12 turns intervened before the teacher tried again to get Neo to dictate. Neo eventually responded appropriately. The teacher followed with a question about form. Neo responded by "playing" with his original response to the teacher. This participation again met with silence.

34 N: frien://
35 T: you wanna say
my favorite friends are?
40 N: an Punky
41 an
42 S: Punky Brewster
[laugh]
43 N: an' Mickey, right?
[laugh]
[Silence]
44 T: my favorite friends a:re what?

In line 49 Freddy saw a classroom visitor whom he knew from the community and quietly said "homeboy." Another student repeated and Neo attempted to follow.

49 F: homeboy
50 S: homeboy
51 F: homeboy
52 S: Neo [muffled]
53 N: home(work)
54 you say homework? [to Freddy]
55 eh, you say homework?
56 eh, you say homework?
57 S: Freddy L.
58 F: i's homeboy

The teacher was silent. The boy's talk continued.

59 S: ( )
60 me! me! me!
61 N: was he there yet?
[laughs]
62 S: was he there yet?
63 Oc TO ber

[Teacher is Silent]

64 N: Robert [responding to the teacher]

[Teacher is Silent]

65 D: October
66 C: a tum [tuna in Portuguese]
67 tuna fish
68 S: [laughs]
69 T: Robert or Roberto?
70 N: Ro- yeah Robert

While the teacher's silence continued, so did the boys' word play, with the stretches of talk between silences increasing.

[Teacher is Silent]

72 N: gym gym gym
73 Rb: oh gym

[Teacher is Silent]

74 C: gymbo . gymbo . gymbo
75 D: hey, jungle gym
76 C: come on gymbo
77 D: I got gym next//
78 F: I know
79 D: second period
80 N: hey, maybe I go' gym afte' this
81 F: you got gym after this?
82 N: I don' know
83 D: I got gym ev'y day
84 S: I know

Finally, the teacher prompted Neo to continue his list of friends for the biography. Neo responded to the teacher

and the others incorporated his responses into their "play." The teacher was again silent.

85 T: Neo
86 N: Carlos
87 S: gym ev'y day
88 C: what about Carlos?
[laughter]
89 N: an a point
90 D: Carlos an' a point [laughs]
91 C: an' a point?

[Teacher is Silent looking at boys]

92 N: aw 'rase it 'rase it 'rase it
93 C: ey, you shoulda' put my name on last [re N's dictation]
94 uh first man//

The teacher's participation strategies were not the only ones that contributed to the construction of interactions in this class.

Carlos interacted in ways that defined him as a primary speaker in the class and the other boys behaved as listeners, essentially supporting this role. An example of this occurred when Carlos introduced talk about his relative's arrival from Brazil; talk that was topically related to the content of the students' autobiographical statements.

14 C: my cousin came over from- from Brazil//
15 S: yeah?
16 C: he wa-he was u:h from Brazil//
17 an'he came to the US
18 S: he at your house?

Another boy, S, provided a "back channel" response, "yeah," and asked questions about the cousin; responses that would be addressed to the primary speaker in a classroom lesson. The teacher was silent.

In silence, the opportunity for Carlos to continue to talk presented itself. He did so by commenting on his cousin's Brazilian Portuguese pronunciation. At this point, Neo, who had been attending to Carlos and the others, initiated a word play sequence. He quickly mimicked his idea of Brazilian pronunciation and then laughed.

27 C: he talk a little differen' man
28 like uh
29 N: uh ( ) pish!
[laughs]

Carlos continued the play with his own mimicry, elongating vowels, as he perceived Brazilian speakers of Portuguese to do in lines 30 and 32. As he did so the teacher attempted to reestablish the lesson by prompting Neo. Carlos was attentive to the teacher's talk and incorporated it into the word play, repeating "friend," but translating it into Portuguese as he did so.

30 C: como bai:
31 T: my favorite friend or friends?
32 C: amigi:nho
33 T: my favorite friend or friends?

Both the teacher and the boys participated in the creation of what Shultz et al. (1982) referred to as communicative incongruence; noncommunication, miscommunication, and/or misunderstanding. The first has to do with the teacher's lack of flexibility in terms of his own response strategies; his insistence that the boys adhere to a single participatory structure and form of talk and when they did, his unwillingness to accept their contributions because the forms did not conform to his expectations. His continued use of silence as a way of trying to get the boys to stop their interaction and attend to the biography lesson served only to increase the communicative incongruence between them.

The boys also actively participated in the creation of the incongruence. In so doing, however, they demonstrated a range of participatory strategies. Neo moved back and forth from the biography lesson to word play and talk with the others. He tried to enlist their participation as listeners in the biography itself. Jose tried appropriately to provide a supportive listener response to Neo when he requested it in his dictation and others provided back channel responses. Carlos incorporated the topic of the lesson into talk that he initiated about his cousin. He knew how to assume the role of primary speaker. He was able to attend to more than one speech activity at a time and carefully time his own talk with respect to the teacher's talk. Regardless of the range of their participatory strategies, however, their use within the context of the teacher's silence, in the same time and space that the teacher had designated as lesson time, would only be perceived as problematic.

The interaction between the participatory structures and styles of talk associated with the lesson and word play provided conditions in which the teacher and students never seem to transition into the lesson. This interaction also reinforced the teacher's view of the students' communication as the source of their problems. In it the students remained apart from the interactions in which schoolwork occurred.

The Bike Incident

In the Bike Incident (see full text in Appendix C) we again see the teacher adhere to expectations about the structure and content of talk in recounting a personal event. In contrast to the previous segment, however, Carlos demonstrates participatory strategies that are generally compatible with those of the teacher. Neo, on the other hand, engages in a style of talk that he identifies as "jus' sayin'." This style does not fit the teacher's expectations. The incongruence results in challenges to Neo's participation and essentially denial of the right to do so.

The Bike Incident interaction occurred toward the end of the ESL class on the same day that the teacher had given his talk. What we see is a question and answer type of scaffolding in which the teacher attempted to elicit from Carlos the recounting of a bike accident that he had had the previous day. The interaction begins when the teacher turns and walks toward Carlos, who was seated with the other

boys around a table at the front of the classroom. As he approaches the table the teacher initiates the interaction.

Carlos and the Teacher

Carlos and the teacher appear to share expectations about the goals of the interaction. This is evident in the speaker and listener roles that they adopt with respect to one another, the devices that they use to connect their turns at talk to one another, and repairs that are made when misunderstanding is perceived.

In the first 12 lines they go back and forth in a teacher-directed question and answer sequence. The teacher's questions specify the type and sequence of information he is looking for in a recount from Carlos about how he fell. Carlos clarifies and confirms for him. (Note that talk transcribed on the right side of the page occurs concurrently with talk on the left side.)

1	T:	how did you do that/ by the way//	
2	C:	I fell sir . racin'//[−vol]	S: 'scuse me C.//
3	T:	you **FELL**? [+vol]	
4		how did you **FALL**?	[did not hear 'racin']
5	C:	on a **BIKE**//	
8	T:	you **FELL** on a **BIKE**?	
9	C:	yeah	
10	T:	were you **RIDing** it?	
11	C:	yeah//	
12	T:	how *FAST* were you going?	

There are specific devices that seem to connect the turns of Carlos and the teacher in this interaction. These devices are used when both understanding and misunderstanding are evident. They include repetition of words and phrases and overlap in their talk, devices that convey a kind of conversational synchrony (Tannen, 1987). Repetition included stress patterns as well as lexical and syntactic patterns, as is evident below.

29	C:	I don **HA**:(ve) fron(t) brakes//	[to N]
30	T:	you don't **HAVE** front brakes?	[to C]
31	C:	no//	

The teacher in turn connected his talk with that of Carlos using similar devices.

32	T:	you only |have *BA*:*CK* brakes/|	[dec, +vol]
33	C:	|I only have **PE**dals| . da **PE**dals/ sir ( )//	

His response to Carlos in line 32 was a partial repetition of lines 29 and 30 with a stress shift to "BA:CK."

34	T:	NO brakes// [−vol]	
35	C:	I–I do .	
36		the ones that you be ridin' da pedal .	
37	T:	right//	
38	C:	an you wanna use them//	
39	T:	right . .	
40		so what did you do? [dec, −vol]	
41		JAM on the brakes and fall off?	

Carlos' turn in 33 overlaps with the teacher's. Even with the overlap Carlos perceives the teacher's line as a misunderstanding and uses repetition to attempt a repair. In line 33 he repeats "da PEdals." Again the teacher misunderstands and this time Carlos elaborates in lines 35, 36, and 38.

There was one point in this interaction when Carlos' behavior resembled that seen in the word play interaction. This occurred when the teacher had turned to challenge Neo's "jus' sayin'." Both Carlos and another student echoed Neo's turns.

13	N:	**REAL** fas' ma:n//
14	T:	were you there?
15	S:	|he put tha brake|
16	T:	|were you there?|
17	N:	no//
18	T:	then **HOW** do you **KNOW**?
19	C:	fifty miles per hour hehe

Carlos and the teacher clearly shared enough in terms of conversational devices and their meanings to negotiate their way through this interaction, even when misunderstandings occurred. When we compare Carlos' participation in the retelling of his bike accident with his participation in the word play of the Multiple Interactions segment it is evident that he has a range of communicative strategies and devices that he can manipulate in ways that corresponded to the type of activity being negotiated. In contrast, Neo's participatory strategies seemed to share less with those of the teacher and were in and of themselves more limited.

Neo and the Teacher

In the Bike Incident Neo seemed to do two things that were problematic. First, his turn-taking behavior violated the teacher's expectations about what was happening in the interaction. Second, the constellation of prosodic and stylistic devices used in his turns were quite different from those observed in turns between Carlos and the teacher.

Neo attempted to participate in the exchange sequence between Carlos and the teacher. The devices he used to do so were seen at several points in the interaction. They included repetition and rapid staccato-like prosody. In lines 6 and 7 he quickly inserted a repeated and staccato-like response to the teacher's question to Carlos in line 4.

4	T:	how did you **FALL**?	[did not hear 'racin']
5	C:	on a **BIKE**//	
6	N:	he pu(t) da brake–	|pause between C & N turn very brief|
7	N:	he pu(t) da brake– ( )?	J: sir how do you spell
8	T:	you **FELL** on a **BIKE**?	

His contribution went unacknowledged, as the teacher continued to address Carlos.

Neo persisted when he responded in line 13 to a question that the teacher had just addressed to Carlos.

12 T: how *FAST* were you going?
13 N: *REAL* fas' ma:n//

Neo repeated the word "fast" from the teacher's question in line 12. But he also used a contrastive and informal speech style, shifting the stress to REAL, omitting the /t/ in "fast," and prolonging the /a/ in "man." The teacher responded by immediately and repeatedly challenging Neo's participation on the basis of the veracity of his contribution in lines 14, 16, 18, and 20.

14 T: were you there? [acc, −vol] [to N]
15 S: | he put tha brake|
16 T: |were you there?| [dec, stacc] [to N]
17 N: no// [several students are talking]
18 T: then HOW do you KNOW?
19 C: fifty miles per hour hehe
20 T: HOW do you know? [to N]

Neo finally addressed the teacher's challenges by labeling his own speech activity in line 21.

21 N: no/ I'm jus' SAYin' it// [+pitch]

Neo again attempted to participate in line 27 with what sounded like the devices he had used earlier in "jus' sayin' it."

25 T: so you fell while you were do- riding your bike [to C]
26 C: yeah//
27 N: maybe he pu(t) da fron' |brake|//acc, +vol, stacc [to C & T?]
28 T: |is it | ok if I put it here?
[to J as he writes 'lift weights' on the board]

He began with what sounded like a rush and a burst as the accelerated and relatively loud "maybe he pu(t) da" became a staccato-like stress pattern on "fron' brake." The teacher did not acknowledge Neo but shifted his attention to Jose in line 28, overlapping with the end of Neo's turn.

But Neo continued to participate in lines 42, 47, and 50.

40 T: so what did you do? [dec, −vol]
41 JAM on the brakes and fall off?
42 N: no he dida . POP WHEELIE// [acc . stacc]
43 C: no sir .
44 I was goin; SLOW . ya know .
45 I wasn' goin' fast//
46 I was walkin/ |tha ( )|
47 N: |a CA(r) . a ca(r)| was comin' fast . . [+vol, +rate]
48 VRROOM:
49 C: in tha park . . [+vol, +rate|
50 N: in tha park//
|N laughs|

His lines repeated lines from the teacher and Carlos (40, 44, and 49, respectively). But his rate of speech and stress patterns again contrasted with their talk. There was no acknowledgment of his contributions.

The analysis of communicative interactions between the ESL teacher and his students assumes that rules of language use are as important in the learning experiences in classrooms as knowledge of the grammar of language might be. Indeed, access to lessons regarding language structures is dependent upon a student's participation in the lessons themselves. Within the transitional activities of this ESL classroom it became clear that the involvement of the students in such lessons was minimal. In fact the teacher and students expended significant amounts of time struggling over control of the interactional floor.

Within the struggle it was possible to see individual patterns that students demonstrated in their participation. Carlos was able to interact with the teacher in reconstructing an account of the Bike Incident. He was able to respond to the teacher's prompts and signals regarding what information to talk about and how to organize it. He engaged in repair sequences with the teacher when he perceived a misunderstanding. The teacher's prompts were directed specifically to Carlos and participation by others, such as Neo, were ignored or challenged. In the context of the recounting Carlos was a primary participant, both as listener and speaker. In the context of a lesson in which the teacher did not define him as a primary participant, Carlos initiated and engaged in talk and exchange with other students. Although this talk was topically related to the teacher-directed lesson, it demonstrated a different participant structure and a different purpose. Carlos' talk in this activity was in competition with the teacher for the interactional floor of the classroom. The teacher's response to Carlos and the others was silence. Hence, experience within the lesson was not available.

Neo's participatory strategies differed from those of Carlos in two ways. First, he demonstrated similar participatory patterns across the speech activities examined. Second, in neither activity did he meet the teacher's communicative expectations. Instead, he engaged in what he labelled as " 'jus' sayin';" a speech style that consisted of rapid, repetitive, and staccato-like turns at talk that were inserted into an ongoing activity. "Jus' sayin' " was similar to word play to the extent that its production constituted the goal of the interaction itself. Neo's communicative style, participatory patterns, and goals of talk contrasted with those of the teacher. The teacher's responses to Neo consisted of repeated prompts for participation in the lesson, challenges to his right to participate in the Bike Incident, and, along with the others, silence in the word play exchange. Essentially, Neo's participation in the lessons of schooling were limited.

The teacher's participatory strategies were consistent across the speech activities examined. He adhered to requirements for a specific form in his own talk and his evaluation of the students' talk. His turns demonstrated attempts to address single topics and speech activities with single speakers occupying the interactional floor at a time. When the students did not meet expectations regarding the form of talk but remained within the lesson structure, he cut off

their participation. When the students' style of talk signaled a different speech activity, he became silent or challenged the right to participate. In each situation, the teacher's interactions in the lessons of school exhibited a finite set of strategies for responding to the students. The limited strategies resulted in participation that was as problematic as that of the students.

In American educational institutions educators tend to locate the source of behavior and learning problems in the individual students and their families (Bennett, 1989). The situation was no different for the students in the special ESL class. By the end of the year, they were all referred for special education evaluations and subsequently placed in special education classes the following year.

LOCATING THE PROBLEM IN LANGUAGE LEARNING

Learning language during the school-age years occurs within the everyday complex interactions of the classroom. Within these interactions participants use strategies of various types to negotiate their involvement and to attempt to construct a coherent and mutual understanding of the discourse; be it a lesson, a conversation, or a lecture. The strategies that are used involve linguistic choices made at the level of an utterance, e.g., word choice, style, and syntactic and prosodic patterning.

What is apparent in the example of the special ESL class is that the strategies used by the students and the teacher were often associated with differing standards of involvement. The students and teacher sometimes shared a common understanding of the interaction taking place but within a large portion of the humanities class experience the involvement could be characterized as a struggle in which the students' strategies represented one set of expectations and roles and their teacher's strategies represented another. In this situation there were diminished opportunities to engage in sequences of turns that develop topics within lesson structures, that develop narrative lines, and that construct coherent school-like conversation. By diminishing discourse opportunities, the humanities classroom reinforced the students' peripheral and problematic roles within the school's ESL and mainstream programs. The irony, of course, is that the humanities classroom should be the place in which language associated with school literacy is most accessible to the student. It is in this sense that the special students' problems are located within the classroom interactions and not within the individual students themselves.

The Implications for Assessment

By locating communicative abilities and problems within interactions, it is possible to address the ways in which the interactions might be altered to provide access to the language use that would enable the students to move toward school-based language and literacy. The alterations referred to here have to do with the participatory strategies of both students and teacher and not just one or the other.

Assessment procedures and tools used by clinical and educational professionals working in the area of language typically examine the student's use of linguistic devices within utterances and across utterances in specific genres, such as narrative. What should be apparent in the situation of the ESL students discussed here is that assessment of linguistic devices must incorporate an assessment of their functioning as tools that negotiate meanings within socially defined units of discourse such as lessons, conversations, and "jus' sayin'." Evaluators must be able to address the degree to which interactions provide access to the meanings and forms of school-based language. They must also begin to describe the roles and relations that are constructed using linguistic devices as interactive tools in the classroom. With such a multilevel analysis it then becomes possible to describe the communicative difficulties of the individuals involved as well as to formulate strategies for increasing the student's use of linguistic devices across discourse types. Such an evaluation can assist both students and teacher in adjusting or changing participatory strategies to provide greater access to school forms of talk and to construct the cooperative social relations that are essential to learning.

The Role of the Communications Disorders Professional

The activities and results of observation and analysis involved in this sociolinguistic study could be very useful in the day to day work of communicative disorders professionals who are charged with the task of deciding whether a language problem is evident, what the nature of the problem is, and how to help the child. But to include such a process in the schools, several conditions need to be met.

First, the definition of language that communication disorders professionals work within needs to be one that not only includes but begins with the view of language as an interactional tool: one used to negotiate participation across many types of speech activities. The devices of language such as lexical choices, styles of talk, grammatical patterns, and prosody need to be evaluated in terms of how they are used to participate in these speech activities as much as they function as indicators of grammatical ability. Both need to be understood in order to make decisions about the best context in which to encourage development of language form and use.

Second, the communication disorders professional must be an integral part of the school staff, included as a team member in meetings involving teachers and special education faculty and knowledgeable about both regular and special education classroom curriculum. This person must spend a great deal of time working alongside teachers in the classroom. In this way only, can he or she know about the communicative interactions of the classroom and the types of activities in which students and teachers are using language in the learning process.

Teachers often need to engage in experiences that provide opportunities for them to acquire a variety of interactional strategies with students. The teacher in this ESL classroom was able to talk about the different learning styles and communicative strategies of some of his students, but because his own patterns of interaction were manifestations of a strong cultural orientation to schooling, it was very difficult for him to adjust his communicative style.

The communicative disorders professional whose expertise includes the analysis of discourse in populations of "different" students could function as a guide for the teacher as he analyzes and then adjusts communicative strategies and thereby changes the course of interactions in his classroom. In this particular classroom, for example, the communicative disorders professional could work with the teacher to make audio and video recordings of classroom interactions. The two could then listen to or view these recordings together, identifying places where the interactions seemed to be synchronous and places where they were problematic. These segments could then be subjected to the kind of discourse analysis carried out in this study. The analysis could include identification of the type of activity taking place and the intended outcome, from the teacher's point of view and then from the students' points of view. These points of view could then be used to understand the actual outcome. In the comparison, various aspects of the discourse construction can be identified, such as turn allocations and styles of talk used by each participant. The direct and indirect meanings that result from turn taking and style choices can then be described. Over time the teacher can construct an understanding of the actual progression of the interaction as well as his role and those of his students within this progression. In this process the teacher will identify productive and counterproductive discourse strategies for all participants. He or she can then attempt to increase their own use of productive strategies during interactions that they perceive to be problematic. They can also come to identify his students' productive strategies and begin to reinforce these more systematically. The long-term collaborative analysis and revision of classroom activities can in fact change the interactive dynamics of a classroom. These changes can provide opportunities for positive interaction between teacher and students and increase access to the types of discourse that we identify as school literacy for all students.

Much can be gained by looking at interactions that involve students who are in some way defined as different. In this case the ESL students brought to light the importance of examining language interactions within the classroom that were contributing to their lack of progress in literacy and their school participation more generally. The analysis itself, however, demonstrates how it is possible to contribute important understandings about the language of students from a variety of backgrounds. It also demonstrates the need to focus as much on the language use of teachers (and other professionals) who work on a daily basis with students as on the language of the students themselves.

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Appendix A

Transcription Conventions

The conventions used in the transcriptions include the following:

Capital letters indicates word or syllable prominence.

/	mid-sustained or non-final intonation contour
//	final falling intonation contour
?	final rise intonation contour
'	phonemic segments that have been omitted in actual speech but are included for clarity for the reader
( )	empty parentheses indicate unit is unintelligible.
:	lengthening of preceding sound
dec	decreased rate of speech
acc	increased rate of speech
−vol	decrease in volume
+vol	increase in volume
stacc	staccato quality to speech
.	pausing within and between lines
-	an abrupt and brief stop or hesitation
+pitch	increase in pitch
−pitch	decrease in pitch
[ ]	brackets used to signal overlapping speech brackets used to signal speech continuing from one line to next

Appendix B

Multiple Conversations & Word Play

Participants: Teacher (T), Neo (N), Carlos (C), Danny (D), Freddy (F)
Setting: ESL Classroom, Second period of the class.

Teacher is trying to get Neo to dictate autobiographical information so that he can write it down on an overhead as part of a class biography project. There are any number of interactions going on while this is happening. Neo has not been responsive to the teacher's prompts and turns to ask his classmates to help him out in line 1, which is where this transcription begins. Turns that are transcribed down the center of the page constitute exchanges within a speech activity that is different from the lesson involving the teacher and N but cooccurs in time with the lesson.

1. N: le le you guys go' somethin' to say?
2 S: yeah
3 S2: yeah
4 T: that's it?
5 that's all you wanna put?
[*talking*]
6 J: I got somethin'-
7 N: ah, I got nuthin' to say//
8 T: what do you have to say, Jose?
9 J: Neo's my best friend//
10 T: well, I can't-
11 do that//
12 we have to write with 'I'
13 Ne- Neo's speaking here/
14 C: my cousin came over from- from Brazil//
15 S: yeah?
16 C: he wa- he was u:h from Brazil//
17 an' he came to the US
18 D: he at your house?

[*other boys talk and overlap here but are not intelligible*]

19 C: Mike lives in C.//
20 Rob: a:::we
21 C: Brazil kay
22 I'm talkin' Brazil//
23 S: a::h
24 I didn't know//
25 S2: ( )
26 C: ah?
27 he talk a little differen' man
28 like uh
29 N: uh ( ) pish!
[*laughs*]
30 C: como bai:
31 T: my favorite friend or friends?
32 C: amigi:nho
33 T: my favorite friend or friends?
34 N: frien://
35 T: you wanna say
36 my favorite friends are?
37 (you gonna)
38 S: an Jose
39 C: I hafta go to his house//
40 N: an Punky
41 an
42 S: Punky Brewster
[*laugh*]
43 N: an' Mickey, right?
[*laugh*]
T: [*Silence*]
44 T: my favorite friends a:re what? +vol, dec
45 N: Jose
46 T: alright, Jose
47 C: sir

[*teacher tells visitor to come in and sit down*]
[*boys talk but unintelligible*]

48 T: u:h Jose
49 F: homeboy
50 S: homeboy
51 F: homeboy −vol
52 S: Neo [*muffled*]
[*Teacher directs visitor briefly*]
53 N: home(work)
54 you say homework?
55 ey, you say homework?
56 ey, you say homework?
57 S: Franky L.
58 F: i's homeboy
T: [*Silence*]
59 S: unintelligible

60 me! me! me!
61 N: was he there yet?
[*laughs*]
62 S: was he there yet?
63 S: Oc to ber
64 N: Robert [*dictating to teacher*]
T: [***Silence***]
65 D: October
66 C: a tum .
67 tuna fish
68 S: (laughs)
69 T: Robert or Roberto? [*to N*]
70 N: Ro- yeah Robert
71 ( )
72 gym gym gym
73 Rb: oh gym
T: [***Silence***]
74 C: gymbo . gymbo . gymbo
75 D: hey, jungle gym
76 C: come on gymbo
77 D: I got gym next//
78 F: I know
79 D: second period
80 N: hey, maybe I go' gym afte' this
81 F: you got gym after this?
82 N: I don' know
83 D: I got gym ev'y day
84 S: I know
85 T: Neo [*calling his attention*]
86 N: Carlos
87 S: gym ev'y day
88 C: what about Carlos?
[*laughter*]
89 N: an a point
90 D: Carlos an' a point [*laughs*]
91 C: an' a point?
92 T: [***Silence***]
93 N: aw 'rase it 'rase it 'rase it
94 C: ey, you shoulda' put my name on last [*re N's dictation*]
95 uh first man//

Appendix C

The Bike Incident

Teacher has been talking to another staff member in doorway and approaches the boys, who are sitting at a table about 10 feet away, talking and looking at a history book. Turns transcribed down the center of the page belong to a speech activity that is separate from the recounting of the bike incident but occur simultaneous to it.

1 T: how did you do that/ by the way//
2 C: I fell sir . racin'// [*−vol*] S: 'scuse me C.//
3 T: you FELL? [*+vol on fell*]
4 how did you FALL? [*did not hear 'racin'*]
5 C: on a BIKE//
6 N: he pu(t) da brake- [*pause between C & N turn very brief*]
7 N: he pu(t) da brake- J: sir how do you spell ( )?
8 T: you FELL on a BIKE?
9 C: yeah
10 T: were you RIDing it?
11 C: yeah//
12 T: how FAST were you going?
13 N: REAL fas' ma:n//
14 T: were you there? [*to N acc, −vol*]
15 S: [he put tha brake
16 T: were you there?] [*to N dec, stacc*]
17 N: no// [*several students are talking*]
18 T: then HOW do you KNOW?
19 C: fifty miles per hour hehe
20 T: HOW do you know? [*to N*]
21 N: no/ I'm jus' SAYin' it// [*+pitch*]
22 J: sir/ how do you spell lif weight?
23 N: ( )
24 T: lift . weights
25 T: so you fell while you were do- riding your bike , huh? [*addresses C*]
26 C: yeah//
27 N: maybe he pu(t) da fron' [brake] // [*acc, +vol, stacc*]
28 T: [is it] ok if I put it here?
29 C: I don HA:(ve) fron(t) brakes// [*to N*]
30 T: you don't HAVE front brakes? [*to C*]
31 C: no//
32 T: you only [have BA:CK brakes/] [*dec, +vol*]
33 C: [I only have PEdals] . da PEdals/sir ( )//
34 T: NO brakes// [*−vol*]
35 C: I - I do.
36 the ones that you be ridin' da pedal.
37 T: right//
38 C: an you wanna use them//
39 T: right . .
40 so what did you do? [*dec, −vol*]
41 JAM on the brakes and fall off?
42 N: no he dida . POP WHEELIE// [*acc, stacc*]
43 C: no sir.
44 I was goin' SLOW . ya know.
45 I wasn' goin' fast//
46 I was walkin' [tha (.)
47 N: [a CA(r) . a ca(r)] was comin' fast. . [*+vol, rate*]
48 VRROOM:
49 C: in tha park . . [*+rate, +vol*]
50 N: in tha park// (*N laughs*)

Chapter 4

Understanding Language Variation: Conflict Talk in Two Day Cares

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Language is a social resource binding people into complex relationships with one another. Competent speakers have the ability to adapt their syntax, phonology, and lexicon in rule-governed ways to fit different situations, audiences, topics, and their own agendas. The pervasive and systematic nature of language variation has been documented both between groups (Guy, 1988) and within individuals (Gilyard, 1991). Studies of early caregiver-child interaction (Crago, 1990; Heath, 1983; Miller, 1979; Philips, 1983; Ward, 1971) and school classrooms (Erickson & Mohatt, 1982; Eriks-Brophy & Crago, Chapter 2, this volume; Fishman, 1988; Gomes, Chapter 3, this volume; Heath, 1983) reveal that communicative expectancies regarding who interacts with whom, when, where, and in what manner can vary from one situation to the next.

Because groups and their language practices change over time, there is a need to constantly update our store of information on linguistic diversity, especially when the nonbiased assessment of language abilities is at issue. In particular, although information exists regarding language differences in formal contexts of schooling, little is known about linguistic diversity among day-care centers. This becomes particularly distressing given current trends in speech-language pathology toward early intervention and assessment. Given the need for continuous updating on language diversity and the lack of information on day cares, this chapter focuses on instances of conflict talk in two Appalachian day cares. The findings reveal that patterns of language use within the Appalachian region of North Carolina are not homogeneous. These data, along with information gathered from previous ethnographies of communication, are used to develop a list of guiding questions for collecting data on language variation, which practitioners might find useful when attempting to discern language differences from disorders.

The remainder of this discussion is organized as follows. First, a handful of classroom discourse studies that document some of the ways that language may vary between homes and schools are summarized. Next, to illustrate one way in which language variation can manifest itself, data on communicative differences in how children and teachers from two different day-care centers participate in conflict talk are presented. It is argued that assessments of language disorder should be built upon adequate descriptions of diversity. However, because appropriate and current information on language variation cannot always be found in the literature, practitioners may need to gather their own field data on communication differences. Therefore, the final section of this paper presents a list of questions that can be used to help guide data collection when looking for language variation across different communicative events and activities.

VARIATION BETWEEN HOME AND CLASSROOM DISCOURSE

Investigations of classroom discourse reveal contrasts in language use between homes and more formal contexts of schooling. Darnell (1982), for example, finds differences in how conversations are managed between home and school among Cree children. At home, speaker silence between turns is highly valued: "silence makes an utterance important, and its absence implies failure to listen and learn" (Darnell, 1982, p. 295). Among the Cree, the term "moniyaw" (loud mouth) is applied to speakers who behave aggressively like whites and seek to repair silence between turns at talk. Darnell argues that when Cree children enter traditional schools, the teachers frequently behave like moniyaw, thereby creating an atmosphere which is not conducive for learning.

Philips (1972) compared the communicative performances of native American Indian children in the classroom with types of language use valued at home on the Warm Springs Indian Reservation. The children were more verbally involved when classroom participation structures (the ways that teachers arranged interactions with students) more closely matched patterns of communication sanctioned by the Warm Springs community. When activities were directly controlled by the teacher or when students were selected by the teacher to speak out individually in front of the class, they were quite reticent. However, when working individually at their desks, soliciting teacher help when necessary, or when conducting internally supervised peer group activities, the amount of task-related verbal interaction increased significantly.

Extending the work of Philips (1972), Eriks-Brophy and Crago (Chapter 2, this volume) discuss how native Inuit teachers arrange participation structures in ways that help maintain the "face" of classroom interactants. By limiting the number of quiz questions, avoiding overt corrections of student errors in front of the class, and encouraging student initiations that did not require strict adherence to a lesson topic, the public self-image of the children was not violated.

Shultz, Florio, and Erickson (1982) analyzed the conversations of elementary school children taking part in math lessons and dinner table conversations. Interactions were compared in terms of how the participants managed the conversational floor in these different contexts. The chil-

dren's dinner table talk, observed and recorded in an Italian-American suburb, was characterized by multiple speakers holding the conversational floor simultaneously while discussing a variety of topics.

