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Displays and claims of understanding in conversation by people with aphasia

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Background: There is scope for additional research into the specific linguistic and sequential structures used in speech and language therapist-led therapeutic conversations with people with aphasia. Whilst there is some evidence that SLTs use different conversational strategies than the partners of PWA (Lindsay & Wilkinson 1999), research to date has focussed mainly on measuring the effects of conversation-

based therapies - not on analysing therapeutic conversations taking place between SLTs and PWA.

Aims: This paper presents an analysis of the use of *oh*-prefacing by some PWA during therapeutic supported conversations with SLTs.

Methods & Procedures: Normally-occurring therapeutic conversations between SLTs and PWA after stroke were qualitatively analysed using Conversation Analysis (CA). Interactions with five people with aphasia were video-recorded, involving three different specialist stroke SLTs.

Outcomes & Results: The analysis revealed a difference in the way some PWA use turns that display understanding (e.g., *oh right*) vs those that continue the conversation, merely claiming understanding (e.g., *right*). This use of *oh*-prefacing is similar to that described in typical conversations by Heritage (1984). In our data, SLTs are shown to treat *oh*-prefaced turns differently from non-*oh*-prefaced turns, by pursuing the topic in the latter, and progressing on to a new topic in the former.

Conclusions: At least some PWA use *oh*-prefacing in the same way as non-language-impaired adults to display understanding of information, vs. merely claiming to understand. The SLTs in our data are shown to treat non-*oh*-prefaced turns as mere claims of understanding by providing the PWA with additional information, using supported conversation techniques (Kagan 1998), and pursuing additional same-topic talk, whereas *oh*-prefaced turns are treated as displays of understanding by being confirmed, and leading to changes of topic. This study is a first step in providing SLTs with a clearer understanding of the ways in which they are assessing the understanding of PWA, which may in turn help them better support non-therapy staff.

Keywords: Aphasia, Conversation Analysis, understanding

Background

Regaining the ability to participate in conversations is an important goal of people with aphasia (Tomkins, Siyambalapitiya & Worrall 2013; Worrall et al 2011). To facilitate participation, speech and language therapists (SLTs) often provide a comprehensive range of interventions including conversation partner training, directly addressing the conversational behaviours (facilitators and barriers) of the person with aphasia and their conversation partner alongside addressing the linguistic and syntactic difficulties associated with aphasia that affect conversation. In addition to

these interventions, SLTs also provide what we will term here "therapeutic conversations" – highly facilitated conversations occurring in real time about real life issues relating to their current situation. These therapeutic conversations may use some of the techniques of Supported Conversation for Aphasia (Kagan 1998), for instance incorporating communication techniques and strategies such as writing and gesture. Whilst it is clear that supported conversation can deliver benefits for both the person with aphasia and his/her interlocutor (Kagan et al 2001), a recent qualitative review of the conversation-focused therapy literature by Simmons-Mackie, Savage & Worrall (2014) suggests that these 'therapeutic conversations', between an SLT and a PWA, have not been addressed. The authors state "there is little systematic attention to one-on-one therapy with the person with aphasia to improve conversation" (Simmons-Mackie et al 2014:522).

A study by Beckley et al (2013), one of the papers included in the Simmons-Mackie et al (2014) review, is an example of the research regarding conversation-focussed therapies. The authors [seek to](#) examine and [measure the effectiveness of](#) a direct [therapy on](#) changing the conversational behaviours of two PWA and their partners - it is not only, or mainly, [an analysis of](#) the conversational behaviours of the SLT and the PWA. Interestingly, Beckley et al (2013) state that it would be helpful to know more about the structure of clinical interactions. The authors suggest that Conversation Analysis (CA) - a methodology which has a long history of use in aphasiology (e.g. Milroy & Perkins 1992; Damico et al 1999; Saldert et al 2015) with its principles often underlying conversation-focussed therapy studies - could aid in this way, as it has for other kinds of medical interactions (see e.g. Heritage & Robinson 2006, Robinson 2003, Stivers 2005a, b).

This work, alongside other research by Beeke and colleagues (e.g. Beeke et al 2011, 2014, 2015) [thus](#) explores improvements on qualitative and quantitative tests of conversational ability after the employment of conversation-based therapies. The focus of the research is on the interaction between the PWA and their partners, and indeed the conversation-focussed research to date has almost exclusively looked to promote and improve the inclusion of PWA in everyday (rather than clinical) conversations (e.g. Beeke et al 2014; Lock et al 2001; Wilkinson 1999, 2014). While

this research has led to the development of training materials that have been shown to lead to significant changes in the behaviour of partners of PWA, family members or volunteers (Wilkinson et al 2010; Beeke et al 2011), there is much less conversation-focused research looking at the interactions between healthcare professionals and PWA, although there is a wealth of conversation analytic research into the structure of interactions involving other patient populations (e.g., Elsey et al 2015; Plug, Sharrack & Reuber 2009; Stivers 2005a, b; Toerien, Shaw & Reuber 2013).

