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Speak to me... speak to me please

Conversational sociability: An emergent ability amidst perceived disability in chronic schizophrenia

Volume 1 (of 2)

Irene P. Walsh-Brennan

Submitted in fulfilment of the requirements of the degree, Doctor of Philosophy, Ph.D.

School of Clinical Speech & Language Studies,

Trinity College, Dublin.

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Speak to Me

I'm going to stop.
I'm going to start again.
I'm going to make strategic little piles
of things like cigarettes and sugar-cubes,
and bantams' eggs, and cubes of cattle-cake,
and range them, along your route,

until you notice them;
and then I'm going to balance
slightly larger things,
like fish, or fruit, or tulips, on my head,
whispering as I walk: *Speak to me,*
whispering *Speak to me please*.

Selima Hill (*b.* 1945)

(From Smith, K. & Sweeney, M. (1997). *Beyond Bedlam: Poems Written out of Mental Distress*. London: Anvil Press Poetry).

I hereby declare that the thesis presented is entirely my own work and has not been submitted as an exercise for a degree at any other university.

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Signed.....Irene Walsh-Brennan.....

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Summary

An analysis of the conversational interactions of people with chronic schizophrenia, to expose an ability where heretofore disability has been described, is the focus of this thesis. Conversation is one aspect of communication and is, by definition, a dynamic, two-way interaction between interlocutors. A focus on naturally occurring conversational interactions allows language-in-use to be explored, as this is viewed as the most difficult domain of verbal expression for people with schizophrenia (C. Frith, 1992, 1997).

Schizophrenia is a poorly understood psychiatric illness. Almost a century after it was first described, debate continues as to its existence, nature and cause (see Bentall, 1990; Boyle, 1990). Misunderstandings of the illness also permeate the public's attitude to the disorder. Schizophrenia is generally viewed in a negative light, with the standard paradigm of 'disability' pervading discussions of the disorder. Concepts of disability also infiltrate the literature on communication and schizophrenia, where the person with schizophrenia is viewed as the one with a communication disability and consequently responsible for conversational breakdown when it occurs.

The study of communication, and hence conversation, is relevant to psychiatry for two main reasons: (i) there is a close relationship between communication disability and mental illness (i.e., many people with schizophrenia have difficulties communicating their thoughts, ideas and feelings), and (ii) communication is central to psychiatric diagnosis and treatment (i.e., conversational interaction is the healthcare professional's primary tool in the management of the illness). The complex association between communication disability and psychiatric illness is particularly highlighted in schizophrenia. However, research studies investigating this complex association are largely preoccupied with thought and language disorder in schizophrenia as it occurs in acute presentations of the illness, with relatively little attention paid to the communication or conversational skills of those who are chronically ill.

The goal of this thesis is to expose a process termed *conversational sociability* within conversational interactions between people with chronic schizophrenia and healthcare professionals. Conversational sociability is defined, for this study, as a

readiness or willingness to participate in socio-relational talk marking friendliness and affability, rather than a stiffness or formality in conversational interactions. Hence the emphasis is on exposing an ability where heretofore disability has been described. Identifying the process requires a multi-theoretical approach to the analysis of conversational data, an approach which is drawn from the exploration of power relations as manifest in talk (e.g. Fairclough, 1989) and the sociological concepts of *face* (Goffman, 1955) and *frame* (Bateson, 1972 [1954]; Goffman, 1974). These concepts provide the basis for a number of analytic approaches which are introduced and applied to the analysis of conversational interactions taking place amidst everyday talk (i.e., as occurring in a hairdressing salon). The approaches include (i) an analysis of power relations in talk, and (ii) applications of the principles of *Framing in Discourse* (Tannen, 1993), and (iii) *Politeness Theory* (Brown & Levinson, 1987); these three analytic approaches make up the analytic framework for this study. Additionally, conversational breakdown is explored by consideration of the principles of *Communication Accommodation Theory* (N. Coupland et al, 1988; N. Coupland, J. Coupland & Giles, 1991). Once the framework is proved sensitive enough to expose the conversational process under study in everyday talk, the schizophrenia data is subjected to a similar, multi-theoretically based analysis.

The study showed that a conversational sociability is evident in the schizophrenia data, thus confirming (i) the sensitivity of the analytic framework, and (ii) the participants' ability to skilfully engage in socio-relational talk. Though such a sociability emerges, it is facilitated, in part, by the accommodation practices of the professionals. Communication accommodation strategies are used, specifically those performing a discourse-attuning function. A *conversational accommodation,* in particular, is shown to perform a preventative function when the conversation is at risk of breakdown. Hence, providing a conducive conversational environment contributes to the exposure of such a previously unexposed ability among people with chronic schizophrenia. The usefulness of a multi-theoretical approach to the analysis of socio-relational talk, and the benefits of an awareness of the process of conversational sociability for professional practice are discussed. Finally, some future directions in this domain research are also proposed.

Introduction

- **Background to the study**

Communication is central to the practice of psychiatry, the branch of medical science which encompasses the assessment and treatment of mental illness. The pivotal role communication plays within this branch of medicine becomes obvious, as one considers the intricate relationship between the ability to understand the world and express ourselves through language, and our emotional health and well-being. People need to communicate, to talk, to converse. Communication is a basic human need; without it we become socially and emotionally isolated.

Psychiatrists and other mental health workers must communicate with those in their care if they are to understand the complexity of mental illness as it manifests in each individual. Communication is the psychiatrist's tool put to use to explore the depths of emotional upset that is intrinsic to psychiatric disturbance. Gravell and France (1991; 3) highlight 'the centrality of language and communication to diagnosis', while the 'talking therapies' are a popular part of treatment regimens in the management of psychiatric disturbance in children and adults. However, communication's role in psychiatry is necessarily two-pronged. Along with language and communication being important tools for mental health workers, the co-occurrence of communication disorder and mental illness in psychiatric patients cannot be ignored. The nature of the relationship between communication impairment and psychiatric disturbance is an extremely complex one, yet one which is fundamental to an understanding of the true nature of psychiatric disorders. An understanding of this complex relationship is particularly relevant when one comes to explore specific mental disorders in adulthood, such as schizophrenia.

The relationship between communication and psychiatry has not always been clearly defined. The close association between communication and childhood psychiatric disorders may be more apparent than the association with adult mental illness. The more transparent association in childhood may be due, in part, to the developmental nature of the acquisition of communication skills and the gradual maturation of emotional and behavioural systems. The relationship may be somewhat more opaque in adulthood, resulting in inadequate attention being paid to the influence of a communication disturbance in the genesis and perpetuation of mental disorders.

These trends are reflected in service provision. In Ireland, for example, speech and language therapists are readily employed and considered key members of child guidance teams; their role is seen as central to the assessment and treatment of psychiatric disturbance in children, as they have the expertise to explore the relationship between communication and mental health in the developing child. The same cannot be said for the adult services, where as yet, as far as Ireland is concerned, specialist speech and language therapy services

in mental health settings are virtually non-existent. In the United Kingdom, adult mental health services benefit greatly from speech and language therapy input.

