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Developing the comparative perspective in atypical interaction research

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Abstract

As a commentary/reflection on this special issue which focuses on other-participation in repair within atypical interaction, I discuss two forms of comparative research that can be used in the analysis of atypical interactions and I relate the papers in the special issue to each. One form concerns how a particular type of atypical interaction (for example, interactions involving a participant with dysarthria) compares to typical interaction; the other concerns how different types of atypical interaction (for example, interactions involving a participant with dysarthria and interactions involving a participant with a hearing impairment) compare to each other. I suggest that as the field of atypical interaction research develops, it may be useful to make this comparative aspect more explicit, and I present one way to proceed in this direction. Drawing particularly on papers in the special issue which analyse sequences launched via other-initiations of repair, I begin to develop a framework for a more explicit comparison of this type of sequence as it occurs across different types of atypical interaction.

Key words:
Atypical interaction; comparative analysis; conversation analysis; communication disorders

Introduction

This special issue adds to a growing body of research which draws on the methods and findings of conversation analysis (CA) (Clift, 2016) to investigate the nature of conversation and other forms of talk-in-interaction where one or more of the participants has a communication disorder or other form of communicative impairment(s)[1]. This research, on the whole, takes the form of 'applied conversation analysis' (Heritage & Robinson, 2011) in that it draws on the extensive accumulated findings from over 50 years of CA work into generic organizations of interactional practices (such as turn organization, turn-taking organization, sequence organization and repair organization: Schegloff, 2006) in 'typical' talk-in-interaction (in particular, conversation), and, utilizing a form of comparative analysis (Drew & Heritage, 1992), uses these findings to uncover similarities and, in particular differences between typical interactions and those involving participants with communicative impairments[2].

[1] The formulation 'a communication disorder or other form of communicative impairment(s)' is used here to allow inclusion of forms of interaction such as those involving participants using sign language. While sign language is used in the context of one or more of the participants having a particular communicative impairment – i.e. a hearing impairment – it does not seem appropriate to discuss sign language as an example of a communication disorder (Wilkinson, Rae & Rasmussen, 2020).

[2] 'On the whole' because this type of research can also contribute to the more general CA undertaking of investigating social actions and the practices involved in their production within talk-in-interaction (Schegloff, 2003; and see Barnes, 2012; Drew & Penn, 2016).

There is an expectation that participants in interaction will be normatively oriented to these organizations of practice (Heritage, 2009; Robinson, 2016). It is by doing so that the participants produce social actions (such as requesting, questioning or complaining etc.) which are recognizable and understandable, and produce sequences of actions and larger episodes of interaction which are coherent, thus providing an overall sense of the interaction as 'typical' or 'normal'. Since a participant with a communicative impairment may not (always) be able to carry out turn construction or repair completion (to take two examples) in the typical manner, the interactions in which they are involved are hearable (to overhearers of the actual interaction, participants in the interaction, and researchers analysing the interaction) as, in some sense, 'atypical' (Wilkinson, Rae & Rasmussen, 2020). Communicative impairments can affect different areas of competence that are necessary for talk-in-interaction to be engaged in successfully, including cognition (e.g. memory or inferential abilities), language (e.g. lexis, grammar etc.), fluency of talk, the physical production of speech, or the ability to hear or understand talk. More than one area of competence may be affected in an individual; for example, a person may have both a language disorder such as aphasia and a disorder which affects the physical production of speech, such as dysarthria.

The empirical papers in this special issue each present analytic findings about the nature of talk-in-interaction where at least one participant has a particular type of communication disorder. All the papers analyse some aspect of repair or correction (Schegloff, Jefferson & Sacks, 1977) in these interactions, with a broad link between the papers being what Barnes and Bloch (2020) in their introduction to the special issue term 'other-participation in repair'. In this brief commentary/reflection on the special issue I discuss two forms of comparative research that can be of use in the analysis of atypical interactions, and I relate the papers in the special issue to both forms. Specifically, I suggest that as the field of atypical interaction research develops, it may be useful to make this comparative aspect more explicit. I then present one way to proceed in this direction. Making use of papers in the special issue (as well as other atypical interaction research) which analyse sequences launched via an other-initiation of repair (Schegloff et al., 1977), I begin to develop a framework for a more explicit comparison of this type of sequence as it occurs across different types of atypical interaction.