However, there has been some exploration of the structure of the interaction between SLTs and PWA. Horton (2007, 2008, 2011) attempts to explicate to what degree the structure of SLT and PWA interactions conforms to what is known about the structure of other institutional interactions. Horton (2007) describes the initial "settling-down" phase of a therapy session, relating the choice of topics taken up by the SLT to identity and power relationships as enacted through language and through therapy itself. Horton (2011) explores patient engagement with therapists in the context of multidisciplinary rehabilitation, employing concepts from conversation analysis, discourse analysis and ethnomethodology to develop themes from the data. This research provides valuable insight into the way that SLTs' language behaviours shape the overall structure of therapeutic interactions, and describes the systematic use of certain sequential structures such as Initiation-Response-Feedback.

Lindsay & Wilkinson (1999) also focus on the interactive processes between the clinician and the PWA. They use CA to compare talk between two SLT-PWA dyads and two PWA-spouse dyads. They report that the spouses of PWA were more likely than SLTs to initiate and engage in lengthy, sometimes unresolved, repair sequences. This is despite the fact that errors (by PWA), and thus opportunities to engage the PWA in repair did occur in the SLT interactions, in roughly the same proportions and types. This suggests that SLTs do use different structures, and encourage conversations to develop along different trajectories, to the conversations that PWA experience with their partners and carers. This study indicates that more research into the so-called "black box" of therapeutic conversations (Beckley et al, 2013) is clearly warranted.

In this paper, we report on an emergent finding from a study designed to investigate the linguistic and sequential cues SLTs use during the course of a therapeutic supported conversation. The goal of the ongoing research project is to unpick the actual practices used by SLTs during therapeutic conversations with PWA, to discover and describe the 'online' methods¹ that SLTs may be unaware they are using to assess the capabilities and capacities of their patients.

In the course of analysing data collected for this project, the first author (a linguist and conversation analyst) was struck by the use of oh-prefaced turns by the PWA in response to informings or corrections by the SLTs. Conversation analysts have long known how the use of the particle "oh" can display (rather than merely claim) a "change of state", and thus indicate that the speaker has "... competently understood its [prior talk's] import" (Heritage 1984:321). In other words, the use of an oh-prefaced turn by a speaker without aphasia has been shown to be a display of now understanding something that was previously not understood. In order to ensure comparability with these findings, we collected and analysed oh-prefaced turns produced by PWA in response to informings. It is crucial for the analytic methodology we employ that the sequences we examine be similar, as oh-prefaced turns produced in different sequential locations (e.g., after inquiries) have been shown to have different interactional import (Heritage 1998, 2007). We also analyse the SLTs' treatment of these turns, showing how they in turn respond differently to the presence, or absence, of oh-prefacing. We will report on systematicities in the language and sequential structures employed by the SLTs during therapeutic conversations in another paper.

Method

Participants' details

The data collection received ethical approval from the NRES Committee Yorkshire & the Humber - Leeds West. Data were collected from inpatients in two separate acute settings in the North of England; a Stroke Rehabilitation Unit and a Neurorehabilitation Unit. Participants were recruited by convenience sampling.

¹ Our thanks to an anonymous reviewer for this wording.

Inclusion criteria were: diagnosis of aphasia after a left hemisphere CVA; aged 18 or over; corrected vision and/or audition; English as a first language; no known cognitive deficits prior to the CVA. Exclusion criteria were: aphasia as a result of another neurological disorder (e.g. dementia, traumatic brain injury); English not as a first language. Any potential participant needed to have the mental capacity to give direct consent to participation in accordance with the guidance laid out in the Mental Capacity Act 2005. The SLTs responsible for recruitment to the study (one of whom is the second author) have all received basic training in the requirements of the Act. The initial approach was made by an SLT in charge of the patient's care. The SLT introduced the study and discussed the patient information sheet at least two days in advance of a scheduled therapy session during which recording took place.

Five different people with aphasia were recorded, with three specialist Stroke SLTs. The second author took part in one of the recordings, presented here in examples 1 and 4. The SLTs' professional experience ranged from 7-15 years. Additional detail for the participants can be found in Table 1. The study for which this data was collected is exploratory, and aims to generalise across the linguistic and sequential characteristics of SLTs' talk during supported conversations with people with aphasia, so potential participants were purposively selected and all can be described as having fluent aphasia. However, no further specifics are available about the type and/or severity of their aphasia. We have provided what details we can for all the participants even though data from only three of them appear in this paper; It should be noted that oh-prefaced responses to informings were produced by all five participants.

Table 1
Biographical details for participants at time of recording

PWA (pseudonym)	Gender (M/F)	Age	Handedness	Pre-morbid occupation	Type / Localisation of damage	Time post-stroke
Margaret	F	85	RH	unknown	Left anterior circulation infarct	7 weeks 3 days
Stu	M	61	RH	HGV driver	Left middle cerebral artery infarct	7 weeks 1 day
Daniel	M	77	RH	unknown	Ganglionic haemorrhage	16 weeks 2 days

May	F	52	RH	High school headmistress	Subarachnoid haemorrhage	6 weeks 0 days
Antonia	F	55	RH	unknown	Thalamic haematoma (extending superiorly into the corona radiata)	5 weeks 2 days

Data collection

Data were collected by video recording regularly-scheduled therapeutic conversation sessions between SLTs and PWA. We use ‘therapeutic conversation’ to distinguish the data we recorded from task-based or impairment-focused therapy sessions, and also to differentiate it from conversation-based therapy. The sessions we recorded did of course have therapeutic content and aims, including various clinically-relevant foci such as goal-setting and safe discharge planning. However, all the sessions we recorded were conducted as conversations (rather than tests, assessments, or interviews). A video camera was set up in the therapy room, and the first author met and thanked the PWA for taking part and offered to answer any questions relevant to the study before turning on the camera and leaving the room. The SLT (in one case, the second author) then went over the consent form with the PWA, answered any questions, and asked the PWA to sign/mark the form.