As a speech and language therapist, I became interested in adults with mental illness following over ten years' experience in practice in child psychiatry. The emotionally and behaviourally disturbed children I worked with often posed more questions than answers, questions such as: How do those children who may have a serious psychiatric disturbance in childhood cope as they enter adulthood? There is some literature to suggest that at-risk factors or pre-morbid pointers may be present in the childhood case histories of those who go on to develop schizophrenia in adulthood (Harvey, 1991; Harvey et al., 1992; Done et al., 1994). Not only aspects such as poor attention and social difficulties are implicated, but there is also increasing evidence to show that communication skills too may be 'fragile' in earlier years (Harvey, Weintraub & Neil, 1982; Walsh, 1997). Suggestions like these prompted me to enter the world of adult psychiatry and to focus on one group in particular, those people with chronic schizophrenia.

Adults with mental illness in general, but particularly those who are described as having schizophrenia, are grossly misunderstood. *Schizophrenia*, to many people, is a frightening word, one that conjures up images of 'danger' and 'madness'; not only the innumerable myths surrounding the disorder, but often careless reporting by the media on mental illness issues, are to blame for such misinterpretations. Those who do not understand the devastating effects this illness can have on those affected and their families, and who are blinded by their own misconceptions, avoid consideration of the person who struggles behind the label.

My first impression of schizophrenia was the apparent 'silence' that accompanied it. This silence had a dual characterisation. Among the general public, it is easier *not* to talk about this misunderstood illness, than to face up to it as a real presence in our society and a condition which can be medically managed. A deafening silence was also manifest on visiting a number of hospitals, clinics and hostels where people of all ages with schizophrenia and many other forms of mental illness were being cared for. Entering some day rooms, one was often met with an overwhelming sense of silence and stillness, an apparent apathy or sense of hopelessness, where talk for talk's sake was rarely heard. However, once a conversation was initiated, some individuals were only too glad to join in, feeling valued and sociable, even if only momentarily. Other conversations began in earnest, but once the 'niceties' of the opening sequences were worked through (e.g., the weather, enquiries after health and family etc.) the conversation waned and became transformed into an interview-like sequence, where question-answer sequences predominated, led by the so-called more able participant.

And so the ideas were formed for the present thesis, fuelled by an interest in the power of casual conversation in the building of social relationships, coupled with an intense yet empathic curiosity as to the nature of the illness known as schizophrenia. In

other words, a revisiting of the nature of the intricate association between communication and mental illness beckoned.

- **Language and communication research in schizophrenia**

Any attempt to investigate schizophrenia and schizophrenic talk from a language and communication perspective proves daunting, as the complexity of the disorder is all too clearly manifest within these domains. It is said that the language of a person with a psychotic illness such as schizophrenia 'confuses rather than communicates' (Hoffman, 1994; 212). However within the *syndrome* of schizophrenia, the diversity of presentations challenges such a generalisation. Syndromic differences complicate the picture as one tackles the exploration of language in schizophrenia. Another complicating feature in the study of language and schizophrenia is a preoccupation with 'thought disorder' associated with acute presentations of the illness. A preoccupation with thought disorder sees acute presentations of schizophrenia getting priority in research terms over chronic presentations. However, because many theorists have recently proposed that 'thought disorder' be renamed as 'communication disorder' (Thomas, 1995; 1997b; C. Frith, 1992; 1997), a renewed interest in the nature of the communication disturbance in schizophrenia in general has resulted, though little has been done to specifically address this disturbance in people who are chronically ill.

As for descriptions of the illness in general, communication in schizophrenia is framed within negative or deficit-related terminology. Descriptions of *disorder* and *disability* abound, as does the notion of *communication breakdown*. Negative perceptions of communicative ability have come about largely because the spotlight, in language and schizophrenia research, has been solely on *the individual with the disorder* as being the person responsible for communication breakdown. Based on analysis of monologues or assessment of discrete language components, the person with schizophrenia is seen as the one with the *disability*.

Language and schizophrenia research shows that schizophrenic language is not usually considered within the context of its use, with the result that neither *context* nor the *communication partner* are taken into account in the interaction. Ignoring language in the context of its use means that data for analysis may be collected in less than ideal communicative environments. A unilateral approach to analysis renders communication breakdown as being attributable to one partner in the interaction, that is, the person with schizophrenia. These interpretations ignore the true meaning of communication and hence conversation, as a dynamic interpersonal interaction. Of course these tendencies in language and communication research are not exclusive to research in schizophrenia, but the limitations of such tendencies are particularly highlighted in this area, as it is with language usage that people with schizophrenia experience the most difficulty (C. Frith, 1992, 1997).

- **The 'It's good to talk' age**

A curiosity about the complex relationship between communication disorders and schizophrenia is not the only motivating force behind this thesis. The role of casual conversation in the formation of social relationships is also of particular interest to me. This interest comes at a time when casual conversation (often demeaned in 'serious' linguistic research for its apparent triviality), is beginning to regain its rightful place as an important forum for the exploration of the negotiation and construction of social relationships through talk, a place which was first considered by Malinowski (1923). Many writers have grappled with exposing the true nature of the genre of casual conversation (e.g., Schneider, 1988; Cheepen, 1988; Wilson, 1989; Eggins & Slade, 1997). Many others have also begun to examine the value of talk as we enter the 'it's good to talk' world of the twenty-first century (e.g. Cameron, 2000; J. Coupland, 2000). Such a 'good to talk' notion arises from the fear of the technological age destroying sociable talk as we know it, as increasingly there is less need to engage in face-to-face talk (Locke, 1998). However, it is one thing to consider such risks for those of us in society who may take talk for granted, but for those whose mental health is compromised, such relationship-building talk becomes significantly more important, as it promotes feelings of general well-being with increased self-esteem and self-worth. Conversation then provides a forum for the exploration of the formation of social relations through talk, an area of particular relevance to those experiencing a mental illness such as schizophrenia.

- **Focus of this study**

This study took as its impetus the ideas presented above. In summary, the following factors contributed to the formation of the argument addressed in this thesis: (i) the complex relationship between communication and psychiatric illness, as evidenced particularly in schizophrenia, (ii) the predominantly negative framing of communication in schizophrenia, (iii) the largely under researched area of *language usage* in people with chronic schizophrenia, and finally (iv) the importance of conversation for the building of interpersonal relationships.

Exposing a *conversational sociability* in conversations with people with chronic schizophrenia, as emergent within the discourse, is the main aim of this thesis. I define *conversational sociability* as a facility to engage readily and easily in conversational interactions. It can be described as a collaboratively negotiated process marked by a readiness or willingness to engage in talk, a conversational process characterised by affability and informality. Describing and exposing this type of talk in schizophrenic communication is challenging, not least because naturalistic conversational interactions have been largely neglected in traditional language and schizophrenia research. Attempting to discover an 'ability' also challenges the standard paradigm of disability in schizophrenia. Taking a more positive approach to the analysis of conversational interactions includes

consideration of the person with schizophrenia as a *conversational partner*, thus responding to the *actual* and not the perceived or expected performance of the person with schizophrenia. It is hypothesised that by taking alternative approaches to the analysis of schizophrenic talk, an ability amidst a perceived disability may be demonstrated.