In contrast, during school math lessons, the teacher controlled the conversational floor, allowing only one speaker to talk at a time. In keeping with the observations of Shultz, Florio, and Erickson (1982), Gomes (Chapter 3, this volume) discusses how multiparty talk may also be disvalued by some classroom teachers even during breaks between formal lesson activities.

Along with variations in the rules governing turn taking, silence, the use of quiz questions, the correction of errors, and appropriate topics of conversation, studies of classroom interaction also reveal that differences in intonation (Gumperz & Tannen, 1979) and story-telling style (Michaels, 1981) can lead to communicative nonsuccesses. Gumperz and Tannen (1979) videorecorded a classroom lesson in which a white teacher asks an African-American student to read. The child responded, "I don't wanna read" (with rising intonation on the word "I" and a fall-rise contour on the word "read"). The annoyed teacher responded "Alright, then, sit down." This videotaped segment was replayed to an African-American audience from the child's community and a white audience. The white viewers tended to believe the child was refusing to comply with the teacher's directive. However, the African-American audience indicated that the child's use of intonation was signaling a desire for extra encouragement before attempting to read.

Using a similar videotape review procedure, Michaels (1981) describes two very different types of story-telling genres being used by white and African-American children during sharing time in a first-grade classroom. The white children typically used a *topic-centered style* in which a single theme was explicitly stated and elaborated through "a linear progression of information" (Michaels, 1981, p. 428).

In contrast, the African-American students used a *topic-associating style* in which the thematic focus was never overtly stated. Here, topic shifts were signaled prosodically rather than lexically and themes were developed through personal anecdotes as opposed to the linear descriptions characteristic of the topic-centered style. Because, from the teacher's perspective, these stories "gave the impression of having no beginning, middle, or end, and hence, no point at all . . . these children seemed to 'ramble on' about a series of loosely associated, commonplace occurrences" (Michaels, 1981, p. 429). As a result of difficulties in interpreting such narratives, these children were frequently interrupted with teacher questions and often did not complete their stories, resulting in a negative educational encounter.

The review of classroom discourse presented above is not intended to be exhaustive. Its purpose is to provide a sense of some of the dimensions along which language use can vary. For example, the rules governing turn taking, how information is exchanged and mistakes corrected, how stories are told, and how suprasegmental cues such as silence and intonation are produced and interpreted can differ according to the communicative activity underway and the intentions of interlocuters. Placed against this backdrop, the data presented below regarding how children and teachers participate in conflict talk in two day-care centers can be added to our store of information on the ways that language variation may manifest itself.

CONFLICT TALK IN TWO DAY CARES

Collecting and Analyzing the Data

The data presented here are based on 3 months of participant observation at a rural Appalachian and a more mainstream day care, both located in the mountains of western North Carolina. During this time, 17 hours of audiorecorded conversation were obtained at each of the day cares. In both settings, the children ranged from 2 to 5 years of age.

The rural Appalachian day care, located in a remodeled church basement, is nondenominational. It is viewed as a valuable community resource because it is the only facility that lower income families in the area can afford. The families who attend this day care are from white, working-class rural Appalachian backgrounds. Many of the parents tend their own family vegetable gardens. They are also employed seasonally to maintain summer and winter resort areas: clearing roads and sidewalks, running ski lifts, landscaping, and providing domestic services like cleaning, cooking, and child care. Six of the seven teachers are local residents and native to the county in which the day care is situated.

The mainstream day care, also nondenominational, is in the basement of a house owned by a church. This facility was originally founded by a group of parents who were dissatisfied with the services offered by a different day care in the community. It is located in a small town with a state university. The teachers come from larger population centers. They either hold university degrees or are in school to obtain them. The children are from predominantly white-collar professional families. Their parents work for the university, the mental health center, or the local business industry.

Conversations were audiorecorded by the participant observers who followed the children with hand-held audiotape recorders during typical day-care activities. At first these recorders were the object of discussion. However, within a few hours of their first appearance at the day care, the children ignored them. The activities at both facilities were similar and involved such things as music, storybook reading, outdoor recess, snack and mealtimes, trips to the library, the viewing of videotaped movies, birthday and holiday parties, and art projects. From conversations that occurred during these activities, all instances of recorded conflict talk were then transcribed by the participant observers for later examination. Although rare, when transcription difficulties arose regarding the segmenting of talk into utterances, both participant observers and this researcher would meet and negotiate a group agreement on

utterance boundaries based on their own native knowledge of English. Coding decisions regarding the function of utterances during instances of conflict talk were handled in a similar manner.

Disputes between children and adults were selected for analysis, in part, because they provided one window for viewing how the participants interact and talk together (Grimshaw, 1990). As individuals become socialized into their respective communities, they must develop appropriate ways of using language during communicative activities like conflict talk. Viewed in this way, participation in disputes is but one part of what it means to be communicatively competent. Borrowing from Corsaro and Rizzo (1990), instances of conflict talk were defined as general disagreements in interaction displayed by the occurrence of some type of opposition to an antecedent event. Disputes began with opposition and ended with either clear settlements, physical movement of the dispute participants away from the scene, or a shift to a new topic or activity.

The disagreements involving teachers and children were similar in both day cares. Some conflicts involved teachers intervening in children's arguments over access and rights to objects and activities. Other disputes revolved around children breaking implicit and explicit teacher rules for classroom behavior. Our analysis focused primarily on teacher, not child, moves during oppositional talk.

Day-Care Disputes

To begin, there were frequency differences regarding the total number of conflicts between the two day-care centers. In the rural Appalachian day care, 64 episodes of conflict talk were noted whereas in the mainstream setting there were 123 episodes. This difference appears to be in keeping with the Appalachian ethic of neutrality in which a value is placed on avoiding and minimizing open verbal conflict (Hicks, 1976).

In both day cares, the teachers commonly produced a number of directives in both imperative and question form in an effort to settle disputes. Directives are utterances that instruct someone to do something and may be used, among other things, to invite, warn, request, advise, or command (Crystal, 1988). When directives were issued in imperative form, the specific child's name was often given. Teachers would issue commands like "Walter, get out of the trash can," "John, don't be throwin' the blocks," or "no Jenny, just get off."

Directives also appeared in question form. In what follows, a teacher at the rural Appalachian day care has brought out a portable piano keyboard for a group of children to play with. Eventually, two children (Tommy and Mike), start pushing each other, and then one falls down and begins to cry:

1. Teacher: We don't push!
2. Teacher: We will not play with this!
3. Teacher: Do we push?
4. Tommy: No
5. Mike: No
6. Teacher: Do we share?
7. Several children: Yes
8. Teacher: Now can ya'll share?
9. Several children: Yeah, unhuh
   (the children resume playing with the keyboard)

On one level, utterance 8 functions as a request for information about sharing. At another level, however, this question directs the children to share the keyboard. This example is striking because it is the only time that requests for known information appear during any of the conflict episodes in the rural Appalachian day care (utterances 3 and 6).[1] These quiz questions help make the rules for classroom etiquette clear.

Requests for known information during instances of conflict talk appeared far more frequently in the mainstream day care (72 occurrences). Such requests not only made the rules for nonverbal interaction explicit, they also provided information as to how the children should engage verbally in the dispute settlement process. For example, teachers used these questions to instruct children in proper terms of address (utterances 1 and 3) and to elicit verbal apologies (utterances 6–9):

(Steven tells teacher that Mark called him a dookie)

1. Teacher: What are we gonna do?
2. Mark: Call people by name
3. Teacher: Call people by what name?
4. Teacher: Their right name
5. Teacher: Okay thank you
6. Teacher: Now do you have something to say to Steven?
7. Teacher: What do you say to him?
8. Mark: I'm sorry
9. Teacher: Thank you

In contrast to the rural Appalachian day-care center, the children at the mainstream facility were also quite active verbally and encouraged by their teachers to negotiate their own rights and needs. They not only solicited adult intervention in their disputes with other classmates, saying things like "teacher she won't share," the children also expressed opposition to teacher requests numerous times within a single episode. At such times, it was not uncommon for the children to state their reasons for noncompliance. Below, two children are fighting over a place in line:

1. Teacher: Ya'll just get in line
2. Tommy: I was behind Gary
3. Lanie: I know but you were gone
4. Teacher: Okay look guys
5. Teacher: Who whoa whoa stop
6. Tommy: I was behind Gary (crying)

[1] In an initial report of this data (Kovarsky, Stephan, & Braswell, in press), it was indicated that quiz questions appeared nowhere in the rural Appalachian day-care conversations. However, upon reexamination of the data, this episode of conflict talk with quiz questions was noted.

7. Teacher: Everybody take five steps back
8. Teacher: Lanie Lanie Lanie will you please let Tommy in front of you?
(Lanie shakes her head no)
9. Teacher: Lanie will you please?
10. Lanie: Teacher he cut in line
(Tommy crying loudly)
11. Teacher: Look guys I didn't see what happened
12. Teacher: You're gonna have to solve this one on your own
13. Teacher: How do you think we can solve this?
14. Teacher: I don't know who was here first
15. Tommy: I was! (crying)
16. Teacher: Won't you get in line behind her?
17. Tommy: No! (crying)
18. Teacher: How are we gonna handle it?
19. Teacher: Lanie I I just let him in there 'cause see how he really wants to be there
20. Teacher: Can you let him in for right now?
21. Lanie: (shaking her head sideways) Teacher he was gone

In this case, the teacher tells the children to resolve their differences (utterances 13 and 19) and encourages them to speculate about how to settle their conflict. However, the children continue to negotiate their cases directly with the teacher. Tommy repeatedly states that he was behind Gary (utterances 3, 7, and 16). Lanie acknowledges this but adds that Tommy left his place in line (utterances 4 and 22) and then tried to cut back in (utterance 11). This dispute continues for another 20 utterances until Lanie finally allows Tommy to stand in front of her.

On the other hand, when teachers from the rural Appalachian day care became involved in children's arguments, they did not explicitly encourage children to settle their own disputes and provided them with no verbal strategies for mediating disagreements. Conflict episodes rarely took up as much conversational space, in terms of speaker turns, as in the mainstream day care. When children did not comply with teacher directives regarding how disputes should be settled, teachers moved in and ended conflicts through physical action. For example, during one episode, children continued fighting over a book after being warned to stop in a few short utterances. At this point, the teacher took the book away and placed it out of reach. Furthermore, the children rarely stated their own rights and needs during conflicts with their peers. Rather, they would quietly await the teachers' judgments. When teachers at the rural Appalachian day care directed children's actions during disputes, their reasons as to why the children should comply tended to focus on the physical attributes of the situation and not to explain why the children should be intrinsically motivated to act in compliance with teacher directives. In the next example, Tanya is refusing to finish her milk at lunch:

1. Teacher: Drink it
2. Tanya: Un uh (no attempt made to drink milk)
3. Teacher: You ain't drunk much
(another child starts whining and teacher leaves the scene)

Here, the teacher's reason as to why Tanya should drink milk is based on a physical attribute of the situation, the child hasn't "drunk much." In only one instance was reference made to an internal psychological state when a teacher tried to convince one youngster to sit next to another by saying "Jessie *wants* you to [sit next to her]."

However, teacher directives in the mainstream day care were often accompanied by reasons based on internal psychological states (140 occurrences). For example, one time a teacher told the children to quit sitting in a basket because "somebody might get *upset* if their basket was broken." These teachers would also occasionally combine teasing with their directives to gain child compliance. To get John to wear his sweatpants, one teacher pretends to put them on:

1. John: No!
2. John: These are mine
3. Teacher: No I wanna wear'em! (smiling while continuing to make a feigned effort at putting the sweatpants on)
4. John: No! (trying to take sweatpants from teacher)
5. Teacher: Then you better put them on
6. Teacher: I'm gonna put them on if you don't
7. John: I will!

In a playful tone, the teacher states that she wants to wear John's sweatpants (utterance 3) and then continues this mock threat in utterances 5 and 6. These instances of communicative playfulness were not discovered in the rural Appalachian day-care data.

Summary

Although teachers at both day cares primarily used directives and directive questions during disputes with children, there were important differences between the two settings. In the mainstream day care, teachers used requests for information to highlight and explain the verbal and nonverbal rules for interactional etiquette far more frequently than their counterparts at the other facility. At the same time, the mainstream teachers made a greater effort to solicit the children's verbal participation in the dispute settlement process. The children were also encouraged to be more active verbally in negotiating their own rights and needs with teachers than in the rural setting.

To gain compliance with directives issued during disputes, the mainstream teachers would occasionally tease the children. Adults would also provide internal psychological state explanations as to why the children should acquiesce to their demands. In contrast, no instances of teasing were found in the rural Appalachian conflict episodes. Furthermore, these teachers provided explanations less frequently. When reasons were forthcoming, they tended to focus on the physical attributes of a situation and not internal psychological states.

Finally, there were more instances of conflict talk in the mainstream day care than in the rural Appalachian setting. This, coupled with the rural teachers' tendencies not to

instruct children in how to verbally mediate disputes among themselves, is in keeping with the Appalachian ethic of neutrality in which open verbal conflict is to be avoided (Hicks, 1976). In fact, one of the participant observers examining the mainstream conflict data, an anthropology student who was raised in rural Appalachia, was surprised at both the great number of disputes and the manner in which teachers would instruct children in how to settle their own disagreements, indicating that such communicative interactions were far different from her own experiences as a child.

I am not claiming that one day-care center handles disputes in a superior manner nor that these patterns of conflict talk are representative of how other child-care facilities handle disputes. Rather, it is the recognition that patterns of conflict talk may vary from one setting to the next and that people who reside in the Appalachian region of western North Carolina do not represent a homogeneous speech community that is important. Differences in how the day-care center participants engage in conflict talk are reflective of a bigger picture in which patterns of language use can be seen to vary within and across different geographic regions, communities, homes, and schools according to the types of communicative activities in which people are involved.

It is particularly crucial for speech-language pathologists to realize that differences in language use can result in communicative nonsuccesses and, as the studies of classroom discourse summarized earlier reveal, have a negative impact on the interactions of conversational participants. Under certain circumstances, such communicative nonsuccesses can result in referrals being made to speech-language pathologists for assessment/intervention services. Here, problems arise when trying to ascertain whether the communicative difficulties experienced by individuals are the result of language differences between interlocuters or an intrinsic language disorder.

The danger we face is in confusing language differences with disorders simply because we have not fully accounted for communicative behaviors that are outside of our socially normative experiences. Crago (1990), in her study of childhood language socialization among the Inuit of northern Canada, describes a boy who seemed to talk more than the other children she observed. From her perspective, this child was verbally precocious and intelligent. However, when listening to Crago's description of this child, an Inuit teacher replied:

> Do you think he might have a learning problem? Some of these children who don't have such high intelligence have trouble stopping themselves. They don't know when to stop talking. (Crago, 1990, p. 90)

Reflecting upon these remarks, Crago stated, "I was amazed by her response. It was as if my perspective had been stood on its head" (Crago, 1990, p. 90).

Whether the professional involved is an Inuit teacher from Canada or a speech-language pathologist from the United States, communicative norms and expectancies play a role in the types of behaviors that we view as problematic. In both assessment and intervention contexts, for example, emphasis has been placed on preschool children's abilities to assert themselves conversationally by verbally initiating interactions with others (Fey, 1986; Norris & Hoffman, 1990; Rice, Sell, & Hadley, 1990). However, the rural Appalachian children described in this investigation were not as active in negotiating their own rights and needs during instances of conflict talk as their mainstream counterparts. It is not that rural Appalachian children fail to initiate interaction. Rather, under certain circumstances, such as instances of conflict talk, verbal initiation may be a dispreferred means of communication. Speech-language pathologists who observe children in preschool settings with the expectancy that a certain level of verbal initiation, irrespective of context and community norms for speaking, is a necessary prerequisite to communicative normalcy may be prone to confusing language differences and disorders.

Because variation in language use is to be expected both between communities and communicative activities, contrastive information that illuminates language differences according to distinctive occasions for talking is needed to counter our own normative expectations when seeking to determine the presence of a language disorder. When attempting to gather such contrastive information on language use, practitioners may be faced with three problems. First, standardized tests, by design, restrict the range of acceptable replies and responses of both the examiner and examinee and, therefore, are not a very useful sources of information on how language may vary according to context. Second, descriptive studies on language variation for the community in question may simply not be available. Finally, even if descriptive studies on communicative variation are available, codes do change over time and data can become outdated, particularly when minority languages susceptible to social, political, and economic pressures are involved (Brown, 1993; Gal, 1989; Woolard, 1985).

Because of the difficulties that professionals may face in gathering relevant field information on language differences, the final section of this paper offers a list of questions to help guide data collection on language variation across different communicative activities and contexts. These questions are based upon the previous work of ethnographers of communication and others who seek to illuminate the underlying dimensions along which language use may vary according to cultural context.

OBTAINING DESCRIPTIVE DATA ON LANGUAGE USE

Appendix A, revised from Kovarsky, Stephan, and Braswell (in press), contains a list of exploratory questions for comparing language use during different communicative activities. Hymes' (1964) notion of speech event and other concepts and data relevant to the ethnography of communication were used to derive these lines of inquiry (Coupland, Giles, & Wiemann, 1991; Crago & Cole, 1991; Heath, 1983; Hymes, 1964; Kovarsky & Crago, 1991; Michaels, 1981; Philips, 1983; Schieffelen & Ochs, 1986; Westby & Erickson, 1992). Speech events are activities or aspects of activity that are directly governed by rules or norms for communication.

According to Hymes (1964, 1972), these events can be analyzed by examining the relations between a set of components that, for convenience, were encoded into the SPEAKING mnemonic: **S** stands for the setting and scene; **P** represents the participants; **E** refers to the ends or purposes of an event; **A** distinguishes the characteristics of the act sequences, including message form and content; **K** stands for the key or tone (serious, sarcastic, etc.) of a message; **I** represents the instrumentalities of communication, such as oral or sign language, and the codes employed; **N** refers to the norms for interpretation and interaction; and **G** is for genre. Because these letters contain a means for describing language use **within** a single communicative activity, they were used to help develop the guiding questions for contrasting language use **across** communicative activities. For a more thorough discussion of speech events and how they relate to the field of communication disorders, see Kovarsky and Crago (1991).

The information needed to answer the guiding questions should be gathered through various forms of participant observation and informant interviewing (Spradley, 1979, 1980; Westby, 1990). Because data collection and analysis requires information from different communicative contexts and activities, a collaborative team effort involving clients, their families, and relevant professional disciplines is helpful. Since the needs, issues, and circumstances confronting each client may be different, the list should be adapted to the situational needs of the user. There may be times, for example, when not all of the guiding questions are relevant to the case at hand. In these cases, certain areas of inquiry may be excluded from analysis while others are focused on in more detail. Again, the questions are to be tailored to the requirements of the assessment/intervention context.

The questions are separated into four overlapping categories. The first category addresses the typical ways that participants are expected to interact. It includes the rules for conversational turn taking, repair, and information exchange; the usual modes of communication and topics of conversation; and the manner in which conversational misunderstandings are negotiated. The second question domain focuses on the overall purpose(s) of the interaction, the individual agendas of the participants, and the tone of the interaction.

The third category of guiding questions requires information about the dialects, codes, and registers being used, along with the semantic and syntactic relations expressed within and between utterances. This includes a consideration of how communicative functions are verbally and nonverbally expressed. To acquire information about the form, content, and communicative functions of utterances necessitates some type of language sampling. Without this level of detail, it is impossible to gain a sufficient contextualized understanding of how language and communicative expectancies may vary across settings and activities.

Finally, guiding questions are asked concerning the different genre. Genre refers to socially recognized forms of public discourse, such as informal conversations, story telling, riddles, or teacher lectures, that can be addressed to an audience (Hymes, 1964; Kent, 1991). There is no one-to-one correspondence between the communicative event and genre. For instance, although a story telling may be classified as a distinctive communicative event and its own form of discourse, it may, at the same time, have other genre, such as riddles, nested within it. The idea is to use the notion of genre as a way of comparing and contrasting how forms of public discourse are organized according to the norms for communicating, the purpose and tone of the interaction, and the form, content, and communicative function of utterances.

In other words, although presented within four distinct categories, the guiding questions should not be analyzed in isolation from one another. For example, questions addressing the communicative functions of silence (category 3) require a consideration of the communicative norms for participating in activities (category 1) and the type of genre (category 4) involved. In the classroom, children may be expected to remain silent (category 1) while listening to a teacher read a story (category 4). At other times, the children may be required to coparticipate verbally (category 1) in the construction of a story (category 4). Again, the purpose is to use these questions as a guide for comparing and contrasting how language is used in different contexts and how the individual of concern may participate at these times.

The information gathered will have to be interpreted cautiously, particularly in contexts of schooling where linguistic conformity to one way of speaking may be expected (Bourdieu & Passeron, 1977; Gilyard, 1991). As agents of the school system, speech-language pathologists often serve a gatekeeping function, deciding whether students display language differences or language disorders (Hamayan & Damico, 1992). At these times, the speech-language pathologist may be called upon to explain why language differences are not to be treated as disorders. To do this, they must be prepared to describe and understand linguistic diversity without necessarily condemning or repressing any one way of speaking. In this context, Wolfram (1992) proposes that speech-language pathologists can serve an important cultural-educational role as "language guardians" in the schools:

> We have found that positive, involved education in language diversity serves to connect students with their own and other students' language varieties in an affirmative, empowering way . . . Communication disorders specialists who contribute to sociolinguistic education in a meaningful way should find that their potential service to their clients, to the educational system, and to society at large can be much more inclusive than they ever imagined. The challenge to acquire, apply, and disseminate reliable information about language variation throughout society and the schools can hardly be confined to traditional educational roles and practices. In this regard, speech-language pathologists seem to have an unprecedented socioeducational opportunity, if not an incumbent moral obligation. (pp. 7–8)

Whether examining instances of conflict talk in day cares, multiparty talk involving teachers and students (Gomes, Chapter 3, this volume), or Inuit classroom discourse (Eriks-Brophy and Crago, Chapter 2, this volume), speech-language pathologists as clinicians and researchers need a

contextualized understanding of how language variation operates in different situations.

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Appendix A

Guiding questions for comparing and contrasting the communicative activities of the classroom to other context

I. What are the normative rules for communicative participating in the interaction?

Compare the rules for conversational turn taking across contexts

How many participants are allowed to hold the conversational floor at a given time? How long can different participants typically hold the conversational floor? How much of the conversation is monologic, dialogic, or involving multiple participants?

Who controls the allocation of speaker turns and conversational topics? How do participants gain each other's attention? Who initiates, maintains, and closes conversational interactions?

Who is allowed to interrupt and when? Who holds the conversational floor after an interruption?
Who tends to initiate and complete conversational repairs? What types of behaviors are selected for repair work?

Compare how information/knowledge is exchanged across contexts

How is knowledge displayed by the participants (singly in front of a group, during internally supervised peer group interactions, during individualized adult-child/student interactions, etc.)?

Is knowledge typically displayed through imitation or more spontaneously?

When is knowledge displayed in front of a group (before or after the knowledge has been fully mastered)?

How is information sought by participants? How common are requests for known versus unknown information? Is the distribution of these requests between participants equal or assymetrical? If the distribution is assymetrical, which participant(s) have the responsibility for asking and answering these requests?

Compare how conversational misunderstandings are negotiated across context

Which participants are held responsible for conversational misunderstandings? Are children treated as error makers who are culpable for the mistakes that occur during a conversation? Which participants are expected to fix errors?

Compare the sources of communicative nonsuccesses across context

Do participants misinterpret the form, content, or communicative functions of utterances? Do participants hold different expectations regarding the types of classroom interaction that are taking place? Do participants purposefully mislead one another? Are messages partially understood by participants? Are messages unintelligible?

Compare how disputes are managed across contexts

What sorts of activities are typically the focus of conflicts? How are directives used during instances of conflict talk? What types of explanations are provided by participants during conflict talk? How much and in what ways are different interlocuters expected to participate in the management of disputes?

Compare the topics of conversation across contexts

What are common topics of conversation? What topics and uses of language are considered rude?

Compare the modes of communication across contexts

Speaking?, Sign language?, Augmentative systems?, TTY?, Writing?

II. What is the purpose and tone of the communicative interaction?

Compare the overall purpose of the communicative activities across contexts

Is the purpose to pay for lunch, to provide reading instruction, to fix a car, etc.?

Compare participant agendas across contexts

Are participants seeking to end the interaction quickly? Are the participants attempting to impress or discredit someone?

Compare the tone of communicative interactions across contexts

Is the tone of the interaction serious, joking, ironic, etc.?

III. What is the form, content and communicative function of utterance acts?

Compare the form and content of utterances across contexts

Appendix A (*continued*)

What dialects/languages are involved? To what extent are code switching and/or style and register shifting involved?

What types of semantic and syntatic relations are encoded within utterances?

What types of discourse relations exist between utterances? What sorts of cohesive devices and discourse markers are used?

Compare communicative functions across contexts

What types of communicative functions are performed by different participants? Who can joke, tease, or threaten? When do participants use direct versus indirect speech acts? Are any communicative functions gender related?

Compare how nonverbal behaviors and suprasegmental cues influence communicative function and utterance interpretation across contexts

What are the meanings and uses of silence and touch?

What are the meanings and uses of eye gaze? Where do people look when requesting, explaining, listening, joking, deceiving, and/or threatening?

What are the meanings and uses of intonation and loudness? How are these cues used when people are requesting, explaining, joking, deceiving, and/or threatening?

IV. What genre are involved in the interaction?

Compare the degree to which interactions involve different genre such as poems, myths, fables, fairy tales, riddles, storybook reading routines, knock-knock jokes, classroom lectures, form letters, etc.

How do guiding question categories I–III vary according to genre?

Chapter 5

View of Children's Word-Finding Difficulties: Disciplinary Influences*

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Within the field of speech-language pathology, there has been considerable interest in identifying those behaviors that characterize specific language problems in children. Clinical researchers are working to develop valid and reliable methods for selecting, identifying, and describing language impairments in children. McCauley & DeMetras (1990) point out that some of the factors complicating the diagnostic choices made by professionals include "the varied operational definitions used by the researchers . . . and the varying performance and adequacy of measures incorporated with those definitions" (p. 468).

Among children with known or suspected language impairments, word-finding problems (WFPs) have been viewed as a reliable indicator of language problems (German, 1984, 1984; Johnson & Myklebust, 1967; Leonard, Nippold, Kail, & Hale, 1983; Wiig & Semel, 1984; Wiig, Semel, & Nystrom, 1982). Although the role of WFPs has long been recognized as a central characteristic among adults with aphasia (Eisenson, 1954; Geshwind, 1967; Luria, 1958; Wepman, 1951), its role among children with speech-language disorders and learning disabilities continues to evolve (Dennis, 1992; Nippold, 1992; Snyder & Godley, 1992).

Reduced vocabulary, naming, and WFPs have been identified consistently in studies of children with language problems (Denckla & Rudel, 1976; Gerwitz, 1948; Johnson & Myklebust, 1967; Kail, Hale, Leonard, & Nippold, 1984; Leonard, Nippold, Kail, & Hale, 1983; Lewis & Kass, 1982; Milanti & Cullinan, 1974; Oldfield & Wingfield, 1964; Wiig & Semel, 1984). Decreased availability of verbal labels and reduced verbal fluency have been frequently cited as major reasons for language-learning disabilities in children. Further, WFPs have been found as predictive of reading failure (Denckla & Rudel, 1974, 1976; Lewis & Kass, 1982; Wolf & Segal, 1992). Considering the frequency with which labeling difficulties occur in language-impaired children and the potentially negative learning effects, it seems important to accurately identify and describe WFPs in children.

Differences in Interpretations of WFPs in Children

Many clinicians have attempted to define WFPs and to develop a consistent and systematic usage of the term (Bisiach, 1966; German, 1979; Geshwind, 1967; Johnson & Myklebust, 1967; Nippold, 1992). Descriptions of WFPs in children, however, have been variable (German, 1983, 1984; Kail & Leonard, 1986; Snyder & Godley, 1992). Although generally characterized as an output problem, WFPs have been associated with long-term memory problems (Lewis & Kass, 1982), stuttering (German, 1984; Telser & Rutherford, 1972), and inadequate input (Kail & Leonard, 1986).

The actual terms used to suggest problems in naming also have been inconsistent. The terms **word finding** and **word retrieval** have been used interchangeably. The literature in psychology and speech-language pathology, however, has suggested different interpretations of these terms, which are grounded in the explanation of why a **word-finding** or **word-retrieval** problem occurs. Problems finding the right word to label an item or object of thought have been called **word-retrieval** problems because breakdown is seen as a result of inefficient use of a recall or retrieval mechanism (Bisiach, 1966). The term **word finding** has been used to characterize labeling problems as the result of less elaborate representations of words occurring when first stored in memory (Kail & Leonard, 1986).

Overall, the current literature suggests that a diagnosis of a WFP is made in the presence of labeling difficulties, circumlocutions, delayed responses, and excessive use of fillers (German, 1983, 1984; Kail & Leonard, 1986; Snyder & Godley, 1992). German (1979, 1984) has suggested that the assessment of WFPs requires a multifaceted approach. Further, she cautions clinicians that limiting assessment to confrontation naming tasks might result in inaccurate profiles of a child's word-finding abilities. She has proposed that WFPs be defined by several indexes. These indexes should require a child to "name different types of words in different stimulus and situational contexts" (German, 1984, p. 358).

In this paper we will discuss the different views on WFPs in children held by professionals in pediatrics, psychology, special education, and speech-language pathology. We chose this as an area of study because our diagnostic experience with professionals in each of these disciplines suggested variable interpretations of WFPs in children and a failure to communicate about these differences. Our study differs from other studies in this volume in that an experimental situation was set up after our observation and identification that a problem existed in how professionals communicated their understanding of WFPs. Face-to-face interviews and videotape viewings of three language-impaired children, two of whom were previously diagnosed as having WFPs, provided the sources of data for describing the disciplinary influences evident in the determination of WFPs in children.

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Clinical Perspectives on WFPs in Children

While working on an interdisciplinary diagnostic team, we have noted that the term **word finding** has been used as a diagnostic label by colleagues outside the field of speech-language pathology. This occurrence led us to a qualitative examination of the term as it is used by pediatricians, psychologists, special educators, and speech-language pathologists who are part of an assessment team designed to evaluate children suspected of a wide array of developmental disabilities.

In an earlier study (Prelock & Lupella, 1990), face-to-face interviews were conducted with 12 clinicians, 3 from each of the four disciplines previously mentioned, to uncover team member perspectives on the nature and definition of WFPs in children. The clinicians that were interviewed volunteered to participate in the study and were representative of their disciplines in a hospital setting for children. Using a series of questions (see Appendix A) aimed at probing the clinicians' views on WFPs, differences were noted in the clinicians' knowledge of what a WFP was, how it was manifested, its relationship to other language/learning skills, and how it should be assessed. These differences were reflective of the difficulties found in the literature regarding descriptions of WFPs in children.