Relevant sections of the recordings were transcribed and are presented here according to CA and linguistic conventions, meaning that communication is reproduced in particular detail: phonetic transcriptions of some words and neologisms, hesitations, restarts, repairs, overlapping talk etc. Where relevant, the presentation transcripts also include aspects of non-verbal communication, which are salient to the interaction (participants’ gaze, body posture, gestures). A list of transcription symbols appears in the appendix.

Conversation analysis methods and findings

The data were analysed according to the conventions of Conversation Analysis (CA). CA is a qualitative, systematic micro-analytic method for studying real-life interaction and is widely recognised as the leading methodology for investigating how doctor-patient communication operates in practice (Drew et al 2001; Heritage & Maynard 2006; Robinson 2011; Heritage et al 2007; Robinson & Heritage 2014).

The micro-analytic approach of CA makes it uniquely suited to analysing the talk of people with aphasia. No two people are affected by aphasia in exactly the same way, and CA respects this uniqueness by first analysing each instance of a selected phenomenon as a single case. Then, the method proceeds to the building of collections, grouping together the single cases that share a phonetic, sequential, or lexical commonality. From these collections, generalizations are drawn that account for the use of the very feature that makes the group a collection.

One of the main tenets of CA is that talk is organized in sequences, and that these sequences are composed of adjacency pairs that have recognisable functions. For example, a greeting is expectably responded to by another greeting, or a request for assistance with either the granting or withholding of that assistance. In other words, we can say that the content of a turn at talk reveals the current speaker's analysis of the just-prior turn; it shows what action Speaker 2 takes Speaker 1 to have been doing with her talk by either accepting or rejecting that action. If Speaker 1 accepts Speaker 2's treatment, conversation analysts would say that the talk shows them to have achieved intersubjectivity, or shared understanding. That is, the analysis of the verbal (and visual) actions of the participants provides evidence for the claims that understanding has been achieved. See for instance Beeke et al (2015) for an especially clear analysis of how understanding is displayed and negotiated by PWA and their partners during a conversation. Of course, this methodology cannot definitively speak to whether or not such shared understanding displays are merely a front, and that a cognitive dissonance persists. What CA can do, and has done, however, is to show that there are structures of conversation that are routinely used to 'right' failures in intersubjectivity even when they come to light farther on in the conversation (e.g. third-turn and third- or fourth-position repair, Schegloff 1992, 1997).

By inspecting the responses to first actions, Heritage (1984) shows that responses to informings may be designed (and treated as) merely claiming an understanding, or as displaying that understanding². One central way displays of understanding are accomplished is through the use of oh-prefacing. Turn-initial "oh" is deployed to display a change-of-state; to show one's interlocutor that one (now) understands the information just delivered. Oh-prefaced turns thus display a speaker's understanding, as opposed to turns prefaced by 'yes', 'mmhm', or not prefaced at all -- such responses merely claim understanding. Additionally, oh-prefacing is a powerful normative practice such that turns with and without oh-prefaces are treated differently by the participants. Heritage shows that "oh" is not a meaningless particle, a bit of semantically-bleached formulaic language, or a dysfluency, but rather a meaningful part of turn design.

Results

We present our analysis of oh-prefaced turns in PWA-SLT interactions in three sections: 1) oh-prefacing used by a PWA to display understanding; 2) oh-prefacing used by a PWA to claim understanding; and 3) SLTs' differential treatment of oh-prefaced and non-oh-prefaced turns.

Displaying understanding with oh-prefacing

In our first example, SLT1 (the second author) is discussing with Margaret, the PWA, what assistance she will need to be able to leave hospital and go home. Margaret does not appear to understand either that help at home is being offered, or why she would need that help. Here, the SLT is explaining why Margaret perhaps shouldn't make meals on her own. In this and the following examples, the turn of interest is boxed.

(1) Mar_accidents

5:32 p2

² The distinction between claiming and displaying understanding goes back to the very beginning of conversation analytic research, being discussed in Sacks' lectures from 1968 (collected and published decades later; see Sacks 1992 volume 2:141).

1 SLT1: and sometimes in the kitchen\
2 if you're making things\
3 (1.5)
4 <<acc> and are> finding it difficult there might be
accidents\
5 Mar: oh right without notice=\
6 SLT1: =yeah\
7 Mar: ye:s\

The SLT's extended turn in lines 1-4 is explaining to Margaret how getting her own meals might be difficult, based on the problems she's been having during her occupational therapy sessions: If it's difficult for you to make things, you might have an accident. In response to this turn, Margaret responds "oh right without notice" (line 5).