This study differs from others in the field of communication and schizophrenia on a number of counts. Firstly, naturally occurring conversations are ideal contexts for the analysis of language usage; language, as used conversationally, has not figured widely in research in this area. Secondly, explorations of dyadic conversational interactions require consideration of the partner's role in discourse, a role largely overlooked in many research studies of schizophrenic communication. Thirdly, with the emphasis on *ability* rather than disability, a reconstruing of the person with schizophrenia as an able conversationalist is possible, as one who can cope on a number of levels with the demands of conversational interactions. Challenging the standard paradigm of disability in schizophrenia sheds a different light on the individual with mental illness who may be more usually perceived stereotypically, as being unable to engage socially with another. Finally, this study focuses on those who are chronically ill, a largely neglected group in language and schizophrenia research.

- **Methodological considerations**

Focusing on a particular aspect of communication, that is conversation, sees conversational interactions providing fertile ground for the exploration of communication in schizophrenia. An analysis of naturally occurring conversations among those with chronic schizophrenia may not only offer insights into the nature of schizophrenia itself but also into the communication disturbance so often referred to in the chronic phase of this psychiatric condition. As *conversational sociability* is not so much a genre but a process, it is difficult to describe and demonstrate using traditional methods of analysis or by applying one analytic approach in particular. Therefore, the analytic framework used in this thesis is essentially drawn from a number of theories. Identifying the process, requires a tool which is sensitive enough to expose this 'way of being in talk'. A multi-theoretical approach offers the possibility of a richer analysis and one which demonstrates a compatibility across apparently diverse analytic approaches.

Arising from the sociological concepts of *face* (Goffman, 1955), *frame* (Bateson, 1954; Goffman, 1974), and *power* (e.g. Fairclough, 1989) in discourse, a number of theoretical applications are put to work on conversational data. The conversational interactions under analysis involve the author as a participant observer, two speech and language therapy students and four people with chronic schizophrenia. Applications of framing in discourse (Tannen, 1993) and politeness theory (Brown & Levinson, 1987), together with an analysis of power relations as manifest in talk (Fairclough, 1989), make up the analytic framework used to expose the process of conversational sociability. This

eclectic mix of approaches therefore, taps into a number of discourse analytic perspectives, including pragmatic and interactional sociolinguistic approaches, together with aspects of a conversational analysis methodology. By exploring conversational data *per se*, the necessity of taking the context and the interlocutor's role into account comes to the fore. Principles of *Communication Accommodation Theory* (N. Coupland et al., 1988; N. Coupland, J. Coupland & Giles, 1991) are therefore also applied to the data, which render consideration of the constructive power of the communication partner's role in the conversational interactions. Particular *accommodation* influences are inherent in the notion of a conducive communicative environment, for example, a *conversational accommodation* which prevents conversational breakdown occurring. An analysis of casual conversations also allows for insights to be gained as to the nature of other schizophrenia-specific language aspects (e.g., processing abilities and delusional talk).

- **Structure of the thesis**

The discussion in this thesis takes the following structure. Chapter 1 is divided into three parts addressing key themes. Part I explores the illness known as schizophrenia with a particular emphasis on chronic schizophrenia. Parts II and III deal with problems with research methodology in the area of language and schizophrenia research, and how language and communication in schizophrenia have been investigated and described. This initial chapter ends with a shift towards a consideration of language usage, in particular conversational skills in schizophrenia, the focus of this study.

Chapter 2 focuses on the particular type of talk of interest to this study. Explorations of definitions of *communication* and *discourse* give rise to a discussion of *conversation*. Defining conversation sees particular reference to the notion of *phatic communion* (Malinowski, 1923) and small talk, as both concepts are closely related to the process under study in this thesis. Additionally, an account is given of the predominantly sociological concepts which have given rise to the analytic framework used. As referred to above, analysis of conversational sociability benefits from a multi-theoretical approach to analysis; hence the concepts of *power*, *frame* and *face* are considered. The analytic approaches arising from these concepts are introduced respectively in Chapters 3 to 5. To examine their sensitivity in exposing the conversational process under study, the analytic approaches are each applied to everyday talk (as occurring within a hairdressing salon). The final introductory chapter, Chapter 6, examines how conversational breakdown occurs in interactions and examines the role of communication accommodation in the prevention of such breakdown.

Chapter 7 highlights methodological issues of relevance to the study, while Chapters 8 through to 10 subject the schizophrenia data to the analytic approaches previously outlined. These chapters, along with Chapter 11, demonstrate the exposure of a conversational sociability in conversations with people with schizophrenia. The analyses in

these chapters also illustrate alternative ways of viewing some of the discourse difficulties of individuals with schizophrenia.

Finally, Chapters 12 and 13 discuss, respectively, the theoretical and practical implications of the exposure of conversational sociability. Chapter 12 summarises the main findings of the schizophrenia data analysis, while mapping the emergence of the conversational process through identification of a substructure within which conversational sociability can be described. Theoretical implications for the analysis of socio-relational talk are discussed within the context of the approaches employed for this study. It is suggested that multi-theoretical approaches to the analysis of how social relations are constructed through talk render greater explanatory power for the approaches used and a richer interpretation of the data under study. Chapter 13 is concerned with the practical applications of the exposure of conversational sociability, both for people with chronic schizophrenia and for the professionals involved in their care. Communication issues for professional practice are also discussed. The thesis concludes with some ideas for future research in this area and a summary of the main argument presented in this study (Chapter 14). The thesis ends with a call for the reconstruing of the so-called 'communicatively disabled' person with schizophrenia as an 'able' or 'enabled' conversational partner.

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CHAPTER 1
SCHIZOPHRENIA

Part I: The illness known as *schizophrenia*

1.1 Introduction

Schizophrenia is a puzzling and devastating form of mental illness. While it remains a poorly understood disorder within psychiatry, particularly with regard to its aetiology (Bentall, 1990; Boyle, 1990; Thomas, 1997a), it is a grossly misunderstood condition among those who may remain untouched by its occurrence in our society. Schizophrenia is one of the most common forms of psychiatric disturbance among adults, affecting at least one percent of the population (Lehman, 1996; Dinan, 1999). The repercussions of the illness are great with those affected, family members, friends and even society struggling to cope within its shadow. Though many people with schizophrenia require repeated hospitalisation, there are many others who manage to get on with their lives 'bravely and admirably' (Stuttaford, 1999) in the face of this perplexing disease.

The symptomatology of schizophrenia is complex. Included in the psychiatric signs and symptoms of the disorder are many behavioural and emotional features which debilitate the sufferer, often preventing the individual from functioning appropriately in society. A complicating feature of the disorder is its variability, affecting different people in different ways. As for any syndrome, differing profiles (with some similarities) are characteristic of the condition. Though generalisations about the disorder's symptomatology are made, such generalisations may not help perceptions of the disorder, with the label of schizophrenia often being used indiscriminately. Generalisations may also serve to perpetuate misconceived stereotypical impressions, thus losing sight of the person behind the label.