An examination of the interview data revealed variations in the clinicians' view of what constituted a WFP. Most clinicians included a description of labeling difficulties, with one clinician, a psychologist, suggesting that **word finding** was "finding the usage for the right one (word)." Some clinicians presented a restricted description of the term, suggesting that a specific feature must be present for a WFP to be identified. For one psychologist this was a delay in response time, as he defined WFPs as: ". . . incorrect retrieval or retrieval delay relative to developmental level." Another clinician, a speech-language pathologist, suggested that a child's performance on a confrontation naming task would need to indicate that difficulties in labeling were not related to a lack of vocabulary. She stated: "I think I'm pretty conservative in using it (WFP label). I usually call a WFP . . . on a confrontation naming task, if there's a lot of scatter. In other words, if they're having trouble coming up with a label for a vocabulary word that would be expected much . . . before their other language abilities." In comparison, other clinicians presented a broader, more descriptive interpretation, as demonstrated in this statement by a speech-language pathologist: "I look at kids who I see using a lot of circumlocutions, talking around words, coming up with 'things,' 'stuff,' giving me definitions but not being able to come up with the word, or having hesitations, dysfluencies in their speech as WFP evidence in their conversation." Interestingly, however, when each of these clinicians were asked to perform an actual example of a WFP, all three included similar features, i.e., circumlocutions, dysfluencies, and evidence that the word to be labeled was known to the speaker. Notably, the psychologist's example was the only one that included marked pauses or delayed responses. Examples:

> "I, ah, um, um, like the question and your (taps table) tape recorder is a very (pause) good one. I have a tape recorder at my um, you know where I live, um my house (pause) and uh, I (pause) play it in a lot of my ah, you know, the (pause) kids that come over and ah, my friends enjoy it, too."
> **(psychologist)**
>
> "Oh, you know that thing. It um, it um, you put it on a horse, and you sit on it and um, I think it begins with an 's' but I'm not sure."
> **(speech-language pathologist)**
>
> "Oh, it's that red thing, like I got at home. You pull it, I put toys in it, you know, it starts with a 'w' it's a wa it's a wagon."
> **(speech-language pathologist)**

Use of the terms **word finding** and **word retrieval** was also variable among the clinicians (Prelock & Lupella, 1990). Many of the clinicians, including all of the pediatricians and speech-language pathologists interviewed, saw these terms as synonymous. Two clinicians, one from psychology and the other from special education, saw the terms as different. The psychologist explained: ". . . **word retrieval** . . . is a kid that has the word but he doesn't have enough retrieval cues to come up with the word . . . this is more a memory problem. Now **word finding** . . . is . . . a processing problem . . . he can't find the right word because his concepts are weak." The special educator provided the following explanation: "I think of it (**word retrieval**) more as understanding, retrieving and using it (word) . . . **word finding** . . . is more specific . . . not being able to find the correct word to use." Notably, a few clinicians identified that there may be some discrepancies in their colleagues' use of the terms, but there was no attempt to clarify differences in perspectives. One speech-language pathologist stated: "I was in a conference the other day, of course somebody was differentiating between the two, and I thought, hum, I wonder if I need to be redefining, because I had always used them (**word finding and word retrieval**) interchangeably . . . they (pediatricians) never made the distinction but said 'so you would view this as a **word finding** rather than a **word retrieval** problem?' "

WFPs were frequently associated with other language/learning problems by the clinicians interviewed (Prelock & Lupella, 1990). As the literature (German, 1984: Kail & Leonard, 1986; Lewis & Kass, 1982; Nippold, 1992; Telser & Rutherford, 1972) indicated, paucity in vocabulary, memory deficits, dysfluency, and language processing weaknesses were associated with WFPs by many of the clinicians. A paucity in vocabulary was suggested as potentially difficult to discriminate from a WFP if information on comprehension or receptive vocabulary was unavailable. Variability within and between disciplines was noted in the clinicians' understanding of word finding and memory. Some clinicians saw word finding and memory as unrelated whereas others associated WFPs with long-term memory problems. Few of the clinicians felt they had difficulty discriminating problems in dysfluency from problems in word finding. Interestingly, however, two psychologists suggested dysfluency as a possible maladaptive behavior when trying to cope with WFPs. One psychologist described it this way: "I think that dysfluency may be the individual's ultimate phenotype of that initial WFP that then they in-

duct in trying to cope with it, having developed some maladaptive . . . behaviors . . ." Language processing was a term many of the clinicians, excluding the speech-language pathologists, felt was related to and difficult to distinguish from WFPs. The psychologists, special educators, and pediatricians saw WFPs as part of a "more global language processing problem" that began as "insufficient input." An opposite perspective was offered by the speech-language pathologists who saw word finding as an "output problem."

Differences in the various methods used by the clinicians to assess WFPs in children also were revealed in the interview data. Picture naming was reported most often as an effective tool for identifying WFPs. Two thirds of the clinicians also included interaction or conversational exchanges to aid their assessment. Definitions and/or a question-answer format were mentioned less often by the clinicians. Generally, it appeared that the pediatricians, special educators, and speech-language pathologists were bound less to test information and attempted to obtain a gestalt of a child's ability to find words. In contrast, at least two of the psychologists were bound to specific test performances when making their diagnosis.

Clinical Judgements of WFPs in Children: A Follow-up Study

The differences reported in the literature and revealed in our clinician interviews regarding explanations of WFPs in children indicated a need to examine actual agreement and/or disagreement among professionals when asked to identify instances of WFPs. In a follow-up study, the 12 clinicians who participated in the interview study (Prelock & Lupella, 1990) viewed videotaped samples of three language-impaired children engaged in a variety of communicative contexts. The clinicians were asked to complete two tasks during their viewing of the videotape samples. First, they were asked to identify instances of WFPs by writing the time of occurrence (as seen at the bottom of the videotape) beside the word in question for each task. Second, the clinicians were asked to respond to questions indicating whether the children on the videotaped sample had a WFP, what tasks were most revealing, and what behaviors characterized the WFP.

Explanation of videotape sample. The three children viewed on videotape had been previously diagnosed as language impaired by a certified speech-language pathologist who was part of a child-development assessment team. Results of the team evaluation, which included input from pediatrics, psychology, special education, and speech-language pathology, suggested all three children demonstrated a language-based learning disability. Child 1 was 10;3 years of age (female), child 2 was 6;8 years of age (female), and child 3 was 12;10 years of age (male). Child 1 had been previously diagnosed as having a WFP by both the speech-language pathologist and psychologist on the assessment team. Child 2 had been previously diagnosed as having a WFP by the speech-language pathologist only. No previous diagnosis of a WFP had been made for child 3. Before this study, none of the children had been administered a formal test of word finding. As part of the videotape sample viewed by the 12 professionals participating in the study, the *Test of Word Finding* (German, 1986) was administered to each of the children. Only child 1 met the criterion for a WFP. The videotape sample included additional language tasks and conversational exchanges between each child and the examiner. All three children participated in the same language tasks with the same examiner. The videotape sample for each child was approximately 30 to 45 minutes in length. A description of each language task is provided below.

Four tasks were taken from *Evaluating Communicative Competence (ECC)* (Simon, 1987). The children were asked: (a) to tell a story about a set of pictures shown to them and to paraphrase the clinician's story about the same set of pictures (Sequential Picture Interpretation & Storytelling—spontaneous & paraphrased versions); (b) to state similarities and differences about pictures and words (Stating Similarities & Differences); (c) to give directions for using a pay telephone (Sequential Directions for Using a Pay Telephone); and (d) to give directions for reproducing a pattern of blocks erected behind a barrier (Barrier Games).

Five tasks were taken from the *Test of Word Finding (TWF)* (German, 1986). The children were asked (a) to name pictures of nouns (Picture Naming: Nouns); (b) to complete sentences with an appropriate label (Sentence Completion Naming); (c) to identify a word from a description given (Description Naming); (d) to name pictures of verbs (Picture Naming: Verbs); and (e) to name pictures of categories (Picture Naming: Categories). The videotaped samples also included segments of **spontaneous conversation** between the clinician and the child.

During the viewing of each sample, the clinicians were given an observation worksheet on which they were directed to indicate the time of initiation and, if possible, the duration of a WFP they believed occurred. They were encouraged to provide additional comments related to their observations.

Scoring agreement in clinician judgements of word finding. For the four tasks taken from the *ECC*, times listed by the clinicians as instances of WFPs were recorded. Percentage of agreement within disciplines was calculated by counting each judgement of a WFP during a specific task and dividing this number by the total number of possible judgements among the clinicians. The total number of possible judgements was obtained by multiplying the number of instances of WFPs by the number of subjects. For example, two times were listed by the speech-language pathologists as instances of WFPs during the Sequential Picture Interpretation & Storytelling task for child 1. If all three speech-language pathologists agreed that a WFP occurred during the two times recorded, then a WFP would have been judged six times. In this example, however, a WFP was judged only two of the six times, yielding a percentage of agreement of 33.33. Percentage of agreement across disciplines was determined similarly. All judgements of WFPs recorded during a specific task for the 12 clinicians were counted. This number was divided by the total number of

possible judgements among the clinicians. For example, three times were recorded as instances of WFPs during the Sequential Directions for Using a Pay Telephone task for child 1. If all 12 clinicians agreed that a WFP occurred during the three times recorded, then a WFP would have been judged 36 times. In this example, however, a WFP was judged only five of the 36 times, yielding a percentage of agreement of 13.89.

For the five tasks taken from the *TWF*, judgements of WFPs for each word within a subtest were recorded. Percentage of agreement within disciplines was determined by counting the number of times a WFP was judged and dividing this total by the total possible judgements among the three clinicians. For example, during the Description Naming subtest, the psychologists identified a WFP on 5 of the 13 words elicited for child 1. If all three clinicians agreed that a WFP occurred for each of these words, then a WFP would have been judged 15 times. In this example, a WFP was judged 12 times, yielding 80% agreement. Agreement across disciplines was calculated in the same manner. The number of times a WFP was judged by a clinician was tallied. This number was divided by the total number of possible judgements among the 12 clinicians. For example, during the Sentence Completion Naming subtest, the clinicians identified WFPs on 6 of the 12 words elicited for child 1. If all 12 clinicians agreed that a WFP occurred for each of these words, then a WFP would have been judged 72 times. In this example, a WFP was judged 44 times, yielding 61.11% agreement.

After the videotape observation, each clinician was asked to complete a series of questions (see Appendix B). These questions required the clinician to make a determination of the presence and/or absence of a WFP in each of the three children observed; indicate what additional information, if any, was needed to make an accurate diagnosis of a WFP; specify the nature of those behaviors observed; and rank order the tasks that were most useful in making a determination of WFPs. The number of clinicians both within and between disciplines who identified a WFP for any of the three children observed was tallied. Those behaviors most frequently identified as characteristic of the WFPs observed for each child were documented and comparisons among the clinicians were made. A rank ordering of those tasks most helpful in identifying a WFP for each child was determined by adding the rank orders given to each task and dividing that number by the total number of times a clinician ranked the task as helpful.

RESULTS AND DISCUSSION

An examination of the instances of WFPs documented by the clinicians revealed inconsistencies and limited agreement between disciplines. Tables 1–3 present the number of times a WFP was identified and the percentage of agreement among the clinicians both within and between disciplines for each task administered to the three children viewed on videotape.

Results indicated that the naming subtests from the *Test of Word Finding* were the tasks that elicited the highest percentage of agreement among the clinicians for identifying instances of WFPs. The Sentence Completion Naming subtest yielded the highest percentage of agreement among the clinicians for child 3 (54.17%), the second highest percentage of agreement for child 1 (61.11%), and the third highest percentage of agreement for child 2 (23.61%), excluding those tasks where no instances of WFPs were identified. Description Naming yielded the highest percentage of agreement among the clinicians for child 1 (63.33%), the second highest percentage of agreement for child 2 (25%), and the third highest percentage of agreement for child 3 (20.83%). Picture Naming Nouns yielded the second highest percentage of agreement among the clinicians for child 3 (36.9%) and the third highest percentage of agreement for child 1 (52.63%). Picture Naming Verbs, however, yielded the highest percentage of agreement for child 2 (33.33%). In comparison, when the clinicians were asked to rank the three tasks they felt were most useful in making a determination of a WFP for each child, Picture Naming Nouns was ranked first for all three children, Sentence Completion was ranked second for only one of the children (child 1), and Description Naming was not ranked in the top three for any of the children. Instead, Picture Naming Verbs and Picture Naming Categories were ranked second and third, respectively, for child 2; Sequential Picture Interpretation & Storytelling (from the *ECC*) was ranked second for child 3; and Stating Similarities & Differences (also from the *ECC*) was ranked third for child 1 and child 3. It was apparent from the data that the clinicians had made some assumptions about those tasks yielding the most useful information for identifying WFPs in children, yet these assumptions were not verified by their actual judgements of WFPs during these tasks.

The special educators exhibited the most agreement as a group in both their actual judgements of word-finding instances and in their final determination of a WFP for the three children viewed on videotape. In contrast, the speech-language pathologists displayed the least amount of agreement in their judgements of word finding and in their determination of a WFP for the three children. As a discipline, the pediatricians demonstrated more agreement in their judgements than the speech-language pathologists and psychologists but less agreement than the special educators. Psychologists displayed more agreement as a group than the speech-language pathologists. The lack of agreement within and between the disciplines supported the interview data described earlier, which suggested that some clinicians were unsure of their diagnostic framework for identifying WFPs. The failure to clarify clinical perspectives on WFPs in children might explain the poor agreement among the disciplines.

Pauses and/or hesitations were most often identified by the clinicians as the behavior observed that indicated a WFP existed for the three children viewed on videotape. One clinician highlighted an example of a child attempting to identify the word "sports:" "(hesitation) . . . games." The next most frequently identified behavior indicative of a WFP was circumlocution. The clinicians offered a number of descriptions for one of the children identified with a WFP: ". . . lots of off base labels. She is often in the ball-

TABLE 1. Identified WFP and agreement among clinicians within and across disciplines for each task administered to child 1.

Tasks	Disciplines				
	PED	*PSYCH*	*SPED*	*SLP*	*Overall*
ECC-SPIS	2 (66.67)	4 (44.44)	0 (100.00)	2 (33.33)	8 (22.22)
ECC-SSD	10 (41.67)	7 (38.89)	0 (100.00)	5 (55.55)	22 (18.33)
ECC-SDUT	3 (50.00)	1 (33.33)	0 (100.00)	1 (33.33)	5 (13.89)
ECC-BG	1 (33.33)	4 (44.44)	2 (33.33)	2 (33.33)	9 (25.00)
TWF-PNN	19 (52.78)	54 (94.74)	28 (58.33)	19 (39.58)	120 (52.63)
TWF-SCN	5 (41.67)	17 (94.44)	12 (66.67)	10 (66.67)	44 (61.11)
TWF-DN	6 (50.00)	12 (80.00)	8 (66.67)	12 (80.00)	38 (63.33)
TWF-PNV	8 (44.44)	14 (58.33)	8 (53.33)	5 (33.33)	35 (36.46)
TWF-PNC	14 (77.78)	16 (76.19)	9 (75.00)	5 (41.67)	44 (52.38)

Values are number of times a WFP was identified with percentage of agreement in parentheses. PED, Pediatricians; PSYCH, Psychologists; SPED, Special Educators; SLP, Speech-Language Pathologists; ECC, *Evaluating Communicative Competence*; TWF, *Test of Word Finding*; SPIS, Sequential Picture Interpretation & Storytelling (spontaneous & paraphrased version); SSD, Stating Similarities & Differences; SDUT, Sequential Directions for Using a Pay Telephone; BG, Barrier Games; PNN, Picture Naming—Nouns; SCN, Sentence Completion Naming; DN, Description Naming; PNV, Picture Naming—Verbs; PNC, Picture Naming—Categories.

park but on the wrong base. . . . lots of descriptors." An example of this child's circumlocutions was seen in her attempt to identify the word "storms/weather:" "seasons, things that happen, form of rain, cloud." Another example was evident in her attempt to identify the word "patch:" "clothes, iron, fabric." The use of nonspecific vocabulary was mentioned next as an indicator of WFPs in children and was described by one clinician in this way: ". . . uses many nondescript words 'it' in first story with model." Syllable and word repetitions and the use of fillers were reported infrequently as indicative of WFPs in the three children observed. In an attempt to identify "anchor," one child displayed the use of filler words: "water, um, you know, stops the." Notably, a review of the interview data suggested only 1 clinician in 12 actually performed a WFP with a noticeable delay or deliberate hesitation. Yet this behavior was described most often as indicative of a WFP in the clinicians' viewings of the videotape. Further, the use of fillers was mentioned frequently in the clinicians' earlier descriptions of WFPs and was evident in almost all of their examples. The use of fillers, however, was infrequently specified as indicative of WFPs in the children viewed on the videotape.

Most of the clinicians offered narrative comments describing some uncertainty regarding the behavior being demonstrated by the children viewed on the videotape. Many of these comments suggested relationships with other skills and potential confusion in making an accurate identification of a WFP: "Does she know what is asked?" "Seemed not to know some words, impulsive." "Seemed to affect her overall expressive language and made her seem disorganized in expressive communication, disjointed,

TABLE 2. Identified WFP and agreement among clinicians within and across disciplines for each task administered to child 2.

Tasks	Disciplines				
	PED	*PSYCH*	*SPED*	*SLP*	*Overall*
ECC-SPIS	0 (100.00)	6 (40.00)	0 (100.00)	1 (33.33)	7 (11.67)
ECC-SSD	0 (100.00)	0 (100.00)	0 (100.00)	0 (100.00)	0 (100.00)
ECC-SDUT	0 (100.00)	1 (33.33)	0 (100.00)	0 (100.00)	1 (8.30)
ECC-BG	0 (100.00)	1 (33.33)	0 (100.00)	1 (33.33)	2 (16.67)
TWF-PNN	1 (33.33)	25 (64.10)	0 (100.00)	14 (35.90)	36 (20.83)
TWF-SCN	2 (33.33)	10 (66.67)	0 (100.00)	5 (33.33)	17 (23.61)
TWF-DN	4 (44.44)	5 (55.55)	0 (100.00)	3 (33.33)	12 (25.00)
TWF-PNV	7 (58.33)	8 (53.33)	1 (33.33)	4 (33.33)	20 (33.33)
TWF-PNC	4 (66.67)	6 (50.00)	0 (100.00)	1 (33.33)	11 (22.92)

Values are number of times a WFP was identified with percentage of agreement in parentheses. PED, Pediatricians; PSYCH, Psychologists; SPED, Special Educators; SLP, Speech-Language Pathologists; ECC, *Evaluating Communicative Competence*; TWF, *Test of Word Finding*; SPIS, Sequential Picture Interpretation & Storytelling (spontaneous & paraphrased version); SSD, Stating Similarities & Differences; SDUT, Sequential Directions for Using a Pay Telephone; BG, Barrier Games; PNN, Picture Naming—Nouns; SCN, Sentence Completion Naming; DN, Description Naming; PNV, Picture Naming—Verbs; PNC, Picture Naming—Categories.

TABLE 3. Identified WFP and agreement among clinicians within and across disciplines for each task administered to child 3.

Tasks	Disciplines PED	PSYCH	SPED	SLP	Overall
ECC-SPIS	1 (33.33)	10 (47.62)	0 (100.00)	2 (66.67)	13 (15.48)
ECC-SSD	3 (33.33)	5 (55.55)	0 (100.00)	2 (66.67)	10 (16.67)
ECC-SDUT	1 (33.33)	3 (50.00)	0 (100.00)	3 (100.00)	7 (19.44)
ECC-BG	0 (100.00)	0 (100.00)	0 (100.00)	0 (100.00)	0 (100.00)
TWF-PNN	9 (60.00)	12 (57.14)	2 (66.67)	8 (66.67)	31 (36.90)
TWF-SCN	3 (100.00)	5 (83.33)	0 (100.00)	5 (83.33)	13 (54.17)
TWF-DN	1 (33.33)	3 (50.00)	0 (100.00)	6 (50.00)	10 (20.83)
TWF-PNV	0 (100.00)	2 (33.33)	0 (100.00)	3 (33.33)	5 (10.42)
TWF-PNC	0 (100.00)	2 (33.33)	0 (100.00)	0 (100.00)	2 (5.55)

Values are number of times a WFP was identified with percentage of agreement in parentheses. PED, Pediatricians; PSYCH, Psychologists; SPED, Special Educators; SLP, Speech-Language Pathologists; ECC, *Evaluating Communicative Competence*; TWF, *Test of Word Finding*; SPIS, Sequential Picture Interpretation & Storytelling (spontaneous & paraphrased version); SSD, Stating Similarities & Differences; SDUT, Sequential Directions for Using a Pay Telephone; BG, Barrier Games; PNN, Picture Naming—Nouns; SCN, Sentence Completion Naming; DN, Description Naming; PNV, Picture Naming—Verbs; PNC, Picture Naming—Categories.

etc." "Had trouble organizing her thoughts—sequencing of words in sentences/out of order?" "Spatial orientation problems." "I had a lot of difficulty judging whether she didn't know or couldn't retrieve the word." "Many hesitations but not as much with specific words as with ability to talk fluidly." The literature has associated word finding with other types of problems, including memory, dysfluency, and language processing. During the clinician interviews, potential confusions with other problem types were suggested. Most of the clinicians stated, however, that these problems could be differentiated. Their commentary after the videotape viewings, however, suggested that discriminating WFPs from other problem types may be more difficult than they initially described.

SUMMARY AND CONCLUSION

A consensus was not found among the participants regarding those characteristics that constituted a WFP and how **word finding** was different from or related to **word retrieval** problems, some forms of "dysfluency," and "language processing" difficulties. The lack of consistency was seen both within and across disciplines. Instances where there was consistent agreement among members of a discipline must be interpreted cautiously because a relatively small number of participants was involved in the interviews. Further, the results should not be generalized to an assessment of all children with WFPs, because only three children were viewed by the professionals. The findings do suggest, however, dimensions along which problems in interpreting WFPs may occur.

The analysis of the clinician interviews and videotape viewing of the three language-impaired children have specific implications for clinicians when diagnosing WFPs in children. First, differences in the clinicians' knowledge of a what **word finding** is, how it is manifested, what relationship it has to other skills, and how it should be assessed was evident. Such differences in understanding WFPs in children have been described in the literature (Gardner, 1974; German, 1983, 1984; Kail & Leonard, 1986; Lewis & Kass, 1982; Nippold, 1992; Oldfield & Winfield, 1964; Snyder & Godley, 1992). Second, the clinicians frequently made diagnostic assumptions when they admittedly were unsure of their conceptual framework and that of their colleagues. The impact of these assumptions was seen in the clinicians' general lack of agreement in the identification of actual instances of WFPs and in their rankings of those tasks believed to be most helpful in making a diagnosis of a WFP. Third, the clinicians failed to pursue clarification when differences were realized during team conferences. It may be that a more appropriate diagnostic goal for a team of professionals is to describe behaviors being observed rather than attempt to use a less well understood diagnostic label. It may also be important for clinicians to consider the impact of situational variability when identifying and defining WFPs in children. Clinicians in this study reported WFPs in a variety of tasks, from naming to conversation, yet, the context that seemed to guide their final determination of a WFP was a naming task. Clinicians are cautioned not to rely only on those tasks that have been used traditionally to determine WFPs (i.e., naming) without considering more naturalistic contexts in which WFPs may occur.

The importance of WFPs in the overall picture of communication disorders has yet to be determined. Are WFPs a significant manifestation of language impairment and for what population of children? Is it important to identify WFPs in the diagnostic process and how will this affect treatment? To whom should the responsibility of identifying a WFP fall? Most importantly, what does a WFP tell us about a child?

As speech-language pathologists working to describe behaviors that affect children's communication and learning

and providing intervention to enhance that communication and learning, we may wish to consider the following: (a) clarify our understanding of WFPs and assess the role of WFPs as an index of language impairment; (b) educate professionals to describe the behaviors manifested during perceived instances of WFPs, specifying the conditions under which the WFPs occurred; and (c) seek an understanding from other professionals of the importance they perceive in identifying WFPs and how observations of WFPs may impact on interdisciplinary assessment.

Although this study relied on experimental methods to highlight differences in professionals' interpretations of WFPs in children, the results suggest difficulties in professional communication that are described in other studies within this volume. In this study, professionals shared terminology but not their interpretation of that terminology. Clarification of the professionals' use of the term "word finding" was not addressed and conflicts were avoided during team meetings. Open communication among professionals serving assessment teams is critical to obtaining a reliable and valid evaluation of a child's communicative performance. It seems that further studies are needed to explore the impact of professional jargon on team interaction and client assessment.

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Appendix A

Interview Questions Probing Participants' Understanding of WFPS

1. When you listen to a child talk, what do you listen for?
2. What do you believe a word-finding problem (WFP) is?
3. Do **word finding** and **word retrieval** describe the same phenomena?
4. How do you differentiate between a **WFP** and a deficient **vocabulary**?
   . . . how about **word finding** and **sequencing** problems?
   . . . **word finding** and **information/language processing**?
   . . . **word finding** and **memory**?
   . . . **word finding** and **dysfluency**?
5. How are WFPs manifested in the assessments you have done?
6. What instruments, if any, do you use to determine the existence of a WFP in a child?
7. What do these instruments tell you about a child's WFPs?
8. What do you feel is the best way to make a determination of WFPs in the children you see?
9. How would others' perceptions of word finding be similar and/or different than yours?
10. What do you think causes a WFP?
11. What situations would be most likely to bring about a WFP in a child?
12. Give me an example of what a WFP sounds like:

Appendix B

Questions Answered by Participants After Viewing of Videotapes

1. Do you believe this child has a word-finding problem (WFP)?
   ____ Yes ____ No If yes, please check those behaviors you noted:
   ____ pausing/hesitations ____ syllable/word repetitions
   ____ circumlocutions ____ fillers (uh, um, ah)
   ____ nonspecific vocabulatory (stuff, thing)
   ____ other (please specify): _____
   _____
2. Rank order (with 1 being most helpful) the **three** tasks you observed which provided you with the most information for making a determination of a WFP.
   ____ (ECC) Spontaneous & Paraphrased Storytelling
   ____ (ECC) Stating Similarities & Differences
   ____ (ECC) Directions for Using a Pay Telephone
   ____ (ECC) Barrier Game (with blocks)
   ____ (TWF) Picture Naming: Nouns
   ____ (TWF) Sentence Completion Naming
   ____ (TWF) Picture Naming: Verbs
   ____ (TWF) Picture Naming: Categories
3. Would you need any additional information to make an accurate determination of a WFP? ____ Yes ____ No
   If yes, please list the information you would need: _____
   _____
4. Additional Comments: _____
   _____

Chapter 6

Professional Communicative Paradigms in Family-Centered Service Delivery

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Federal laws and changing service delivery paradigms are modifying the roles of professionals who work with children at risk or with developmental disabilities. Public Law 99-457 has mandated that assessment and intervention services for infants and toddlers address the strengths and needs of the child's family as well as the child. It requires that early intervention programs coordinate with other agencies serving this population. It also advocates for integrated team approaches to assessment and treatment. Professionals are no longer responsible for only their area of expertise. They may need to function as service coordinators for the child and family, and in this role they may assist families in carrying out all aspects of the intervention program not just those aspects related to their particular discipline.

As professionals take on these expanded roles, they are becoming aware that to provide appropriate services to children and families requires a knowledge of the broader community and a recognition and understanding of the culture of the children and families they serve. Seldom, however, have professionals considered how their own values, beliefs, and assumptions have an impact on their decision making, assessments, and interventions.

CULTURE IN THE ASSESSMENT/ INTERVENTION PROCESS

There are multiple definitions of culture. Edward Tylor, one of the first anthropologists, in 1871 defined culture as "That complex whole which includes knowledge, beliefs, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (Sackmann, 1991). Currently, many disciplines are redefining the meaning of the term culture. Using this redefinition culture is viewed as "the knowledge people use to generate and interpret social behavior (Spradley & McCurdy, 1972). This redefinition permits persons to discuss the culture of organizations, teams, classrooms, or therapy sessions (Erickson & Mohatt, 1982; Ott, 1989; Spindler & Spindler, 1987). A cultural approach to studying organizations, classrooms, team meetings, and therapy sessions provides a framework for considering the beliefs, values, and assumptions people use in carrying out their roles and responsibilities in work environments. The authors of this article have found that discussing the functioning of an organization or team in terms of "cultural" beliefs, values, and assumptions had been more acceptable than simply describing the environment and actions of persons. Describing individual behaviors tends to be threatening and puts team participants on the defensive. Discussing the team as a culture provides the team members with a broad perspective of their organization. It helps participants understand the many factors that contribute to their interaction patterns and discussions.

Intervention teams are generally aware that a family's culture can affect their interpretations of causes of illnesses or disabling conditions, their response to treatment interventions, and even whether they seek treatment (Joe & Miller, 1988; Locust, 1988; Spector, 1985). What might be considered a disability in one culture may not be considered a disability in another culture. Educational anthropologists have reported on how different cultural backgrounds and communicative interaction patterns affect students' ability to participate and be successful in mainstream educational settings (Boggs, 1985; Erickson & Mohatt, 1982; Heath, 1982; Philips, 1983; Wolcott, 1987). Understanding how cultural differences are manifested in a student's behavior is especially critical in determining whether a student has a learning disability or is simply behaving in ways that are not typical of the dominant culture.

Although most diagnostic and intervention teams who conduct evaluations and design intervention programs for children are aware of the important role the child's culture plays in how the child and his or her family respond, most teams are not aware of how their own team culture affects their assumptions and beliefs about assessment and intervention. Only in the last decade has organization or team culture been investigated (Frost, Moore, Louis, Lundberg, & Martin, 1985, 1991; Ott, 1989; Schein, 1985). Teams working together within organizations develop their own unique cultures (values, beliefs, assumptions, and patterns for interaction) that function in the same way as other cultural manifestations do. In fact, Ott has proposed that "Culture is to the organization what personality is to the individual—a hidden, yet unifying theme that provides meaning, direction and mobilization" (Ott, 1989, p. 1). Similar to a nationalistic or ethnic culture, a team culture provides its members with a way to frame their roles and experiences. Team members come to share a perspective for how to interpret what is occurring and what will occur. It is like a lens through which they can view their activities and give them meaning.

The values and beliefs of the assessment/intervention team help determine its membership and the focus and interests of the team. The team's perspective influences members' interactions with clients and their families, how information is shared, the types of assessment information collected and how it is interpreted, the diagnoses that are made, and the recommendations that are given. The results

of the assessment are as much or more dependent on the perspective or culture of the team as they are on the cultures, strengths, and needs of the children who are evaluated and their families.

METHODS

We are staff members on Project TIE (Teams in Early Intervention), a federally funded project under the University of New Mexico's University Affiliated Program. The goals of Project TIE are to assist the staff of early intervention programs in better understanding agency interrelationships in their communities and in improving their communicative interactions within team meetings so that they can provide high-quality assessment and intervention services and can better assist families in accessing community resources. We, a speech-language pathologist and an ethnographer, were assigned the task of observing and interviewing early intervention teams and designing inservice training that would facilitate team members working effectively together in developing a family-centered approach. Initially, we simply observed the teams as they conducted arena evaluations and staffed children. We noted behaviors such as topics of conversation, patterns of turn taking, communication breakdowns, and frequency and amount of participation by each team member. We soon realized, however, that we could not adequately interpret the content of the meetings and the interactions occurring within the assessment sessions and team meetings without a broader understanding of the team's values, beliefs, and assumptions.

This article describes Project TIE's work with one early intervention team. The program, Las Mañanitas (a pseudonym), serves children from birth to 3 years who have developmental disabilities or who are at risk for developmental disabilities. Las Mañanitas is located in a medium-size southwestern city. Its population is culturally diverse, with a large percentage of families of Hispanic and Native American heritage and a smaller percentage of families who have moved to the community from the east and west coasts. The Las Mañanitas staff consists of a full-time coordinator who is an early childhood specialist, three other early childhood specialists, a parent-advocate, one nurse who is a premature infant specialist, a consulting physical therapist, a part-time occupational therapist, and a part-time speech-language pathologist. The staff is divided into two teams: a home-based team and a classroom-based team. All members of both teams as well as the two TIE staff who assessed the teams' functioning are Anglo. The staff prides itself on its family-centered approach to assessment and intervention and the support it provides to its families.