Margaret's talk in line 5 could be analysed as showing some understanding of how making things could lead to accidents: something could happen "without notice" (i.e. she might not notice danger till too late). So we can say that this turn is an example of a display (rather than just a claim) of understanding, because Margaret provides an example of what kind of trouble could arise.

An important element of Margaret's turn is that it begins with "oh". Margaret uses oh-prefacing, along with other design elements, to show that she has a fuller understanding of the SLT's talk than she showed previously. Additionally, the SLT treats the oh-prefaced turn as displaying that Margaret now understands. This is evidenced by her minimal confirming response, "yeah" (line 6), as well as the fact that she (the SLT) makes no further effort to describe the potential difficulties of cooking for oneself, nor does she encourage Margaret to provide any additional details.

Claiming understanding without oh-prefacing

In example 2, SLT3 is talking with Dan (the PWA) about working on his mobility transfers. An occupational therapist is also present during this interaction, but does not participate in the talk during this fragment.

(2) Dan_tricky

5:07 p1

1 SLT3: because once (.) you've mastered doing the chair::\
2 then we can think about going from: for example bed
3 Dan: (bed/yeah)
4 (0.5) ((SLT writing))
5 SLT3: to chair:\
6 which is just (.) a little bit more tricky\
7 (0.9)
8 SLT3: ye[ah↑\
9 Dan: [r::ight::↑\

In line 6, SLT3 completes her description of one type of movement as "a little bit more tricky" compared to another. After this, there is a 0.9 second silence. The SLT displays an understanding that this silence 'belongs' to Dan (Sacks, Schegloff & Jefferson 1974) by pursuing a response from him in line 8, "yeah". He too orients to this by beginning his turn, "right", mid-way through her production of "yeah".

Dan's single-word turn "right" at line 9 is the object of interest. *Right* can indeed be used to agree with prior talk. Additionally, we could say that *right* professes some understanding of the prior talk simply by virtue of not initiating repair (Sacks, Jefferson and Schegloff 1977). *Right* does have, however, other uses -- namely that of a continuer (Schegloff 1982). Continuers are devices for passing on the opportunity to begin speaking when a point of possible speaker transition has been reached. That is, they can be used simply to progress a sequence without contributing to it. The function of Dan's "right" is therefore ambiguous. It may indicate that he really comprehends the difference in difficulty between transferring from wheelchair to chair versus from bed to chair, such that he must master the first task before moving on to the second; or, it may only show that he understands that some response -- any response -- was needed from him at that point in the sequence of conversation, and that saying "right" will preserve the progressivity of the interaction (Stivers 2006; see also Gardner 2007 on *right* as a marker of epistemic progression).

The subsequent turns at talk provide additional evidence that this "right" is designed to function as a continuer rather than a display of understanding. Below is the continuation of this fragment.

(2') Dan_tricky (extended fragment)

8 SLT3: ye[ah↑
9 Dan: [r::ight::↑
10 SLT3: okay=
11 Dan: =so that's tricky so how dya mean

When the SLT receipts Dan's "right" with the potentially sequence-closing "okay" (line 10), Dan quickly³ begins a new turn initiating repair on the word "tricky" (line 11). Thus, he retrospectively shows his "right" in line 9 was not a display of understanding the prior talk by now explicitly stating that he requires clarification of how the movement is "tricky". So while in the first example, we have evidence from ensuing talk by the PWA that clarifies what was understood (having an accident because you don't notice danger), here we have evidence of what was not understood (how one kind of movement is more tricky than another).

It's important to note that we are not suggesting that Dan's turn at talk (represented in line 9 of the transcript) is designed to deceive by presenting a 'false' claim of understanding. Rather, we would argue that close examination of the lexical design of this turn shows that it is not designed to display understanding at all.

SLTs' differential treatment of oh-prefaced and non-oh-prefaced turns as claims vs displays of understanding

In both of the preceding examples, the SLTs produce similar responses to both the display and claim of understanding: "yeah" in example 1, and "okay" in example 2. These turns function as what are known as sequence-closing thirds (Schegloff 2007); i.e. they end one informational/instructional sequence of talk before launching another. By treating "oh right without notice" and "right" similarly, the SLTs indicate that they accept both turns as adequate responses. However, the ways in which the SLTs continue the conversations are markedly different.

³ The quickness of his turn is shown by the latching symbol [=] in the transcript

In (1), SLT1 affirms Margaret's displayed understanding, and begins a new sequence of talk. In (2), SLT3 attempts to continue the activity she has just proposed (practicing a particular kind of mobility transfer). She accepts Dan's "right" and does not pursue a further display of understanding of the differences between various kinds of transfers. The "right", then, is good enough for her purposes, which are the "mastering" of one type of transfer. Dan himself shows, however, that he does not fully understand the import of her talk. He does this by subsequently initiating repair⁴ on the word "tricky" in lines 8-10. He pursues a full understanding of the differences between various mobility transfers regardless of SLT3's intended conversational trajectory.

What this example shows is that, in interactions with PWA as well as in typical interaction, there are instances in which a turn at talk may be treated as 'good enough'. There are of course situations where full and clear understanding on the part of the PWA *is* necessary or important; where mere claims of understanding are not 'good enough', and displays of understanding must be given. In the following example, SLT2 pursues a claim of understanding in such an environment with Stu.