Inherent in this complex and varied symptomatology are interpersonal communication difficulties. It is not surprising, then, that linguistic and communicative impairment are obvious components for study in this population, particularly among those who are more severely and chronically affected by the illness. Yet the study of communication difficulties in schizophrenia proves difficult, complicated by many factors including, a preoccupation with acute presentations of the disorder (to the neglect of chronic profiles), the questionable presence of 'thought disorder' in some individuals, the effects of long periods of institutionalisation, levels of premorbid functioning and the effects of medication. The study of communication difficulties in schizophrenia is also often hampered by poorly defined terminology and some questionable research methodologies.

The effects of communication difficulties in schizophrenia are twofold for the person with schizophrenia. Because communication is central to the practice of psychiatry, the communicatively impaired individual may be precluded from actively engaging in therapeutic programmes or 'talking therapies', which are so much a part of traditional psychiatric treatment. At the same time, poor communication skills will negatively affect the individual's ability to build and maintain social relationships in general, which are so crucial to the promotion of stable mental health.

Though language is a popular area of study in schizophrenia, phraseology used to discuss schizophrenia, as for many other psychiatric disorders, is dominated by the vocabulary of 'disability'. Concepts of 'deficit' and 'disorder' pervade descriptions of the condition with those individuals affected consequently cast in the role of the 'disabled'. Though there are some accounts in the literature of the creativity of some people with schizophrenia (e.g. McGennis' (1999) account of the life of the artist Louis Wain (1860-1939)), negative descriptions and portrayals are more common. Applying negative terminology to medical or psychological presentations is not unusual, as many conditions are framed and discussed within these terms, despite attempts to change this tendency in some areas (e.g. Kitwood's (1997) work in the area of dementia care; see also Kovarsky, Duchan and Maxwell (1999) on 'co-constructing (in)competence' and evaluations of how competence is socially constructed from everyday experiences). Discussions of speech, language and communication skills are no exception to this bias in the use of negative terminology (e.g. language *dis*orders, *dys*arthria, *dys*fluency, *dys*phasia etc.). 'Deficit' terminology therefore pervades discussions of schizophrenia, creating and perpetuating the standard paradigm of disability and extending to how communication features of the disorder are viewed.

Taking the above themes as a backdrop, this chapter gives an overview of the illness known as schizophrenia. The complexity of the psychiatric syndrome necessitates an account of its possible manifestations with particular reference to language and communication skills. For discussion purposes, the chapter falls into three main thematic areas. In Part I, the meaning of schizophrenia as a psychiatric disorder is explored from two angles: (i) the disorder as it is generally perceived by the public and as experienced by those with the illness, and (ii) the disorder as it is viewed from a psychiatric perspective. Having outlined the symptomatology of the disorder, the focus shifts to a discussion of the long-term manifestations of the illness, as people with *chronic schizophrenia* are the focus of this study.

Part II of this chapter addresses how thought, language and communication in schizophrenia are described in the literature. Part II also explores the direction which language and schizophrenia research has taken over the years and the problems inherent in many methodological approaches to research. At the beginning of the last century, when the syndrome of schizophrenia was first described, a preoccupation with thought

disorder as being responsible for many of the language difficulties in schizophrenia prevailed, with research methods reflecting this concern. Language was investigated, but only as a means of accessing thought processes. Though identifying the nature of thought disorder remains the impetus for many research studies, thought disorder will not be discussed in any great detail in this thesis, as it is more commonly associated with the acute rather than the chronic stage of the illness. However, its relevance to how we might understand language disorders in schizophrenia in general will be referred to. Recent shifts in research focus see the subject area of linguistics being reconsidered within psychiatry. This reconsideration has brought with it an increase in the number of studies exploring linguistic aspects of schizophrenic language and communication. Though very many aspects of language have been subjected to scrutiny in schizophrenia, studies often render inconsistent and even contradictory results. Problems with how research in this area is approached will therefore be discussed.

An exploration of the language, communication and conversational skills of people with schizophrenia constitutes Part III of this chapter. Two main trends are evident in how these areas are discussed in the literature: (i) interpretations of findings from empirical studies which investigate discrete areas of language and language usage, and (ii) interpretations of findings from studies which implement language processing models to facilitate explanations of language and communication deficits found in this population. A review of both research trends will ultimately reveal how 'communication disorder' is becoming the more favoured term to describe the language difficulties experienced by those with schizophrenia. Exploring communication disorder in schizophrenia, permits discussion of language as used interpersonally, which sets the scene for explorations of conversational interactions in schizophrenia, the main focus of this study.

This introductory chapter also provides the background for the development of a hypothesis which challenges the standard paradigm of communication *disability* in chronic schizophrenia, on a number of levels. The working hypothesis is drawn from the perception of schizophrenia as a global deficit resulting in a communication disorder in many individuals. Considering 'the illness' and not 'the person with the illness' has the resultant negative effect of ignoring, or failing to take into account, the humane aspects of the experience of the disorder (cf. Kitwood's notion of 'personhood' in dementia care (1997; 2 ff.). Being distracted by the complex symptomatology of the illness may also render neglect of possible 'order' within the 'disorder', so widely reported and accepted as germane to the illness. These considerations have particular meaning and relevance when interpersonal communication in schizophrenia is at issue. Thus, it is hypothesised that alternative ways of perceiving and analysing verbal interactions with people with chronic schizophrenia may reveal a more positive, person-centred approach to the evaluation of their interpersonal communication skills.

As a starting point therefore, it is appropriate to consider reported accounts from those who experience the illness. Only by looking behind the label of the illness, and by exploring and listening to people's own experiences, can we ever hope to understand this puzzling disorder. First, however, it is relevant to consider some popularly held beliefs and misconceptions of schizophrenia.

1.2 Schizophrenia: public and personal perspectives

1.2.1 Myths and misconceptions

Of all the psychiatric conditions currently known, no single disorder conjures up such negative misconceptions as the mental illness known as *schizophrenia.* Misconceptions stem invariably from a lack of knowledge of the nature and course of the illness and, when left unchallenged, result in fearfulness, negative stereotyping and stigmatisation of this population. Stigmatisation remains a significant problem for individuals with schizophrenia (Penn & Nowlin-Drummond, 2001), rendering severe and devastating effects on the individual sufferer and his or her family. In addition, it can have serious adverse influences on the accessing of, and attendance at, care services by the affected individual, and on social integration in general.

It is not difficult to identify some of the seeds from which misconceptualisation and stigmatisation grow. Despite the fact that approximately one percent of adults are affected by schizophrenia at some point in their lifetime (Lehman, 1996; Stirling & Hellewell, 1999), there are many people who may never come in contact with a person with schizophrenia other than through the mass media or through hearsay. Newspapers, television, radio, popular fiction and film are often not only responsible for negative connotations and misuse of the word *schizophrenia,* but also for the resultant sensationalisation of the portrayal of the condition (Dinan, 1999). Mistaken representations frequently stem from a misunderstanding of the behaviour of people with schizophrenia.