Figure 1 shows the informational sources used to reveal the team's culture, that is their values, beliefs, assumptions, and patterns of interaction. Data were triangulated (compared and contrasted) in two ways: (*a*) interview information was gathered from multiple points of view—the Las Mañanitas team, the families they served, and other agencies in the community, and (*b*) several types of data were collected from the Las Mañanitas agency and team members—artifacts, observations, interviews, and questionnaires.

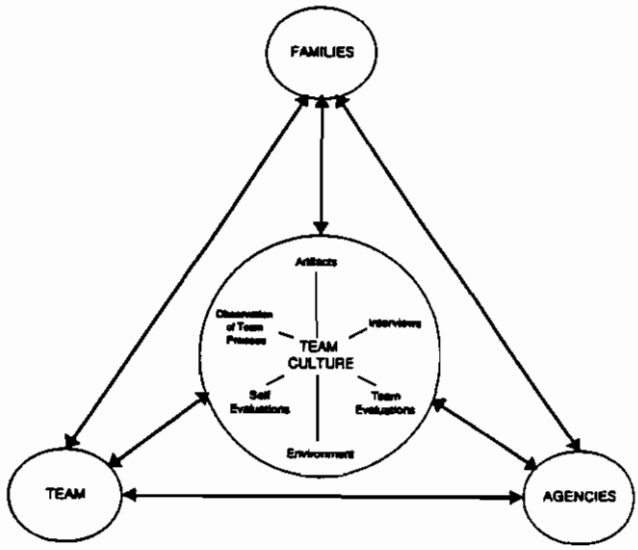

FIGURE 1. Informational sources used to reveal the team's culture.

Specific sources of data included the following:

1. Interviews of team members (as a group and individually). In a group meeting, staff were asked to identify agencies with whom they interacted and then to describe the nature of their interactions; their feelings about the interactions; what, if anything, they would like to change about the interactions; and their perception of the quality of services the agencies provided to families.

Staff members were interviewed individually to gain information regarding their goals as a staff member and how they view the team process. They were asked (a) what they want to accomplish by working with children and their families at Las Mañanitas, (b) the services Las Mañanitas is providing, (c) the skills they and other team members bring to the team, (d) what additional skills they would like to have on the team, (e) how comfortable and knowledgeable they feel in the team process, (f) conversational patterns they have observed in team meetings, and (g) what they believe children and families need that they are not getting from Las Mañanitas.

2. Interviews of a sample of families receiving services. Twelve families receiving services from Las Mañanitas were chosen by the program coordinator to be interviewed. The families were representative of the socioeconomic, educational, and ethnic diversity of the community. Parents were asked to describe (a) their child, (b) how they were referred to Las Mañanitas, (c) their experiences with Las Mañanitas, and (d) their experiences with local, state, and national agencies whose services they had used to meet the needs of their child with disabilities and their family.

3. Interviews of a sample of agencies who regularly interact with Las Mañanitas. The Las Mañanitas coordinator chose 18 agencies that had regular interactions with Las Mañanitas to be interviewed. Agency staff were asked to describe their interactions with Las Mañanitas and any

changes they would like to see in their interactions with Las Mañanitas.

4. Review of artifacts. Artifacts included mission statement, brochures, newsletters, and parent information material.

5. Mapping of the environment, noting materials and equipment available and organization of space.

6. Observation of the team process by videotaping assessment sessions and team staffings.

7. Written questionnaires to evaluate team goals and team functioning. The Family Orientation of Community Agency Services (FOCAS) questionnaire (Bailey, 1989) measures professionals perceptions of how families are included in an intervention program. The Team Development Scale (Dyer, 1987) measures perceptions of overall team effectiveness on issues such as freedom of expression, clarity of goals, task orientation, ability to handle conflict, and how the leader is viewed. The Team Effectiveness Rating Scale (original by Neugebauer, 1983; revised by authors) measures team members' perceptions of their effectiveness at a particular meeting on such issues as clarity of goals, level of cohesion, handling conflict, decision making, participation, and evaluation.

8. Written questionnaires to assess learning styles and roles of members on the team. Two questionnaires addressed team members perceptions about themselves. On the Learning Style Inventory (Kolb, 1985), staff rank four endings to each of 12 questions regarding how they believe they learn best. The scores are plotted on a four-quadrant grid formed by two dimensions: a doing versus reflective dimension and a concrete, feeling versus abstract, thinking dimension. Four styles are identified: (a) divergers who like to observe and reflect on concrete behaviors, (b) assimilators who like to reflect on abstract theoretical ideas, (c) convergers who like to solve theoretical problems, and (d) accommodators who like implementing concrete ideas. The Team Player Survey (Parker, 1990) is designed to help team members identify their styles as team members. Team members complete 18 sentences by ranking four possible endings to situations. Four styles are identified: (a) contributors who enjoy providing technical information, (b) collaborators who see the big picture, (c) communicators who keep the process going, and (d) challengers who are willing to disagree with team goals and methods.

Information from these multiple data sources were used to identify the Las Mañanitas team culture. A culture is more than bits and pieces of behaviors and ideas. Cultures are complex patterns (Spradley, 1979). The data were analyzed to determined the dominant themes that organized the behavior of the Las Mañanitas staff into a dynamic whole.

PRIMARY THEMES OF THE TEAM CULTURE

Three primary themes that particularly define the Las Mañanitas culture emerged from analysis of all the data. These include (a) a family-centered focus, (b) a staff climate without conflict, and (c) a play-centered intervention philosophy. These themes determined the nature of the interactions that occurred during evaluations and staffings and the suggestions given for interventions.

Family-Centered Focus

The Las Mañanitas family-centered focus was revealed in the Las Mañanitas artifacts, staff, family, and agency interviews and their written mission statement:

> Enhancing each child's growth, development, strengths, and sense of well-being through a family-centered approach by:
>
> - Collaborating with families to identify strengths, resources, needs, and concerns.
> - Creating partnerships between families and staff that reflect a respect for the diversity of family systems.
> - Sharing expertise and technical assistance through consultation to other professionals, health care providers, and programs.

The philosophy statement reiterated and described this family-centered approach to intervention. The philosophy document stated that parents are viewed as partners on the team and that the staff strives to be responsive to parents' priorities and decisions. The staff believe that parent-staff partnership develops as communication, trust, and rapport are established.

The program philosophy states that intervention strategies are designed to increase family-child interactions while fitting into daily routines. Parents are not expected to set aside time to "do therapy" at home. Instead, staff give suggestions to parents about how to modify their present interactions so as to facilitate their child's development. Parents can choose a home-based or centered-based program or elements of both.

A transdisciplinary model is used. Assessment, planning, and implementation efforts occur with all staff, who come from multiple disciplines. Any staff member can be assigned the role of service coordinator for any family. The staff are to work toward identifying and using existing community resources and offering support and information so the families can access those resources.

A parents' information packet describes the Las Mañanitas Early Childhood program and the Individual Family Service Plan (IFSP) process. Care has been taken in this packet to avoid professional jargon. An explanation of who is on the team is presented. This section begins by explaining that parents are a vital part of the team because they know their children best. The packet describes step by step the process children and their families will encounter at Las Mañanitas, from initial contact, to assessment, to writing and carrying out the IFSP process, to monitoring progress and preparing for transition to other services.

Individual interviews with staff, as well as questionnaires completed by staff, reflect this strong value of family-centered services and play orientation to intervention. Staff

ratings on 9 of the 12 questions on the FOCAS questionnaire were at the highest level for family involvement, e.g.,

> Parents and professionals collaboratively evaluate our program.
> Parents are given decision-making opportunities to coordinate assessments.
> Professionals provide parents with a range of choices.

The lowest mean for an item was 5.2 on the 9-point scale and that was related to the effective flow of services to families from community agencies.

When asked about what they most want to accomplish when working with children and families, all staff responded first that they want to support families. When asked how support is provided, they mentioned validating parents' concerns, sharing information about services, increasing parent self-esteem, and giving information on child development.

> . . . we should be providing services from their point of view (the parents), so they identify their needs.
>
> My priority is listening to the families, validating them.
>
> I want to be supportive and help families feel comfortable using me as a resource.
>
> . . . the most important thinking is to be a support person for the family and emotionally just to be there and be a resource person for them, to kind of help them work the system out.

The team member making the last statement continued:

> I feel the least important thing is providing services to their children.

She then appeared to realize that what she had said might not be an appropriate attitude for an early intervention program and added, "although it's the most important thing." Only one team member said her goal is to facilitate development of children in the program, and no team member focused on her discipline expertise.

Interviews with mothers corroborated the importance to Las Mañanitas staff of a family-centered approach. During interviews, mothers of children in the program indicated that they feel supported by staff. The mothers interviewed commented that they and their children are comfortable at Las Mañanitas and that staff listen to them and are helpful to them.

> They've been very helpful. They've talked to me about options. They went with me to look at school programs.
>
> They're supportive, caring people. They have a great program. My little boy loves it here.

The staff accommodate families' schedules and will arrange evening visits. All families interviewed made some negative comments about other agencies with which they had dealt.

> I went to . . . and that woman was so rude. I won't go back. I'll do without the milk program.
>
> (regarding another evaluation program in the community) I think it (evaluation information) needs to be presented differently to the parents. You look and think this is inadequate. I needed . . . I wanted . . . to get more information.

No negative comments were made about Las Mañanitas. Several parents reported hesitancy about their children moving into public school programs because they are afraid they will no longer have someone to support them.

> It's been a wonderful experience here. I begged them to keep him one more year. I'll pay tuition, don't worry about the funding. It's just been wonderful. We've gotten so much out of it. They're great!
>
> (talking about the public school program) I'm being awful about them today. We're having a hard time leaving this family-centered base and going to a place like (the public school) where it's drop your child off and that's the way it is.

The only suggestions mothers gave for improving services are more opportunity for parent group meetings and direct therapeutic services.

> . . . more parent support. Maybe just a drop-in group. A place where you can go when you kid's going to have surgery, or when doctors have been too much, or when your husband's having a horrible time about all the stuff involved with this.

Several parents were paying for child therapy services from other professionals outside Las Mañanitas. When asked if Las Mañanitas staff communicated with these outside professionals, mothers reported, "very rarely," or "I think in some cases."

Staff Climate

Interview and questionnaire data reveal staff perceptions of a strong collaborative climate. The team leader praised all her staff as being competent in their fields, sensitive to families, flexible, having good self-esteem, and having a good sense of humor.

> We have a really dedicated staff. They're committed to their jobs. They have good senses of humor. I think most of them are pretty playful. I think they like what they're doing . . . as a whole they're able to carry out a family-centered philosophy.

All staff feel positive about the team leader. In fact, when one staff member left Las Mañanitas she wrote a poem to the team leader in the program newsletter:

> Hey, "Boss Lady," you're the very best indeed.
> The special kind of "Boss" all people want and need!
> You're compassionate, caring, and competent too.
> It's a rare combination, but it's there in all you do!
>
> We all hate to leave because we know we won't find
> The type of staff and people here—the very special kind.
> It's more than just the kids or things we share.
> It's hard to say just how we feel for all of those who care.

Several commented that the assessment and staffing process "just flowed" and was "so comfortable." Members reported that other team members are easily accessible, that they do not feel judged about what they say—and, in fact, that they can brainstorm any ideas.

This has to be one of the most open-minded group of people I have ever worked with.

It's a nice group of people. I feel comfortable in approaching any of them if there was a concern I had.

They indicated that making mistakes is permissible, that they can admit lack of knowledge, and that they are encouraged to improve their skill/knowledge base and learn from each other.

We're able to support each other. When someone says I did this and this and it should have worked but it just didn t work at all, and what do I do next. To be able to say that is pretty wonderful, to have a group of people to whom you can say, "I just felt like I didn't do a good job at all."

I've learned a lot from the rest of the team. If there wouldn't have been a team then I would have had to know on my own, but it would have been difficult.

Observations of videotapes of team staffings showed marked differences in the degree to which team members participate in the staff meetings. The TIE staff noticed that the nurse talked more than other staff members. She took more turns and each of her turns was longer than the turns of other team members. Often contributions by the other team members consisted of brief comments or questions directed to the nurse. When individual team members were asked to describe their interactions in assessments and staffings, however, most team members reported that everyone contributed equally at staffings. Those who were aware that the nurse talked the most reported being quite comfortable with this because "she knows so much" and "has more to say." The TIE staff's perspective was that other team members commented on their own observations of the child and family but tended to turn to the nurse for her medical expertise.

Occupational therapist: I thought she tolerated at lot of stimulation. She was visually curious. She'd look at several different things at once and shifted her gaze from one thing to another and integrated it. But she's intent on each. (turning to nurse) Just looking at her birth, what are the red flags for you?

TIE staff did not observe any direct disagreements among team members. The nurse often bordered on lecturing—giving information about the child's medical background, explaining medical issues, and giving suggestions for intervention. The nurse, herself, was aware that she dominates the meetings. She commented that she tends to get off topic sometimes and that team members politely bring her back. Team members seem to welcome and seek the nurse's information and did not challenge each other's comments. The nurse, who has 20 years of experience with children, appears to provide a vital source of important facts for less experienced staff members.

Nurse: She wasn't vented until the second or third day. Any baby that's on a ventilator is automatically at risk for hearing and vision issues because of the potential hypoxia. Did you all see this article on vision and hearing criteria which is another point I'd like to talk about . . . (regarding red flags) The hemorrhage, the stress of the respirator resulting in hypoxia. And they did a septic work up on her by virtue of having been born out of the hospital. Which is another reason to do hearing screening because the drugs that are used in septic treatment are ototoxic and can impact hearing and also kidney function.

One way of assessing a team's climate and how a team is performing is to locate it relative to its developmental phase. Teams move through four phases from their inception to their becoming highly productive (Blanchard, Carew, & Parisi-Carew, (1990). Table 1 summarizes the characteristics of the stages of team development. In the first phase, *orientation*, teams are eager and optimistic. Members are likely to be quite accepting of each other. Teams, however, do not usually stay in this stage and, in fact, to do so would inhibit their development and ability to reach their goals.

In the second stage of team development, *dissatisfaction*, team members are likely to become dissatisfied with other team members and their actions or they become aware that they or others need more information to function adequately. Team members are more likely to challenge one another, or, if they believe they cannot question, they may withdraw emotionally from the process. If team members can recognize what is happening in this stage and if the leader maintains her enthusiasm, listens to the issues, provides support and training, encourages the expression of conflict, and assists in managing it, the team can move on to the third stage, *resolution*. At this stage, team members have further developed both their own professional skills and their team process skills and are able to communicate more openly. As the team develops their technical and process skills, they eventually reach the fourth stage, *production or a high-performance team*, and are able to look critically at themselves to determine how to develop better.

Although the team leader and nurse have been with the program for several years, the other team members have joined within the last year. The Las Mañanitas team appears to be in the initial orientation phase of team building. One of the staff suggested that "there haven't been any situations where we've had team problems. As we get more comfortable, there may be more periods where we disagree."

When asked what skill they would like to improve related to team functioning, all members reported they want to be better at communicating information, and they want to have more knowledge about the issues related to their clients—both knowledge in their individual disciplines and across disciplines.

Early interventionist: If I had more of a knowledge base then I could add more to the team.

Occupational therapist: I've never worked with this kind of thing and I need a whole new body of information in terms of learning about different kinds of congenital anomalies.

Speech-language pathologist: I always feel I need to know more about other areas like feeding, sleep cycles, medical information, counseling of parents.

The occupational therapist and speech-language pathologist also want a clearer definition of roles and responsibilities for the assessment process.

TABLE 1. Characteristics of the team development stages.

Stage	*Productivity*	*Morale*	*Attitudes and behaviors*	*Tasks for team development*	*Issues*
Orientation	Low	Moderately high	Members eager and optimistic: accepting of team members: depend on authority; feel uncertainty; need to establish oneself	Define goals, direction, and roles of team members	Becoming included in team; developing trust among members
Dissatisfaction	Low to moderate	Low	Dissatisfaction with other team members; frustration over goals and task; competition for power; feelings of incompetence; need for information	Develop skills of team members; learn how to work together	Dealing with control and power issues among team members; coping with conflict
Resolution	Moderately high	Variable and improving	Development of trust, support, and respect; more open communication and feedback; sharing of responsibilities and control; improving self-esteem and confidence in skills	Share opinions and ideas; evaluate critically and constructively; examine team functioning; increase productivity	Moving from focus on content to focus on interactions; leader relinquishes control; avoiding "group think"
Production: a high-performance team	High	High	Excitement about team activities; able to work both independently and collaboratively; confidence in skills; shared leadership; able to critically evaluate team functioning and productivity	Focus on goals; deal immediately and directly with interpersonal and groups issues; use time efficiently	Major issues resolved

> Occupational therapist: Lots of people are doing different things at one time. One person talking about this or other people talking together and one person is watching the child and one person is interviewing the parents. We're not focused on the assessments and not thinking, what are we doing. No sense of completion and pulling it all together.
>
> Speech-language pathologist: I'd like us to do more prepping before we do the assessment so we know who's going to do what. Who's responsible for what.

At present, the implicit team culture does not allow open conflict or challenges in staffings. Although all the team members report feeling very comfortable with one another, there is some hesitancy to speak up.

> Early interventionist: I wish I could feel more confident and trust my own opinions and trust my feelings because lots of times I'll just back down and I can really get snow-balled by other people's opinions.
>
> Speech-language pathologist: The biggest thing for me is sharing information with people. And what's becoming increasingly clear for me is how to do that in a nonthreatening way.

In fact, responses to the team player questionnaire (Parker, 1990), which allows team members to identify the primary roles they play on a team, indicated that no team member's scores were in the challenger category. Two members, the nurse and the occupational therapist, were contributors who shared technical information. The other team members were all communicators. According to Parker (1990), communicators are not likely to confront other team members and they are more interested in the process (i.e., supporting families) than in a specific end (e.g., child outcomes). As the team becomes more familiar with each other and as they become more comfortable with their knowledge, there may be more potential for conflict. Because the implicit culture of Las Mañanitas so strongly seeks to maintain positive relationships and the members prefer team player rolls of communicator and contributor, it may be difficult for the team participants to engage in open disagreement.

Intervention Orientation

The Las Mañanitas program philosophy states that the intervention program is a prevention-based approach rather than a deficit-treatment approach. The staff focus on the children's strengths and help to identify compensatory learning strategies when needed. Communication, motor, cognitive, and social/affective behavior are recognized as being interdependent. Staff believe that these behaviors can be observed and facilitated through play rather than through structured activities or traditional therapy activities. These attitudes toward intervention affect team members' decision making during staffings and their interactions with parents during evaluations and interpretative sessions.

The Las Mañanitas classroom reflects the staffs' attitude toward the type of service they should provide. The room was primarily designed for children to experience sensorimotor activities. A large attractive wooden apparatus occupies about two thirds of the tiled area of the room. It con-

tains several ladders, stairs, and climbing areas, two slides, and a trampoline. There are also two large therapy balls. Nearby is a six-sided wooden box approximately 4 feet in diameter that contains soft plastic balls. Children can crawl in the box and sink into the balls. The appearance of the room suggests that much of the children's time is devoted to motor activities. In fact, there is a noticeable absence of attention to other aspects of the children's development. There is a small pretend area with a kitchenette and doll bed. Staff saw the classroom-based program as an opportunity for mothers to visit with each other and children to socialize with other children. The only structured activity is snack, but children are not required to participate if they do not want to. Staff follow the children's lead, interacting with them as they select the materials or activities. Specific developmental goals and objectives are not, however, established for each child. More attention appears to be devoted to sensory and motor development than to cognitive and linguistic development. The team leader confirmed these observations:

> There's a lot of chatting until about 10:00. And then the teachers just have a variety of activities that are available to the kids but the kids are pretty much allowed to move from one thing to another at their own pace. The only structured sit down activity that they all do at the same time is snack and still if the child doesn't want to eat, they're not made to eat . . . so they do a lot of play and exploration and there's a lot of sensorimotor kinds of things in the room.

The Las Mañanitas intervention approach appears to be a reflection of the team members' preferred learning styles. On the Learning Style Inventory (Kolb, 1985), all team members' scores fell primarily in the diverger category, indicating that they were most comfortable observing concrete situations and attending to feelings. Although some staff had some elements of accommodators who unite feelings and doing concrete things, none of the staff exhibited strengths in the areas requiring attention to theory and logical thought. Divergers and accommodators are good at understanding people, influencing others, and providing concrete experiences, but they are weak in organizing information, building conceptual models, and testing and analyzing grant data (Kolb, 1985). The classroom provides activities to promote social-emotional development. There is not, however, a strong theoretical basis for the activities, and little attention is given to developing specific cognitive and language abilities.

PARADIGM BLINDNESS

Public Law 99-457 has resulted in assessment and intervention programs changing their operating approaches or paradigms. Assessment and intervention teams can operate with several different paradigms (Dunst, Johanson, Trivette, & Hambry, 1991). Often such paradigms use a unidimensional continuum in which either the child or the parent/family are the focus of the intervention (Meisels, 1992). In response to PL 99-457, many early intervention programs have shifted from a child- to a family-centered paradigm. With the child-centered paradigm, professionals are seen as experts who determine the needs of the child with little or no attention to the family's perspective. In contrast, a family-centered paradigm places emphasis on the family's needs and desires. Professionals in family-centered programs are to intervene in ways that promote family decision making, capabilities, and competencies. Intervention in child-centered paradigms tends to focus on overcoming a child's deficits. Family-centered paradigms are more concerned with child and family strengths and providing services to strengthen a family's capacity to build both informal and formal networks of resources to meet needs.

All data from Las Mañanitas revealed a strong family-centered focus. The Las Mañanitas staff maintains a highly positive, supportive interaction with all families. The families' concerns and needs drive assessment and intervention services, including the development of the IFSP. The nurse reflected the teams' attitude:

> We've been in settings where the family hasn't been considered and we've see the end result is that you have a tidy report, but you don't necessarily have a functional family situation.

When staff were asked why they did not include specific speech and language goals on the IFSP, they responded that the parents had not asked for specific goals. In many respects, the family-centered paradigm has served Las Mañanitas well. The family-centered focus has been especially valuable in a state with a culturally/linguistically diverse population. The paradigm helped the staff of Las Mañanitas appreciate cultural variations in child-rearing practices and preferences for intervention activities. Staff has been alert to the need to involve extended family members when making decisions about services for a child. They have acknowledged a family's desire to seek traditional healing ceremonies for their child before or while using Western treatment. And they have recognized that a family's goals for their child may be different from the goals of the Las Mañanitas staff for the child.

Despite the benefits of the family-centered paradigm, like any paradigm, it can blind its users to important information and limit overall effectiveness. The strong adherence to the family-centered paradigm appears to be limiting the Las Mañanitas program in three ways. First, the focus on family- over child-centered services affects the nature of the intervention provided. The classroom serves primarily to provide a socialization time for mothers and children. Although the Las Mañanitas team includes therapeutic staff, they are all part-time, and they do little or no direct intervention. Their responsibilities are restricted primarily to the evaluation team, and they provide some consultation to parents and classroom staff. When asked about their strengths, the therapists focused on their ability to communicate information to parents and not on their specific expertise and how they use it in evaluating and planning programs for children.

> Occupational therapist: I'm a good team player. I'm a good negotiator and I'm a good listener. . . . I can see things from other people's point of view.

Even though several parents spontaneously reported that they would like to receive therapeutic services from Las Mañanitas, staff only made such suggestions after they were directly asked what family needs weren't being met by the program.

The time that therapeutic staff are available to the program is not used for treatment. Instead, they participate in evaluation sessions and consult with parents and classroom staff, but they do not provide direct intervention for the children. When asked why there are so few therapeutic specialists on the team, the coordinator and the team members all reported that this is due to lack of funds and difficulty in locating trained therapists. When Project TIE staff interviewed agencies with whom Las Mañanitas interacts, however, they were surprised to learn that another early intervention program about 30 miles away has several full-time therapists, despite similar funding constraints. The lack of direct therapeutic services at Las Mañanitas appeared to be due to more than just monetary constraints. The team's view of its role with parents may have been limiting its view of vital service delivery options.

The second way the family-centered paradigm may be problematic appears in the unstated assumption that parents should be given little information about their child's atypical development or special needs. Staff are alert to subtle, positive changes in the children and are quick to tell the parents about these developments. In certain instances this emphasis on only a positive strength-based approach appears to make transitions to other services, such as the state Child Evaluation Team or the public school program, difficult for parents. Some families did not seem prepared for the information they received from the diagnostic team about the severity of their children's delays, despite the progress they had made.

At Las Mañanitas, in keeping with their family-centered approach, child evaluations and staffing discussions focus on the children's strengths and gains. In some of the staffings this focus on a child's strengths appeared to result in most of the team concluding a particular child had no problems. In one instance, the nurse on the team reminded the staff about the child's medical history and stated that although the child looked normal at this time, she was still at risk for developmental and learning problems in the future. Staff appeared uncomfortable discussing a child's possible deficits. In one staffing of a child that was attended and videotaped by the authors and two other TIE staff, three of the Las Mañanitas team members expressed concerns about a child's development. After the session, the Las Mañanitas staff were asked to evaluate the staffing meeting. In this evaluation several of the Las Mañanitas staff criticized TIE staff for saying negative things about the child and family. All TIE staff who were present at the staffing were puzzled by this and asked the Las Mañanitas' staff to review the tape and note the specific negative things the TIE staff had said. When the Las Mañanitas staff reviewed the tape they were surprised when they realized that they were the ones who had raised the concerns. The Las Mañanitas staff were discussing a young mother and her premature infant who had been hospitalized for several months before coming home. They were concerned that the mother had not attached to the child:

> Nurse: When I asked her what kind of touch her baby likes, she ignored the question. It was real clear that she doesn't touch the baby.
>
> Occupational therapist: She never really cuddled her. She was kinda distant and she had her sitting away from her.
>
> Early interventionist: Whenever I come in (home visit), she's on the floor.

At this point, one of the TIE staff who is Hispanic interjected, noting that the family was a traditional Hispanic family:

> They tend to encourage good babies early and there are ways you do that. You put them on their back, and you give them toys, and you don't touch them all the time.
>
> Then what you do in front of others who aren't family is you show them your good baby.

The TIE staff member continued to describe the role of the grandmother with her daughter's first child, suggesting that the grandmother might be the primary caregiver.

Because the values and beliefs of the Las Mañanitas staff appear to inhibit discussion of atypical development or concerns about parent-child interaction, staff could not discuss these issues comfortably. Consequently, when the concerns arose, staff appeared to decide that the issues must have been raised by the TIE staff. If team members cannot talk easily about these concerns and deficits with each other, they probably cannot talk about them comfortably with parents.

The final way the paradigm may affect staff perceptions involves its assumptions regarding family support where parents' needs appear to override staff and program concerns. In one meeting staff members considered how to restructure their program to accommodate a mother and her two children. The mother was a single parent without extended family support. Her younger child attended the Las Mañanitas classroom; her older child was not yet in school and did not qualify for preschool services. He did, however, exhibit significant problems with attention and impulsivity. The mother arrived each morning by taxi with both children. She spent most of the day at the center. She and her older child spent some time in the classroom and the remainder of their time in other rooms in the building. Las Mañanitas staff found themselves not having access to their own offices and that the older boy was significantly disrupting classroom activities. They reported that it was difficult having the older boy in the classroom because he could easily injure the other children because of his size and impulsivity. Staff expressed concern about the mother's situation and began to discuss ways they might restructure their program to incorporate what was happening. They did not initially discuss what they felt was best for them and the program but rather what was most convenient for the mother and her children.

In summary, all of the data suggest that Las Mañanitas is doing an excellent job of providing support to families. It may be, however, that, in using the family-centered paradigm, staff are giving up some of their professional exper-

tise and are not fully meeting the needs of the children. By rejecting the child-centered paradigm and embracing the family-centered paradigm, they seem to have discarded some of the benefits of the former. A family-centered approach need not be in opposition to a child-centered approach. In fact, Meisels (1992) proposes a two-dimensional model that focuses on the child and family simultaneously. Ideally, intervention programs should focus jointly on the child and family. The degree to which the primacy of the intervention is on the child or family, however, will vary with each case. It is not sufficient to consider the child isolated from the family nor is it appropriate to attend to the needs of the parents without recognizing that parents must know how to respond to the changing needs of their child. Effective early intervention programs should consider the needs of the child and family in tandem.

Our observations indicate that Las Mañanitas staff have the expertise necessary to develop appropriate intervention programs for children. What they seem to need are ways to develop communication skills for sharing their technical knowledge in team meetings and ways to use their collective knowledge to design constructive intervention programs for the children. One way to begin this process would be for the team to acknowledge that their team's assumptions, more than limited funds, are determining the lack of emphasis on therapeutic intervention for the children and blocking full disclosure to parents about their children's atypical development.

CONCLUSION

Early intervention programs need to be aware of this propensity to "throw the baby out with the bath water," focusing only on family support while ignoring the individual needs of each child in their program. A family-centered paradigm should not require giving up professional expertise. Providing family support does not necessarily imply that one must provide only what families spontaneously request. We do not expect a patient to diagnose the cause of a pain and recommend to the doctor and pharmacist the surgery and medication. Yet, when programs swing to the family-centered paradigm, there may be a tendency for them to wait for the family to request and describe services they want. Professional staff in this type of family-centered paradigm can become hesitant to share their knowledge unless they are first asked. A family may carry out certain activities in certain ways, and staff may be accepting of this because they think that is what the family wants. In reality, the family may not have thought about the implications of their behavior and may be quite willing to make changes if certain concerns are brought to their attention and they see how the changes could positively affect their child. Families with premature infants or developmentally disabled children know much about their children; they do not, however, necessarily know a lot about the child's condition, how it affects development, or what specific services would be beneficial for their child. Not asking for specific information or assistance does not mean a lack of desire or interest in gaining such information or assistance. Caregivers may not recognize the importance of certain issues because of a lack of information. Even in family-centered programs, professionals should be able to use their expertise.

Assessment/intervention teams have cultures just as the students and families they serve have cultures. Appropriate assessment and intervention is as much dependent upon understanding the team's values, beliefs, and assumptions as upon understanding the culture of the students and their families. For a team to develop, it must become aware of both the explicit and implicit aspects of its functioning. It must always be alert to how the beliefs and assumptions underlying its operating model may enhance or inhibit the collection and use of vital information.

ADDENDUM

We conducted inservice training with the Las Mañanitas staff, sharing with them a description of the team's culture and how it had an impact on their interactions, assessments, and intervention practices. Staff initially expressed surprise and disbelief at the findings. They were invited to review the data and question TIE staff regarding their conclusions. The staff found the Learning Style Inventory and Team Player Questionnaire particularly helpful in understanding their interactions. They agreed that their scores on these questionnaires reflected their values and beliefs.

After discussion of these questionnaires, the staff appeared to recognize how these values and beliefs were played out in staffings, assessments, and intervention. They have taken the information and are seeking to "facilitate positive and innovative change." In recent correspondence, the Las Mañanitas team leader has reported that they are targeting goals to enhance communication and coordination with other service providers, to respond to gaps in service, and to increase team effectiveness through attention to role expectations and learning and communication styles.

