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Conversational shaping: staff-members' solicitation of talk from people with an intellectual impairment

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Abstract

In initiating and maintaining talk with people with intellectual impairments, members of care staff use a range of recurrent conversational devices. We list six of the more common of these devices, explain how they work interactionally, and speculate on how they serve institutional interests. As in other dealings between staff members and the people with intellectual impairments they support, there is a pervasive dilemma between, on the one hand, encouraging participation and , on the other, getting institutional jobs done. We show how the practices of encouraging talk that we describe move between the two horns of that dilemma.

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Conversational shaping: staff-members' solicitation of talk from people with an intellectual impairment

A prime objective of staff interactions with people with an intellectual impairment is to encourage them to engage socially - if they can, to talk. Policy-makers in the field of intellectual impairment recognize that lack of opportunity to express views and choices is effectively disempowering. To raise awareness of the problem, and to try to change it, , the UK Department of Health published an influential manifesto, *Valuing People* (2001), which put a strong institutional premium on getting people with intellectual impairments to communicate freely and effectively. As *Valuing People* put it, in the very first of its list of key principles:

"People with learning disabilities have the right to a decent education, to grow up to vote, to marry and have a family, and to *express their opinions*, with help and support to do so where necessary" (2001, p 23, emphasis added)

That endorsement of the right to communicate, and to be listened to, is common to other countries with progressive social services policies. It has led, among other initiatives, to the recent UK government report *Improving the Life Chances of Disabled People* (Social Exclusion Unit, 2005). This report discusses two main barriers to communication: people with an impairment are expected to fit into existing services (for examples see Beamer & Brooks, 2001) rather than vice versa; and services tend to focus on incapacity, inability and risk, with the unwanted effect of unwittingly creating the passive dependency that its policies seek to avoid. Indeed, the report cited above identifies a 'culture of care and dependency' (ibid, p73) in UK health and social care services, in which those with 'significant cognitive and/or communication impairments are particularly at risk of being denied choice and control in their lives' (ibid, p78; see Hatton et al, 2004; Kishi, Teelucksingh, Zollers, Park-Lee & Meyer, 1988, Stancliffe, Abery & Smith, 2000, for

further evidence, and Lloyd, Gatherer and Kalsy, 2006, for a forceful argument in favour of asking people with intellectual impairments to express themselves in interviews).

With regard to the empirical evidence of the barriers to communication confronting people with intellectual impairments, anecdotal evidence is common, and ethnographic and interview studies (e.g. MacEachen, E., & Munby, H. (1996) are highly suggestive. Two significant pieces of research offer specially compelling evidence. Prior et al (1979) reported that up to a third of all verbal interactions initiated by residents were ignored in a training centre for young people with learning disabilities. Marková (1991), in an unusually directive intervention study, explicitly instructed tutors (who were already involved in the advocacy movement, and well-disposed to a facilitating role) to participate in a group discussion no differently from the participants with intellectual impairments - to avoid taking on a didactic role, and to intervene only if necessary to maintain conversation. She found that despite the training, and the tutors' best intentions, didactic patterns and non-response persisted. Because the participants with learning disabilities made no attempts to initiate discussion, tutors resorted to directing conversation, and the imbalance of power re-emerged as a vicious circle. Indeed, the problem may be self-perpetuating. Leudar (1981) has suggested that because of inequalities in knowledge and status, people with learning disabilities are often placed in 'non-reversible roles,' with fewer opportunities to express attitudes and feelings openly.

If, as research and observation suggest, people with intellectual impairments don't initiate much interaction, then this may turn out to mean that those who support them - be they family members, friends, or, in the case of those who live in supported residences, staff members - use a range of practices to solicit their talk. However, such practices must run the risk, encountered by Marková's trainees, of falling back into a didactic role. The danger is that encouraging will drift into prompting, and, perhaps more perniciously, shaping what the person says towards what the staff will pass as acceptably full, relevant and intelligible.

This paper is an analysis of what happens between residents and staff in one English residential home. It is a qualitative exploration of staff members' encouragement to talk, seeking to describe what happens, without attempting a survey of frequency, or correlation with demographic or psychological variables. What we want to provide is an account of what practices are available to staff, and how they fit into the day's routines. Our report lists six of the most common of such practices, giving at least one example of each. In each case we weigh the advantages of the practice (in successfully soliciting intelligible talk) against possible disadvantages (of not respecting residents' initial utterances, or their right to non-engagement if they make no response; their right not to be made jokes of, or teased; and so on). Our aim is to find what is done, how it works, and what it might mean institutionally.

### Method

In order to grasp the interactional force of the practices we describe, it will not be enough merely to report them as categories of behaviour, which would hide the original data on which the categorisation was based, and so lose its crucial interactional detail. We need to show the reader an example of the talk in its interactional setting, and follow it as it plays out. That way, we shall see how the staff member and the resident manoeuvre their way through the interaction, and we will be better able to appreciate how (and perhaps why) staff members achieve their institutional goals of encouraging verbal engagement in the way they do.