Repair

Since what follows concerns repair in atypical interaction, it will be useful to give a brief outline of repair in typical interaction (Schegloff et al., 1977; Schegloff, 2000), drawing out some of the features that are particularly relevant for the discussion below.

Repair is an organized collection of practices for dealing with problems ('troubles' or 'trouble sources') in speaking, hearing another's talk, or understanding it. For repair as an interactional activity, an important distinction is whether it is launched (a) by the speaker whose talk contains the trouble that the repair is addressing, or (b) by another participant[3]. In the former case the repair is self-initiated; most commonly the repair initiation occurs in the same turn as the trouble source that it addresses and common forms are search tokens such as

[3] In what follows, I focus on repair which is self-initiated in first position (most commonly, in the same turn as the trouble source) or other-initiated in second position (most commonly, in the turn immediately following the trouble source turn). Repair can also be self-initiated or other-initiated in a later position relative to the trouble source turn (i.e. third or fourth position respectively: see Schegloff, 1992), but since this is not relevant to the discussion here it is not described further.

'uhm' (which may launch a search for a particular item, such as a word) or a cut off of an item in progress (which may foreshadow an attempt to replace that item). In the latter case (i.e. when launched by another participant), the repair is other-initiated. The basic sequential position for the occurrence of other-initiations of repair in typical interaction is in the turn following the trouble source turn, with their production regularly 'withheld' via the occurrence of a slight gap. Other-initiations of repair which interrupt the trouble source turn-constructional unit (TCU) appear to be rare (Schegloff, 2000).

Other-initiations of repair typically highlight some problem for the recipient in hearing or understanding (some aspect of) the turn. As Kendrick (2015a) outlines, common practices of other-initiation of repair (in English) include: (1) open class other-initiations of repair (such as 'huh?' or 'sorry') which do not locate a specific component of the turn as the trouble; (2) category-specific interrogatives (such as 'who?' or 'the what?'); (3) repeats (partial, full or incomplete) of an earlier turn-constructional unit; (4) copular interrogatives ('who's Phillips': Kendrick 2015a, Extract 14); and (5) candidate understandings, where the recipient proffers for confirmation or disconfirmation an understanding of something the prior speaker has said ('you mean homosexual?': Schegloff et al., 1977, Extract 39).

As with repair initiation, the repair itself can be carried out/completed by the speaker of the trouble source (self-repair) or by another participant (other repair). In the former case, the self-repair may be carried out following a self-initiation of repair, or an other-initiation of repair. With other-repairs too, the repair may be carried out following a self-initiation or done as an other-initiated other-repair (for example, treating some item in another's talk as an error by targeting it with an other-correction).

The trajectory from repair initiation to repair completion is typically quick; following an other-initiation of repair by participant A, one self-repair attempt by participant B is usually sufficient for the repair to be resolved. Less commonly, there may occur what Schegloff (2000: 212) terms 'multiple other-initiations of repair'; the first self-repair attempt may be treated as not resolving the trouble and a further other-initiation of repair may be produced (for example, targeting the same trouble source as the first repair initiation). There is the possibility that this subsequent repair attempt is also treated as unsuccessful through the production of a third other-initiation of repair (with this appearing to generally be the limit in typical interaction: Schegloff, 2000). Regularly, a subsequent repair initiation will use a 'stronger' form (Schegloff et al., 1977) of repair initiator than a prior attempt. While each other-initiation of repair in the series may target the original trouble source, there can also be 'cascading troubles' (Kendrick, 2015a: 167), where a candidate repair solution to one other-initiation of repair can become a trouble source for a subsequent other-initiation of repair (Schegloff, 2000). While most repair attempts are successful, there is also the possibility of failure, where the repair attempt is abandoned with no resolution.

There are a number of preferences concerning how repair is enacted[4]. Self-initiation of repair is preferred to other-initiation of repair, and self-repair is preferred to other-repair[5]. In addition, the preference for progressivity in interaction is relevant for repair activity (Schegloff, 1979. 2000) in that there is an expectation that repair should be completed

[4] For a discussion of preference in talk-in-interaction, see Pomerantz & Heritage (2013).
[5] Kendrick (2015b) discusses evidence that other-correction may regularly be constructed without certain features common to dispreferred actions, such as delays or qualifications. He also, however, notes other-correction's relative rarity in conversation (a feature of dispreferred actions, which tend to occur less frequently than their preferred alternatives: Levinson, 1983; Kendrick & Torreira, 2014).

relatively quickly, such that the progress of the turn or sequence underway should not be significantly delayed by the repair activity.