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Chapter 7

Values Conflict in a Diagnostic Team

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Since the passage of Public Laws 94–142 and 99–457, increasing emphasis has been placed on the use of collaborative teams to provide educational services for a variety of special needs children (Bailey, 1987; Crisler, 1979; Ferguson, 1991). Working with others who view the child through different professional lenses is expected to improve the quality of both assessment and intervention practices (Damico & Nye, 1990; Kretschmer & Martin, 1990; Nelson, 1990). Although teams are strongly advocated, however, difficulties exist in establishing effective collaborative interactions (Marvin, 1990). Recommendations for how to foster successful team meetings include encouraging parity among participants, sharing content knowledge, and assuming mutual responsibility for decision making (Friend & Cook, 1990; Wiig, Secord, & Wiig, 1990).

Although suggestions are made for how to structure and conduct these professional interactions, little information exists describing actual communicative encounters during interdisciplinary team meetings. Unfortunately, our understanding of how to engage in such events may be hampered until we test recommendations for conducting successful team meetings against actual conversational data from them. This chapter presents an analysis of one team's communication about decisions in assessment and intervention.

This chapter and the next one are based primarily on observations conducted during a 2-month communication assessment of a young girl whose hearing was impaired. We talked with various individuals involved with the team and videotaped four team meetings; the fourth was later withdrawn at the request of local school officials. It happened that the first of the four meetings we videotaped was something of a turning point for the team; consequently, much of the analysis focuses on that meeting. This first chapter explores several aspects of the team's communication for decision making. The professions represented in this study include speech-language pathology, audiology, deaf education, and educational psychology. We describe the specific team and its interpersonal relationships, its strategic patterns of decision making, and its values and topic content. An understanding of the team requires reference to the context of current policies about educational services for deaf and hard-of-hearing children. The professionals on this team do not relate to each other in a vacuum but in the midst of a highly charged atmosphere of controversy. As our discussion proceeds, transcribed excerpts of the team planning meetings are provided. See Appendix 1 of Chapter 8 for the coding conventions.

The first chapter presents an analysis which draws on the literature of decision making and conflict theory, which recognize the importance of all three elements to communication outcomes, especially when people are in conflict. Participants in effective decision-making groups differ from those in ineffective groups in at least two ways: they spend more time in the beginning agreeing on procedural matters such as determining the criteria for making decisions and they continue discussing substantive matters until they reach agreement before changing topics (Hirokawa, 1980). Ineffective decision-making groups do not establish procedures and criteria, do not clarify the grounds of disagreement, and drop topics without securing agreement on substantive matters.

The difference between an effective and ineffective group might be a matter of skill. Or, a developmental framework, as applied by Westby and Ford (Chapter 6, this volume), might place them at different phases of maturation. Conflict theory tells us that this contrast in behavior may be more than a matter of skills or development, however. Not surprisingly, individual differences in emotions and values have been found to have a significant impact on disputants' behavior and expectations in community mediations (Littlejohn & Shailor, 1986), and Donahue (1991) believes it is "critical" to expose and address relevant values if people are to coordinate their perspectives. Moore (1986) claims that intense feelings that are not vented will undermine agreements and that people need information about the intensity of others' feelings; but, of course, strong negative feelings threaten collaborative communication and are associated with unprofessional comportment.

COMPLEX INTERPERSONAL AND PROFESSIONAL RELATIONSHIPS ON THE TEAM

The team in this study provided assessments and recommendations for children whose hearing was impaired and offered practicum opportunities for master's degree candidates in speech-language pathology, audiology, and education of the deaf. Thus the team was composed of both experienced professionals and practicum participants. Although everyone involved agreed that the team was not working well, it is worthy of study because it allows us to explore how various configurations of interpersonal relationships are communicatively realized in conflicted encounters.

The relationships of team members were quite tangled

and complex, and the lines of authority were unclear even to the participants and to the authors. This team had been functioning for several years but with many changes in personnel; only two of the original staff members remained with the team, an educational psychologist (Permanent Staff [PS]) and a speech pathologist, (Senior Staff Person [SSP]). The rest of the participants were paid from another fund under someone else's authority, although administratively they were under the supervision of the senior staff person. Furthermore, several of the professionals in the community who contracted for the services of the team had at one time worked on the team. Most of these individuals were invested in a common set of goals, articulated in the mission statement of the team, which was to support aural habilitation of hearing-impaired children. At the time of the study the team was headed by an audiologist (Team Leader [T1]), with the assistance of a speech-language pathologist (second on the Team Staff [T2]) and, part-time, a teacher of the deaf (third in line on the Team Staff [T3]).

Both the audiologist (T1) and the speech-language pathologist (T2) running the team were hired with the participation of both staff and team associates. The teacher of the deaf (T3) was not hired directly by the team, however, she was a part-time participant simply because of her availability. Practicum team participants were university graduate students in all three specialties, audiology, speech-language pathology, and education of the deaf (Practicum Team Members [PT1, 2, 3, . . .]). Everyone involved was female except the audiologist and one of the two authors. Both researchers were well known to the team. In fact, one had served on an advisory board for the team and had at times been concerned about the team and her relationship to it. She apprised the audiologist of this history when he invited her participation. In other words, there wasn't a clear boundary between roles and relationships anywhere.

The authors became involved when the audiologist team director attended a lecture given by the first author on collaborative problem solving and mediation. He asked her to teach the team techniques that would make its processes more collaborative and inclusive. Before deciding whether to accept, the authors observed and videotaped a team meeting. A diagram of the room is displayed in Figure 1. It quickly became apparent that many people in addition to the director were dissatisfied with the workings of the team. In retrospect, the first meeting was a turning point. Concerns that surfaced at this meeting were quite heated afterwards. Meetings of the advisory board were convened to discuss the workings of the team internally and with school personnel. Although we continued to observe the team for about 2 months, the collaborative instruction initially requested by the audiologist did not take place. Eventually, the audiologist and speech-language pathologist left the area, and the teacher of the deaf took another job.

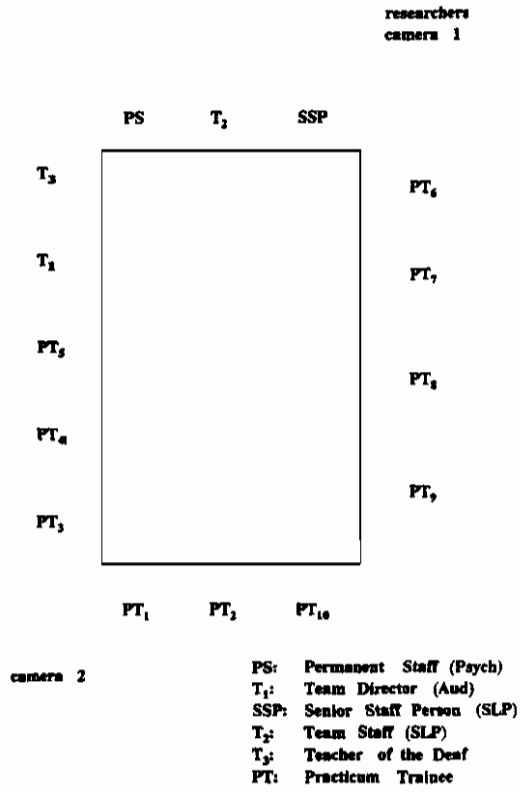

FIGURE 1. Spatial configuration of first team meeting.

FRUSTRATED STRATEGIES FOR DECISION MAKING ON THE TEAM

The team did not establish procedures for their operation. In the first meeting, for example, they immediately began sharing the results of tests they brought to the meeting without agreeing on how to proceed. After about an hour of detailed test results, the practicum audiologist serving as case manager (PT1) said, "**I think we'll start with recommendations ? and //**" but was interrupted by the PS, "**do you think we're *rreally rready*? ( ) there's still so many things we want to do.**" Members of the group joined in and SSP added, "**what else::**" The exchange at this point was characterized by incomplete utterances, much overlap, rising tones, and nonverbal restlessness. The case manager persisted and the PS agreed:

PT1: **I I think it would be a good idea to try to sum**
|up what
PS: |OK we'll try
PT1: **we've got today ( ) make recommendations or what we need to fill in ( )**
T1: **uh um see where we are**
(voices)

PT1 then repeated some of the details of the audiological test results without any other discussion of procedure or criteria or securing of agreement.

A half hour later the group was deeply involved in a discussion that revealed confusion about the usefulness, cost, and goals of various recommendations and about the basic procedures of the team. SSP proposed:

SSP: **I have a suggestion it seems like there is at least one more discussion we need to have as a group and then the specific areas could break up and then we could ( ) start the next meeting with here are the recommendations=**

PS: = **and the school=**
SSP: = **and the school but the discussion that has to come before that is modalities (.) I don't think we can go off separately and make that deicision**
T1: **right**

Immediately the group began debate about modalities, still without clarifying procedures and criteria for decision making. During this discussion only one allusion to test results was invoked (by T1) to support a recommendation. In other words, the group spent about an hour on the detailed results of hearing, speech, language, and educational tests that did not appear to inform their deliberations at all. With no plan of procedure and no criteria for making decisions, talk continued in this uneven manner.

The team exhibited the other characteristic of an ineffective decision-making group as well. They dropped substantive topics before reaching agreement. In spite of a long discussion of the FM system used at the child's school, for example, there were no conclusions reached about recommendations. Before settling the issue of the teacher's and aide's (mis)use of the FM, the talk segued to a discussion of the situations in which it was appropriate and erupted in strong disagreement when the talk turned to the possible use of an FM in the home. None of these issues was clearly settled nor was there agreement on the criteria for deciding on recommendations. The audiologist (T1) tried to take the topic out of the interdisciplinary group and assign it to a small group: "**could we all get together (.) us audiologists and discuss some possible uh (.) alternatives to that recommendation?**" But the group continued to focus on costs and family income for several more turns at talk. Other unsettled issues were not even assigned for further consideration but dropped altogether.

At the end of the meeting the team made plans for small group meetings, some additional testing, compiling test results, and setting the time frames for report writing. Participants afterwards, though, continued to express confusion and dissatisfaction about the criteria for decision making and concern over whether the fundamental issues about the child's communication and education had been addressed. The team thus illustrated the patterns of an ineffective decision-making group, that is, they did not establish procedures and criteria, did not get group agreement, did not clarify the grounds of disagreement, and shifted from topic to topic without securing agreement on the substantive matters.

It would be fairly easy just to recommend that teams establish procedures and make sure they secure agreement on procedures and criteria and that they finish topics before moving on. That might work if people lacked knowledge of effective communication. There is no reason to believe that these *individuals* were incapable of proceeding effectively, however. Indeed, we observed the effectiveness of team members in other settings with other configurations of membership. The staff persons had all gained reputations as competent professionals who worked well with other people. Our goal is not just to label teams as effective or ineffective but to get at why people function as they do in groups and at the language that characterizes and realizes the talk in such groups.

The questions are how and why people act ineffectively, especially people who are capable of acting effectively. Our perspective explicitly recognizes the interactive nature of communication. That is, we cannot ascribe ineffective traits to these individuals, rather, we look to the *interaction* of the group to understand its results. One of the most common givens of communication theory is that conversational interactants must cooperate to achieve interaction (Grice, 1975). Although this is certainly true on one level, the particular ways that people manage to stay in an interaction that is not mutually satisfying and to produce ineffective decision making is certainly worthy of study.

UNRESOLVED VALUES CONFLICTS AND TOPIC TREATMENT

Indeed, members of the team did ascribe negative traits to each other. Negative feelings intensified as interactions became more strained and blame was directed at "problem" individuals. Team members' efforts to coordinate their perspectives devolved into a power struggle between SSP and T1. Outside the meetings talk focused on the professional competence (i.e., incompetence) of T1 and the personalities of SSP and T1. Consequently, we studied the values conflicts in relation to the unresolved topics of decisions.

In the assessment of this child, three dominant interrelated values issues lurk behind much of the discussion and remain unresolved at the end: (a) the child's right to participation, (b) the family's right to a normal life, and (c) the team's responsibility to educate and counsel the mother. (We do not mean to suggest that these were the only values expressed but to focus on their role in the conflict.)

The Child's Right to Participation in the School and Home

For the home this value is articulated most completely by T1. In recommending the use of an FM system at home, T1 says: "**if you want to include her in the conversations. . . . if she is going to be in touch with the home situation. . . .**" This value leads to a focus on others' adjustment so as to include the child. The PT6 raises questions about the parents' understanding of how much the child is hearing and understanding. The other team members say nothing to acknowledge acceptance of this value of participation. T3 articulates the same concern about participation for the classroom: "**which is the biggest priority? that she comprehend and that she is learning 'n gaining confidence.**" She believes the child needs sign language to participate in learning. In fact, the only clear moment of agreement in the meeting concerns evidence that the child's comprehension improved during the testing

when signs were used. PS declares: "**I think she needs (.) my recommendation based on what I saw in the testing session is she functions better if she if her auditory IS: supplemented by signs and she is just begging for it.**" Several voices say "**I agree.**" T1 asks, "**Is there anybody that doesn't?**" At this question, however, SSP raises her index finger and adds: "**for comprehension**" and the PS echoes "**for comprehension.**" Although no criteria for the decision has been advanced, SSP goes on to say that "**for expression I think she's clearly an oral child. . . .(.)**" and to propose that sign be used only as a supplement after speaking. With no plan of procedure and no criteria for making this decision, SSP is able to change the agenda; there is also no challenge to the agenda change or to the lack of data. In fact, the two practicum teachers of the deaf and PS herself then discuss whether sign is being used as a sequential supplement already.

The Family's Right to a Normal Life

This value is articulated most often in terms of questions about the "practicality" or desirability of suggested ways of adjusting to the child. Concern is expressed about both the costs and the participation structure surrounding amplification devices. In response to T1's proposal to use an FM system in the home, for example, PS declares, "**no family's going to sit for that;**" SSP does a double take, "**you mean you pass the microphone around (.) wow.**" shaking her head in disbelief; and PT2 declares, "**that's out of the normal.**" Although T1 protests, the subject is quickly dropped.

The mother's wishes are frequently asserted in opposition to a claim about the child's needs. PT5 points out that since the child is the only hearing-impaired child in her class "**the implications of that recommendation are almost that she get one-on-one instruction.**" SSP disagrees with PT5, but instead of presenting evidence about the *child* or suggesting something other than one-on-one instruction, she introduces new information about the *mother*, who mentioned during the Reynell, "**for the first time EVer that she signs with [the child] at home. . . . and she said her main concern now is whether she needs a signing aide and couldn't we put off a signing aide until she gets a little bit older. . . .**" Although the actual evidence is that the mother *does* sign after all and is thinking about the child's needs in school, it is offered to support "putting off" having someone with the child who could sign to her. PT1 says that the mother doesn't "**want [the child] to depend on sign like the poor little deaf girl.**" PT1 quotes the mother: "**so she wants her to work hard on her speech so she can communicate with other hearing people and she's afraid that people will shy away from [the child] because they'll be afraid of the signs. . . .**"

PT6, who has impaired hearing herself, is the only team member to suggest that the child's needs and the mother's wishes could be integrated: "**yeah you can really have it both ways if you could sign to help her understand you and then insist that she speak to you I mean if that's the way mom's gonna accept it you know.**"

T3 objects to SSP's framing of the issue:

> **I just have a concern about when you ask about um (.) the signing always being a backup? then my question is which one of those are you putting as priority speech (.) or education do you see what I'm saying? . . . if you're gonna say that ok everything I say in this lecture to this child or whatever I will speak first and if she gets it fine (.) but you know if she doesn't then I add this sign it seems to me that elevated speech to be the priority here (.) an and I think it is a high priority but which is the biggest priority? that she comprehend and that she is learning n gaining confidence**

SSP responds: "**I'm looking for where the middle ground is I don't have that**"; "**are there any more choices than those two I don't know**" while T3 acknowledges: "**realistically I don't (.) see.**"

No one responds to PT6's suggestion of signing to the child while expecting speech from her. Instead the group shifts to a discussion of the signing abilities of the current teacher, which are limited. T3 reintroduces her attempt to challenge the basic value issue:

> **well my question is hh why are you worried about (.) is your only concern about the signing the speech going down because I see that as being = or are we just worried about the mother's feelings because I don't see how that would hurt unless we you know are assuming that her speech will fall off with the use of signs (.) because otherwise what (.) what what problem is there in presenting her sign with everything and anything taught**

The Team's Responsibilities to the Family

Should they try to counsel or educate the family or abide by what they think the mother's wishes are? Participants provide many quotations and inferences about the mother's wishes, many of them contradictory. T1 suggests that she was not as well informed as he expected she would be: "**it was my error that I had judged that we were way past that and it just didn't appear that we were.**" She is quoted as saying she doesn't want the child to sign but also as saying she signs at home. Her desire that the child not be placed in a total communication classroom is taken to mean that she does not want the child to sign at all. It turns out the teacher signs now but there are different judgements about how well. The mother is quoted as saying "**her main concern now is whether [the child] needs a signing aide,**" yet even though they agree that the child's understanding improves with signs, they do not discuss whether to recommend a signing aide. Various team members repeatedly say, as one put it, that total communication is "**out of the question.**"

In the first meeting no one takes up the mother's understanding or her willingness to adjust in different ways as a direct topic, and no one directly takes up the topic of the team's rights or duties as experts to approach the mother. In a later meeting T3 suggests that if the mother is afraid of

signs, the team should offer her access to a neutral (unaffiliated) parent group so that she could

> **get with some other parents who've been through this and have some more positive experience with deaf people and hearing-impaired people. I think we can get her on more solid footing (.) and I don't think she feels confident at all about the decisions made for her child. Sometimes she says well, I think should she stay oral should we go total communication so she's vacillating back and forth and she doesn't feel good about either one as I understand it and no matter which choice she makes whether she goes oral OR total communication she needs to feel real solid about that like (.) 've viewed all the options. I know what's out there and I fe: very confident about what I'm doing for my daughter I feel good about it I don't think she feels good AT ALL (.) So (.) just just for her own mental health. . . . parents by choice come together and say this helps me so much I don't have to go through this experience all by myself I can bounce ideas back and forth with other people are going through it because don't necessarily come from the same viewpoint so they get that interactive well what do you think is this the best way I don't see that they have to go through the whole methodology thing (.) and they have that mutual: support in that she's out there alone at this point as far as we know trying to get through this with no support AT ALL. . . .**

SSP responds to this proposal with concern about doing anything that could be construed as trying to "**educate her toward anything we're not trying to change her we're just trying to offer = or whatever SHE wants to learn from those parents we don't have to decide what she chooses to learn.**" Thus they do not take the role of educating or counseling the family. In fact, they do not make plans to address the mother's expressed anxieties and apparent confusion at all. Yet another discussion is not realized, as the underlying goals of the assessment, like the procedures for conducting it, remain unaddressed.

Unresolved Values Conflicts and Undecided Content

No agreement is reached about the values in conflict. Indeed, except for T1's early remarks about looking into the FM issue, there is no recognition that there are values conflicts and no plans to consider either the sign/speech issue or the approach they should take to the mother. These values reappear again and again throughout the communication assessment behind different substantive issues and more directly in the talk of T3 in the meetings. As Westby and Ford (Chapter 6, this volume) note, however, professional and parental judgements about what constitutes appropriate intervention warrant careful consideration. Many members of the team raise these values indirectly in remarks about the workings of the team, about the assessment work they are doing, and, especially, in terms of comments about the quality of the participation of other members of the team.

The talk on one level appears to be a conflict between a child-centered paradigm and a family-centered paradigm. The data—the tests—treat the child as the subject of assessment, but the recommendations elicit a focus on the family (essentially the mother) and the teacher. Data about the child *in* the family and classroom are severely limited, anecdotal, and of low quality. Furthermore, the "mother's wishes" are so unclear that instead of evidence of a family-centered paradigm, invoking them appeared to some observers to be a convenient excuse for rejecting intervention possibilities out of hand. Only the teachers of the deaf addressed responding to the mother's quoted concerns, but the "mother's wishes" were treated by others as limits on the possibilities for intervention.

After the first meeting, there was much factional talk about the competence and professionalism of T1 and the motivations of SSP. Of course, personality attributions were also made, further undermining trust. It is normal, though destructive, for people to interpret behavior as evidence of negative personality traits (Donahue & Kolt, 1992). T3 was told she was unprofessional; she was also called (according to another participant) a bad role model for the practicum students, at least in part because she did not stick to a consideration of the test results in the first meeting (although neither did the others) and presented her own judgments about the family's needs instead of following the mother's quoted desires. Over the course of the study it became apparent that both T1 and T3 were seen as deviating from the oral values of the team, yet it was primarily their professional *competence* that was challenged not their *values* or their reasoning.

THE ZERO SUM GAME

The positions taken by the team members are terribly important to them. These decisions about intervention are not merely procedural. They reflect fundamental values about the rights of the people involved, the role of speech in being human, and the acceptability of difference. The rights of the child appear at odds with the rights of the family. If the family and school adapt to the child, the mother's wishes for the child's normality cannot be realized. It is as if the child's needs and rights and the family's needs and rights cancel each other out, resulting in the experience of a zero sum game. A zero sum game is one that has a winner and a loser, that is competitive, and that tends toward extreme polar differences. Thus, instead of searching for the best combination of options for the child, the polar differences of the professionals shape their decision making in ways that may not be in the best long-term interests of the child.

A deaf child might have both auditory input and sign communication, but there is strong resistance to integrative approaches from many sources. In this team, there is never any serious collaboration about intervention options. None of the options suggested is explored, not even the overt attempts to integrate made by two of the teachers of the deaf (T3 and PT6).

Collaboration contrasts with the competition of the zero sum game. Collaboration is characterized by attempts to seek agreement by maximizing all parties' interests. Collaboration requires that people seek common interests, refuse to sabotage the process, move closer together, and be flexible about the means to their goals (Hocker & Wilmot,

1991). Basic rights issues are inappropriate for collaboration precisely because the parties' interests are competitive. But how can it be that the professionals on this team act as if the interests of the child and family are in competition?

How a Distributional Problem becomes a Zero Sum Game

Educational planning may be seen as a distributional dispute. The issues in educational planning involve what services will be provided and who will provide them (both who will perform the activity and who will pay). If, for example, planning recommends a teacher of the deaf, then the district must employ one. The planning group for children whose hearing is impaired usually includes a teacher of the deaf/hearing impaired, a speech-language pathologist, an audiologist, a school psychologist, and an administrator. The assessment may be performed by school personnel or contracted with a clinic or other team of specialists outside the local school, as it is in this case. Parents must be notified of and invited to the final meeting. The legally set goal of the meeting is to admit, plan for, review, and, if appropriate, dismiss children from special services.

This team is not the first to be dissatisfied with the process. Both professionals and families often are heard to complain that the process has been gerrymandered, the wrong issues discussed, important data omitted, or the decision process subverted by logrolling. Professionals have a stake in efficiency because they probably attend many such meetings and they have a stake in appearing professional to each other and to parents. Hovering on the periphery of the decision-making process is the community of adults who consider themselves The Deaf Community (e.g., Padden & Humphries, 1988). Members of The Deaf Community strongly believe that they have expertise and wisdom about the needs of deaf children, but they have no direct access to education because most children with impaired hearing have parents with normal hearing. The Deaf Community, through various spokespersons and political leaders, argues that Deafness is a culture with sign language at its heart and soul. Speech thus becomes a symbol of denial of a Deaf identity and not just a skill (Maxwell & Kraemer, 1990). As hearing people sometimes fear sign as a symbol of lost human identity, deaf people sometimes fear speech as a symbol of denial of their human identity. Professionals may see Deaf Culture as a rich source of support to introduce to hearing parents or they may see Deaf Culture as an influence from which to protect children. The small number of professionals who are themselves deaf and the meager exposure to them and their positions in almost all professional education contributes to excluding this point of view. If there is an increase in the number of professionals who are deaf or a change in educational preparation perhaps there will be a change in these fears.

The task of a diagnostic planning team is not easy. Not only are there these various constituencies, but even if values are shared, no one has demonstrated accurate predictions of children's futures. Even though, for example, there is a clear relationship between the degree of hearing loss and speech intelligibility, an individual child's prospects are affected by many other variables as well. The inability to agree on predictions or "prospective hindsight" (Wheeler, 1987) means that one professional may argue, "if we don't make sure the child has good quality speech input, her auditory potential won't be realized" whereas another argues, "if we don't make sure the child is in a good sign language environment all the time, she won't have the opportunity to learn information," with each professional believing that admitting the other's point cancels his or her own—the elements of a zero sum game. In a zero sum game, no one wants to be the loser. When professional face is at stake, it may be very hard to respect differences of opinion. When fundamental values about the goals of intervention are an issue, it may be impossible to genuinely collaborate. That is, what presents as a distributional issue—how to use an FM system, what kind of classroom, whether and when to sign, etc.—is experienced by the participants as a values or rights issue. Rights issues typically are, in fact, true zero sum games. One either has rights or one does not. Rights and values cannot be distributed because they are absolute.

The professionals in the study thus behave in a manner consistent with advocacy science, obscuring useful information and exaggerating their positions (Susskind & Cruikshank, 1987; Ozawa & Susskind, 1985; Nyhart & Carrow, 1983). That is, although the goal of the interdisciplinary team is to improve assessment and intervention by maximizing information and understanding, which requires strategies of information gathering and collaboration, the professionals in this study adopted strategies of competitive advocacy. Instead of working to minimize the risk of being wrong by exploring all the opinions, SSP struggles to exclude opposing positions and prevents the examination of the merits of all the evidence and arguments available (King, 1988). Instead of encouraging the parity and sharing of knowledge hoped for, advocacy scientists tend to "cancel each other out" (Susskind & Cruikshank, 1987, p. 30) and to arouse unrealistic expectations. Advocating diligence in speech training, for example, may arouse unrealistic expectations about the results of speech training (Maxwell & Kraemer, 1990) and, as in this study, prevent the consideration of sign. Advocating the "mother's wishes" has the effect of preventing consideration of the child's needs. Advocates of sign have gone so far as to indict such obliviousness of the deaf child's point of view as "fundamentally an issue of cultural and linguistic oppression" (Lane, 1992, p. 134). In an atmosphere of advocacy, no statement is ever interpreted as neutral.

Effects of the Zero Sum Game

Instability is one result of unrealistic expectations. What if the winning version of prospective hindsight turns out to be wrong—for example, if the view that signing would lead to better education and interaction were accepted but the child did not achieve school success? Competition in a zero

sum game leads to teeter-totter results. The view that prevails has the high position but does not take everything into account and thus may leave people either overconfident or insecure and needing to deny counterevidence. If the position fails (e.g., if the child doesn't do well), we tend to find that single controversial decision (e.g., to sign) to blame and try to reverse it. The other side of the teeter totter quickly swings to the top, and children may be abruptly bounced between radically different goals and techniques. These dynamics feed mistrust and bitterness (Spradley & Spradley, 1978).

The participants in this team act as if their decisions are permanent rather than temporary or provisional. This attitude not only encourages unrealistic expectations but also leads participants to fail to make provisions for evaluation and renegotiation of the plans they make. No one on this team plans how to evaluate the child's progress if she continues where she is with no real change. Good negotiations make provisions for plans to fail, recognizing that predictive abilities are limited. Furthermore, if some participants are unhappy about the plans or feel disenfranchised, then it is hard for them to build or nourish a good working relationship (Fisher & Ury, 1981). Clearly, the participants in this team are unhappy about the plans and feel devalued, as enmity grows between the members.

Without positive feelings about how they have been treated, people are unlikely to commit to make their agreements work or to want to work together again, thus destroying the conditions for stability. This team ultimately broke apart in intense distrust and ill feeling. Although many people are satisfied with successful educations of deaf children in all kinds of settings, the high level of controversy and the frequent bitter testimonials of parents and deaf adults is evidence of this instability. The rancor and avoidance common among professionals (manifested in different professional organizations and frequent eruptions of controversy at public meetings) is evidence of the lack of consensus. Furthermore, this lack of consensus undermines one's sense of professionalism and efficacy and leads to exit from the field (Winfield, 1992). Clearly, it is important to good outcomes for the professionals as well as for the children they serve for teams to work well. This also requires that professionals understand when and how teams are not functioning appropriately.

A GROUP IS NOT A TEAM

The communication behavior we observed is consistent with Goffman's (1959) insights about teams. A group of people is not a "team" unless the members perform as if they think alike and define the situation the same way. The differences in value orientations of some of these individuals undermined the unanimity of the team. While SSP and PS have been members of the team for years, T1, T2, and T3 are new. Although there is indication that PS might actually share some values with T1 and T3, at least with respect to using signs in communication with a child who can't participate fully without them, she does not maintain her proposal about using signs once it is reframed by the leader, SSP. Goffman points out that individuals on a team often withhold their opinions until they know the opinions of the leaders. SSP was the leader of this team. T1 is nominally the director of the team, but he does not function as a leader setting the agenda and controlling the definition; SSP takes that role. On the other hand, there are individuals attending the team meetings who share values with T1, on at least some points, including at least T3 and PT5 and PT6, but they do not function as a team with him but as individuals. They do not act in concert, as a team. Furthermore, although many comments during team meetings support their positions, the positions that prevail as those of the team originate with SSP.

Goffman also explains how much energy teams will put into maintaining their definition of a situation. If T1's proposals are just unconvincing recommendations, then PS and SSP overreact. But if his proposals are challenges to their very definition of the situation, challenges to their basic understanding of what they are there to do and how they are to act, then the strength of their response to him is not so surprising. His communication behavior tries to maintain a definition of "we're discussing anything that may help this child, and we will consider all sorts of options," and T3's follows with "if we are considering all options for this child, then please explain and justify what you see as the basic goals." Meanwhile, SSP and PS define the situation as "which educational options that foster an appearance of normality are most appropriate to this mother's wishes and this teacher's abilities, and we know how to go about that." The need to control the definition of the situation is strong for team maintenance and means that the definition cannot safely be questioned. For to allow questioning of the basic definition weakens its strength. Teams maintain their ability to function with tacit cooperation as units rather than as loose amalgamations precisely because they do not have to spend time questioning their experience. Thus they are likely to appear furtive or conspiratorial to participants who are not psychologically members of the team. Team members know things that they do not have to be told. T1 and T3 demonstrate that they do not take the same things for granted and thus are "on" the team but they are not "of" the team. Ultimately, they leave the team in dissatisfaction and frustration.

IMPLICATIONS FOR PROFESSIONAL DECISION MAKERS

These data suggest two major problems in our self-image as professionals. The first is that conflict over substantive issues should not be viewed as unprofessional. Especially because it is inevitable that in a controversial field differences of opinion are inescapable. Attempts to avoid them lead to labyrinthine tangles, to a triumph of attitude over substance, to a situation where no one does her or his best, and to painful dissatisfaction and frustration. The practicum participants in the meeting never hear the pros and cons of using the FM as suggested or of using sign with the

child. Neither do the professionals. Neither does the mother.