(3) Stu_aid

1563s

- 1 SLT2: we said about (.) Britain \
(0.9)
- 2 SLT2: [has pledged
- 3 Stu: [yeah
- 4 (.)
- 5 SLT: how much was it↑ \
6 (1.5)
- 7 Stu: twenty million \
((Stu's face covered by his hand))
- 8 (0.7)
- 9 SLT2: <<all> what's it say there> s[ix million ((pointing at
notes))
- 10 Stu: [(right/yeah)
- 11 SLT2: <<p> yeah six million> (.) <<pp> in aid> ((writing))
- 12 have you noticed that sometimes Stu that?\

⁴ By producing "right" where he does, instead of moving directly into the other-initiation of repair (which he withholds until lines 8-10), Dan also displays an orientation to yet another normative organization of conversation, the preference for self repair (Schegloff, Jefferson & Sacks 1977).

was it?" (line 5). He subsequently accepts, however, SLT2's figure of 6 million. Given that we can see him looking at the notes, which have the figure 6 million written on them, this may very well be a symptom of his aphasia - he may see and understand 6 million, and intend to have or believe that he said 6 million, when in fact he said 20 million.

Thus, the SLT begins a new sequence of talk, which draws attention to this particular aspect of Stu's aphasia. The problem the SLT focuses on concerns the word *twenty*, produced by Stu in line 7, and *six*, the word written on the notes and produced by the SLT in lines 9 and 11. After the SLT says and circles the word "six" (line 15), Stu produces another continuer, "yeah." This utterance fulfils three roles. First, it is sequentially appropriate; second, it allows the SLT to continue the sequence; third, it is interpretable as indicating that Stu accepts that the written word the SLT is circling is "six".

What Stu has displayed no realization of, however, is that "six" is not the word he himself produced earlier. So far, none of his responses to the SLT's prompts have indicated that he knows he said "twenty", not "six". The SLT treats his utterances in lines 10 and 16 only as continuers, and duly continues explaining the problem. It is only after she completes the sequence at the end of line 17, with "that says six but when you said it you said twenty" that Stu alters his response.

"Oh right", Stu's turn at line 18, displays, by virtue its oh-prefaced design, an understanding of the prior talk as an informing: until now, he hadn't known he'd substituted *twenty* for *six*, but he now understands that he had produced a different word from the one written on the paper. The SLT orients to Stu's "oh right" as a change of state marker by responding, "but I'm pretty sure that in your mind you understood six" (lines 20-21). In this turn, she acknowledges that despite her pointing and circling and repeating the word "six", Stu has only now come to an understanding of why she has been acting as she has. Her response treats his oh-prefaced turn as a display that he accepts and understands that an error did occur, but also validates the possibility that Stu might not have perceived himself producing the wrong word, because that is a symptom of his aphasia.

In summary, Example 3 shows a case in which the SLT treats the non-oh-prefaced turns, lines 10 and 16, only as claims of understanding, not as displays. It is indeed the case that these turns are in some ways utterly appropriate for the place in sequence at which they are produced; however, they are treated here as not doing enough to display understanding of the activity the SLT is engaged in. This contrasts with (2), in which the SLT does accept a non-oh-prefaced response. In that example, "right" - a continuer - is treated as adequate because it allows the SLT to pursue the main aim of the therapy session.

Telling the difference between claims and displays of understanding, however, is not always as simple as looking for the production of an oh-prefaced turn. In the following example, SLT1 follows up on a response that only *claims* rather than fully *displays* an understanding of the sequence in progress.

(4) Mar_luckily

6:47 p1

1 SLT1: have you had any fall:s (.) whilst you've been in hospital \
2 Mar: very rare
3 (0.6)
4 SLT1: very rare\
5 (.)
6 SLT1: I don't think you have [have you] \
7 Mar: [n o] <<p> no don't think I
have>\
8 SLT1: =no [no so you've not had a fall \
9 Mar: [luckily] \
10 (0.5)
11 SLT1: [luckily] \
12 [why]- why luckily \
13 Mar: [yes]
14 SLT1: [what might happen if you have a fall] \
15 Mar: well it irrent very nice is it [(you can be)] \
16 SLT1: [n o] \
17 SLT1: why not \
18 why is it not nice \
19 Mar: well because you're gonna be thinking \

20 what am I doing here an why is she doing all what she's
 doing\
21 SLT1: mm
22 SLT1: dya- do you think\
23 if you had a fall do you think you would be ok \
24 or do you think you might hurt yourself \
25 Mar: just try to hope that whoever it is just try to make it
 better

This fragment comes from the same therapy session as Example 1. The turn of interest is Margaret's "luckily", line 9. This is produced in response to SLT1's statement, "no no so you've not had a fall", which here actually functions as a kind of informing (see discussion below). The SLT repeats Margaret's "luckily" but then asks her to expand on "why" it is lucky she hasn't had a fall, and asks "what might happen if you have a fall" (see lines 12 and 14).