Comparing forms of atypical interaction to typical interaction and to each other

The seven empirical papers in this special issue each focus on a particular communication disorder or condition (i.e. dysarthria, hearing impairment, aphasia, developmental language disorder, and the communicative impairments associated with autism spectrum disorder, right hemisphere damage, and intellectual disability). As such, they add to our knowledge of talk-in-interaction where at least one participant has one of these disorders/conditions, particularly in relation to the nature of repair practices and the types of trouble that they highlight and deal with in these interactions. Five of the papers (Antaki, Chinn, Walton, Finlay & Sempik, 2020; Barnes, 2020; Bloch & Barnes, 2020; Pajo & Laakso, 2020; Salmenlinna & Laakso, 2020) analyse sequences launched via other-initiations of repair in these interactions (as well as other phenomena in some cases), and I will focus on these below. Two of the papers focus primarily on other aspects of repair and correction. Beeke, Capindale and Cockayne (2020) highlight in particular the recurrent deployment of other-repair by the conversation partner of a person with Wernicke's aphasia, either following self-initiations of repair by the person with aphasia in the form of a word search, or as other-corrections of some element of the person with aphasia's talk. Rae and Ramey (2020) in their analysis of interactions between a 12 year-old boy with autism spectrum disorder and two different adults (his father and an Applied Behaviour Analysis trainer) focus predominantly on forms of trouble other than those of speaking, hearing or understanding talk. For example, they analyse 'correction-initiation' (Macbeth, 2004), where the adult orients to a response by the boy as displaying some 'substantive error' (Rae & Ramey, 2020) - for example, where the response is an incorrect answer to a 'test' question - prompting a further attempt by the boy.

In general, these seven papers produce their findings through a process which is common in atypical interaction research. That is, they draw on conversation analytic findings about 'ordinary' (or 'typical') conversation[6] and through comparison with those findings (often carried out quite implicitly) highlight features of the atypical interactions which are notable, for example in terms of their recurrent similarities or differences compared to ordinary conversation.

Another form of comparison is also possible: that is, to compare different types of atypical interaction to each other (for instance, those involving a participant with dysarthria and those involving a participant with a hearing impairment: Wilkinson, 2013). This use of comparative analysis could, for example, provide insight into how interactions impacted by distinct types of communicative impairment (such as those affecting hearing, fluency or the physical production of speech) might display systematic similarities or differences to each other[7].

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[6] The notion of 'ordinary', 'typical' or 'normal' conversation itself needs further grounding that can be provided in the current context (see Haakana, Laakso & Lindström, 2009).

[7] Of course, comparisons within this field generally are not straightforward. One set of issues that has to be considered (see Wilkinson, 2019) concerns heterogeneity within a particular type of communication disorder, including the existence of various sub-types/variants of the disorder/condition, and different severities of the disorder (which may itself become a focus for comparison, as seen in Pajo & Laakso (2020)). The type of interactional data analysed (broadly, mundane conversation versus institutional interaction, such as therapist-client interaction) also has to be taken into consideration when comparisons are to be made. As such, the comparisons presented within the framework here should be taken as provisional findings until larger and better-matched data sets are compared.

Within atypical interaction research there may be circumstances where it is useful to be able to be more explicit and systematic about the nature of the comparison that is being carried out. One way of doing this is to produce a framework within which findings (from one type of atypical interaction or various types) may be mapped. Below, I sketch out a basic framework for grouping together analytic findings about sequences launched via other-initiations of repair in atypical interactions. In doing so, I draw on a welcome feature of this special issue: that five of the papers, while each analysing a different type of atypical interaction, share a common analytical focus on this type of sequence.

The framework focuses on structural features of these sequences i.e. issues concerning the practices used in repair initiations and their placement, the types of trouble sources the initiations highlight, and features of the trajectory from repair initiation to possible repair completion. There are five categories:

1. the role of the person with the communicative impairment (as repair initiator or trouble source producer)
2. practices of other-initiations of repair
3. placement of other-initiations of repair
4. the trajectory from first other-initiation of repair to outcome of the repair activity
5. trouble sources

The primary use of the framework here is to group together some of the key findings from the five papers in the special issue which analyse this type of repair sequence, supplemented in some places with other relevant atypical interaction research on these five types of atypical interaction or other types[8].