The second problem suggested is that differences in basic values are not merely different orientations to programs. They will inform our ideas and shape our communication. Assuming we know what people mean is ineffective and frustrating to participants. T1 ignores the attacks in his colleagues' talk most of the time to keep up his values for professional instruction and collegiality. Although his intentions to behave professionally and to respond in the most positive light are admirable, indeed are collaborative, over the course of the investigation he was undermined by the disdain of SSP and PS. On the other hand, when T3 tries to introduce what she claims is an explicit discussion of one values conflict, SSP does not trust her and responds as if she were trying to manipulate an inexplicit outcome, namely, that the mother would be persuaded to sign with the child (and maybe she is). Discomfort with these values differences seems to prevent open and honest—much less respectful—discussion of the possible benefits for children we are responsible for serving. How can people agree on procedures when so much energy is expended in preventing others from seriously considering certain interventions? If we are so defended against those possibilities in our preparations, we will have toxic, ineffective, and painful interactions with people who do not happen to share our assumptions. There's nothing professional about that.

As painful as it may be to read details of such interactions, it is more painful to experience them. We recommend further research on team interactions, both effective and ineffective, to improve our fields and our services to those who come to us for help.

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Chapter 8

Conflict Talk in a Professional Meeting

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In the previous chapter the handling of conflicts about basic values was shown to contribute to a general breakdown of the diagnostic process, a perception of unsuccessful communication, negative attributions about others, and the disintegration of a diagnostic team. This second chapter focuses on the details of communication behavior, especially in relation to interpersonal attitudes. Background information and values may indicate what someone brings to an encounter, but we are not just the sum of our backgrounds. Hierarchical social structures, social processes, and interpersonal attitudes are intertwined (Halliday, 1978). Ends may change within the space of seconds: we may start enemies and become friends, and so on. "When 'Mr. Jones' becomes 'Fred,' this is likely to be a consequence not of an altered role relationship but of a changed personal one; the role relationship may continue to be one of employer-employee, but the change occurs because [of] the interpersonal attitudes" (Fielding & Fraser, 1978, p. 219).

One of the key points about interpersonal attitudes is that "relationship displays may occur regardless of whether the participants intend them to" (Nofsinger, 1991, p. 163). It is often said, they "leak" through communication. Brown and Fraser (1979) suggest that variability in communication style is found more with occupational roles than with friendship roles. Thus "a formal 'business meeting' implies a variety of restrictions in the form of conventions or rituals" (Donahue, 1991, p. 72) with regard to organization of speaker turns, deviation from topic, and using language that is not particularly demonstrative or intense. Emotional displays of weepiness and aggressive confrontation are commonly held to undermine image, especially for women (Tannen, 1990). Even without such openly expressed conflict, I will show interpersonal attitudes leak to shape the way things are said in the diagnostic team.

REGISTER

Halliday (1978, 1985) refers to different ways of saying things as registers. He proposes that differences in situation, such as the identity of participants, the nature of their activity, and the part language is playing, determine the range of meanings and forms that constitute register. The theory of register is concerned with "*which* kinds of situational factors determine *which* kinds of selection in the linguistic system" (Halliday, 1978, p. 32). Situational elements have been summarized as (a) social action, *the field of discourse*, concerned with the ideational function and the content and setting of talk; (b) symbolic organization, *the mode of discourse* or textual function, usually thought of in terms of written and spoken modes, but also encompassing textual organization; and (c) role relationships, *the tenor of discourse*, concerned with the interpersonal function, including the level of formality, emotional involvement, permanence, and other factors that affect the relationship between participants. Field, mode, and tenor are considered determinants of speaking. "These concepts are intended to make explicit the means whereby the observer can derive, from the speech situation" (Halliday, 1978, p. 62) the norms governing the talk.

These functions of meaning are parallel to the content, strategic, and relational patterns of communication that Donahue (1991) found to be defined by language choices in his study of marital conflict communication. He noted the importance of "microscopic, moment-to-moment development of conflict dynamics (Donahue, 1991, p. xi), but he did not examine the linguistic details that Halliday's theory provides. The theory of linguistic register has been used to analyze talk in classroom, doctor-patient, committee (Berry, 1987), and labor/management talk (O'Donnell, 1990). I draw on O'Donnell's application of Halliday, analyzing the pragmatic dimension of strategy choice, turn structure, the grammatical categories of pronominalization and modality, and systems of prosody. In this chapter I undertake to analyze these elements of register in two episodes of the pivotal first meeting's conversation discussed in the previous chapter. Changes in how participants align themselves interpersonally through such features of talk as intonation and prosody are a persistent feature of conversation, what Goffman calls *footing* (Goffman, 1981). Concerns that surfaced at this meeting increasingly became focal points afterwards, and it soon became known that there were problems on the team. Thus there should be changes manifested in the talk related to changes in the interpersonal relations during the meeting.

LANGUAGE, POWER, AND SOLIDARITY

The interpersonal function expresses social and personal relations and the speaker's involvement in the speech situation.

> The tenor of discourse, since it refers to the participants in the speech situation, and how they relate to each other both permanently and temporarily, influences the speaker's selection of mood (his choice of speech role: making statements, asking questions and so on) and of modality (his assessment of the validity of what he is saying); it also helps to determine the key in which he pitches his assertions (force-

ful, hesitant, gnomic, qualified and so on) and the attitudes and feelings he expresses (Halliday, 1978, p. 223).

Each of these dimensions has lexical, grammatical, and/or prosodic manifestations. Individuals with formally defined roles use these elements in a communicative style consistent with that particular role setting (Brown & Fraser, 1979). Doctors speak like doctors, teachers like teachers, and so on, to reinforce their ability to perform the duties of their roles. Doctors who perceive of themselves as occupying an expert role produce authoritative statements in a forceful style. They are also likely to have longer turns than patients and to control turn sequencing in such a way that patients do not talk freely about their ailments (Frankel, 1984). These language and interaction choices are related to the doctor's perceived higher power and the distance (or lack of solidarity) maintained between doctor and patient. In general, power imbalances are indicated by asymmetry in communication behavior. Such behaviors as looking away, folding arms and legs, using vague language, qualifying remarks carefully, and using differentiating pronouns (Brown & Gilman, 1972)—"I" and "you" or "he" rather than "we"—may also indicate lack of solidarity or distance.

Three dimensions of power and solidarity are characterized by O'Donnell (1990) as amplification, reciprocity, and elaboration. Amplification refers to intensity as realized by "degree of pitch movement, intensification, repetition, loudness, and intonational realizations of modality" (O'Donnell, 1990, p. 218).

Elaboration reflects the degree of involvement: the less beliefs are shared, i.e., the less solidarity, the more explicit and complete the messages. Bach and Harnish (1982) make the point that *beliefs* about shared knowledge and relationships are what counts, not actual agreement. With regard to turn management, solidarity is associated with completing other people's utterances and casually overlapping them. Solidarity, a sense of belonging or mutuality, is also associated with verbal and "condensed" style. The more immediate verbal style contrasts with an elaborated and nominal style of talk that is associated with distance (Fielding & Fraser, 1978)—verbal "so we agree we should. . . ." rather than nominal "the assessment indicated by the results. . . ."

Reciprocity, or degree of similarity, reflects status. The closer and more equal people feel, the more their interactional rhythms, volume and intensity, and language are evenly matched (Tannen, 1986). Thus reciprocity mirrors solidarity, and asymmetry is associated with power differences. Power imbalance is associated with floor holding, topic control, and interruptions. Power is thus complexly intertwined with solidarity and distance (Dibrell, 1987). The desire to minimize power has been associated with efforts to equalize dominance and with such prosodic features as hesitation (Labov & Fanshel, 1977) and high, rising pitch (Brown & Levinson, 1978).

Recent studies have examined the question of the linguistic realization of power and solidarity within specific institutional and organizational settings, including legal, medical, educational, and academic sites. Relational parameters are usually defined tacitly unless an expectation has been violated. Accommodating the other's language is taken as acceptance of the relational definition; otherwise, one can challenge it explicitly or by using nonaccommodating behavior. Donahue points out, "redefining relational rights and obligations is a subtle form of negotiation. Communicators propose and counterpropose particular relational states by marking their language (both verbal and nonverbal) with various politeness and other features" (Donahue, 1991, p. 71).

It is possible that successful teams would be characterized by features of the solidarity semantic, reciprocity, and social closeness even in conflict whereas unsuccessful or troubled teams would be characterized by features of social distance, the power semantic, and asymmetry. Elsewhere in this volume (Westby and Ford), a team is described that maintains the facade of reciprocity, solidarity, and social closeness while members are distanced from their own opinions and judgements about the task at hand. In that case the ideology of smooth teamwork seems to outweigh other ideologies or commitments to the task, albeit unconsciously. The team in this study may be a mirror opposite. Although members are highly invested in professionalism, they are currently participating in an ineffective team that not only has trouble reaching decisions but is, in fact, disintegrating.

THE ANALYSIS

I present in some detail linguistic features of solidarity and power, specifically, aspects of strategies, turn structure, pronominal use, modality and modularity, and prosody. I then compare these linguistic elements in two episodes of talk in the meeting and use these data to make claims about the relationships on the team.

The participants in the meeting are a speech-language pathologist (Senior Staff Person for the facility [SSP]), an educational psychologist (the other member of the Permanent Staff [PS]), the audiologist in charge of this team (Team Director [T1]), the team speech-language pathologist (second Team Member [T2]), a teacher of the deaf working part-time on the team (third Team Member [T3]), and a number of practicum participants (Practicum Team Members [PT1, 2, 3, . . .]) who are speech-language pathologists, audiologists, or teachers of the deaf. Other aspects of the team are described in Chapter 7. See Appendix A for coding conventions. The complete transcripts of the episodes are presented in Appendixes B and C.

After the hour-long presentation of test results, the team must start the decision-making process; consequently, it is an important point in the interaction. The first two episodes of their discussion about recommendations, the data for this analysis, follow the tests results immediately, with no breaks between them. The first episode involves the discussion of using an FM system in the home, and the second involves the discussion of using signs. The discussion is initiated when the person leading the test results' presentation (PT1) says, "**I think we'll start with recommendations ? and //.**"

Episode 1: The FM System

There is some unclear information about whether the child wears the FM at home or uses personal hearing aids, a cryptic allusion to the mother's "**feeling guilty um in denial**" about assistive listening devices, and a detailed discussion of possible reasons there is not more use of the FM system at school. Then T1 proposes trying out more uses of the FM system at home. The following analysis addresses strategy, turn structure, pronominalization, modalities, and prosody.

Strategy. The questions SSP and PS pose to T1 and other team members provide the organizational structure for the episode. The particular questions and answers in this episode actually derail any movement toward closure.

Questions may be seen as mitigated when they allow the hearer options but are aggravated when they are requests to display knowledge. Such requests are a strong power move, suggesting that the questioner has the right to demand that the hearer display his knowledge for evaluation (Labov & Fanshel, 1977, O'Donnell, 1990). Middle-class American teachers (Cazden, 1972) and parents (Berko-Gleason, 1973) use the display knowledge question as an interaction and teaching strategy. Frequent questions can have the effect of an interrogation or cross-examination, which aggravates the power differential, especially among peers (Tannen, 1986).

Challenges. The nine questions SSP and PS address to T1 are aggravated. They challenge his status as the director of the team and as the expert on audiology. In contrast, the three questions SSP and PS direct to the other team members are mitigated because they request unknown information. Because of the grammatical structure of questions and clarification-like statements, their accusatory function is deniable. Thus much of the challenge posed by PS and SSP is at some level ambiguous. There are two points in the episode when their assessment is quite unambiguous, however. These two excerpts and T1's response to the attacks reveal incompatible strategies.

In the first excerpt, SSP and PS both use very strong gestures of astonishment and dismay. They make frequent eye gaze with each other and talk to each other, forming a sort of coalition. SSP opens with a gesture of dismay and a demand and presses hard, building to a dramatic climax. She puts her pencil down, opens her palms, and extends her arms in a directing gesture. The nonvocal communication is dramatic. She finishes her quizzing about the FM system by mimicking passing around the microphone, ending with "(.) wo::::w〉." **with wide-open mouth, a nod, then rolling wide-open eyes and a big smile. She looks around the table, puts her palms to her cheeks, looks down, and shakes her head repeatedly; with her right hand still on her cheek, she looks back at T1 and mouths "oh my." At the same point, PS says softly, "*no* family's going to sit s for that"** while looking at SSP. This is the sequence of SSP's utterances about using an FM system in the child's home:

(1) SSP: **n n what *is?* talk> about the FM system when you:'re doing group: LIS>tening. is *that*<an appropriate device in a *group* listening situation . like a cafeteria?**

(2) SSP: **then |wul do . then what about at ho:me?**

(3) SSP: **what- | what use of *it* wou:ld you recommend be MA::de at *ho::me* like homework assignments (.) one on one? situAtions |as opposed to=**
=*di*nner table round robin conversations

(4) SSP: **|you mean you pass the microphone arou::nd**

(5) SSP: **(.) wo::::w>.**

With mounting agitation, PS fidgets and SSP continues making statements in the style of clarifications, as if T1 does not understand the topic or the situation. The second excerpt shows barely controlled impatience:

(6) PS: **|wait//**
[hand raised, looking to T1]

SSP: **//wul**
[brings clasped hands up and leans in, PS looks to SSP]
there's a difference between no ai:d and a microphone
[hands open out, palms up, moves from on side to mic to mouth]

PS: **yeah**
[nod to SSP]

SSP: **we're not talking about the difference we're talking about the**
(articulating consonants)
[hands one side to other] [hands in lap]
***new:*〈 hearing aids=**
[palms up]

T1: **= um hmm**
[nods]

SSP: **= vs. the micro:phone =**
[hands "hold" mic] (mild voice)

T1 **= I am too**

SSP: **talk about tha:t**
[palm up to T1]

T1: **I underst- |yeah (.) I jst**

SSP: **|he didn't he couldn't communicate with his regular | aids . at all**
[head shaking] [mic gesture] [hands drop]

T1: **|that's correct, that's correct**
[nod]

PS: **|wl this is not this is not [deaf friend]**
[leaning on table watching SSP]

T1: **|nor can//**

SSP: **//no it's no:t hhh**
[smile]

PS: **uh another thing//**
[turning back forward, pencil jabbing at paper]

T1: **// I can give you other examples that just happens to be someone that we knew//**

PS: **UH . I'm thinking about is that if uh why if she's not able to**
[pencil held in air----------hits paper]

***u:se* this left ear at ALL WHY do we amplify (.)**
[left hand up to ear, then up on either side of head, turns to T1, drops hands to table audibly, turns to SSP]
|both ears
[nods]

This sequence is actually initiated and terminated by PS, demonstrating the coordination of her speech with SSP's. When PS overlaps T1 with "**wl this is not this is not [deaf friend],**" SSP also overlaps him to respond to PS with a smile: "**//no it's no:t hhh.**" When SSP and PS give information to T1, as in the excerpt above, they speak quickly, interrupt often, give him little time to answer, and talk to each other instead of to him. Even when PS is shown to be wrong in her challenge about aiding the left ear, she is not persuaded by T1 but by the practicum participants, especially the woman who explains that she herself gets some benefit from an aid on her bad ear. SSP and PS are showing T1 up, undermining both his expertise and his authority.

Responses. Only once in the whole first episode does T1 directly counter the attacks on him; even in the attack in the second excerpt he supplies additional evidence of the kind that they have already dismissed. The one time he responds directly, it is not in response to SSP but to PS, specifically to her word choice and tone of voice.

T1 jumps on PS:

(7) T1: **NO< family is pretty steep po:leemic against that when you consider [my friend you saw] does that routinely with all of us when we go to dinner so I don't know that no family's the answer cuz I can list fifTEEN families that do that at [other places] so . it's not |impossible// //it's not easy either.**

During this turn T1's voice gradually rises and gains speed, but it has a strangled quality. He looks at PS, but she and SSP both look away. As SSP swings her head away from him to a practicum participant who joins in, T1 lurches forward, following the arc of her movement. He leans back only when he looks to the practicum speaker to direct to her the explanation that PS and SSP aren't attending to.

In the second excerpt, T1 is completely cut off in his attempts to explain. PS here responds with a dramatic nonverbal sequence that is unmistakably disdainful. She holds her pencil poised in the air and then drops it dramatically and audibly to the paper in front of her as she emphasizes her words, then raises her left hand to her ear, then raises both hands at both ears, turns to T1 and then drops both hands audibly to the table and turns her back to T1, faces SSP, and nods.

Incompatibility. Although T1 is the nominal authority on the team and the authority on audiology, his explanations are not treated as authoritative. T1's long turns display the knowledge he is asked for, even though their nonverbal behavior during his talk makes clear that SSP and PS do not like what they are hearing. His attempts to close the topics or capture the initiative are not successful. T1 himself uses only three questions, two in the form of yes/no clarifications that are responses to PS's insistence on the validity of her information, and both are cut off by her. The other is an indirect request.

For the most part, he just keeps patiently explaining, as if he is genuinely being asked for information in his role as director and role model. The PT6 does ask him several times for information that she does not have, and he answers these questions with the same information-giving strategy that he uses with the challenge questions. In other words, his words treat all questions as the same opportunities for sharing information and all questioners as innocent information seekers.

Even other moments when he explicitly acknowledges that he is being challenged, his words treat the challenges as positive inquiries, often echoing part of the preceding utterance: "**that was one of my issues**" "**microphone passed around exactly**" "**environmental awareness**" "**yeah speech understanding**" "**that's that's the issue (.) implications**" "**that's good to know thank you for that information**" "**good ideas (.) give us something to think about.**"

T1 maintains the same nominal, measured, information-giving style even in the face of such obvious loss of face. Finally, his strategy of maintaining the facade that they are all sharing information is strengthened (and his face weakened) by his apologies and expressions of gratitude and his explicit adjustments to SSP and PS. By so painstakingly defending his expertise without acknowledging the dynamics, he is tacitly accepting their right to treat him this way.

Turn Structure. The asymmetric treatment is reflected in the structure of turns. T1 is interrupted frequently, as if others are impatient for him to get to the point or to get through his spiel. In excerpt 6 (above), he hardly finishes a sentence, much less a thought. Yet these fast paced segments alternate with long position turns in which he is uninterrupted. Although these long turns contain much educational information and may look in the transcript like the mini-lectures Mehan, Hertweck, and Meihls (1986) associated with control, the nonverbal behavior of the principals undercuts any such effect.

In addition, the behavior of others in the team meeting is revealing. Neither T3 nor T2 take speaking turns in this episode. T3 sits quietly back in her chair next to T1, but T2, who never takes a speaking turn in either of the episodes, hardly raises her head at all. Here is the sequence of her movements in the first episode:

(8) PS/T2 look forward
PS/T2 look at SSP
T2 glances at T1 then down
T2 leans away from T1, picks up tablet to write, plays with hair on SSP side until SSP speaks next
T2 hand moves to mouth
T2 head down again
T2 hand to back of neck, looking down
T2 looking at T1, T2 hand still on neck
T2 hand to back of neck, looking down
T2 glances at T1 & down & doesn't move again
T2 raises head to look holding neck
T2 folds arms
T2 looks at T1

T2 looking at T1
T2 looks down
T2 rubs neck
T2 rubbing neck looking down
T2 drops arm
T2 hand to neck
T2 changes audiotape
T2 looks at SSP
T2 hand to neck
T2 rubs neck
T2 & SSP look at T1

Sitting between PS and SSP, T2 looks painfully uncomfortable and avoids eye contact. All her looks are short, and almost all the time she is looking down. This downward position of the head is usually a sign of submission to a more dominant other. Others look toward her frequently and then on to someone more available. PS and SSP are active, even agitated, during T1's turns at speaking. PS looks forward and at SSP more than at T1, and her looks to T1 are also short. For most of the episode she is either shaking a pencil or extending one or both arms across the paper in front of her. That also positions her right arm in front of T1, "separating" herself from him. SSP does look directly at T1 much of the time that she speaks or listens to him, but she also makes eye contact with PS and T2 and outward to other members of the group, especially as she reacts to what he is saying. In contrast, when practicum participants speak, PS and SSP make eye contact with them and maintain that direction of looking until they finish. There are no instances of overlap on a turn started by a practicum participant.

The effect of interrupting T1 on the one hand and failing to attend to his talk on the other is to create the impression that he has nothing to say worth listening to, that he is not part of the team, and that it is difficult for SSP and PS to be polite to him. The contrast between their treatment of him and of others enhances the effect. T2's extreme discomfort and her avoidance of eye contact with anyone signal her refusal to take sides (something she worried about throughout the period of the study) but also highlight the power struggle playing out with her literally caught in the middle.

Pronominalization. The frequency of use of different personal pronouns is an indication of what personal identities are held in mind. During episode 1 both the frequency of use of different pronouns and the referents of those pronouns change during the episode. There is also a marked contrast in references to the child and family; but the most striking thing about pronoun use is a struggle for the identity of "we" among SSP, T1, and PS.

Pronouns for the Child and Family. Neither SSP nor PS refers directly to the child at all, and even their few references to the family are less immediate and personal than T1's. SSP uses "her" twice to refer to the mother and "they" five times to refer to this family. PS also uses "they" twice to refer to families in general, once to refer to officials, once to refer to hearing impaired children in general, and once to refer to hearing aids. T1 uses "she" and "her" 21 times to refer to the child and 7 times to the mother. He even refers to the mother once using "I" in indirect discourse, creating a sense of identification with her. In contrast to the generalizations of SSP and PS, he refers to 15 families in different geographical areas.

Pronouns for the Team. First person pronouns are used most often by T1. At first he uses "we" in reference to the whole team, then to himself and T2, and finally to himself and the other audiologists. Out of 144 instances of pronoun use, T1 uses 29 first-person plural pronouns, 19 of them "we"; he uses first person singular "I," "my," and "me" 18 times. The only times T1 does not use first person to refer to the team, he uses second person "you" (twice impersonally and four times to address individual members of the team).

In contrast, SSP and PS use "we" actually to exclude T1. SSP uses "we" only four times and "I" once, "you" impersonally twice and twice to address T1 in her 32 pronouns. Similarly, in PS's 40 pronouns, she uses "we" three times, "I" nine times, "you" once to address T1 and "you" twice impersonally. Although T1 uses first person plural liberally to refer to the team, SSP and PS resist identification with T1 and his thinking. T1 seems to be searching for a group that will be part of "we" with him. The change in referents for "we" demonstrates a symbolic removal of T1 from the solidarity of the team.

The Struggle Over "We." A close tracing of the pronouns in the sequence of interaction between T1 and SSP over the FM system shows that one way SSP excludes T1 from the "we" identity of the team is by challenging T1's professional expertise in his field. Twice SSP addresses T1 with the imperative "**talk about that.**" Before this episode, there has been a discussion of assistive listening devices with broad participation; then SSP turns to T1 and directs him: "**talk> about the FM system when you're doing group: LIS>tening . is *that* an appropriate device in a *group lis*sening situation . like a cafeteria?**" T1 responds: "**that was one of my issues.**" T1 makes an attempt at solidarity by using "we": "**should we (.) try (.) decide we're going to bridge that area use of the device at home . and . there is some rationale//**" but SSP interrupts, using the distancing "you" instead of the inclusive "we": "**what- what use of it wou:ld you recommend be MA::de at *ho::me.***" As T1 explains why he recommends the FM, SSP uses "you" again: "**you mean you pass the microphone arou::nd.**" PS also objects to passing the microphone; in defense of his view, T1 shifts his use of "we" to those who practiced with him using the FM to include a deaf friend in group interaction, including at dinner. At this point SSP does use "we," but it has the effect not of including herself with him but of challenging T1's belonging. Furthermore, SSP (a speech pathologist) seems to correct T1 (an audiologist) in his understanding of the audiological issues; SSP tells T1 what the pertinent issues are: "**we're not talking about that difference {between a microphone and the old hearing aids} we're talking about the *new: hearing aids***" much in the manner that an elementary school teacher uses "we" to bring about conformity while pointing out deviance in the child who is not exhibiting the "we" behavior.

PS provides a dramatic shift from "we" to "you" that highlights her view that the recommendation to use the FM comes from T1 and not from the team; it seems to be a

turning point in PS's willingness to include T1 pronominally as a member of the team:

(9) T1: **so let's talk now really about some implications for (.) home communication how she's gonna communicate in the real world . . . . I'd like us to at some point start to address that (.) and I'm jst wondering if it would be possible to begin that discussion in our in our recommendations our recommendations"**

PS: **are are we rec- uh uh yeah I'm confused are you recommending that the family use an FM system at *home*〉**

In this utterance, PS expels T1 from the group: "**are we rec- . . . you recommending**". PS's next use of "we" leaves T1 out even though it refers to the team: "**in fact we have to get special-they hand the aid back to [the teacher] when she takes it back after these sessions to leave the campus.**" PS is supplying local information that T1 does not know, which is pertinent to the assessment T1 is directing. It points up PS's permanency and T1's ignorance or lack of belonging, and T1 actually says "**thank you for that information.**" In T1's next turn "we" refers just to the audiologists on the team: "**could we all get together (.) us audiologists.**" T1 starts the episode with the assumption that the team is a unit, but SSP and PS distance T1 from the team, and he retreats.

Modality and Modulation. Modality refers to the use of mitigation to soften or aggravation to strengthen one's attitude toward what one is saying (Labov & Fanshel, 1977). Words and sentence structures reveal degrees of indeterminacy, probability, and typicality, imperativeness, obligation, and inclination. T1's speech is full of qualifiers and other signs of indeterminacy. Although they can be appreciated as signs of tentativeness and respect to peers, they can also make the speaker sound unsure of himself. T1's sentence structure is uneven and his style is very abstract and contains nominalizations. In contrast, SSP and PS alternate between imperatives and other aggravated statements and direct questions. They take short verbal turns.

Qualifiers and Indeterminacy. T1's speech is full of qualifiers and indeterminacy, even while he is making his case for the FM. He uses words like "**fairly poorly,**" "**relatively,**" "**a lot,**" "**routinely,**" "**when you consider,**" "**it's not impossible.**" "**gets to the second thing,**" "**essentially,**" "**even under the best,**" "**that much,**" "**the extent of damage,**" "**she has trouble in noise,**" "**much of it,**" "**under the best of conditions,**" "**tremendous amount of concentration,**" "**very,**" "**very much,**" "**difficult to suggest,**" "**takes a long time,**" "**jst,**" "**happens to be,**" and "**some.**"

Even when PS most strongly attacks him, with a remark about no family sitting still for the FM use, he calls it a "**pretty steep po:leemic.**" He has just endured strong insults from both PS and SSP, and he uses the oddly pronounced and oddly chosen *polemic* to describe her comment and qualifies his protest with "**pretty steep.**" He does say "**exactly**" and "**that's correct**" a couple times, but only once in the episode does he say something unqualified, and it has the effect of further undermining his position. He answers a practicum audiologist who asks him, "**wouldn't you agree that's out of the norm though**" about using the FM, with a resounding "**YES!.**" The other time he offers a strong "**yes,**" is in response to PS's demand about using the FM at home, but after a 0.7 second pause, he adds the provisional-sounding "**for consideration.**"

Vague and Distant Style. Two aspects of T1's sentence structure have the effect of distancing him from what he is saying under these attacks. His sentences are jerky and fragmented, full of repetitions and restarts. Although his use of pronouns is personal and immediate, his case for the FM is made in a very abstract, nominal style, for example: "**there are other problems related to that and: so: considerations about use of that other just turning that into a body aid through use of that microphone *on* the FM receiver is an important consideration *that* relates back to training and the use of the FM system not only for the teachers but for the parent.**" His frequent allusions to "**considerations**" and "**implications**" are seldom explained.

In marked contrast, PS and SSP use categorical statements, for example, PS: "***no* family's going to sit s for that**" and SSP: "**we're not talking about that. . . .**" SSP also twice uses the imperative: "**talk about that**" and PS uses one: "**wait.**" The contrast between T1's abstract nominal style, his long, repetitious turns and the short verbal turns, aggravated claims, and questions of SSP and PS adds to the sense that they view him as incomprehensible and incompetent and that they can hardly contain their impatience.

Prosody. English offers many opportunities for the expression of attitude through tone, rhythm, and key. Through modulations of voice and pacing, speakers reveal attitudes such as forceful, hesitant, gnomic, impatient, and disgusted. For the most part, rising pitch indicates uncertainty and falling pitch conveys certainty. The canonical tone of a statement is tone 1, falling pitch, and the canonical tone of a yes/no question is tone 2, rising pitch. Tone 3, a level or unchanging tone, indicates either lack of completion or indecision. Tones 4 and 5 are combinations of rising and falling on a single tone contour. Tone 4, falling-rising, is associated with tentativeness or reservations but is also characteristic of statements in the region the team members inhabit. Tone 5, rising-falling, "conveys a sense of initial uncertainty but turning into certainty and often carries the implication 'you ought to know' " (O'Donnell, 1990, p. 222; see also Halliday, 1985, pp. 401–403 and Leech & Svartik, 1975, pp. 33–40).

Tone 5 is heavy in the speech of SSP and PS in episode 1. Volume and rate of speech are quite changeable. SSP's turns often start strongly and then trail off. The strong beginnings of her turns and her rapid overlaps give her talk an accusatory, imperious quality, but then her abrupt loss of volume and trailing off and her rapid shifts in speed and volume (combined with her agitated nonverbal behavior) convey despair. PS's talk is characterized by multiple stresses. The most extreme example is: "**the school's5 will . NOT5 . *give5* . *one5* . to *go ho::me* 5 (.) you *have2* to buy it *yourse:lf5* (.)**" PS's talk is very breathy and her words are frequently clipped. These features together (added to the nonverbal behavior described above) convey an attitude of extreme frustration and disdain.

In contrast, T1 maintains a very low pitch, a monotonic delivery, and a slow rate almost all of the time. Even when he is most agitated, there is a strong restraint and enormous tension in his voice. Possibly in reaction to the heavy dose of tone 5 in the speech of SSP and PS, T1 seems to hold his tones at midlevel, as if he is attempting tone 1s that would indicate that everything is normal. This could help maintain professional face (Goffman, 1959); however, it may be that his maintenance of this abstract, unemotional style in the face of their attacks prods the increased emphatic and annoyed style of the others.

Episode 2: Using Signs

Episode 2 is a continuation of the talk in episode 1. It opens with a discussion of procedures and looks at first glance as if there is a higher degree of agreement than in episode 1. The following analysis will make it clear, however, that although the style is less charged, the substance is still clouded. A new speaker takes a role in this episode, and there is generally a larger number of active participants. In this episode, SSP is no longer the challenger but a proposal maker. Furthermore, T1 is notably absent from any voiced disagreement.

Strategy. Gone are the test questions. There is more genuine offering of information in this episode by more individuals than in episode 1. The bridge to episode 2 is procedural talk. Why then is this not an example of effective teamwork (see Chapter 7)? Although they talk about the procedure, they do not establish criteria for their decisions, and they quickly abandon their apparent agreement. The sequence of strategic moves in this episode is interesting: PS makes a substantive proposal that is easily amended by SSP, but the subsequent challenges to SSP's proposal are unsuccessful.

Initial Agreement. PS and T1 and other voices express their agreement with the agenda established by SSP: "**I don't think we can go off separately and make that decision**" about modalities. PS then makes a substantive proposal that starts the sequence of this episode:

(10) **I think she needs (.) my recommendation based on what I saw in the testing session is she functions better if she if her auditory *is* supplemented by signs and she is just begging for it.**

SSP says "I agree" and others echo her. T1 asks for any objections and looks for responses around the table. At this point the proceedings get complicated again.

The Amended Proposal. Nonvocal behavior is again central to much of the strategy. SSP raises her index finger, bounces it twice, gives a sharp head nod, and adds "**for compre*hen*sion>**" in a strong resonating voice. Without missing a beat, PS looks at her and then forward and echoes her, thus acceding without comment to the amendment.