To do this we shall need a method sensitive to the ebb and flow of conversation, and to the way that speakers organise their turns at talk. The apparatus of Conversation Analysis (henceforth, CA) is particularly well-suited to illuminate what happens in interactions as they proceed in real time. It is a well-established approach to the study of social action, as achieved through talk in interaction (for an account of its history, see Heritage 1984; for an overview of its methods and style, see Hutchby and Wooffitt, 1998; for the difference between CA and discourse analysis more generally, see Wooffitt, 2005). Its signal characteristics are a reliance on recorded data which can be minutely inspected; and an

openness to the way the participants in a scene display their own understandings of what they are doing and saying, as evidenced in the exact organisation of their talk.

Within the field of research on intellectual disability, CA has been used to study the communicative competence of people with an intellectual disability (e.g. Wootton, (1989), the practices of their assessment (e.g. Antaki, 1999) and the manner in which they manage their identities in interviews (e.g. Rapley, Kiernan and Antaki, 1998).

A number of articles have recently examined in detail the verbal behaviour of professionals and staff members in interaction with people with learning disabilities in residential homes, and attempted to outline some of the effects of workers' attempts to manage those interactions (e.g. Antaki, Finlay and Walton, 2007; Antaki, Finlay, Jingree and Walton, 2007).

The aim in this article, then, is to use CA's close inspection of recorded talk to shed light on how staff and people with intellectual impairments manage the problem of conversation, in the light of the general service objective of getting people with intellectual impairments to express themselves.

### Data

The data extracts presented here come from an ethnographic project which took place in three residential services for people with intellectual disabilities. These three services were located within a National Health Service Trust in the South of England. Over the course of nine months, a researcher (one of this article's authors, CW) made ethnographic field notes of everyday interactions in these homes, and made video and audio recordings in two of them. The examples here were taken from video records of one home for people with comparatively lower support needs, and who have usable language skills.

Permission to record and publish data was granted by all participants who appear in these extracts, and all names have been changed.

### Analysis

Ethnographic work in all the homes, over six months, suggested that residents' initiation of talk with staff members and each other was less frequent than staff-members' attempts to start and maintain conversations, or spates of talk, usually in institutional activities such as managing mealtimes, organising social activities and undertaking mundane household chores. In going through some thirty hours of videotapes of a range of episodes in the residential home (ranging from menu-planning meetings, weekly group discussions, informal activity in the kitchen, a social outing to a club, and so on) we identified a number of recurring practices - we leave out of consideration those conversational practices which, while important, were infrequent or idiosyncratic.

It is important to remind the reader that this qualitative study is explicitly not meant to be a survey of the distribution of the practices we list: our aim is to describe them, show how they work, and analyse what institutional interests they serve. Here then, are six recurring practices by which we found staff members initiating, shaping, and maintaining intellectually impaired residents' talk. We found that the staff would:

1. ask and pursue a question;
2. articulate what the resident has just said unclearly;
3. disattend ill-formatted material;
4. ask a blunt yes / no question;
5. use a "test question" to which the answer is already known; and
6. tease the resident.

In the body of the paper, we shall provide an example of each practice, chart its interactional development, and indicate the institutional interests it serves. The extracts are transcribed in a light version of the notation standard in Conversation Analysis.

A note about transcription is appropriate at this point. In order to capture significant features of how the talk was actually delivered, we have followed CA practice of including, in the transcripts below, timing of pauses in speech; notation of overlap (represented by square brackets); emphasis (represented by underlining), and intonation

(represented by conventional markers such as commas and full stops, but also by colons to represent stretches of sound, hyphens to represent cut-off sounds, degree symbols (°) to represent quiet speech, and open brackets to denote unclear speech. We appreciate that this makes the transcripts less easy to read than ordinary orthography, but ordinary orthography is a poor, and often misleading, representation of how things are said. There is a world of difference between something said hesitatingly (as would be captured by symbols representing cut-offs, soft or unclear speech and so on) and something said boldly and with emphasis; and between something said with an upward inflexion and the same words said with a downward fall. Even so, we have left out a great deal of CA notation (of gaze, body-movement, gesture, and so on). The transcripts, then, are a compromise to preserve at least some degree of ready legibility.

## **Six Conversational Practices to Solicit Residents' Talk**

### 1. Question pursuit.

One of the most common features of interaction between staff member and resident in our data was the asking of a question. This was so pervasive that it hardly needs analysis. More significant, perhaps, is what happened when (as was frequently the case) the staff member's question was met with a response that the staff member deemed to be inadequate, inattentive or in some other way deficient to the staff member's project. In such cases staff members' recurrent practice was to pursue the question in its original formulation, indeed in its exact or near-exact wording, or in a simplified form with some details deleted. Here is an example.