A framework for comparing sequences launched via other-initiations of repair in atypical interactions

1) the role of the person with a communicative impairment (PWCI) in the sequence launched via an other-initiation of repair (as repair initiator or as trouble source producer)

In certain types of atypical interaction, the PWCI may recurrently produce other-initiations of repair on co-participant turns, while in other types, the co-participant may recurrently produce other-initiations of repair on the turns of the PWCI. In some types of atypical interaction the PWCI may recurrently be both repair initiator and the target of another's other-initiation of repair.

[8] It is not the aim here to provide an exhaustive overview of the atypical interaction literature, nor to further investigate or discuss phenomena highlighted within the framework, both of which will need further space than is available here. Also, the rather specific focus on the structural features of these sequences means that various important observations from the papers in the special issue are not further discussed here. This includes, for instance, how in response to some problematic interactional contribution from the PWCI, the co-participant may do something (including *not* talking) which in effect passes on the option of producing an other-initiation of repair (see Antaki et al (2020) on interactions involving people with intellectual disabilities, Barnes (2020) on interactions involving people with right-hemisphere damage, and also Barnes and Ferguson (2015) on interactions involving people with aphasia).

Thus, the following recurrent features of interactions can be noted:

Other-initiations of repair produced by a PWCI which target turns by a co-participant as trouble sources: In this special issue, for instance, this is seen recurrently in interactions involving people with hearing impairment (Pajo & Laakso, 2020), right-hemisphere damage (Barnes, 2020), and children with developmental language disorder (Salmenlinna & Laakso, 2020).

Other-initiations of repair produced by a co-participant which target turns of the PWCI as trouble sources: In this special issue, for instance, this is seen recurrently in interactions involving people with intellectual disabilities (Antaki et al., 2020), dysarthria (Bloch & Barnes, 2020), and right-hemisphere damage (Barnes, 2020).

The PWCI is both repair initiator and trouble source producer*:* In this special issue, for instance, this is seen in interactions involving people with right-hemisphere damage (Barnes, 2020).

In each case, a common way in which these other-initiations of repair can be seen to differ from those in typical interaction is in terms of their frequency of occurrence (see, for instance, Pajo & Laakso (2020) on people with severe hearing impairment, as opposed to those with mild to moderate hearing impairment).

2) practices of other-initiation of repair

While a range of other-initiation of repair practices might be noted (see e.g. Antaki et al. (2020) on interactions involving people with intellectual disabilities), it may be that in certain types of atypical interaction there are particular practices of other-initiation of repair which are notably recurrent[9].

For example, in relation to other-initiations of repair produced by a PWCI, there is evidence that in certain groups of participants with a hearing-impairment, open-class other-initiations of repair are particularly common as a form of repair initiator (Pajo, 2013; Ekberg, Hickson & Grenness, 2017)[10].

Similarly, in relation to other-initiations of repair produced by a co-participant of the PWCI, there is some evidence that open-class other-initiations of repair are notably frequent in interactions involving participants with Parkinson's Disease, with co-participants using them more than four times as often as any other form of other-initiation of repair in the dataset examined (Griffiths, 2013).

Distinctive practices of other-initiation of repair may also be recurrently evident. In relation to other-initiations of repair by a PWCI, for example, Pajo and Laakso (2020) report that in their dataset, participants with severe hearing impairment produced embodied other-

[9] Although at present there is little atypical interaction research which draws for comparative purposes on findings about the general distribution of different other-initiated repair practices in typical interaction, this is likely to change with information about the latter becoming available (e.g. Kendrick, 2015a).

[10] In some cases, of course, it may be found that the most recurrent types of other-initiation of repair in the atypical interactions are reported to be similar to those found in typical interaction (see, for example, Salmenlinna & Laakso (2020) on interactions involving children with developmental language disorder).

initiations of repair (for example, leaning/turning ear towards the speaker) without any verbal utterance, while the participants with mild to moderate hearing impairment did not.