SSP now makes her proposal:

(11) **for expression I think she's *clea:*rly an oral child . who supplements her speech with**
[T2 looks at SSP, SSP hands circle forward, come to rest on breast]
si:gn and it *does* help her intelligibility but she uh I would like to see a stronger
[T2 looks down] [palms up, emphatic]
emphasis on how . to help her oral skills be maintained because even when I watched [the teacher]< in the room< with you5 as soon
[right palm up "offer" to T1 or PS] (quickly)
as she started signing her voice just went real soft (.) so I'm4
[hands up in front, make level level that ratchets down]
(as voice goes soft on word "soft")
won<dering I don work4 with hearing impaired kids but when um (.)
(deliberately, but quickly)
[supplicating hands] [shake head] [hands together]
in giving the Rey*nell* when you give it in a sta:ggered fashion
["offer" hand] [hands make level and ratchet down]
that seems like a *rea:*4sonable way to keep her li:stening first
[point index, pull to self]
(.) and using the signs5 to supplement (.) do people ever do4
[two hands palms down low] [head shake]
things like that: what kind of options do we have you down how *hard*5 it is to *rea*lly5 sign and to *rea*lly5 talk at the same time
[open palms supplication, nodding, T2 looks at SSP]
I'm just scared that (.) that it won't happen5 .
(plaintive) [head shake, offer hand bounces]

In this proposal SSP contradicts her own expressed agreement with PS by focusing on the teacher's softened voice while signing during the assessment and narrows the meaning of "supplement" to signing only following speech. This is the longest turn in this episode and follows a pattern of a strong statement with heavy end pitch ("**clea:rly an oral child .**"), followed by a qualification ("**supplements her speech with si:gn**"), evidence ("**it *does* help her intelligibility**"), qualification (emphasis on "**does**" and "**but**") discounted by more evidence (watching the teacher), a disqualifier ("**I'm4 won<dering I don work4 with hearing impaired kids**"), but then the disqualifier is discounted by more evidence (giving the Reynell in "**sta:ggered fashion**"). A rhetorical question ("**do people ever do4 things like that?**") is followed by more general claims heavily toned ("**you know how *hard*5 it is to *rea*lly5 sign and to *rea*lly5 talk at the same time**"), and an emotional plea ("**I'm just scared**"). Although no one remarks that this is an amendment to the proposal, signing only as a *sequenced* supplement becomes the accepted version of the recommendation. Finally, by excerpt 12 (below), SSP rejects the signing proposal altogether. She moves from agreement with signing at (10) to supplementing at (11) to rejection at (13).

Resistance Strategies. All three teachers of the deaf counter SSP's proposal unsuccessfully. The first, PT6, says that signs-as-supplement is, in fact, the current policy, and

it is failing. SSP, however, ignores the counterevidence presented:

(12) PT6: **but it doesn't seem it doesn't work that way it didn't when we watched her and it didn't when she was here either**
SSP: **so that suggestion so say that again**
PT6: **Mom request that she can use signs for clarification but it's**
[SSP nod]
always suppose to be oral first=
SSP: **= oral first i-**
[offer hand, looks back to group]
PT6: **|=then signs for clarification if she needs it**
SSP: **|is that a reasonable way to use signs< for this kid?**
[looking around at group, many nod, T3 hand outstretched]

The words "**oral first**" are echoed even though the message is that "**oral first**" doesn't work. Overlooking the evidence that the policy is a failure, SSP asks the group if "**oral first**" is a "**reasonable**" policy. PT5 offers another objection, that "**the implications of that recommendation are almost that she get one-on-one instruction**" SSP rejects this objection: "**not necessarily**" and changes the topic from the child's needs to the mother's wishes.

Accepting the claims that the mother does not want signing, PT6 offers an integrative compromise: "**yeah you can really have it both way:s if you could sign to help her understand you and then insist that she speak to you:4< I mean if that's the way mom's gonna accept it you know (.) cuz she has to have input hh h**" Nobody follows up on this compromise. The only indication that anyone else accepts the importance of input for the child comes from T1, who refers to increasing input a few turns later.

T3's outstretched hand signals her entry into the discussion: "**I just have a concern.**" She uses an alternate syntactic structure ("or") to try to initiate a discussion of what she sees as a conflict between education and speech. Her questions are taken correctly to mean that she favors education over speech, although she says she understands the worry about speech. Although PS originally proposes that the child "**is just begging**" for signs, now she says total communication (combined speaking and signing) "**is out of the question.**" SSP responds to this challenge by saying that she is looking for compromise—"**the middle ground**"—and T3 doesn't believe there is one. Both ignore PT6's earlier compromise suggestion about signing to the child and requiring speech from her.

T1 and several others digress about the teacher's abilities and needs until SSP brings them back to her issue:

(13) SSP: **an< I'm not sure what the NEED is here I'm not sure that [the child]**
[loud, rises slight) [right hand up, leans in, T2 & PS look, at "not" SSP puts papers from lap on a table] (also deliberate) [two fists opening and closing]
needs every vocabulary item* in *sign* I *think* what she *needs* is somebody to sslow:: the *conversation down* enought to *make sure
[emphatic hand]
she *pa:ys attention* to the language and sh she has access to the
[hands at eye level bounce, bounce, then circle toward self]
language somehow (.) I'm not sure she it means that she needs sign
[shake head] (trailing off)

T3 tries again to uncover SSP's objection to signs but is unsuccessful in getting an explanation. Instead, what SSP does in response to all these objections is to ignore them or to shift topics slightly and answer her own objections instead of the ones raised by others.

Turn Structure. The turns in this episode are more symmetrical than in episode 1, and there is much less overlap. PS, SSP, and T3 all have longish position turns, but there is nothing like the long explanations offered by T1 in the prior episode. T3 does use a form of challenge question, and she repeats it in an effort to change the discussion, but she offers nothing like the short, pointed trapping questions posed by SSP and PS in episode 1. Her position is explicit, and she listens while the others take their turns. Nor is there a nonvocal turn structure at odds with the vocal turns. People attend each other and speakers and listeners make eye contact congruent with these roles.

Pronominalization. There is also a greater balance of pronouns used in this episode than in episode 1. "We" is used only 16 times, and 6 of those uses are SSP's. "She" referring to the child, the mother, and the teacher is used heavily. SSP used "I" 16 times, PS 7 times, and T3 11 times. Participants appear to recognize that they have differences of opinion and to state those opinions with first person singular pronouns. Thus they acknowledge their differences more directly than in episode 1.

Modality and Modulation. There is also a greater variety of mitigating language used in this episode. SSP uses "**suggestion,**" "**seems like,**" "**could,**" "**I think,**" "**I would like,**" "**I'm wondering,**" "**not necessarily,**" "**I guess,**" "**I'm not sure,**" "**I dunno,**" "**at least,**" "**little bit,**" "**ever,**" "**choices,**" and uses the words "**reasonable**" and "**middle ground.**" PS follows the same trend with "**I think,**" "**somewhat,**" "**seems like,**" and "**reasonable.**" The practicum participants use "**wonder whether,**" "**I took that to mean,**" "**supposed to be,**" "**it doesn't seem,**" "**if you could,**" "**almost,**" "**correct me if I'm wrong.**" Modals "**should,**" "**could,**" "**supposed to**" are common. T3 uses "jst," "**it seems to me,**" "**I can understand that,**" and qualifies talk with "**when,**" "**basically,**" "**realistically.**" She uses alternate ("or") syntactic patterns to ask for clarification and asks about the reasons for opinions and the "**priority.**" Generally speaking, these are signs of a provisional and conciliatory style.

Prosody. Generally, there is less use of tone 5, less disdainful sound, and more even volume and pacing. The voices have tension that reveals their conflict, but they do not have the destructive tone of episode 1. SSP displays much energy in her talk, and T3 displays the most tension.

Nevertheless, the rhythms of the interaction are comparatively smooth.

CONCLUSIONS

In this episode 1, as in O'Donnell's (1990), the power semantic prevails and produces asymmetry across linguistic and prosodic channels, revealing social distance in every aspect of analysis. Perhaps the clearest evidence of the turning point nature of this interchange is T1's loss of identity as part of the meaning of "we" the team by the end of episode 1. Social distance is acutely large by the end of this painful interchange.

Episode 2 displays a more even tone, more reciprocal participation, and includes some articulation of the issues. Thus, there is less display of power and social distance. Nevertheless, the power semantic is still strong. Whereas in the first episode SSP displays power by disrupting T1's role, in episode 2 she takes the role of proposing a position herself and fights back challenges to it. Although there is less amplification (intensity) and more reciprocity, so that the styles are more symmetrical, there is no solidarity in the group as a whole. Indeed, episode 2 sees several people try to affect the discussion, but SSP's power differential is too great. Ironically, one instance of shared language highlights that the team members do not achieve mutual understanding: PT6 says that the policy of "oral first," the mother's wish and SSP's proposal, "**doesn't work that way it didn't when we watched her and it didn't when she was here either**." Yet as soon as she says the words "**oral first**," SSP repeats "**oral first**" and ignores the report that it doesn't and didn't work. There is greater reciprocity in style; but there is no meeting of minds.

Nor do SSP's challengers display solidarity. Although T1, T3, PT5, PT6, and, at times, PS share attention to the child's displayed needs (see also the previous chapter), they do not work together. Each offers some independent opinion based on knowledge of the child, but none moves to support the others and only T3 presses her position. PS specifically shows solidarity with SSP and distance with T1. Clearly, SSP gets more eye attention, more expressed agreement, and more compliance than other members of the group. By episode 2, T1 is following the lead of SSP without hesitation. She has successfully prevailed, curtailing not only his leadership but even his participation.

In O'Donnell's (1990) study of a labor-management meeting, there is a contrast between the power semantic and the solidarity semantic, with the second episode less marked by asymmetry or intense linguistic realizations. The diagnostic team meeting also shows a contrast between episodes, but the difference is between the intense hostility of episode 1 and a more balanced episode 2. Once the balance of power is resolved, the second episode can reflect greater mitigation and appearance of options and inclusion. There is no need to emphasize the limits of solidarity or to directly attack speakers if they are under control. Yet what might look like balance is only on the surface. Rather than address the information in the challenges, the group still manages to shift around on the edges of the topics and leave the core issues unattended. Instead, the disagreements go outside the team into advisory board meetings to discuss the problems of the team and into private "concerns" about people's professional competence and "difficult" personalities.

Yet the relationship between these results and differences in hierarchical power roles is not a simple one. As described in the previous chapter, the social configurations of these individuals are quite complex. Although T1 is the director of the team, SSP and PS are long-term employees, and SSP is the senior staff person of the facility. SSP's speech style is the one showing power, and it is shown differently in the two episodes. The hierarchical social structures, i.e., the professional roles, thus are intertwined with social processes on this team and enacted in the communication. In the episodes analyzed here, there is a struggle for power and solidarity carried out through talk, as revealed through shifts in footing from one episode to the next. By episode 2, SSP is firmly in charge of the agenda and the turns, and T1 is psychologically closed out of the team.

Judging the suggestions about using FM systems or signs with this particular child is not the point of this study. The way the team operated led to painful interaction, to the disintegration of the team, and to neglect of the child's and family's needs. If there were any doubt that fundamental matters remained unresolved, we need only consider the fact that at the time of the final team meeting, there were still questions about the most basic issues of the child's communication. The team never managed to create a picture of the child's functioning, of the family's functioning, or of the school situation. Thus, when the team met to discuss the results of the assessment with the family and teacher, one team participant could claim that the teacher was prevented by the team representatives from expressing certain ideas about her willingness to try things (like signing). Just as they had avoided clarifying these issues in their deliberations, they avoided clarifying them with the teacher and mother themselves. Never did the people responsible take up the issues of the possible impact of deafness on the child's identity or her communication with others. Our analyses demonstrate that good intentions and professional knowledge are not adequate to ensure good outcomes.

IMPLICATIONS FOR COLLABORATIVE TEAMS

People involved in this kind of toxic communication or those observing it often explain it as personality conflicts or personality-driven behavior or as differences in ideology. No doubt clinical psychologists could explain these data in terms of personality, and their explanations would be interesting to read. We have been interested, however, in understanding how communicative nonsuccesses are *carried out*. Life is full of moments when we wish to render others ineffectual or control a meeting or prevent an undesired outcome. Life is full of moments when we wish to engage in communicative behavior that we do not wish to acknowledge.

But what of collaboration? The experience of this team suggests that a collaborative team that does not collaborate is doomed to be unsatisfactory. Consider the following advice about negotiation from a popular textbook I use in an undergraduate class:

> Most inexperienced bargainers automatically assume a competitive stance to negotiations since they assume that "toughness" can only be achieved with competitive tactics. . . . [I]n order for negotiations to come to fruition, collaborative tactics have to be called on before the end of the negotiations, or there is a strong possibility of negotiations breaking down and the relationship between the parties being damaged (Hocker & Wilmot, 1991, p. 223).

Getting into spirals of competitiveness tends to bring impasse and may lead to destructive escalation (Deutsch, 1973; Wilmot, 1987). Collaboration appears to require a determined attitude and specific communication actions. Hocker and Wilmot (1991, p. 225) present five "principles" of collaborative negotiations. They contrast so extremely with the behavior of this team and they so strikingly recall the linguistic realization of solidarity and power symmetry that they are worth presenting here as a final word.

The first principle is to "join 'with' the other." This concept includes using "we" language and nonverbally moving closer. The second principle is "control the process, not the person." To do that one should "encourage the other to expound fully—listen actively even when you disagree." The third principle is to use "productive communication: be unconditionally constructive, refuse to sabotage the process, separate the people from the problem, persuade rather than coerce, refuse to hate the other." The fourth principle is to be firm in goals but flexible in means. To accomplish that, one should be "provisional" and separate content and relationship issues. Finally, Hocker and Wilmot advise the negotiator to assume that there is a solution to the problem and to refuse to be pessimistic.

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Appendix A

Transcription conventions (Adapted from O'Donnell, 1990)

( ) Denotes elapsed time, unfilled pause, vocalizations

(soft, trailing off) Voice quality—descriptions appear beneath utterances

|nodding| Nonvocal behavior—descriptions appear beneath utterances

| Indicates simultaneous talk and is placed at the point of overlap

// Indicates the point at which a speaker is interrupted, followed by the talk which overlaps it

= Indicates that two utterances are joined with minimal terminal juncture between

. Indicates strong juncture

:, :: Indicates prior syllable is prolonged

MORals Capitalization indicates emphatic stress with increased volume

why Italic type indicates stress without increased volume

° indicates breathiness

4 Tone 4 falling rising

5 Tone 5 rising falling

? Tone 2 rising (question)

< Rise in pitch

> Drop in pitch

T1 Team Director, audiologist

T2 Team Staff, speech-language pathologist

T3 Part-time Team Staff, teacher of the deaf

PS Permanent Staff Member, educational psychologist

SSP Senior Staff Person, speech-language pathologist

PT1, 2, 3, . . . Practicum Team Members (audiologists, speech-language pathologists, teachers of the deaf)

Appendix B

Transcript—Episode 1: FM System

SSP: **n n what is? talk> about the FM system when you're:**
[puts pencil down, open extended palms up bounce on table, wipes palms to forehead in circular motion to rest on cheeks 'oh my']
doing group: LIS>tening . is *that* < an appropriate device
[palms up circle and hold] [PS/T2 look forward]
[PS/T2 look at SSP]
in a *group listening* situation . like a cafeteria?
[SSP looking out, voice trailing off]

T1: **that was one of my issues uh it's a . poor use of the**
[deep nod, T2 glances at T1 then down]
device | . in those situations
| [nod]

SSP: **then |wul do . then what about at ho:me?**
[looking at T1, palms up then clasped] [PS looks at SSP, then forward, down, back at SSP; repeat]

T1: **|hearing aids same thing applies the . the FM system working**
[voice tense, pitch low monotone, deliberate]
[SSP sighs, hands go up and into lap emphatically]
as a hearing aid functions fairly poorly as a hearing aid
[SSP nods]
it's a it's a relatively inflexible (.) high amplification
level body aid (.) *that* ha:s a lot of problems for example
[SSP scratches shoulder]
stay on this level you move up to the table the table her
[T1 touches table]
ears go right under
[T1 moves forward against table]
the table at school when she listens through that hearing
aid that way (.) there are other problems related to that
***and*: so: considerations about use of that other just turning**
that into a
[T2 leans away from T1, picks up tablet to write, plays with hair on SSP side until SSP speaks next, PS doesn't move, SSP nodding]
body aid through use of that microphone *on* the FM receiver
is an important consideration *that* relates back to training
and the use of the FM system not only for the teachers but
for the parent should we (.) try (.) decide we're going to
bridge that area use of the device at home . and .| there is
some rationale//

SSP: **what- | what use of it wou:ld you recommend be**
[SSP head nod, T2 hand moves to mouth]
MA::de at ho::me like homework assignments (.)
5 5
one on one? situAtions |as opposed to=
[T2 head down again]

T1: **| television use**

SSP: **= *di*nner table round robin conversations**
[hand mimics handing around mic, chin traces]

Appendix B (*continued*)

T1: **television ( ) if she she would hear better in any situation**
[T2 hand to back of neck, looking down]
dinner table included if it were if the FM system were used

[nod]

SSP: **|you mean you pass the microphone arou::nd (.) wo::::w>.**
[mimics passing around mic, PS looks at SSP]
(slowly, low, trailing) [open lips go
around, nods, eyes roll and open wide, smiles, looks around
table puts palms to cheeks, looks down and shakes head
repeatedly, with right hand on cheek, looks back 'oh my' at
T1]

T1: **|microphone passed around exactly**

PS: ***no* family's going to sit s for that**
(quietly) [looks at SSP]

T1: **NO< family is pretty steep po:leemic against that when you**
[PS looks forward slowly then toward SSP]
consider [a deaf man recently visiting the team] does that
routinely with all of us when we go to dinner so I don't
know
(volume gradually rising, talking faster)
that no family's the answer cuz I can list fifTEEN families
that
[SSP holds cheek, draws hand, stares foward, signs, looks
down and back at T1]
do that at [two other geographical areas] so . it's not
|impossible//

PT2: **|that's out of the norm though**
{SSP swings head away from T1 toward speaker, rictus smile]

T1: **//it's not easy either (.)**
[T1 lurches forward following SSP swing away]
wouldn't you agree that's out of the norm though

PT2: [leans forward nodding rapidly]

T1: **YES! . but if you want to include her in the in**
conversations (.)
[looks at PT2 as leans back in chair]
that's the second thing (.) that gets to the second thing
the uh
[SSP, T2 looking at T1. T2 hand still on neck] [T1 reads
notes]
implications of this hearing loss (.) although [the child]
[PS looks foward] (less tension, more natural pitch)
has aprofound hearing loss in both ears the right and left
ears are
[T1-hands together on table as looks at PT2 away from PS,
SSP]
very different (.) the left ear's essentially non useful for
[SSP hand to mouth, looking down]
speech information even under the best of amplification
[T2 hand to back of neck looking down]
situations she can't tolerate that much gain and even if she
could the extent of damage to the nerve cells won't alLOW
understanding of speech so she's a unilateral listener she

Appendix B (*continued*)

103 [PS wh looks at T1]
104 **has trouble in noise unilateral listeners have profound**
105 **difficulty in noise and her good ear is profoundly hearing**
106 **impaired (.) and much of it the listening she does under the**
107 **best of conditions is done at threshold level on the good**
108 **ear for speech sounds through the hearing aid and the**
109 **implication to that is it's gonna take tremendous amount of**
110 **concentration if she's gonna function auditorally only (.)**
111 **to (.) communicate in any**
112 [looks toward SSP]
113 **situation so if she is going to be in touch with the home**
114 **situation that moving of the (.) speech banana down 15 dB by**
115 **the closeness of that FM system becomes very powerful (.) we**
116 **saw [the**
117 [SSP looks at T1]
118 **deaf friend] when we interacted with him that without his**
119 **audio**
120 [PS swings head away]
121 **input he was nowhere when we were anyplace except for when**
122 **we were in a sound booth (.) or when we were one to one**
123 **right in front of him (.) and that doesn't occur very much**
124 [PS wipes face and puts hands folded on table leaning
125 foward, writes]
126 **so I understand it what I'm saying is this is a difficult**
127 **thing (.) to suggest but at the same time it's not clear to**
128 **me how she'll communicate strictly orally otherwise with the**
129 [T2 glances at T1 & down & doesn't move again]
130 **family so (.) while yes it's very hard to and yes it takes a**
131 **long**
132 [T1 leans forward looking at group]
133 **time to get th:ere//**

134 PS: [**wait//**
135 [hand raised, looking at T1]

136 SSP: **//wul**
137 [brings clasped hands up and leans in, PS looks to SSP]
138 **there's a difference between no ai:d and a microphone**
139 [hands open out, palms up, moves from on side to mic to
140 mouth]

141 PS: **yeah**
142 [nod to SSP]

143 SSP: **we're not talking about that difference**
144 (articulating consonants)
145 [hands one side to other]
146 **we're talking about the**
147 [hands in lap]
148 ***new*:< hearing aids=**
149 [palms up]

150 T1: **= um hmm**
151 [nods]

152 SSP: **= vs. the micro:phone 5 =**
153 [hands "hold" mic] (mild voice)

154 T1: **= I am too**

155 SSP: **talk about tha:t**
156 [palm up to T1]

Appendix B (*continued*)

157 T1: **I underst- |yea (.) I jst**

158 SSP: **|he didn't he couldn't communicate with his regular |aids.**
159 [head shaking] [mic gesture]
160 **at all**
161 [hands drop]

162 T1: **|that's correct, that's correct**
163 [nod]

164 PS: **|wl this is not this is not [deaf friend]**
165 [leaning on table watching SSP]

166 T1: **|nor can//**

167 SSP: **//no it's no:t hhh**
168 [smile]

169 PS: **uh another thing//**
170 [turning back forward, pencil jabbing at paper]

171 T1: **// I can give you other examples that just happens to be**
172 **someone that we knew//**

173 PS: **UH . I'm thinking about is that if uh why if she's not able**
174 **to**
175 [pencil held in air - - - - - - - - - - - - - - - - hits paper]
176 ***u:se* this left ear at ALL WHY 5 do we amplify (.)**
177 [left hand up to ear, then up on either side of head, turns
178 to T1, drops hands to table audibly, turns to SSP]
179 **|both ears**
180 [nods]

181 PT4: **|ask her**
182 [indicating PT6, who has impaired hearing]

183 PS: **if she's getting all her speech | through the right ear**
184 [SSP looks at questioner, T2 raises head to look holding
185 neck]

186 PT4: **|why do you prefer that other aid?**

187 PT6: **you get a little binaural boost even though I don't**
188 **understand in my poor ear (.) I can tell that's it's a**
189 **little louder**

190 PS: **I always wondered wh ( )**
191 (low) [nodding, hand at ear opens & closes, arm extended on
192 paper by T1]

193 PT3: **and localization doesn't help you [name]**

194 PT6: **no it doesn't (.) localize**

195 T1: **environmental awareness**

196 PT6: **right**

197 T1: **it does have some . information syllabic information, stress**
198 [PS nods, does not change posture, T2 folds arms]
199 **information (.) exactly so that's a good question**

200 PT1: **( ) also in the right ear she's getting a lot more high**
201 **frequency in the low ear she's getting better boost I mean in**
202 **the left ears she's gettin a better boost in the low**
203 **frequency so she's probably getting a lot of**
204 supersegmental|s

Appendix B (*continued*)

PS: |so she *is so* she *is* using both ears to get some input=
[deliberately]

PT1: =but she uses basically the right for discrimination (.)
purposes ok

T1: yeah speech understanding

PT6: so what I'm now interested and concerned about what the
parents perception of of you know how much [the child] is
hearing and all that

T1: that's that's the issue (.) implications
[nods]

PT6: did sitting in the room when you tested her help Mom to
accept it (.) or?

T1: I was surprised during our first counseling sessions that
she had
[T2 looks at T1, PS writing, SSP hands clasped watching]
questions about the very first unaided evaluation that had
been and the validity of that. it was m error that I
had judged that we were past that and it didn't appear
that we were (.) uh in the second session that T2 and I had
for two and a half hours (.) we did ask so what did say to
you and she was able to
[T2 looking at T1] (pitching dropping, strain increasing)
repeat it all back accurately and in addition say that I've
come to accept that this is the way it is although then
later on she did address the issue of the chiropractor
restoring hearing. uh (.) but she did say she's (.) on one
level come to accept that as
[T2 looks down]
the way it is and it was tied to her religious belief system
( ) so she does have some sense of that but (.) I wasn't
able to go to the next stage of so let's talk now really
[T2 rubs neck]
about some implications for (.) home communication how she's
gonna communicate in the real world (.) uh outside of that
classroom whe she has that optimal listening system (.) we
just weren't quite there at that point after a two and a
half hour meeting that I'd like us to at some point start to
address that (.) and I'm jst wondering if it would be
possible to begin that discussion in our in our
[PS playing with pencil looks at T1]
recommendations our recommendations

PS: are are we rec- uh uh yeah I'm confused are you recommending
that the family use an FM system at *home*>
(deliberate) [looks at T1]

T1: yes (.7) for consideration
[SSP leaning on clasped hands watching, T2 rubbing neck
looking down]

PS: uh who is going? (.3) ok.
what I'm thinking I (.) I'm not (.) has this family's
I:Ncome
[looks at group, T2 drops arm]
changed a lot? the school's5 will . NOT5 . *give5. one5* .
to *go*

|looks at T1] [shaking head] (clipping words)
ho::me 5 (.) you *have2* to buy it *yourse:lf5* (.)
(volume rising) [holding pencil looks to group]
that is | a GIven in the state=

T1: **|is that?**

PS: **=of [name of their state] hhh. They don't buy hear5ing aids**
[looks at SSP and shakes head slowly]
in fact we have to get special- they hand the aid back to
["hands" aid toward self]
[the teacher] when she takes it back after these sessions to
[T2 hand to neck] [PS "puts aid away"]
leave the campus. The FM's *do not go home.*
[abruptly looks back to T1]

T1: **that has been ask and that really//**
PS: **//it's been ask in many situations in [our state]**
[slowly shaking head] ("weary" falling pitch)
[T2 changes audiotape]

PT4: **what about doing something like what [our deaf friend] had**
initially is this $30 dollar thg

T1: **there are other technical technicological options for that**
(.) that's good to know thank you for that information>
[said to PS but not looking at PS] (low pitch, tension)

PS: **because that's what I'm thinking about especially with the**
[arm extended across paper between her and T1]
schools uh it's hard to even get the *schools* to *buy* to *use*
in the
[shaking head raises hands dramatically]
school (.) so and they won't let 'em take 'em *home*
[gestures to "home", looks toward T2 & SSP]

T1: **could we all get together (.) us audiologists and discuss**
[to other audiologists]
some possible uh (.) alternatives to that recommendation?
[PS looks quickly at T1]

PS: **I know one family that purchase themselves so what is the**
income
(clipped, deliberate speech, tension)
[raises pencil, shakes it, looks out, holds up pencil - - - - - - - -
of this family (.) now (.) |what are they doing (.)
- - - - - - - - - - hand down]

T1: **|he will know**

PS: **no this the schools paying for this ok so what is father**
doing
[shakes finger at someone across table]
now (.) what is his job?

[to T1]

PT4: **he's a sheet metal worker**

SSP: **I heard her talking about buying the hearing aids back in**
[rubs shoulder] [T2 looks at SSP]
the back at the meeting did anyone else hear that discussion
how that was gonna be financed? apparently |information

Appendix B (*continued*)

deleted for privacy reasons] **they wanted to go ahead and do it anyway and they were developing a plan for how they were gonna pay for the hearing aids** [deleted for privacy reasons]

PS: **this is an economically strapped family**
[pushing up sleeve]

SSP: **but they were gonna take it out in time in installments and they were working through it**

PT3: **aren't there (.) I'm not I'm not familiar with how [this state] works but like [other states] you can just go to the Lion's Club and write a request and 99% of the time they'll just say SURE 5 no problem [and you know you just tell us**

voices

SSP: **[well maybe that's something that's one step we could take for her we could go and write that request and see if it comes through**

voices

PS: **I'm assuming that would be the case**

T1: **good ideas (.) give us something to think about**
[T2 hand to neck]

PT6: **how much are we gonna have to explain to the parent what [the child] *is* understanding and hearing right now I mean do they have a comprehension of that?**
[SSP hands wipe hair from forehead, T2 rubs neck, PS looks at group throughout turn]

T1: **they are able to repeat to us the degree of hearing loss and what that means in terms of hearing for speech through the**
[T2 & SSP look at T1]
hearing aid (.) the limitations we have not been able to address very well because we weren't at that point during the counseling session we were still getting caught up with previous results and acceptance
[SSP leans cheek on palm]
of those. but yeah that's something we need to look (.) at implications of the hearing loss

Appendix C

Transcript—Episode 2: Using Signs

PT1: **um at this point it's 10 10:38 am un and I wonder whether we should entertain ideas of (.) of whether we should be of finishing now and getting together in the different areas is what I'm thinking**
[SSP playing with hands in front of chest, T2 drops hand on neck, turns to SSP and raises other hand to face, PS looks at SSP arms extended across paper and clasped]

SSP: **I have a suggestion it seems like there is at least one more**
[everyone looks at SSP]
discussion we need to have as a group and then the specific areas could break up and then we could ( ) start the next meeting with here are the recommendations and then
[palms extended to side]
think about ok now logistically wh how do we negotiate
[hands bounce, move in front]
these with the parents (.)
[hands go still]

PS: **=and the school=**

SSP: **=and the school but the discussion that has to come before that is modalities (.) I don't think we can go off separately and make that decision**
[hands turn up & out, head shake]

PS: **no**

T1: **right**

?: **hum um**

PS: [looking to group, away from T1]
I think she needs (.) my recommendation based on what I saw in the testing session is she functions better if she if her
[T2 looks at PS . . . . . sits back . . . . . looks at T1]
auditory *is* supplemented by signs and she is just begging for it.
[SSP nods PS sits back, nods]
[T2 head drops, hands drop . . . . . folds hands]

SSP: **I agree**

?: **I agree**

T1: **Is there anybody that doesn't? (3)**
[looks around table]

SSP: **for compre*hen*sion>**
[to T1 or PS index finger raised, bounce twice, head nod]

PS: **for comprehension>.**
[looks to SSP then forward]

SSP: **for expression I think she's *clea*:rly an oral child . who**
[T2 looks at SSP, SSP hands circle forward, come to rest on breast]
supplements her speech with si:gn and it *does* help her intelligibility but she uh I would like to see a stronger
[T2 looks down] [palms up, emphatic]
emphasis on how . to help her oral skills be maintained

Appendix C (*continued*)

because even when I watched [the teacher]< in the room< with
[right palm up "offer" to T1 or PS]
(quickly)
you5 as soon as she started signing her voice just went real
soft (.) so I'm4
[hands up in front, make level that ratchets down]
(as voice goes soft on word "soft")
won<dering I don work4 with hearing impaired kids but when
(deliberately, but quickly)
[supplicating hands] [shake head]
um (.)
[hands together]
in giving the Rey*nell* when you give it in a
["offer" hand]
sta:ggered fashion
[hands make level and ratchet down]
that seems like a *rea*:4sonable way to keep her li:stening
first
[point index, pull to self]
(.) and using the signs5 to supplement (.) do people ever
do4
[two hands palms down low]
[head shake]
things like that? what kind of options do we have you know
how *hard*5 it is to *rea*lly5 sign and to *rea*lly5 talk at the
same time
[open palms supplication, nodding, T2 looks at SSP]
I'm just scared that (.) that it won't happen5 .
(plaintive) [head shake, offer hand bounces]

PT6: **well that's suppose to be that's suppose to be the way [the**
[all eyes]
teacher's] doing it but she's suppose to sign for
clarification [she's always suppose to speak first
[SSP looks away & back, T2 looks down]

PS: **[but it's so hard5 to do**
[head turn]

PT6: **but it doesn't seem it doesn't work that way it didn't when**
we watched her and it didn't when she was here either
[T2 looks down]

SSP: **so that suggestion so say that again**

PT6: **Mom request that she can use signs for clarification but**
it's always suppose to be oral first=
[SSP nod]

SSP: **= oral first i-**
[offer hand, looks back to group]

PT6: **[=then signs for clarification if she needs it**
SSP: **[is that a reasonable way to use signs< for this kid?**
[looking around at group, many nod, T3 hand outstretched]

voices

T1: **(?) level three interpreter in the classroom**

PT5: **no, I mean not in the mainstream classroom (throat clear)**
and (.)
[sitting forward, right hand raised]

Appendix C (*continued*)

she is the ***only*** correct me if I'm wrong T1 but I think she
is the ***o:nly*** hearing impaired chi:ld | (.) in//

T1: |that is correct

PT5: //that area (.) n so the implications of that recommendation
are almost that she get one on one instruction<

SSP: well not necessarily the discussion that I heard in the
(louder, quick) [head shake, hands to forehead hair and then
cheek rests on right palm, to PT5]
observation corridor are at least that Mom went into the
[finger shaking]
room with [the child] for a little bit and [the teacher] at
that point
|rubs shoulder, T1 nods, looks down|
said (.) when she watched . the Rey***ne:ll*** as the mom was
watching
(deliberate) [hands open]
the Reynell she mentioned that for the first time EVer that
she signs with [the child] at home that's the first time the
mother had ever admitted to that and . they . continued
talking about that and she said her main concern
[T1 big nod] [SSP nods|
now is whether she needs a ***si:***gning ***ai:***de and could't we put
off a signing aide til she gets a little bit older I guess
it's another one of those visa***bil***<ity
[hands bounce] [PS looks out, T1 looks at SSP]
issues or something

T1: she said some things during the counseling |session that I
think
|looking at PT1]

PT1: |yeah

T1: are very telling about the use of signs<

PTI: she said that she doesn't want [the child] to depend upon
sign like a poor little deaf girl . and . she (.) so she
wants her to work hard on her speech so she can communicate
with other hearing
[looking at notes, reading, PS, T1, SSP, T2 all look at her|
people and she's afraid that people will shy away from [the
child] because they'll be afraid of the signs (3) |so I took
(trailing off)
PT1: that to mean reason ***not*** for signing that (.) |for signing

PT2: |but we're talking about-

?: |not signing

PT2: but we're not talking about ***for expression***
[clasped hands, pencil shaking, looking at SSP]

PT6: yeah you can really have it both way:s if you could sign to
|all watch her|
help her understand you and then insist that she speak to
you:4 <. I mean if that's the way mom's gonna accept it you
know (.) cuz she has to have input hh h
(trailing off)

T3: I just have a concern about when you ask about um (.) the

Appendix C (*continued*)

signing as a supplement always being a backup? then my
(tension)
[T1 looks down, T2 looks, heads crane, PS looks at SSP then
forward to group]
question is which one of those what are you putting as a
priority *speech* (.) or education do you see what I'm saying?
[T1 looks to back of room]

?: um hum

T3: if you're gonna say that ok everything I say in this lecture
(gains speed and clarity)
to this child or what I will do interactively I will
speak first and if she gets it fine (.) but you know if she
doesn't then I add this sign to boost it it seems to me
[PS nods, T2 looks down]
that we're elevating speech to be the priority here (.) an
[T1 looks at SSP]
and I think it is a high priority but which *is* . the the
(trailing off)
bi:ggest priority? that she comprehend and that she is
[PS turns to SSP, only SSP looks at T3 speaking]
learning n gaining confidence//

SSP: //wul I guess . um once you . once you do more than just
(louder)
supplement |you're talking about back to a tc clinician
right?