By asking Margaret to unpack what is lucky about not falling, and to explain what might happen if she did fall, SLT1 clearly displays that she does not know if Margaret understands what she is conveying by her turns. The SLT is here engaging in a test question sequence, rather than attending to the progressivity of the talk. That is, Margaret's "luckily" in line 11 is well-timed and well-fitted to the prior turn; it creates a kind of collaborative completion (Lerner 1996) of SLT1's talk, i.e., *so you've not had a fall, luckily*. Such a turn construction shows a relatively high level of sequential and structural awareness on Margaret's part; we might to ask, then, why the SLT pursues it so vigorously (notice that she continues her questioning about the implications of falling not only in lines 12 and 14, but also in 17-18 and 22-24)?

Above, we labelled the SLT's turn in line 8, "no no you've not had a fall", as a type of informing. We say this because Margaret has not seemed certain whether she has had any falls in hospital or not; her initial response ("very rare", line 2) could also be described only as a claim (rather than a display) of understanding the question posed to her. There are two sources of evidence for this assertion. First, there is the linguistic design of the SLT's turn. The SLT uses the pronoun "you" twice in the turn, clearly indicating that she is asking about Margaret's own personal experience.

Furthermore, she also constrains the timeframe she is asking Margaret about by adding the adverbial phrase "whilst you've been in hospital" to the end of the turn.

Margaret's response, "very rare", is not directly addressed to either of these aspects of the design. This turn is elliptical - it does not have a subject or verb, and thus would depend on those in the prior turn for interpretation. Ellipsis is not uncommon in natural speech, but in this particular case the turn is not fitted to the prior talk. Note that 'very rare-LY' (cf. "luckily") would be a better fit, as in, 'I've very rarely had any falls whilst in hospital'. As produced, however, the turn "very rare" seems instead to orient to vague generalities; it's possible that Margaret is attempting to convey that falls were a 'very rare' occurrence in her life prior to having a stroke. Whilst interpretable both by analysts, and the SLT, as related to the prior talk, Margaret does not provide clear evidence that she has understood the question "have you had any falls."

The SLT orients to the possibility that Margaret is not at all certain what is being asked, or indeed if she has had any falls in hospital. In lines 6 and 8, she states twice that Margaret has not: "I don't think you have have you"; "no no so you've not had a fall". Thus she is informing Margaret that she has not fallen, which Margaret first accepts and agrees with in line 7 ("no no don't think I have"), and then responds with the positive assessment "luckily" (line 11).

So, based on the talk prior to the production of "luckily", it seems that the SLT does have a clear warrant for checking Margaret's understanding of what has just been said. And indeed, Margaret's subsequent responses don't provide much evidence that she knows - or at least, that she can say - why a fall might be dangerous. She is able to characterise a fall as "not very nice", but provides a less coherent response to the question "why is it not nice": "well because you're gonna be thinking what am I doing here an why is she doing all what she's doing" (lines 18-20).

What is perhaps most noteworthy about Margaret's responses, however, is how sequentially well-fitted they are. They fulfil the conversational preference for progressivity, a desirable outcome for all persons in a conversation - probably even

more so for people with aphasia. Despite Margaret's socially and sequentially appropriate responses, it is worth noting that the SLT pursues the sequence long beyond the fragment shown here in continued attempts to assess Margaret's understanding (due to the significance of the conversation, which is to assess whether she can choose her own discharge destination). We argue that the SLT is actively looking for certain aspects of linguistic design, beyond the face value of these socially and sequentially appropriate response, which mark or signal Margaret's understanding.

Conclusion

We have shown that despite their linguistic impairment, the PWA recorded for this study can use known linguistic and sequential means to display understanding of information, vs. merely claiming to understand. Our research shows that for some PWA, oh-prefacing appears to be a preserved competency that operates in the same way as it does in the talk of non-impaired adults. Beckley et al (2013: 233) also mention in passing the use of oh-prefacing by another PWA, Giles, to mark a (cognitive) change of state, but do not analyse it further. Additionally, and crucially, our research shows that SLTs are sensitive to this linguistic difference; it is consequential for how the interaction proceeds. That is, SLTs respond to *claims* of understanding, by providing additional information, using supported conversation techniques (Kagan 1998), and pursuing additional same-topic talk from the person with aphasia, whereas *displays* of understanding receive affirmations, and lead to changes of topic.

Being able to produce turns that display, and that only claim, understanding solves an important interactional problem for people with aphasia; claiming understanding allows them to present themselves as capable and competent interlocutors. For PWA, constructing a turn at talk that could be treated as claiming an understanding of prior talk could mean that they contribute successfully to maintaining the progressivity of the conversation, and (possibly) put their conversation partners more at ease. Indeed it is fair to say that the PWA in our study are displaying a kind of conversational competence by maintaining the progressivity of the talk. When parties to a

conversation, with aphasia or without, collaborate in continuing a sequence of talk, no problem is brought to the surface, and thus it can appear that they have achieved mutual understanding; nothing needs additional work.