Extract 1 VC04 c.08.23. Ackwell Club. (Dave is a member of staff; Alec is a resident)

- |   |      |   |
|---|------|---|
| 1 | Dave | Tomorrow night, (1.0) tomorrow night at (Ackwell) |
| 2 |      | Club, [up where, you know where you               |
| 3 | Alec | [(oh yer)   |
| 4 | Dave | go with Jim,                                      |



- 5 Alec oh yeh
- 6 Dave today?
- 7 Alec *(to Chris)* Chris, play darts.
- 8 → Dave Play darts, thass it. **Do you want to go tomorrow**
- 9 **night to a concert?**
- 10 Alec (er where is it.)
- 11 Dave Music and sandwiches.
- 12 (1.0)
- 13 Dave [At the club where we play darts.
- 14 Alec [(where)
- 15 Alec Where?
- 16 Dave Up at (Ackwell).
- 17 Alec D'you ( ) it, (.) [Chris.
- 18 → Dave [Do you want to-
- 19 Alec Darts. ( ) Chris, play darts.
- 20 → Dave **D'you want to go tomorrow night?**
- 21 Chris °yeh°
- 22 Alec Play darts Chris, play darts.
- 23 → Dave Play darts. **Do you want to go tomorrow night?**
- 24 Alec y-Yeah.

In this extract Dave, the staff member, is engaged in reviewing the coming week's activities, and is seeking confirmation from residents, around the table, that they approve. Alec is first. At line 1 of this extract Dave establishes that he is talking about a certain venue (the Ackwell Club) and gives Alec a way of recognising it (*you know where you go with Jim*). At line 8 he asks Alec whether he would like to go to a concert. Instead of responding, Alec asks where it is. Dave gives the location (line 13) and - speaking in overlap with Alec, who now has turned his attention to another person around the table (Chris) - re-issues his question (lines 18 and 20) in a simplified form (the information about the activity is deleted). Alec does not attend, but continues to talk to Chris; Dave re-issues it again in line 23. What is of interest is in the staff member's design of his

repeat questions. The first repeat occurs after there has been some exchange around the original question – Alec has acknowledged it and asked for the location. However when the location has been established (line 16), Alec fails to answer the original question, but instead addresses Chris. Repeating the question at this point, with some details deleted, acts as a recall to attention, a reminder of the business at hand which has not been properly completed. In the second repeat (line 23), however, Dave pursues an answer by treating the resident's off-topic turns as if they had not happened and, indeed, as if he had not asked the question before: he repeats the question of line 20 using the same words.

Getting someone to express their views by repeating the question exactly is unusual in conversation among people of equal status. There, it is reserved to cases in which the hearer has signalled some kind of auditory trouble with the original question, warranting an exact repeat of the words (Schegloff 1997). Otherwise, repeats tend to be done in different words, with mitigation, or by going back and repairing some problem with the premise of the question, and so on. Exact repeats otherwise tend to mark interactions between people with different statuses: teachers and pupils, courtroom lawyers and witnesses, and so on. In such exchanges, exact repeats have the benefit of getting the person to speak to a specific question, and in that sense are successful; but they also imply fault in the person's first attempts, and the right of the questioner to command the other's attention. By choosing to use the same wording in his repeat question, then, the staff member is successful in getting the resident to express a view about the outing, and answer the staff member's local needs. But it is at the cost of casting the resident's behaviour as deficient and subtly assuming a dominant position in the course of interaction.

## 2. Staff member articulates what resident means

As a complement to pursuing a question by repetition, it was common in our data that the staff member respond to a resident's utterance by repeating it, expanding it, reformulating it or offering a candidate understanding in such a way that it "fit" better into the current stream of activity as defined by the staff member. For example if the resident's utterance was in the position where a response to the staff member's question was expected, but

was unclear, then the staff member would repeat or elaborate the utterance in such a way that it sounded like a "proper" answer to the original question.

In this extract we see the practice at its most straightforward. Dominic (resident) and Peter (staff member) are in the kitchen peeling potatoes together.

Extract 2. VC21. Glasses. (Peter is a member of staff; Dominic is a resident)

- 1 Dominic (unintelligible, possibly singing)  
 2 Peter (sniffs) hmm?  
 3 Dominic (more singing) eh?  
 4 (pause)  
 5 Peter eh?  
 6→ Dominic ( ) glasses then.  
 7→ Peter **where's my glasses.**  
 8 Dominic yeah.  
 9 Peter at home. I can't see nothing.  
 10 Dominic (laughs) ( )  
 11 Peter come on then.