It was the Swiss psychiatrist, Eugen Bleuler who, in 1911, coined the term *schizophrenia* (a word taken from the Greek verb *skhizõ* meaning 'to split' and *phrën* meaning 'mind'). This splitting refers to the lack of co-ordination between emotions and thinking, known as *incongruity of affect* in schizophrenia (Slater & Roth, 1977) (e.g. smiling while talking about something sad). Inadvertently, it may be this original, literal meaning of the word which has resulted in its overuse and frequent misuse. Rather carelessly it can be used to refer to any descriptions where two extremes, or two very different points of view, are being presented. *Schizophrenic* may be the term used to describe how a politician may have opposing views on social and foreign policies, or how a music critic might describe the orchestral performance of a symphony, resulting in the term being used out of context as a misnomer (Thomas, 1997a; Stuttaford, 1999). In addition, the term *schizophrenia,* for some people, is synonymous with a so called 'split

personality', analogous to the fictional accounts of *Dr Jekyll* and *Mr Hyde*, resulting in an all too hurtful a comparison for those affected by the illness (see Barham & Hayward, 1995). Incorrect and inappropriate usage of the term serves to perpetuate misconceptions of the true nature of the disorder .

Furthermore, studies have shown that negative attitudes abound towards people with a mental illness in general (Wolff, Pathare & Craig, 1996; Byrne, 1999), and more specifically towards people with schizophrenia (Barham & Hayward, 1995; Dinan, 1999). Among the Irish population, for example, a recent study found that ignorance of the nature of schizophrenia is pervasive, with approximately 25% of people fearful of meeting someone with the disorder (Dinan, 1999). Fearful attitudes towards people with schizophrenia are common and are perpetuated by frequent misrepresentation of derogatively labelled 'schizos' or 'psychos' on the big screen or in the print media. Violence and criminal behaviour are often automatically associated with such individuals. However, recent studies have shown that there is a greater association between criminal behaviour and substance abuse, than with mental disorders such as schizophrenia (Modestin & Ammann, 1995). In fact, a study of the British male prison population, undertaken less than a decade ago, found that although 37% of the population were found to have a psychiatric disorder, only 2% of these were diagnosed as having a psychotic disturbance such as schizophrenia (Gunn, Maden & Swinton, 1991). Other misperceptions of schizophrenia include the notion of more chronically affected individuals being perceived as lazy, irresponsible and (if homeless) a burden on society.

The general public's view of schizophrenia is therefore coloured by confusion, and dominated by the negative aspects of the disorder's presentation. The public are less aware of the numbers of people with the illness who are coping in our society, actively employed and getting on with their daily lives. Education is therefore imperative if societal attitudes are to change. Increased awareness and knowledge will go a long way to alter people's negative perceptions. As Dinan (1999) explains, following an initiative from the World Psychiatric Association (1996), positive moves are afoot in the United Kingdom and Ireland to address stigmatisation and negative stereotyping issues. Programmes of collaboration and consultation are underway to share information about mental illness with key groups in society, including healthcare workers, children, students, those involved in mass media and the general public (Byrne, 1999; Dinan, 1999).

1.2.2 Schizophrenia: The experience of the illness

Accounts of schizophrenia, when described only in diagnostic and psychiatric terms, can result in a depersonalisation of the experience of this devastating illness. If viewed myopically in this way, the illness can be reduced to just another textbook 'diagnosis' without taking cognisance of the far-reaching socio-emotional toll it exacts on

the individual. Recent attempts to reverse this medically weighted trend, can be seen in the move to talk about the 'person with schizophrenia' rather than the 'schizophrenic'. Thomas (1997a) is one such proponent of this positive move, which may eventually lead to a more empathic understanding of the disorder and dispel some of the myths and misconceptions referred to above. Kitwood (1988, 1997) has long been an advocate of such person-oriented approaches in work with people with dementia, both in research domains (e.g., 'personal' as opposed to, or in addition to, 'technical' approaches to research) and in clinical practice (e.g. Kitwood's (1997) notion of 'personhood').

Thornton and Seeman (1991; 29) point out that 'the experience of being mad' is one of the most painful and significant aspects of the trauma associated with the illness. There is no better way to reach a greater understanding of the disorder than to consult with those affected themselves, as they recount their experiences. Many publications have aspired to present such poignant personal accounts through poetry (e.g. Smith & Sweeney, 1997) and other means (e.g., Barham & Hayward, 1995; J. Cutting & Charlish, 1995), including biographical and autobiographical works (e.g., North, 1987; Emmons et al., 1997; Poole, 1999). Insights gained from such accounts go some way to promote an empathic understanding of the disorder.

C. Frith (1992; 2) describes schizophrenia as: ' ... a devastating disorder that can occur out of the blue; it wrecks promising careers; it destroys personal relationships; it ruins lives'. If this is what is observed from the outside looking in, what must it be like to experience schizophrenia? A person with schizophrenia, named Sarah, gave the following description (Barham and Hayward (1995; 10):

> I can describe it in very poetic terms if you want me to! If you believe in the inner man and the outer man, if you understand something about the inner man...Well, that's what breaks and that's why it makes you less confident, and more difficult and hard to form relationships and the rest of it. That's the only way I can describe it... That's the thing that happens.

Another vivid description reads as follows (Emmons et al., 1997; xii):

> You know how sometimes you are in your dreams yourself and some of them feel like 'nightmares? It was like I was walking through a dream but everything around me was real.

Experiencing the devastating effects of the illness is not the only encumbrance which has to be dealt with on a personal level by those affected. People with schizophrenia also have to deal with what Barham and Hayward (1995; 21) describe as the 'the cultural burden of diagnosis'. Inherent in the cultural viewpoint is stigmatisation, as referred to above. Another person with schizophrenia had the following to say on the subject of stigmatisation (as cited in Barham and Hayward 1995; 23):

> I think one of the things about mental illness... I don't think there is any kind of politician or social group that at some time hasn't said 'They are mad!' So it's a term of abuse, it's not just an illness, it's this kind of traditional stigma about it ....

A poem from a man named Stuart illustrates this feeling further (from Emmons at al, 1997; 87):

> I read somewhere,
> that as a schizophrenic
> I have a lower
> status
> than a criminal.
> This country,
> the land of the free,
> has put more
> stigma on me
> and others like me
> than we can handle
> so I just forget
> the stigma and go on living.

Others talk about the fact that they are at the mercy of the rich public imagination with its resultant negative attitudes towards them ('*I think that people who don't know anything about schizophrenia, they look on the black side of it*'). Consequently some people with schizophrenia feel compelled to hide their illness, which in turn results in increased isolation and exacerbation of symptoms, as a result of avoidance of psychiatric help.

1.2.3 The voice of schizophrenia: reported experiences of the communication disturbance in schizophrenia

Difficulties in communicating also figure largely in accounts of the effects of the illness. The following poetic description, as cited in Smith and Sweeney (1997; 66), refers to the frustration and confusion that can result from communication difficulties:

> Inside my head; Slivers of wood are lodged; They prevent messages passing; From one part of my brain ; To another (...) ; I attempt to dislodge these wooden pieces; Yet the more I try; The more firmly they become wedged; Confusion reigns. They are hurting my head; They are hurting my thoughts; They are hurting my feelings; They are hurting ME.