Problems may arise, however, if mere claims of understanding are taken instead as *displays* of understanding. We have shown here some of the subtle ways in which SLTs, due to their experience and training, recognise and treat claims vs displays of understanding. Competence in assessing mutual understanding is important to allow PWA to participate fully in shared decision-making, as guaranteed by the 2013 Mental Capacity Act. Thus, the clinical issue our research speaks to is the presence and role of the SLT within the multi-disciplinary stroke care team. Whilst SLTs may be present and assist in e.g., capacity assessments, they may not be involved in other consent issues - for example, consenting to start a particular medication, or to have a certain procedure. Both claims and displays of understanding can look superficially similar, and we would argue that all members of the healthcare team need the tools to recognise the difference between the two to carry out treatment and decision-making conversations more efficiently and effectively. This study is a first step in providing SLTs with a clearer understanding of the ways in which they are assessing the understanding of PWA, which may in turn help them better support non-therapy staff (i.e. doctors). Additionally, these findings highlight the need for more in-depth investigations of interactions between PWA and healthcare professionals both with and without speech and language therapy training.

References

- Beeke, S., Maxim, J., Best, W., & Cooper, F. (2011). Redesigning therapy for agrammatism: initial findings from the ongoing evaluation of a conversation-based intervention study. *Journal of Neurolinguistics*, *24*, 222-236.
- Beeke, S., Johnson, F., Beckley, F., Heilemann, C., Edwards, S., Maxim, J., & Best, W. (2014). Enabling better conversations between a man with aphasia and his conversation partner: incorporating writing into turn taking. *Research on Language and Social Interaction*, *47*, 292-305.

- Beeke, S., Beckley, F., Johnson, F., Heilemann, C., Edwards, S., Maxim, J., & Best, W. (2015). Conversation focused aphasia therapy: investigating the adoption of strategies by people with agrammatism. *Aphasiology*, *29*, 355-377.
- Beckley, F., Best, W., Johnson, F., Edwards, S., & Maxim, J. (2013). Conversation therapy for agrammatism: exploring the therapeutic process of engagement and learning by a person with aphasia. *International Journal of Language and Communication Disorders*, *48*, 220-239.
- Damico, J. S., Oelschlaeger, M., & Simmons-Mackie, N. (1999) Qualitative methods in aphasia research: conversation analysis. *Aphasiology*, *13*, 667-679.
- Drew, P., Chatwin, J. & Collins, S. (2001). Conversation analysis: A method for research in health care professional-patient interaction. *Health Expectations*, *4*, 58-71.
- Elsey C., Drew P., Jones D., Blackburn D., Wakefield S., Harkness K., Venneri A., & Reuber M. (2015). Towards diagnostic conversational profiles of patients presenting with dementia or functional memory disorders to memory clinics. *Patient Education and Counseling*, *98*, 1071–1077.
- Gardner, R. (2007). The right connections: Acknowledging epistemic progression in talk. *Language in Society*, *36*, 319-341.
- Heritage, J. (1984). A change of state token and aspects of its sequential placement. In J. M. Atkinson & J. Heritage (Eds.) (pp. 299-345) *Structures of Social Action: Studies in Conversation Analysis*. Cambridge: Cambridge University Press.
- Heritage, J. (1998). Oh-prefaced responses to inquiry. *Language in Society*, *27*, 291-334.
- Heritage, J. (2007). Intersubjectivity and progressivity in person (and place) reference. In T. Stivers and N.J. Enfield (Eds.) (pp. 255-280) *Person Reference in Interaction: Linguistic, Cultural and Social Perspective*. Cambridge: Cambridge University Press.
- Heritage, J. and Maynard, D. W. (Eds.) (2006). *Communication in medical care: Interaction between primary care physicians and patients*. Cambridge: Cambridge University Press.
- Heritage, J., & Robinson, J. D. (2006). The structure of patients' presenting concerns: Physicians' opening questions. *Health Communication*, *19*, 89–102.

- Heritage, J., Robinson, J. D., Elliot, M. N., Beckett, M., & Wilkes, M. (2007). Reducing patients' unmet concerns in primary care: The difference one word can make. *Journal of General Internal Medicine*, *22*, 1429–1433.
- Horton, S. (2007). Topic generation in aphasia language therapy sessions: Issues of identity. *Aphasiology*, *21*, 283-298.
- Horton, S. (2008) Learning - in - interaction: Resourceful work by people with aphasia and therapists in the course of language impairment therapy. *Aphasiology*, *22*, 985-1014.
- Kagan, A. (1998). Supported conversation for adults with aphasia: methods and resources for training conversation partners. *Aphasiology*, *12*, 816-830.
- Kagan, A., Black, S. E., Duchan, J. F., Simmons-Mackie, N., & Square, P. (2001). Training volunteers as conversational partners using "Supported Conversation for Adults with Aphasia" (SCA): A controlled trial. *Journal of Speech, Language, and Hearing Research*, *44*, 624-638.
- Lerner, G. (1996). On the "semi-permeable" character of grammatical units in conversation: conditional entry into the turn space of another speaker. In E. Ochs, E. A. Schegloff & S. A. Thompson (Eds.), *Interaction and Grammar* (pp 238--276). Cambridge: Cambridge University Press.
- Lindsay, J. & Wilkinson, R. (1999). Repair sequences in aphasic talk: a comparison of aphasic-speech and language therapist and aphasic-spouse conversations. *Aphasiology*, *13*, 305-325.
- Lock, S., Wilkinson, R. & Bryan, K. (2001). *Supporting partners of people with aphasia in relationships and conversation (SPPARC): A resource pack*. Bicester: Speechmark.
- Milroy, L. & Perkins, L. (1992). Repair strategies in aphasic discourse: towards a collaborative model. *Clinical Linguistics and Phonetics*, *6*, 27-40.
- Plug, L., Sharrack, B., & Reuber, M. (2009). Conversation analysis can help in the distinction of epileptic and non-epileptic seizure disorders: a case comparison. *Seizure*, *18*, 43-50.
- Robinson, J. D. (2011). Conversation analysis and health communication. In T. Thompson, A. Dorsey, K. Miller, & R. Parrott (Eds.), *Handbook of health communication* (2nd ed., pp. 501–518). Mahwah, NJ: Lawrence Erlbaum.