At line 1 Dominic may be initiating a topic or asking a question, or possibly just singing - his delivery is not readily intelligible. Peter's *hmm?* prompts more of the same kind of utterance, but Dominic ends it with a upwardly-intonated question particle (*eh?*), implying that he requires a specific sort of response from Peter. When this does not come, Dominic expresses himself more clearly, but still not fully intelligibly (line 6). At this point Peter proposes a candidate understanding (REF) *where's my glasses?*. Dominic confirms this as an acceptable version of what he meant, and Peter answers the question. This is a good example of a co-operative strategy from which both participants benefit.

In the next example, again involving Dominic, the staff member interprets a mime, rather than a spoken utterance. But in this case the staff member exercises more editorial work

than in the "glasses" case above, and the benefit may be more unilateral. Dave is asking a resident (Dominic) whether he wants to go to the social club. Dominic's utterance is a mime of a guitar - he does not signify assent as such, and, in its own right, the mime is not a definitive answer to the question.

Extract 3. VC03 c. 08.55. Guitar.

- 1     Dave     ((*to Dominic*)) Do you want to go tomorrow night  
 2             (.5)  
 3     Dave     [t' Ashley club  
 4     Dom     [{*mimes strumming a guitar*}  
 5 → Dave     **Yep** ((*nods, puts thumb up*)). **Music**, (1.0) drinking. ((*mimes*  
 6             *drinking*))

Dominic's mime of a guitar is not itself an answer to the question of whether he wants to go to the club or not. But Dave's articulation of what Dominic has mimed casts it precisely as an answer - he confirms with *Yep* and confirms Dominic's answer as an approval of the proposed trip with a "thumbs up". In principle, Dominic's mime could have been developed in many ways (for example, as an encouragement to him to say more about what he liked about it, to air views about the other aspects of the club and so on, which is vestigially visible in Dave's own mime and verbal reference to "Drinking"). However, the way that the staff member uses the practice is to advance the local project of going round the table and getting answers to a specific question.

### 3. Disattending ill-formatted material

It is often the case that, in encouraging 'proper' participation, the staff member acts to extinguish what he or she considers to be inappropriate or distracting contributions from a resident. Although this seems on the face of it a negative practice, its rationale is that the member of staff can discriminate between residents' "useful" and "less useful" talk, and that ignoring or disattending the latter will prompt the former.





- 35                    (.5)
- 36     Peter        (*shaking head*) **I don't know which one. Eat up then.**
- 37     Dominic      °Write it down°. (*gestures writing*)
- 38     Peter        Writing what.
- 39     Dominic      Lady.
- 40     Peter        I know she's a lady, what's she writing.
- 41     Dominic      (*gestures writing*) (°   °).
- 42     Peter        Eh?
- 43     Dominic      (The cloh). (.3) The clock. (*makes circular motion*
- 44                    *with hand*)
- 45     Peter        The clock?
- 46     Dominic      °yeh°
- 47                    (1.0)
- 48     Peter        **You having a dream again, one of your funny**
- 49                    **dreams.**
- 50     Dominic      (yeh)

In the extract above, the resident's utterances (whether in signs or in talk) are hard to decipher individually, and difficult to piece together into a coherent narrative. Notice that the staff member does use candidate understandings (see entry 2 above) for individual turns, but also tries to force the issue by indicating he doesn't understand, rather brusquely (*dunno which one you're on about mate*). He does not pursue the matter to the resident's satisfaction, however. He explicitly calls for the resident to discontinue his story (*Eat up.*) Eventually he makes 'sense' of the resident's account by inviting him to agree that it is *one of your funny dreams*, as opposed to a response (complicated though it might be) to the original stimulus, namely another resident's threat to 'put him in a skip'. Once again we see the staff member prioritising an institutional activity (eating lunch) over the possibility of engaging with the resident in such a way as to facilitate a full understanding of the resident's concerns.

#### 4. Staff member's blunt yes / no repeat of question

When staff members' efforts to solicit what they consider to be a workable response to a question from the resident fails, one practice open to them is to force the issue by casting the question in the form of a choice between alternatives. At its starkest, this can take the form of a yes / no choice, as in the example below:

Extract 6. VC04 c. 01.42 Buying a present (Extraneous exchanges between other participants around the table have been omitted)

- 1        Dave    ((to Alec)) Party tomorrow night?  
 2                    (2.0)  
 3        Dave    Alec, ((2.0 until Alec turns to Dave)) party tomorrow  
 4                    night round [(Bill Smiths'),  
 5        Alec                    [ ( )  
 6        Dave    (s'a'we goinna buy him a present? )  
 7        Alec    ((gaze drifts left, away from Dave))  
 8 → Dave    **Are we buying him a present, yes or no.**  
 9        Alec    Um. ((scratches ear looking down & away from Dave))  
 10        Alec    [((swings read up and round to look at Dave))  
 11        Dave    [((leans forward towards Alec))  
 12        Alec    yeh  
 13        Dave    >yep< ((hand gestures in a "there you are" way)).