Other people refer to difficulties in understanding what others are saying to them (J. Cutting 1985; 252): '*I used to get the sudden thing that I couldn't understand what people said. Like it was a foreign language. My mind went blank.*' Being understood by other people in interactions is also of some concern to people with schizophrenia, as the following examples show (J. Cutting & Charlish, 1995; 2, 11):

> **Peter:** I had all these thoughts in my head but when I spoke it was just noise just high-pitched noises came out. It had lost the meaning. I could understand other people's language but not my own.
> **Linda:** I thought my language was wrong. I believed that no one could understand what I said.

- **On hearing voices**

Hallucinations of many types, but particularly auditory hallucinations, are commonly reported by people with schizophrenia. From my own experience of working and talking with people who have chronic schizophrenia, it is apparent that auditory hallucinations can greatly interfere with communication and with a person's feeling of well-being in general. One individual with chronic schizophrenia, when encouraged to listen to what was being said, responded thus: '*How can I listen to you when I have to contend with other voices in my head?*' Others report similar experiences. Take, for example, what Harold has to say on the matter of hearing voices (from Barham & Hayward 1995; 36) :

> ...depends on which voice it is ...It can be disturbing at times ...Sometimes it gets me angry ...It can be disturbing at times but other times I have a conversation with them, sometimes have a conversation going and...but...I don't' really want to converse with it, I 'd rather not hear it at all.

North (1987; 67) talks about how hearing voices reflects the general sense of confusion caused by the illness. Experiencing schizophrenia herself, North vividly describes a voice-hearing experience where the voices:

> ...stayed in the background chattering nonsensically, like people in a cocktail party in the next room. I generally didn't pay their conversation much attention, but when I hear them talking about me I couldn't help listening in.

From these accounts then, it is apparent that some people with schizophrenia have to contend with the highly distracting and disturbing commentary by voices, as they struggle to communicate effectively with others.

- '***Speak to me please***'

Other problems reported by people with schizophrenia include the social isolation often associated with being chronically mentally ill. The following is an excerpt taken from a discussion on the lack of a social life of people with mental illness (from Barham & Hayward, 1995; 12):

> **Ben:** Social life doesn't seem to work in a very sensible way - people are involved in their own personal games and interests and things, and so it's not often you come across people that are particularly interested in you ...I think you need other people to help you.
>
> **Vaughan:** To stimulate you, don't you? I think you need company and you need conversation, even if it's just about sport and so on. You definitely need to mix with someone don't you?

In the same vein, Henry has the following to say about needing company:

> I need to go somewhere where people are friendly and I can talk to. I have been to the YMCA and like to go somewhere where there is someone I can talk to, but people don't come up to you and talk to you. You just sit there reading a magazine.

Henry's thoughts are echoed by others. The following comments were made by some people with a mental illness who had moved to a community-based hostel from hospital. Though their opportunities for social interaction had increased significantly, they often reported feeling lonely. They made the following comments (from Gibbons & Butler, 1987; 351):

> I feel isolated, I've no idea why. It's not because people don't want to be friendly.
> Lonely, yes, but there's nothing to say to anyone.
> I should pay someone to talk to me.

Bob, in discussing the type of friends he wants, acknowledges that it is sometimes difficult to have other patients as friends because the conversation usually revolves around medication and symptoms of the illness. Bob explains (Barham & Hayward, 1995; 57):

> It depresses you at times like that, you just don't want to talk about things like that, you want to talk about normal things everybody else talks about sex, drugs and rock and roll or something, or horse racing ...You want to break out of that mould of being part of a schizophrenic fellowship or whatever. It does get you down at times.

A recurrent theme in these excerpts is the desire to just engage in social talk or 'to have a chat' with others, an experience often proving elusive to some.

Another issue of concern to those people with chronic schizophrenia is communication with those who care for them, especially psychiatrists. Ben, in discussing how his illness is managed, divulges how negative the relationship is with his psychiatrist and expresses a desire to be consulted or at least talked with, when he says: '*They just pump me full of drugs and I go away. There is no in-depth conversation*' (Barham & Hayward, 1995; 61). On the other hand, Stuart, who writes most of his experiences in the form of poetry, explains his dealings with a psychiatrist in a very positive sense

> There was one psychiatrist who
> would always shout
> when he talked to you.
> But he was different from all
> the other psychiatrists I met.
> First, he took your communication
> seriously
> And second, he always
> Had time to talk to you
> So what if he did shout?

The above example taken from Emmons et al. (1997; 57) illustrates how important it was for this individual to have his communication taken seriously. Accounts like these reflect how highly people with schizophrenia value their communicative interactions with mental health professionals.

It would be presumptuous to state from the above limited selection of personal accounts of experiences, that one can understand what it must be like to have schizophrenia. However, reading personal accounts serves to give the outsider a glimmer of what must be the harrowing and often confusing experience of a serious psychiatric illness. Finally, although experiential accounts give some insight as to the nature of the disorder, clinical descriptions and diagnostic criteria need to be considered to give a detailed account of the likely manifestations within the syndrome of schizophrenia.

1.3 What is schizophrenia?

Schizophrenia has been described by Kaplan and Sadock (1990; 57) as 'a disorder of unknown aetiology, which is characterised by psychotic symptoms that significantly impair functioning and that involve disturbances in feeling, thinking and behaviour'. A more detailed description of schizophrenic disorders is outlined in the multi-axial presentation of the *International Classification of Diseases* (ICD-10; WHO, 1997; 49) and reads as follows:

> The schizophrenic disorders are characterised in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time. The most important psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; delusional perception and delusions of control; influence or passivity; hallucinatory voices commenting or discussing the person in the third person; thought disorders and negative symptoms.

The clinical syndrome of schizophrenia, described as a *psychosis* (meaning a discernible loss of contact with reality) is a pervasive, severely debilitating one for those affected and their families, permeating every aspect of daily life. It is a condition in which a great diversity of symptoms occur with varying degrees of severity and prognoses (hence the preferred use of the word *syndrome* to mean sets of symptoms or group of disorders). The symptoms can be grouped under the following headings: (1) symptoms of *reality distortion* (e.g. hallucinations and delusions), (2) symptoms reflecting *disorganisation* (e.g. chaotic behaviour, thought disorder and emotional incongruity), and (3) *poverty* symptoms (e.g. loss of drive and social withdrawal) (Stirling & Hellewell, 1999). Schizophrenia can first occur in the late teenage years or early twenties though occurrences of sudden onset in earlier or later years are also reported (Bradshaw & Mattingley, 1995). It is a condition which is not specific to gender

or social class. However, because of the negative consequences of the illness (e.g. persistent poor health and inability to remain employed), a downward trend in quality of life may occur and as a result the illness often becomes associated with the poor and socially disadvantaged groups in our society (Thornton & Seeman, 1991).