- Robinson, J. D. (2003). An interactional structure of medical activities during acute visits and its implications for patients' participation. *Health Communication, 15*, 27–57.
- Robinson, J. D. & Heritage, J. (2014). Intervening with conversation analysis: The case of medicine. *Research on Language and Social Interaction, 47*, 201-218.
- Sacks, H., (1992). *Lectures on Conversation*. Volume 2. Oxford: Blackwells.
- Sacks, H., Schegloff, E.A., & Jefferson, G. (1974). A Simplest Systematics for the Organization of Turn-taking for Conversation. *Language, 50*, 696-735.
- Saldert, C., Johansson, C. & Wilkinson, R. (2015). An interaction-focused approach to training everyday communication partners: A single case study. *Aphasiology, 29*, 378-399.
- Schegloff, E.A. (1982). Discourse as an interactional achievement: some uses of 'uh huh' and other things that come between sentences. In D. Schiffrin (Ed.), *Analysing Discourse: Text and Talk*. Washington, DC: Georgetown University Press.
- Schegloff, E.A. (1992). Repair after next turn: the last structurally provided for place for the defense of intersubjectivity in conversation. *American Journal of Sociology, 95*, 1295-1345.
- Schegloff, E.A. (1997). Third turn repair. In G.R. Guy, C. Feagin, D. Schiffrin, & J. Baugh (Eds.), *Towards a Social Science of Language: Papers in Honor of William Labov. Vol 2: Social Interaction and Discourse Structures*. Amsterdam: John Benjamins.
- Schegloff, E.A. (2007). *Sequence Organization in Interaction: A Primer in Conversation Analysis Volume 1*. Cambridge: Cambridge University Press.
- Schegloff, E.A., Jefferson, G., & Sacks, H. (1977). The Preference for Self-correction in the organization of repair in conversation. *Language, 53*, 361-382.
- Simmons-Mackie, N., Savage, M.C., & Worrall, L. (2014). Conversation therapy for aphasia: a qualitative review of the literature. *International Journal of Language and Communication Disorders, 49*, 511-526.
- Stivers, T. (2005a). Parent resistance to physicians' treatment recommendations: One resource for initiating a negotiation of the treatment decision. *Health Communication, 18*, 41–74.

- Stivers, T. (2005b). Non-antibiotic treatment recommendations: Delivery formats and implications for parent resistance. *Social Science and Medicine*, 60, 949–964.
- Stivers, T. (2006). A preference for progressivity in interaction. *Language in Society*, 35, 367-392.
- Toerien, M., Shaw, R., & Reuber, M. (2013). Initiating decision-making in neurology consultations: ‘recommending’ versus ‘option-listing’ and the implications for medical authority. *Sociology of Health and Illness*, 35, 873-890.
- Tomkins B., Siyambalapitiya S., & Worrall, L. (2013). What do people with aphasia think about their health care? Factors influencing satisfaction and dissatisfaction. *Aphasiology*, 27, 972-991.
- Wilkinson, R. (1999). Sequentiality as a problem and resource for intersubjectivity in aphasic conversation: analysis and implications for therapy. *Aphasiology*, 13, 327-343.
- Wilkinson, R. (2014). Intervening with conversation analysis in speech and language therapy: improving aphasic conversation. *Research on Language and Social Interaction*, 47, 219-238.
- Worrall, L., Sherratt, S., Rogers, P., Howe, T., Hersh, D., Ferguson, A. & Davidson, B. (2011). What people with aphasia want: Their goals according to the ICF. *Aphasiology*, 25, 309-322.
- Wilkinson, R., K. Bryan, S. Lock, & K. Sage. (2010). Implementing and evaluating aphasia therapy targeted at couples' conversations: A single case study. *Aphasiology*, 24, 869-886.

Appendix: Transcription symbols

(word 1/word 2) an unclear hearing

((words)) description of non-verbal activity

(1.0) time of silence, in seconds

(.) silence or gap of less than 0.2 seconds

= speech which is temporally 'latched' to the prior talk

ye:s colon follows a sound which is stretched or longer than normatively expected

[marks onset of overlapping talk

] marks end of overlapping talk

\ marks end of a tone group/intonation phrase

<<*xxx*> *words* > encloses talk with different tempo or loudness than surrounding talk

acc - accelerando, becoming faster

all - allegro, fast

p - piano, soft

pp - pianissimo, very soft

↑ turn final rising pitch

Ɂ glottal stop

-H word-final aspiration