In the example above, the staff member's forcing of the issue can be understood as making little in the way of interpretation; it comes across as blunt, to be sure, but it does not seem to bias the issue one way or the other. However, the choice of using a yes / no question may not always be so neutral. In this example of a yes-no question, the staff member is doing more editorialisation. Henry (just before this extract starts) has said that he does not want to carry on going to a regular social club.

Extract 7. VC03 c.12.00 Want to see him. (two lines of extraneous talk from another resident omitted)



- 1 Dave why not, zit- (.) jus boring?  
 2 (.5)  
 3 Henry boring.  
 4 Dave don't like it? ((*shakes head*))  
 5 Henry no, ( [ ] ).  
 6 Dave [>wha' about the other people there that< like you.  
 7 (3.0)  
 8 Dave all the other people like you: there, (.5) they'll miss you.  
 9 (.)  
 10 Henry (uh-er uh like me).  
 11 Dave is that, (.) duzzat make you happy or sa:d.  
 12 Henry (ve'y sad). ((*signs tears*))  
 13→ Dave **so do you want to see 'im, yes or no.**  
 14 Henry no:.  
 15 Dave okay, fair °enough°.

Henry has already said he does not want to go, and Dave, using the familiar format of question pursuit (see above) is trying to discover what Henry's reasons are. Dave reminds Henry about his social obligations, to which Henry gives an ambiguous assessment (line 10 *uh-er like me*). Dave forces Henry's state of mind into one set of alternatives, then, to conclude the matter, issues a stark yes-no formatted choice (*so do you want to see 'im, yes or no*). This certainly has the clear benefit of soliciting an unambiguous reply from the resident (as in the case above), but, unlike that case, the staff member is doing a degree of interpretation. Above, Dave simply reissued the question about the present in a yes-no format; here, he is using that format to draw attention to one specific aspect of the situation, namely his social obligations and the associated emotions. That is a powerful technique to solicit a resident's views; but, since it places as central only one aspect of the decision (rather than other relevant factors such as his preference for alternative activities that are on at the same time, the timing of the club, the activities

available at the club and so on), the yes/ no alternatives may not adequately represent Henry's true feelings on the matter.

#### 4. Test questions.

The term "test question" comes from research on classroom interaction, in which one common practice available to the teacher is to ask the pupil a question to which the answer is already known - to the teacher, and, implicitly, to the pupil. In the classroom, the motivation is didactic: to "scaffold" the child's understanding from what she or he can already be expected to know, to something currently uncertain. Here is an example from Edwards and Mercer (1987).

Extract 8. From Edwards and Mercer, 1987, pp 76-77; edited). The children are making pottery shapes. T is the teacher, C1 and C2 pupils.

- 1     T:     So how can you hollow something out? think of a man  
 2           that made the first boats and they chopped down trees. They've  
 3           got a lump of tree piece of a tree trunk. Now, what did they do,  
 4           they  
 5     C1:    they got something and hollowed it out  
 6     T:     So what does it mean, hollowing it out? What does that mean?  
 7     C2:    Hollow out.  
 8     T:     Yes, so what do you have to do?  
 9     C2:    Dig it out.  
 10    T:     Pardon?  
 11    C2:    Dig it out.  
 12    T:     Dig it out, yes.

The teacher is exploiting the fact that she has already established, with the children, the story of "a man who made the first boats" by doing something to tree-trunks; if she can get them to bring this to mind (to express it in words) then they will realise that what the

boat-builder did (he "dug out" a tree trunk) will apply to their own situation, and they will appreciate that they too can make hollow shapes by "digging out" excess clay.

In our data, we found that the staff members uses test questions to solicit talk from residents in three distinct ways: to see that the resident understands; to hint at a preferred response; and to call to account transgressions of etiquette (for examples of using test questions to instruct service-users and produce statements of service satisfaction in other services, see *authors refs*).

*(a) Test questions to see that the resident understands, or is paying attention*

Test questions can be used straightforwardly to see if the resident is paying attention to the matter currently at hand. In this example, Dave is going the rounds, reminding the residents that the Tuesday Club is about to restart in two weeks' time.

Extract 9. VC03 c.07.40. Karen.

- 1        Dave     Tuesday clubs starts in two weeks' time. (.) Two weeks  
 2                    time Tuesday club  
 3        Dom     Yeah.  
 4        Dave     ( ) Tuesday club, deejaying  
 5        Dom     (deejayin).  
 6        Dave     ((to Alec)) Tuesday club?  
 7        Alec     ((to Chris)) (d'you know)), ((brief head turn to Dave)) yeah  
 8                    ( David, Chris )  
 9        Dave     Cards. [Listen. Cards. Two weeks time.  
 10       Chris            [((smiley laugh)) tcheh-huh  
 11 → Dave     **What's her name?**  
 12 → Alec     Yeah. (Karen / Carol).  
 13 → Dave     Karen. Two weeks time.