The disorder has undergone many definitions since first described. Almost fifty years prior to Bleuler's (1908) coining of the term *schizophrenia*, a Belgian psychiatrist Benedict Morel is credited with the first formal description of the condition he termed *démence précoce* (Morel, 1860 cited in J. Cutting, 1985; 15). This description was followed some decades later by Emil Kraepelin's delineation of a group of illnesses which began in adolescence and took a chronic deteriorating course, resulting in a dementia. Kraepelin described this illness as *dementia praecox* (Kraepelin, 1896), a term which gained wide recognition and acceptance at the time.

Bleuler's (1857-1939) suggestion of the term *schizophrenia* came at a time when his contemporary, Kraepelin (1856-1926) was also endeavouring to describe this psychiatric condition. While Kraepelin's focus was on the chronicity of the presentation, Bleuler's fundamental thesis included the presence of what came to be known as the '4As'. The 4As included *a*ffective blunting, *a*utism (peculiar and distorted thinking), *a*volition (loss of motivational interest) and *a*mbivalence (McGee, Swanson, Jones & Frances, 1996). Yet another group of severely ill people were described by Kurt Schneider (1887-1967), whose description of *first rank symptoms* of the disorder proved a significant contribution to symptom classification (Schneider, 1959 cited in J. Cutting, 1985; 42). First-rank symptoms include, for example, *thought insertion* (i.e., the experience that other people are able to insert or plant thoughts into the patient's mind), *thought withdrawal* (i.e., other people are able to take or snatch thoughts from the patient's mind), *thought broadcasting* (i.e., the notion that other people know what the patient is thinking), *delusions* (i.e. false beliefs) and *voice hearing*. In other words, Schneider was describing some of the positive psychotic features of the acutely ill population he studied, being aware that such a list of nuclear symptoms was not complete. As Crow (1998; 303) comments, 'the fact that Schneider did not regard them as exhaustive criteria for diagnosing a Bleulerian entity called 'schizophrenia', does not detract from the fact that he had introduced a description of a group of states...that can be reliably identified'.

1.3.1 Schizophrenia: Diagnostic criteria

Any discussion of schizophrenia must consider how it is defined from a diagnostic perspective. As can be inferred from the above descriptions, many and varied symptoms are listed and included in accounts of the illness. Though maintaining core features of the disorder, many descriptions see symptoms gaining more or less prominence in terms of diagnostic criteria. It is worthwhile therefore, to present the two

main classificatory accounts of schizophrenia as they appear in the *International Classification of Diseases* (ICD-10; 1993, see Table 1.1) and in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV; 1994, see Table 1.2), before focusing more specifically on chronic presentations of the condition.

Both ICD-10 (1993) and DSM-IV(1994) classificatory systems are primarily descriptive in nature and reflect the current understanding of the disorder, based on empirical literature and data available at the time of publication (both systems undergo regular revision every few years). Psychiatrists use these lists of symptoms as a general guideline for making a diagnosis and combine such classificatory information with their own clinical findings, following consultation with the patient and his or her family. Of particular interest to the present study are what may be considered the speech, language and communication-related criteria in both systems.

Table 1.1: ICD-10: Schizophrenia criteria (World Health Organisation, 1993; 64 ff.)

G1 Either at least one of the syndromes, symptoms, and signs listed under (1) below, or at least two of the symptoms and signs listed under (2) should be present for most of the time during the episode of psychotic illness lasting for at least 1 month (or at some time during most of the days).

(1) At least one of the following must be present:
(a) thought echo, thought insertion or withdrawal, or though broadcasting
(b) delusions of control, influence, or passivity, clearly referred to body or limb movements or specific thoughts actions, or sensations; delusional perception;
(c) hallucinatory voices giving a running commentary on the patient's behaviour, or discussing the patient among themselves, or other types of hallucinatory voices coming from some part of the body;
(d) persistent delusions of other kinds that are culturally inappropriate and completely impossible (e.g. being able to control the weather, or being in communication with aliens from another world).

(2) *Or* at least two of the following:
(a) persistent hallucinations in any modality, when occurring everyday for at least 1 month, when accompanied by delusions (which may be fleeting or half formed) without clear affective content ,or when accompanied by persistent over-valued ideas;
(b) neologisms, breaks, or interpolations in the train of thought, resulting in incoherence or irrelevant speech;
(c) catatonic behaviour, such as excitement, posturing or waxy flexibility, negativism, mutism and stupor;
(d) "negative" symptoms, such as marked apathy, paucity of speech, and blunting or incongruity of emotional responses (it must be clear that those are not due to depression or to neuroleptic medication).

G2 *Most commonly used exclusion clauses*
(1) If the patient also meets criteria for manic episode (F30.-)or depressive episode (F32.-), the criteria listed under G1 (1) and G1(2) above must have been met *before* the disturbance of mood developed.

(2) The disorder is not attributable to organic brain disease (in the sense of F00-F09), or to alcohol- or drug related intoxication (F1x.0), dependence (F1x.2), or withdrawal (F1x.3 and F1x.4).

The ICD-10 classification includes in its listing of negative symptoms, 'marked apathy, paucity of speech and blunting of incongruity of emotional responses'; the criteria also includes 'neologisms, breaks, or interpolations in the train of thought, resulting in incoherence or irrelevant speech'. Speech language and communication-related items included in the DSM-IV classification (see Table 1.2) are disorganised speech (e.g. frequent derailment or incoherence), negative symptoms (e.g. alogia) and social dysfunction (e.g. disturbed interpersonal relations). Communication-related criteria will be explored in greater detail in later sections of this chapter.

Table 1.2: DSM-IV(1994): Diagnostic criteria for schizophrenia (APA, 1994)

A. Characteristic symptoms: at least two of the following, each present for a significant portion of time during a 1 month period (or less if successfully treated):
(1) delusions (2) hallucinations (3) disorganised speech (e.g. frequent derailment or incoherence) (4) grossly disorganised or catatonic behaviour (5) negative symptoms (i.e. affective flattening, alogia, or avolition) *(Note:* only one **A** symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behaviour or thoughts, or two or more voices conversing with each other).

B. Social/occupational dysfunction: for a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations or self care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic or occupational achievement).

C: Duration: continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet criterion (a) (i.e. active phase symptoms), and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in criterion A present in an attenuated form (e.g.. odd beliefs, unusual perceptual experiences).

D: Schizoaffective and mood disorder exclusion: schizoaffective and mood disorder with psychotic features have been ruled out because either: (1) no major depressive, manic, or mixed episodes have occurred concurrently with the phase active symptoms; or (2) if mood episodes have occurred during active phase symptoms, their total duration has been brief relative tot he duration of the active and residual periods.

E: Substance/general medical condition exclusion: the disturbance is not due to the direct physiological effects of a substance (e.g. as a drug of abuse, a medication) or a general medical condition.