PS: |which is out of the question
[nodding to SSP]

T3: |and then you're worrying about her speech falling off
right< and I can understand that | and basically my question
is//

SSP: | so I'm looking for where the middle ground is I don't have
that
[hands in air searching] (rapid)

PT2: and what mom wants we've gotta remember that hhh what are
the logistics of//
voices and nods

SSP: are there any more *choi5ces* than those two I don't know
[open palms move side to side]

T3: realistically I don't (.) see .

T1: apparently [the teacher] has some si:gn skills but they're
[to SSP, PS looking at SSP]
fairly limited so if we decide to input more extensively
through the use of signs it will have
implication (.) not only in the classroom where [the
teacher] is *not* all the time . it will also have implication
in [the teacher's] own work as her language level (.) uh
progresses unless [the teacher] can stay ahead

PT6: <is her sign skill limited?
(surprised) [T2 looks at PT6]

SSP: she told *me* she taught a tc classroom I dunno
voices

Appendix C (*continued*)

204 PT5: **I dunno**
205 [to SSP]

206 PT: **it is somewhat uh it is somewhat limited but she has**
207 **improved tremendously > uh but she is not a uh bo:hhrn**
208 [to SSP, then to PT6]
209 **signer h h hh**

210 T1: **=or a level three interpreter**
211 [T2 looks at T1]

212 PS: **huh? |oh no> she's not a level interpreter she doesn't even**
213 [looks at T1]
214 **know a lot of the signs.**
215 (louder) [looks to group on to SSP]

216 T1: **|or a level three interpreter because what deaf adults ask**
217 [T2 puts down pencil, rubs eyes]
218 **for is to communicate . minimum . skills**
219 [T1 looks at SSP]

220 PS: **no she's not |she's not a . competent signer**
221 [to SSP, shaking head]

222 T3: **|she can she uh present a lesson in sign all the way**
223 **through?**
224 [T2 looks at T3]

225 PS: **she has she doesn't know when she was doing the testing she**
226 [shaking head, looking at SSP]
227 **didn't know a lot of the signs for some of the words**
228 T3: [looks at T3]

229 T3: **even just the basic vocabulary?**

230 PS: **with the vocabulary. (uh) she could do5 it I mean she could**
231 [turns back toward SSP]
232 **do it as well as a lot of tc teachers do**
233 [looks at group, then at T3, nods on last word]

234 T1: **ok**
235 [nod]

236 SSP: **an< I'm not sure what the NEED is here I'm not sure that**
237 (loud) (also deliberate)
238 [rises slightly, right hand up, leans in, T2 & PS look, at
239 "not" SSP puts papers from lap on to table]
240 **[the child] *needs every vocabulary item in sign I think* what**
241 [two fists opening and closing]
242 **she *needs* is somebody to sslow:: the *conversation down***
243 **enough to *make sure* she *pa:ys attention* to the language and**
244 [emphatic hand]
245 **sh she has access to the language somehow (.)**
246 [hands at eye level bounce, bounce, then circle toward self]
247 **I'm not sure she it means that she needs sign**
248 [shake head] (trailing off)
249 PS: **not a sign for every word I don't I think. I feel that what**
250 **[the teacher] does is she tries so hard to put every ending**
251 [hands on table, opens hands, looks around]
252 **on everything to talk hh that (sign) it's like a *riddle* she**
253 [T2 looks at PS, down, hand on neck]
254 **wasn't simplifying enough (.) to get the child to understand**
255 **I mean even with a deaf A:dult you would simplify a little**

Appendix C (*continued*)

256 [to T1] [sweeping gesture]
257 **to set up the situation before you start asking any**
258 [hand sweeps back toward SSP]
259 **question**
260 [hands on table, to T1]

261 T3: **well my question is hhh (3) why are you worried about (.) is**
262 [sits back and straightens up, others look at T3]
263 **your only concern about the signing the speech going down?**

264 PT2: **no**

265 T3: **because I see that as being or are we just worried about the**
266 [T2 strokes hair and looks down, PS looks to SSP]
267 **mother's feelings? because I don't see how that would hurt**
268 **unless we you know are assuming that her speech will fall**
269 **off with the use of signs (.) because otherwise what (.)**
270 [index finger shaking on words]
271 **what what problem s there is presenting her sign with**
272 **everything and anything taught?**

273 tape change

Chapter 9

Establishing Expertise in Communicative Discourse: Implications for the Speech-Language Pathologist

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Many speech-language pathologists have recognized a mismatch between their professional expectations and their professional expertise. Although we have been trained to consider ourselves specialists in communication and have been touted as "language and communication experts" in our work environments, many of us have recognized that there is much we do not know and cannot adequately handle when our "expertise" is required. Indeed, in our professional lives we can recall situations where this mismatch between expectations and expertise was painfully obvious. We might have anguished over the lack of expected progress our language-impaired students exhibited after months of therapy or we might have recognized how inadequate our clinical descriptions or assessments were when dealing with the complexities of communicative behavior. Perhaps we were burdened by some particularly difficult parent conference when we couldn't sufficiently assist the parents or when we failed some sincere teacher who had turned to us for assistance with her or his language-impaired students. Many of us may still remember our confusion about how to describe a specific individual's social or academic problems or our frustration when we couldn't shake the feeling that we should be doing something more appropriate for the clients on our caseloads. In many of our remembrances we are haunted by our failures—the mismatches between what we and others expected and what we could actually provide (J.S. Damico, 1988).

On a personal level, these remembrances may cause us some discomfort. On a professional level, however, they direct us to an opportunity. We can reflect on our failures and come to a greater understanding of what we need to do as professionals and communication experts to overcome our failures—to create a sufficient match between our expectations and our expertise.

COMMONALITY OF EXPERIENCE

If we consider them for a moment, our experiences reveal an interesting point about our professional performances. There seems to be a commonality of experience that each of us shares regardless of our previous professional training, our current work environment, or our clinical populations. Although there may be slight differences, we have had the same kinds of failure experiences and even held the same types of expectations about what should happen (but does not) in our work settings. Whether we are hospital-based speech-language pathologists working with adult aphasics, school-based clinicians working with elementary school students, or community-based providers in a preschool setting, we recognize that "something is missing from our descriptions and our methods." We have the distinct feeling that we were inadequately prepared to function as communication experts and that we were not trained or oriented toward dealing with the full complexity of communicative behavior in naturalistic settings. Because of this lack of training or orientation, we are currently unable to function as experts in communicative discourse; we cannot rigorously describe the communicative process nor can we adequately address many of the complex needs of individuals who exhibit problems negotiating this complex process.

In general, our beliefs regarding our inadequate preparation as communicative experts are correct. As a profession, speech-language pathology has tended to adopt a fragmented construct of language proficiency and human communication that doesn't account for the full complexity of the communicative process (J.S. Damico, 1991; DeJoy, 1991; Kent, 1990; Kovarsky & Crago, 1991; Lyon, 1992; Rees, 1979; Westby & Erickson, 1992a). Our orientation is toward individual speech and language impairments and their causes within the client or student. As a result, we are trained to determine the particular kind of impairment (e.g., articulation disorder, receptive language impairment) and then apply a set of objective and discrete point assessment and remediation procedures that are specific to that impairment.

This orientation does not enable us to view communicative interaction or discourse as a complex and synergistic process but, rather, we treat the communicative interaction as the medium from which we can extract our data on the particular speech or language impairment of our choosing (Aronson, 1980). In accordance with this fragmentation orientation, our methodologies in both assessment and intervention are designed to focus on specific speech and language characteristics within the individual and we strive for clarity of description by focusing on easily observable and objectifiable behaviors produced in contrived or constrained professional settings (J.S. Damico, 1991).

It has been argued elsewhere (J.S. Damico, 1993) that this fragmentation orientation within our discipline was influenced by a scientific/medical model that tended to locate deficit within the individual client and by a strict psychological/linguistic focus that tended to ignore other nonlinguistic components of the communicative process. As a developing profession, speech-language pathology desired to study human communicative behavior from a scientific perspective by using scientific principles and discovery procedures. It was believed that this perspective would en-

able more objectivity and would result in the construction of a greater knowledge base regarding human communication disorders. This belief, known as positivism, provides the guiding idea that scientific principles will most effectively direct the study of human behaviors such as communication (for further discussion see Kovarsky & Crago, 1991).

Based on this fragmentation orientation, we were trained in speech-language pathology to segment and decontextualize the communicative behaviors we observe and immediately attempt to find deficits within a client's internalized psychological/linguistic system rather than focus on the full and complex array of variables and behaviors that make up the communicative process. It is this narrow focus on positivism and its resulting orientation toward fragmentation of communicative behavior that has caused our professional difficulties. Because of this narrow focus, our attempts to address the complex phenomenon of communicative discourse with a superficial and modular approach to description, assessment, and remediation are naive and insufficient.

Research from several other disciplines that focus on human communication (e.g., conversational analysis, sociolinguistics, ethnography of communication) support this contention of insufficiency. Over 30 years of research in these disciplines illustrate that communicative discourse is a mutually structured activity between the speaker and the listener to accomplish real and tangible purposes in actual settings and situations (Garfinkel, 1967; Hymes, 1972). Goffman's (1967, 1974) work on "participation frameworks," Erickson's (1984) "communicative discongruency," and Bell's (1984) concept of "audience design" all demonstrate this coparticipation. Indeed, a wealth of research regarding communicative competence, discourse performance, and the dynamic situational contexts within which communication exists reveal the synergistic nature of language. Given these data and what they reveal about communicative discourse, it is no wonder that many speech-language pathologists feel ill-prepared to function as experts—we simply do not have a sufficient knowledge base to fulfill our professional roles. To become true experts in human communication, we must recognize the complex and interactive processes at work in communication and then formulate ways to describe and influence the construction and use of naturally occurring discourse. This requires that we seek methods of investigation addressing the complexity of discourse in natural situations.

ADDRESSING THE COMPLEXITY OF DISCOURSE

The need to acquire more information regarding the complex phenomenon of communicative discourse and the advantages that this information might hold for the practicing speech-language pathologist has been documented in this monograph. Three of the studies focused on how discourse with and between children was influenced by nonlinguistic variables. Eriks-Brophy and Crago (Chapter 2, this volume)demonstrated how the sociopsychological construct of face played a significant role in the interactions of Inuit students and teachers in the classroom. It was suggested that an understanding of such culturally influenced constructs are essential to the proper description of discourse and that interactions with all children in educational and remedial settings may be influenced by such knowledge. Kovarsky (Chapter 4, this volume) made a similar point when he documented the influence of cultural values on the manifestation of discourse to handle conflict. Here again, the speech-language pathologist without the proper understanding of the complex interrelationship between discourse and cultural expectations would be placed at a significant disadvantage. Finally, Gomes (Chapter 3, this volume) illustrated how this type of unawareness is actually realized in the classroom. By focusing on the participation structures expected and used by an uninformed teacher and several ESL students, she demonstrated discourse conflict that had very detrimental effects on the students.

The four remaining studies emphasized the wide-reaching impact of discourse at a professional level. These four studies focused on how the discourse between professionals during meetings operated with the same complexity and synergy as did the discourse with and between the children. Additionally, these studies revealed how important it is to be aware of the complexity and the impact of professional discourse. Indeed, reflection upon their own interactions would benefit each of the professionals studied in these chapters. Greater awareness and sensitivity might enable them to overcome some of their difficulties or misperceptions and this could enhance their clinical effectiveness. Prelock and Lupella (Chapter 5, this volume) investigated the oft-neglected fact that much of the basic terminology that we use in our professional discourse is poorly defined and poorly understood. They found that the frequently used diagnostic category "word-finding difficulties" was not uniformly conceptualized by professionals and that this resulted in a "fuzziness" of terminology that had negative implications in the therapeutic setting.

Westby and Ford (Chapter 6, this volume) discussed how the conceptual orientation of a team dedicated to infant intervention was manifested in their team discourse and interactions. Of the four professional discourse studies, the studies by Maxwell and Kovarsky (Chapter 7, this volume) and by Maxwell (Chapter 8, this volume) most effectively documented the role and the impact that discourse devices and strategies have on professional interactions. These studies demonstrated very tangible ways that team conflict was generated and maintained in a team meeting. They revealed the operational mechanisms of conflict in this particular team meeting, providing an indication of the real power and descriptiveness of discourse analysis.

Each of the seven studies were sufficient to reveal that as a profession we must become more attuned to the complexity of the communicative process and the situational contexts within which discourse occurs. To function as "experts" demands no less.

Given the data available from these seven studies on professional discourse and the myriad other work conducted over the past 30 years (e.g., Atkinson & Heritage, 1984;

Button & Lee, 1987; Damico, Kovarsky, & Maxwell, 1990; Garfinkel, 1967; Goffman, 1967; Gumperz, 1982; Schieffelin & Ochs, 1986; Westby & Erickson, 1992b), we can draw several implications for the field of speech-language pathology in general and for each of us as individual professionals.

IMPLICATIONS FOR SPEECH-LANGUAGE PATHOLOGY

Based on the research reviewed in this monograph and on the need to richly account for communicative discourse within its situational contexts, the field of speech-language pathology must significantly shift its current operational paradigm when considering language and communicative phenomena. As a profession, we must join with the other areas of social science (e.g., anthropology, sociology) that have recognized that many of the discovery procedures that exist in the arsenal of science are unavailable to social scientists studying human communication and discourse. These procedures are based on the assumption that the phenomena under investigation can be directly observed, easily manipulated, and carefully controlled. This is simply not the case when the focus is human communication.

Unlike many physical and biological phenomena, human communication is not so easily and directly studied. Symbolic human behaviors are governed by an internal rationality, an intentionality, and motivating mechanisms that typically exist during the complex interplay of social actions (Heritage, 1984; Parsons, 1951). As stated by Goodwin and Heritage (1990), true face-to-face interaction is the ". . . strategic site for the analysis of human action" (p. 283) and it cannot be studied in isolation away from its situational context. Further, the observation of contrived activities will not often yield sufficient insight into the intricacies of human discourse. This means that the social scientist cannot completely embrace the scientific method and its discovery procedures to understand human discourse behavior; there must also be a process of **rigorous and detailed description** and **inference** that occurs wherein the researcher uses what can be seen in natural situations to deduce what cannot be seen. In this way, the systematicity of discourse behavior can be utilized to reveal underlying patterns of usage and meaning in communicative interaction.

A primary question for the interested speech-language pathologist, however, is how can this movement to the general orientation of the social sciences be accomplished in the discipline of speech-language pathology? There appears to be the need for a major paradigm shift in our field (J.S. Damico, 1991; Damico, Simmons, & Schweitzer, in press; Kovarsky & Crago, 1991; Westby & Erickson, 1992a). This shift, in turn, will lead to three important implications.

Embracing a Synergistic Orientation

Because communicative discourse is a complex and uniquely human behavior, many of the scientific principles cannot be applied and the positivistic orientation that supports the fragmentation of communicative interaction should not be maintained. Instead, speech-language pathology should embrace and maintain a more appropriate orientation where the focus is authentic discourse behavior operating in actual settings for real purposes. This can accomplished by adopting a **synergistic orientation** to communication. Within this orientation, communicative discourse is considered a componentially complex phenomenon that functions in an integrated fashion in natural contexts to accomplish social objectives. The theoretical constructs used in conducting research, guiding pedagogical practice, and training professionals will stress the interactions between the traditionally defined areas of communication (e.g., speech, language, gestures), the levels or components of language (e.g., morphology, syntax, phonology, pragmatics, semantics), and between language and other intrinsic systems such as memory and intelligence (Oller, 1993). Further, the influence of numerous variables currently considered extraneous to language will be incorporated as integral components of the communicative process (e.g., cultural beliefs, situational features, audience variables, social constraints, and motivations). As a result, true communicative discourse will be considered to exist only as an integrated whole, and this whole system is unpredicted by the behaviors of its parts taken separately (Duchan, 1983; Fuller, 1982). This synergistic orientation results in a much more dynamic and functional conception of communicative discourse.

On a practical level, this will mean that speech-language pathologists will focus on an individual's effectiveness as a communicator based on a set of social and transactional criteria (see J.S. Damico, 1991). Rather than immediately focusing on "correct" speech parameters and linguistic structures, the clinician will note how well the social/communicative agenda has been fulfilled and in what ways participants' behaviors facilitate or constrain that agenda (Kovarsky, 1992). Based on these functional criteria, further analysis and remediation may occur.

For example, Simmons (1993) and Simmons and Damico (in press) investigated the conversational interactions of individuals with aphasia and discovered that many of the "aphasic errors" produced by these individuals were not "errors" at all. Rather, many of these behaviors were very systematic and effective compensatory strategies that served important discourse functions. When these "errors" were interpreted from an interactive perspective, the individuals with aphasia were found to be much more effective communicators and their clinicians modified their remediation objectives. This focus on social or transactional criteria has been adapted successfully by other researchers in applied areas. The work of Prizant and Duchan (1981) with echolalia, McDermott's (1987) work on using "inarticulateness" to achieve social objectives, and S.K. Damico's (1993) investigation of discourse strategies with individuals using augmentative and assistive communication devices offer additional applications to conversational analyses.

Additionally, when adopting a synergistic orientation, the speech-language pathologist will not attempt to isolate

or reduce the potential impact of the situational context during assessment or intervention. Rather, the speech-language pathologist will seek ways to describe and document the influence of these variables and then manipulate them to assist in remediation. This synergistic orientation and its practical consequences should result in assessment and therapy techniques that are more "interactive," "naturalistic," and "socially valid."

Modifying techniques and strategies. Given the current assessment and intervention techniques and strategies available in speech-language pathology, the movement toward the synergistic orientation may seem nearly impossible to the practicing speech-language pathologist. By modifying our techniques and strategies to match some of the discovery procedures and descriptive strategies used by conversational analysts and ethnographers, however, we can create successful descriptive procedures and assessment techniques that can assist us in identifying true communicative disabilities and in successfully remediating these disabilities (Crago & Cole, 1991; Duchan, 1986; Rees & Gerber, 1992; Westby & Erickson, 1992a).

Based on the important observation that there is a powerful systematicity to communicative behavior by which orderly and intelligible social interaction is made possible, conversational analysts and ethnographers of communication have designed a number of methods and analytic concepts to richly describe discourse behavior (Button & Lee, 1987; Cicourel, 1980; Duranti & Goodwin, 1990; Gumperz, 1982; Schenkein, 1978; Schieffelin & Ochs, 1986).

In terms of **conversational analysis**, the sociologists that became interested in this area of investigation designed descriptive methods and techniques to ensure that sentences or utterances were never treated as isolated or self-contained bits of data. By developing concepts like "interactional sequence," "adjacency pair" (Schegloff & Sacks, 1973), "next positioned" aspects of sequence (Schegloff, 1982) and "topic organization" (Button & Casey, 1984), these researchers were able to effectively describe on-going utterances in conversational settings in relation to prior and subsequent utterances. Because conversational analysts have demonstrated how these units of discourse function as forms of social action situated within specific contexts (Schegloff, 1984), our understanding of the dynamic organization of discourse at the level of both the utterance and the discourse segment has advanced. Other rich descriptive concepts have been developed to focus on the interactions between the organizational structure of the discourse and its situational context. The work of Goffman (1967, 1974) and his "participation frameworks," Erickson's (1984) "communicative discongruency," Pomerantz's (1984) "preference organization," Grimshaw's (1990) "communicative nonsuccesses," and Jefferson's (1974) "recipient design" are all effective ways to describe the interaction between utterances and contextual variables.

Recent work by Ulichny and Watson-Gegeo (1989) provides an illustration of how such conversational analysis can be effectively used in an educational context. By using an analytic construct termed the "dominant interpretive framework" (DIF), these researchers investigated the power differential that exists between teachers and students and how this differential constrains the less powerful interactional participant in negotiating meaning.

Because of differences in status, familiarity, competency, and other variables, one participant in any interaction possesses more interactional power at any particular point in time than their partner. Ulichny and Watson-Gegeo (1989) reasoned that they could determine some of the ways that the power differential was manifested by focusing on the control that the dominant participant has over message interpretation or evaluation of the intended meanings of the interaction. They documented that there were specific ways that the DIF was used to act as a controller of the power differential. This finding had significant implications for the educational interactions that occur between the teacher and the student in the classroom. Similarly, the excellent discourse analyses presented in this monograph by Maxwell and Kovarsky (Chapter 7) and by Maxwell (Chapter 8) also revealed ways that discourse devices and strategies were marshalled for social purposes (i.e., to isolate and reduce the effectiveness of one team member—the audiologist).

Several of the more descriptive approaches to language assessment that have been developed over the last several years have borrowed from the discipline of conversational analysis. For example, the *Pragmatic Protocol* (Prutting & Kirchner, 1987) makes use of several conversational analytic constructs (e.g., adjacency pairs) as do *Clinical Discourse Analysis* (J.S. Damico, 1985), *Systematic Observation of Communicative Interaction* (J.S. Damico, 1992), the *Social Interactive Coding System* (Rice, Sell, & Hadley, 1990), along with some of the work of Brinton and Fujiki (1992), Bishop and Adams (1989), and Bedrosian (1985). Although there have only been a few conversational analyses that have been conducted on "communicatively disordered" individuals (e.g., Crisp, 1993; Klippi, 1991; McTear & Conti-Ramsden, 1992; Milroy & Perkins, 1992; Simmons & Damico, in press), there is great potential for adapting some of the methodologies and analytic constructs used in this discipline to enhance the research conducted on the "disordered" populations and to develop new and more effective clinical procedures. Indeed, this is an area of investigation ripe for the harvest (Damico, Simmons, & Schweitzer, in press).

Although we have not yet effectively used the excellent work conducted in the field of conversational analysis, speech-language pathologists have started using some of the descriptive methodologies and data analysis strategies developed in ethnography and **ethnography of communication** (Agar, 1986; Bauman & Sherzer, 1989; Briggs, 1986; Erickson, 1986; Geertz, 1973; Hymes, 1962; Saville-Troike, 1989; Spradley, 1979, 1980). Some of this research focusing on classroom culture has enabled the development of several excellent descriptive approaches to academic language assessment (Nelson, 1992). These applications primarily are due to the attempt to more richly and effectively describe various aspects of the communicative process and the interactions of "disordered" students. When trying to investigate communication in naturalistic contexts, a number of methodological problems needed to

be overcome. For example, there was the need to be systematic and accountable while data collecting without reducing the authenticity of the data (the Observer Paradox) and there was the need to ensure that important data were not missed with the data collection methods used or because of a priori assumptions. Further, it was recognized that if we were to have authentic data for analysis, it was necessary to collect this communicative data over different occasions, in different contexts, and with different methods.

To address these methodological issues, some speech-language researchers have turned to ethnographic methodologies that can more effectively and more completely describe and interpret the impact of disorder on communicative competence in natural contexts (e.g., Crago & Cole, 1991; Damico, Kovarsky, & Maxwell, 1990; Kovarsky & Crago, 1991; Ripich & Spinelli, 1985; Westby & Erickson, 1992b). Over the past several years, researchers have found many benefits of this adaptation. For example, ethnographic methodologies enable the speech-language pathologist to take a more qualitative approach to research and description that enables a richer and "thick" description of the behavioral phenomena under investigation (Geertz, 1973) and these methodologies do not assume significant prior knowledge of the target phenomena (Spradley, 1979). This typically aids against a priori assumptions and bias. Importantly, ethnographic methodologies also enable researchers to take multiple perspectives and to focus on the symbolic and meaningful nature of the communicative behaviors. When moving toward more naturalistic investigations, this is an important advantage. Finally, ethnographic approaches help ensure the authenticity of the data because various data collection and analysis procedures are typically filtered through a process of triangulation so that multiple takes on different data collection contexts and different data collection methodologies can be combined to ensure that a wide range of events and multiple occurrences have been collected with sufficient rigor (Agar, 1986).

There are currently several assessment procedures or processes suggested in speech-language pathology that have been influenced by ethnographic methodologies. J.S. Damico's (1991) proposal for a "bi-level analysis paradigm" wherein communicative behaviors undergo a descriptive analysis and then an explanatory analysis is based on ethnographic analysis procedures. Kovarsky's (1992) suggestions for "contextualized description and interpretation of communicative behaviors" where he has developed a series of guiding questions for comparing language use across context is similarly based on ethnographic theory as is Westby's (1990) "ethnographic interviewing" and many of Cheng's (1990) assessment proposals (Langdon & Cheng, 1992). In each of these procedures, initial direction can be taken by the practicing speech-language pathologist to recognize the potential for ethnographically based descriptions and assessment of communicative discourse.

Developing a research data base. The second implication of the trend toward a more synergistic orientation to communicative discourse is the need to engage in research on human communication sciences and disorders that is more in line with this orientation. Although there is a large data base in the area of communicative disorders, much of the research has been collected according to the positivistic orientation. Although these data are valuable, they may miss some significant aspects of the development and use of communication. Further, many of these data have not taken the situational context into account during the investigations.

To move forward as a field, speech-language pathology must adopt more naturalistic research methodologies and then collect a wide array of data based on many aspects of communicative discourse. As discussed in the previous section, there are many research techniques and methodologies that can be effectively and productively used. Indeed, in recent studies that have used both conversational analytic and ethnographic methodologies, the findings frequently have been surprising and very important in the field. For example, Crago's (1988) research with the Inuit, Simmons's (1993) research on compensatory strategies in aphasia, and the work of Garcia (1992), Armstrong (1991), and Dore and McDermott (1982) each have made important contributions to our understanding of human communication disorders and have contributed important clinical insights. Of all the implications discussed in this section, perhaps this call for more naturalistic research specific to the study of communication disorders is most pressing. We simply cannot progress as a more effective discipline until such a data base exists.

Training ourselves and our students. The final implication of the move to a more synergistic orientation to conversational discourse involves the dissemination of information to the field. As professionals, we must act responsibly and increase our own knowledge bases and our own competencies as communication experts. Regardless of the training that we received before this paradigm shift, we must remain informed and keep ourselves knowledgeable. When there are major changes in a professional discipline, this is not always easy to accomplish. To function effectively in the field, however, and to overcome the mismatch between our expectations and the real expertise that we possess, we must orient ourselves to the paradigm shift and embrace the research information and clinical methodologies. This posteducational training can be accomplished with inservice training, through workshops and convention presentations, through the use of journal groups, and through individual study programs.

It is especially important to provide students-in-training with information relating to the paradigm shift. In the universities we should use more ethnographic and qualitative research methodologies and teach the students from a synergistic perspective. Providing the students with coursework in conversational analysis and ethnography of communication will also increase their ability to understand the paradigm shift and the advantages contained in this shift. Above all, the students should view communication as a process manifested in contextualized discourse to accomplish social purposes and to reflect cultural values. If this educational objective is met, the students may not readily exhibit the same types of mismatches that many of us have labored under. Rather, their expectations and their exper-

tise may mesh together and these individuals can work effectively with the disorders of human communicative discourse.

A few years ago, Brinton, Craig, and Skarakis-Doyle (1990) lamented the fact that our profession had not fully realized its potential after the "pragmatics revolution" of the 1980s. They believed that we had to move to a conception of clinical pragmatics as something paradigmatically different from a simple substitute for generative grammar. With the movement toward a synergistic orientation and the utilization of research and clinical activity as described in this monograph, their concerns may be quieted. As a profession we are prepared for change. We must now embrace it.

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