At line 6 Dave explicitly requires something from Alec - presumably, confirmation that he understands that the Tuesday Club will restart, and an expression of his willingness to attend it. Alec fails to provide this immediately, first addressing something to Chris, and only briefly and minimally responding to Dave with a *yeah* (line 7). Dave gives him the further hint of "cards" to help him recognise the topic (see entry below), but this evinces nothing further. Dave then forces the issue by issuing a direct "test" question *what's her name*. "Karen" presumably is someone topically related to the Tuesday Club, and by getting Alec to say her name Dave gets him to focus on the question and stop his distracting exchange with Chris.

*(b) Test questions to hint towards what is required*

In pursuit of obtaining a satisfactory contribution from the resident, staff members could and did "hint" at what the resident should say (we have just seen an example of that with Dave's hint of "cards" in the extract above). The content of the hint could show close personal engagement between staff member and resident, and are therefore open to a number of positive (and less positive) interpretations. As we see below, the staff member could draw upon their own knowledge of the resident in order to guide the resident toward the general kind of response - or indeed the exact response - required. In the extract below, residents are sitting with staff members Brenda and Dave around a table, inspecting a book of pictures representing daily objects.

Extract 10. VC04 c.01.47. Hearing Aid

- |   |        |  |
|---|--------|--|
| 1 | Brenda | <i>(reading)</i> "Symbols of personal things".                           |
| 2 |        | (3.0)  |
| 3 | Brenda | <i>(points to item in book in front of Oliver)</i> There's your glasses. |
| 4 |        | (6.0)  |
| 5 | Oliver | Glasses.   |
| 6 | Dave   | Glasses, (.) there you go. Glasses.                                      |
| 7 |        | <i>(points to new item)</i> gla:sses, whassat one.                       |
| 8 |        | (1.0)  |

- 9 → Dave      **Who has one of those, (2.0) who's got one of those. (.5)**  
 10                    **your brother.**  
 11      Oliver    (*turns page*)  
 12      Brenda    hearing aid.

After successfully identifying the symbol for glasses, Oliver is asked what the next one is. His delay in responding (line 8) prompts Dave to use a hint - *who has one of those*. This, even when repeated, fails to produce an answer, and, after a gap, Dave produces it himself: *your brother*. Even this broad hint as to what the object is seems not to work, and it is left to Brenda to say "hearing aid".

The benefit of this way of getting the resident to express his knowledge - if it works - is that it mobilises something that is well-known - indeed, something that is an intimate part of the resident's life, and therefore, in principle, very easy for them to recognise and speak to. The more subtle disbenefit is that it casts the staff member as knowing a good deal about the resident's circumstances and (in this case) even their family members; and, if the hint does not succeed, then the balance of knowledge at the end of the episode favours the staff member. It is Dave who not only knows that the object is a hearing aid, but also that he remembers that Oliver's brother wears one - something that Oliver has failed to recall. In other words, the risk of this practice is of showing up an asymmetry of knowledge even in areas of life that the resident ought to be the master.

*(c) Test questions in an extended fault-finding exchange.*

Another, and perhaps less happy, use of test questions is to bring to the fore matters which are accountable. The staff member may use a test question to bring to the resident's attention some fault for which he must make redress. The answer if known full well; the purpose is to bring the issue into view and make the resident accept responsibility and, if he can, offer an account. The following is an extended example. The residents are settling down to breakfast, but Henry seems to have misappropriated Dom's bowl of cereal while his back was turned.

Extract 11. VC07 c.00.50. Dom's bowl of cereal. (extraneous contributions by other participants have been mostly omitted)

- 1 Chris What's up Dom?  
 2 Kath What's the matter?  
 3 Dominic ( ).  
 4 Kath (*to Henry*) YOU, (2.0) hello, [**what happened?**  
 5 Henry [(hello).  
 6 (.5)  
 7 Henry ( [ )  
 8 → Kath [°okay°. **Di-did you pour these out yourse::lf?**  
 9 Henry ( [ )  
 10 Kath [**Did you pour them out in the bowl yourself.**  
 11 Henry (er yeah::).  
 12 → Kath **No, whose are they.**  
 13 Henry (*points away to his right*) (er ).  
 14 → Kath **Do you think that's very nice?**  
 15 Henry (*shakes head*) ner, [I-  
 16 Kath [I suggest you get him another  
 17 one °now°.  
 18 (1.5)  
 19 Kath You get him another bowl now.  
 20 Henry ( ).  
 21 Kath Yeah, g- an' get him a new bowl because he done that,  
 22 → **that's not nice, is it.**  
 23 Henry ner it err  
 24 Kath No, dy' think- (.) go and help yerself.  
 25 Kath Because they were Dominic's.  
 26 Henry (*gets up from table*)  
 27 Kath [Thank you]. Don't worry. It's solved, he's going to  
 28 get you some. He's a [(smart guy )].