3) placement of other-initiations of repair

While it was noted above that it is rare in typical interaction for other-initiations of repair to interrupt the current TCU of the trouble source speaker, this occurrence does not appear to be so uncommon in some types of atypical interaction.

In the case of other-initiations of repair produced by a PWCI, people with hearing impairment, for example, may produce 'interruptive' (or 'incursive') verbal other-initiations of repair which indicate some trouble with the current TCU of the speaker (Pajo & Laakso, 2020; see also Lind, Hickson & Erber, 2006).

Co-participants of the PWCI have also been shown to produce other-initiations of repair which interrupt the speaker's trouble source TCU (for example, when talking with a participant with a stammer (Wilkinson & Morris, 2020) or a participant with aphasia (Armstrong, Fox & Wilkinson, 2013)).

Alternatively, the other-initiation of repair may be recurrently *delayed* beyond the 'next turn' slot in which it usually occurs in typical interaction (for example, by a co-participant interacting with a participant with dysarthria: Bloch & Wilkinson, 2013a).

4) Trajectory from first other-initiation of repair to outcome of the repair activity

Multiple other-initiations of repair appear to be not uncommon in some types of atypical interaction.

In the case of repair initiations produced by a co-participant on a trouble source turn of a PWCI, they have been noted to occur in, for example, interactions involving people with dysarthria (Bloch & Barnes, 2020; Griffiths, Barnes, Britten & Wilkinson, 2015).

In the case of repair initiations produced by a PWCI on a co-participant's trouble source turn, they have been noted to occur in, for example, interactions involving people with severe hearing impairment (Pajo & Laakso, 2020).

5) trouble sources

Analysis may highlight recurrent features of turns, or parts of turns, which are treated as trouble sources in talk-in-interaction involving participants with particular communication disorders/communicative impairments.

Again, there is the distinction between:

other-initiations of repair produced by co-participants which treat (some element of) turns of the PWCI as trouble sources (for example, interactions involving people with intellectual disabilities (Antaki et al., 2020), dysarthria (Bloch & Barnes, 2020), and right-hemisphere damage (Barnes, 2020)),

and

other-initiations of repair produced by a PWCI which treat (some element of) turns by the co-participant as trouble sources (for example, interactions involving people with hearing impairment (Pajo & Laakso, 2020), right-hemisphere damage (Barnes, 2020), and children with developmental language disorder (Salmenlinna & Laakso, 2020).

In the case of multiple other-initiations of repair, some forms of atypical interaction may recurrently display cascading troubles (Kendrick, 2015). This has been shown to be the case, for example, in interactions involving people with dysarthria, where the co-participants produce other-initiations of repair which target the dysarthric participant's talk (Bloch & Barnes, 2020) and/or the dysarthric participant's output produced via an augmentative and alternative (AAC) device (Bloch & Wilkinson, 2013b).

Concluding remarks

I have discussed here two forms of comparative research that may be used in the analysis of atypical interaction and outlined ways in which the papers in the special issue relate to each. Using a framework to facilitate a more explicit comparison, I grouped together findings concerning sequences launched via other-initiations of repair from across a range of types of atypical interaction. While what has been presented here is clearly preliminary in various ways[11], it is hoped it may contribute towards the development of a more explicit comparative perspective within atypical interaction research. I will conclude with a brief outline of why such a development may be useful.

Gaining greater insight into the similarities and differences between distinct types of atypical interaction has the potential to allow us to reconceptualise the field of communication disorders in terms of how different disorders impact on talk-in-interaction. For example, dysarthria and hearing impairment tend to be viewed (for instance in textbooks about communication disorders) as quite separate types of disorder, the former being an impairment in the physical production of speech and the latter an impairment in the ability to hear sound, including speech sounds. However, interactions involving a participant with dysarthria and interactions involving a participant with a hearing impairment can display systematically similar features (Wilkinson, 2013), including the recurrent production of other-initiations of repair (Bloch & Barnes, 2020; Pajo & Laakso, 2020) and perhaps other features, such as similarities in the forms of repair initiations used. In terms of the development of interaction-focused interventions (Wilkinson, 2014), the uncovering of similarities across different types of atypical interaction may have the useful consequence that aspects of intervention programmes developed for one type of atypical interaction may be able to be redeployed for use with another type with only relatively small, disorder-specific, modifications.

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