- 29 Alec [( )]
- 30 Kath He wants to do it himself. It's all right, Henry, if he
- 31 wants to do it himself that's fine, no problem.
- 32 Kath (*to Chris*) He nicked his bowl of cereals, I can't believe it.

At the start of the extract above, Chris (the researcher) notices that Dominic is upset. Staff member Kath takes over and, after surveying the scene, asks Henry whether he poured out the cereal himself. It is clear from the video record that Kath knows that he did not (that Henry has appropriated Dominic's bowl when he was away from the table). What follows is an extended series of questions from Kath, to which she already knows the answers. The use of questions to which all participants know the answers key this sequence not as an information-gathering exchange but rather an exercise in accountability: that Henry be given the obligation to explain, justify and (by going and getting another bowl for Dominic) redressing the fault.

### 6. Teasing

The last of the practices we want to highlight is less frequent than the others, but not unusual. Jokes and other light-hearted utterances were, in general, not uncommon among the staff, but among these, we pick out for examination *teasing*, because teases specifically project a reply from the resident. A joke may require laughter or a smile in appreciation, but a tease - that is to say, the noticing of something (severely or mildly) discomfoting about the other party - requires some kind of response (Drew, 1987).

In the first example, we see the staff members use a tease to try to involve one of the residents in what may be a standing joke about sexual preferences: ethnographic notes suggest that sex is often the topic of teases, as the subsequent example will also show. In this extract, staff members Dave and Brenda are passing round a book of illustrations of parts of the body.

Extract 12. VC03 c.03.15 Boobies. (extraneous talk by other participants omitted)

- 1 Dave (sniggers)
- 2 Brenda (laughs)
- 3 Dave (looks around while pointing to book in front of Oliver) **Boobies.**
- 4 Dave (leans in very close to Oliver) **Who's got boobies?**
- 5 (.7)
- 6 Dave (to Oliver) **Who's got boobies?**
- 7 Brenda **Don't point at me.**
- 8 (Various) (laugh)

Oliver has the reputation of being rather silent, and this may warrant the staff trying to tease him into speaking. The form is of a direct question, but the implication - bolstered by the staff members' sniggering - is that there is more to it than that. Oliver at this point makes no immediate response. Indeed, as the episode waxes and then wanes, he never actually says anything; but, at one point, the video shows that Oliver spontaneously tries to get another resident to look at the picture, which presumably indicates that he is not displeased at the joke, and may be trying to share it. Nevertheless, as a means to encourage actual verbal participation, the tease on this occasion seems to have failed. In the next example, the staff members fare rather better. Again, the tease is about sex.

Extract 13. VC07 c. 20.26. Nice lady

- 1 Dave (to Alec) who's comin to pick you up? [Pat.
- 2 Alec [(Pat)
- 3 Dave **Is she a nice lady?**
- 4 (.5)
- 5 Alec Chris d'you like Pat?
- 6 Chris ((laughs)) I've never met Pat. (.7) **Is Pat a nice lady?**
- 7 (1.5)
- 8 Dave (to Alec) **What's she like.**
- 9 (2.0)
- 10 Dave ((chuckles quietly)) **Alec, what's Pat like.** (smile voice)



11 (2.0)  
 12 Dave (*chuckles once*)  
 13 Alec And Susie.  
 14 Kath (*leans in to whisper to Alec*) (° °)  
 15 Alec ( ).  
 16 Kath Oh, yeah.  
 17 Chris ( ).  
 18 Alec (And Susie ).  
 19 (Various) ( )  
 20 Kath (*leans in to whisper to Alec*) °**Has she got a big ass**°.  
 21 (.5)

In this instance the tease is more successful. Dave's initial questions about Pat (as with the "boobies" example above) are delivered with chuckles implying, again, that his meaning is more than it seems. Alec does not rise to this, engaging Chris in what seems a non-sequitur. Chris nevertheless aligns with Dave in pushing the tease along (line 6), but still Alec does respond; Dave pushes the matter further (lines 8-10). Perhaps resisting this line of talk, Alec makes reference to a different person (*Susie*, line 13). At this point the other staff member present, Kath, leans in and whispers something which the recording does not catch. Alec repeats the reference to Susie. Now Kath makes raises the stakes by explicitly making a sexual reference: *has she got a big ass*.

When the stakes are raised in this way in teasing, the benefits are that it might now smoke out an explicit recognition of the joke from its intended target; on the other hand it might be taken as unwelcome attention or even mild harassment. The matter hangs in the balance for half a second (the last line above). Now we see how it is resolved:

Extract 14. (follows on immediately from the extract above)

22 Alec (*points to Dominic's empty chair*) ( 's got one)  
 23 (Various) (*laughter*)  
 24 Kath (*leans in again to whisper to Alec*) °**Has she got a big ass**°.

25 Alec (reaches across to grasp Dominic's chair) No he's got a  
 26 big arse, Dominic Reed.

Alec's utterance at line 22 is not wholly audible, but its meaning is clear - he observes that another resident has also 'got one', and repeats this unequivocally when Kath re-issues her whisper. This is a masterly stroke: at the same time, Alec displays that he has "got" the joke about the big ass, but, by passing the description on to a (male) fellow-resident, he eliminates its sexual undertones, and dissipates the more challenging aspects of the staff members' tease.

### Discussion

In this qualitative analysis of exchanges between people with intellectual impairments and staff members in a residential home, our aim was to catalogue a number of recurrent practices the staff had of encouraging the residents to engage socially in talk. The motivating policy initiative behind the staff members' encouragement - in addition, of course, to their ordinary social interests - is the need, as the UK Department of Health's *Valuing People* (2001) puts it, to respect people with learning disabilities' right "to express their opinions, with help and support to do so where necessary" (2001, p 23), and to engage as full participants in the social environments in which they live. Those rights plays out in many different venues, and at the most general level, policy-makers may have in mind people with impairments' opinions about big decisions and life-changing events such as making a will or moving house, and so on. But, from the point of view of the person with the impairment, the most obvious and salient right is the right to express views and opinions about everyday matters in one's own home - what food they want for meals, whether they want go out for the evening, or what they think about what is on the television. What, then, did we find in the mundane details of exchanges in such a home?

Our first finding was unsurprisingly that there was, as has been previously well documented, a marked asymmetry between the residents' and the staff's initiation of talk, with the staff clearly taking more of the initiative. What interested us more were the recurrent practices we found by which the staff sought to solicit talk from the residents,

and the dilemmas they found themselves in. These ranged from pursuing a question to teasing the resident. Each of these posed a dilemma for the staff member (as a specific example of the care dilemma writ large - see *authors ref*): how far to facilitate the untrammelled and unedited development of what the resident is trying to say, on the one hand; and, on the other, to proceed with the business at hand, which may be too pressing to allow for leisurely engagement with one resident over others, or at the expense of immediate household or other organizational demands. This dilemma, in its more abstract form, has often been remarked on in writings in the area of intellectual disability (Beamer & Brooks, 2001; Dowson, 1997; Jenkinson et al, 1992). Here it appears at ground level.

Perhaps the most vivid case of the dilemma is in the staff members' practices of dealing with what they consider to be unsatisfactory or inadequate talk from the resident. This may happen at any point, but is specially likely when the staff member has asked the resident a question (which happens with great, indeed overwhelming, frequency in the life of the residences we studied here). On the one hand the resident must be given the right to express what he or she wants to say; on the other hand, the staff member may need to act on the answer, or move to the next question, or the next resident. We saw this in, for example Extract six, where the staff member was soliciting a decision from one of the residents: ought they buy a present for someone to whose party they were going: when the resident's attention seemed to wander, the question was put starkly and simply: *Are we buying him a present, yes or no*. Yet even that was comparatively innocent, restating as it did the alternatives already on offer to the resident; but the yes/no format allows the staff member to smuggle in more tendentious alternatives, as we saw in Extract seven, where the resident was asked *so do you want to see 'im, yes or no* - when "seeing him" had not been part of the original scenario on which the resident had been asked to comment.

The same balance between facilitation and control can be seen in each of the practices we uncovered. It is the strength of a method such as video-recording, and an analytic procedure such as Conversation Analysis, that one can see how staff deploy the very

subtleties of conversational rules to meet their institutional challenges; and, indeed to see (as in Extract 14) how residents may find ways to play the staff at their own game, as it were, and to resist their ostensibly 'encouraging' practices when these stray too far over into measures of control. Indeed, although space does not permit a full discussion of this, a similar range of practices are used by the residents of this home to initiate interaction with each other and with staff, although perhaps for somewhat different interactional purposes. Our focus for this paper, however, has been on staff behaviour, and the use of video has allowed us to examine in detail everyday interactions which, looked at from a distance, seem to be fulfilling service goals: the behaviour of the staff do stimulate and keep alive conversational interaction and the residents are being asked to express opinions, make choices, and participate in friendly social banter. Policy goals of inclusion, participation and empowerment appear to be happening. However, when we look up close at how it is happening, it seems that more attention is required to the details of what actually occurs in creating and sustaining all this chat. To close on a practical note, we would recommend the practice of videoing interactions between staff and people with intellectual disabilities for staff training and development; our experience has been that this is an extremely useful way of encouraging reflective practice on issues of inclusion and empowerment.

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