F: If there is a history of autistic disorder or another pervasive developmental disorder, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

From the criteria cited in the classificatory systems, it may be observed that many of the features of Kraepelin's, Bleuler's and Schneider's descriptions still hold true today, despite the agreed consensus that they may have been describing very different groups in terms of severity. (Indeed the condition's heterogeneity was recognised by Bleuler who titled his treatise on the subject *Dementia Praecox or the Group of Schizophrenias* (Bleuler, 1911 cited in J. Cutting, 1985)). However, heterogeneity within the syndrome

remains and one only has to look at the array of features listed above to realise how such variations may be manifest. A hallmark of schizophrenia is its variability, so much so that it has led Boyle (1990) and others to question whether schizophrenia should even be considered a single disease entity. Bentall (1990), for example, argues that the concept of schizophrenia should be totally abandoned in favour of studying individual symptoms of psychosis, maintaining that schizophrenia does not constitute a reliable, identifiable valid syndrome which can be easily distinguished from other forms of mental illness. Suggestions like these have interesting repercussions, particularly when we come to consider the varied patterns of communication profiles in people with schizophrenia.

More recently, Andreasen and Schultz (1996) suggested that it may be more beneficial to employ the term *schizophrenia spectrum disorders* when discussing schizophrenia. They acknowledge that the classification and diagnostic guides in use today (e.g., ICD-10, 1993; DSM-IV, 1994), despite the diversity of features therein, create a 'narrow construct of schizophrenia' which 'does not lend itself to "one size fits all" guidelines about treatment and management' (Andreasen & Schultz, 1996;16).

1.3.2 Positive and negative signs and symptoms

The *symptoms* (as reported by the individual) and the *signs* (as observed by the assessor) of schizophrenia, are listed by Kaplan and Sadock (1990; 57) and include impaired overall functioning, including interpersonal functioning; abnormal content of thought (e.g. delusions); illogical form of thought (e.g. incoherence); distorted perceptions (e.g. hallucinations); changed affect (e.g. flat, blunted, labile etc.); and change in psychomotor behaviour (e.g. agitation or withdrawal). Lists of (possible) symptoms like the aforementioned further confirm the syndrome's heterogeneity. The syndrome's heterogeneity, already referred to above, requires some classification for ease of description and diagnosis. The grouping of symptoms into *positive* and *negative* groups is one such classification system which owes its significant advancement, within the realm of schizophrenia, to Crow (1980) and Andreasen and Olson (1982), among others.

The delineation of positive and negative symptom categories is central to a description of the illness presentation in schizophrenia. ('Negative' symptoms are listed in both classificatory systems, as referred to above). These categories are in widespread use today, as their reliability and validity have been well documented, both in clinical use and within research forums (Andreasen, Roy & Flaum, 1995). In fact, Crow's (1980) positive/negative classification system has dominated schizophrenia research over the years, being widely welcomed not least because it classified *symptoms* not patients. Positive symptoms are those that reflect 'an excess or distortion of normal function' while negative features represent 'a decrease or loss of normal function' (Stirling & Hellewell, 1999; 30). Other explanations describe positive symptoms as 'abnormal by their

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presence' or abnormal *experiences*, while negative signs are 'abnormal by their absence' or abnormal *behaviours* (C. Frith, 1992; 10). Andreasen and Schultz (1996; 17) provide a summary of the main positive and negative symptoms of schizophrenia, with the concomitant loss of function (see Table 1.3 below).

Table 1.3 : Positive and negative symptoms of schizophrenia (from Andreasen & Schultz, 1996; 17)

Symptom	**Function lost**
Negative symptoms	***Loss of normal function***
Alogia	Fluency of speech
Affective blunting	Fluency of emotional expression
Avolition- asociality	Volition and drive
Anhedonia	Hedonic capacity
Attentional impairment	Attention
Positive symptoms	***Distortion or excess of normal function***
Hallucinations	Perception
Delusions	Inferential thinking
Positive formal thought disorder	Language
Disorganised behaviour	Behavioural organisation and control
Inappropriate affect	Affective regulation

The descriptions of *positive symptoms* therefore largely concur with Schneider's *first rank symptoms*, as outlined above. They include for example, incoherence of speech (e.g., unexpected shifts of topic with a lack of logical connections between utterances), different types of hallucinations (e.g., auditory, visual, tactile and olfactory, though auditory are the most common in schizophrenia), delusions, disorganised behaviour and inappropriate affect, including what is often referred to as positive formal thought disorder (a characteristic of which is incoherent speech). Positive symptoms are known to appear suddenly in the patient but respond well to medication and are more likely to occur in the acute phase of the illness; they are also reported to be associated with a better prognosis (Andreasen, Roy & Flaum, 1995). Negative signs which appear gradually, are more characteristic of the chronic stage of the illness and include poverty of speech (i.e. reduction in amount of spontaneous speech), the flattening of affect or emotional blunting, in addition to social withdrawal. Negative symptoms respond less well to medication and as a result, 'exact a serious clinical toll' in management terms (Andreasen & Schultz, 1996; 17).

Many people with schizophrenia will present with an overlap of positive and

negative symptoms throughout the course of the illness (Andreasen, 1982), though negative symptoms tend to predominate with chronicity (Crow, 1980; Andreasen, 1982; Thomas, 1997a). As both categories of symptoms can co-occur in one individual at any one time, or throughout the course of the illness, descriptions of *predominantly positive* and *predominantly negative* presentations are terms which have been found to be most useful in practice. Positive symptoms, which may be most evident in the early stages of the illness, usually give way to negative symptomatology as the illness proceeds. However, this does not rule out the possibility of episodes of positive symptomatology recurring in chronic presentations (C. Frith, 1992). Crow's (1980) dichotomy of positive and negative symptomatology in schizophrenia (or as he termed them Type I and Type II presentations), has significantly aided clinical descriptions of the differing manifestations of the disorder, across both the acute and chronic phases of the illness.

1.3.1 Schizophrenia as a syndrome: General outcomes and acute and chronic presentations of the illness

To understand chronicity within schizophrenia, it is necessary to consider the variability of presentations within the disorder and the many trajectories the illness may take. The notion of syndrome implies a disorder which can be described in terms of sets of symptoms or group of disorders. Within such a notion, there is room for heterogeneity of symptom presentation and also for degree or severity of symptomatology. In other words, as for all individuals classed within a *syndrome*, no two people with schizophrenia will present with the same clinical profile, though commonalities across individuals do exist. Moreover, it is important to keep in mind that the illness will affect individuals in different ways as pre-morbid personality and other factors are taken into consideration. As the illness may differ in its presentation among individuals with a common diagnosis, so too will the concomitant communication skills profiles of individuals vary greatly. Highlighting such considerations is fundamental to an understanding of the disorder. The disorder's syndromic nature also implies that there may be great variability in the outcome of the illness for the individuals affected. Exploring possible outcomes provides a context for the discussion of the trajectories of the illness described more usually in 'acute' and 'chronic' terms.

Fenton (1996; 81) concludes from some major outcome studies (undertaken for example by Zubin at al (1961), who reviewed over 800 studies, and Stephens (1978), who reviewed those studies he considered most important), that the outcome of schizophrenia can be considered as 'a rule of thirds,' which he explains as follows: one third of people with schizophrenia achieve 'significant and lasting improvement'; another third manage 'some improvement with intermittent relapses'; and a final third experience 'permanent incapacity'. J. Cutting (1985; 185) in his breakdown of outcomes in schizophrenia refers to the fact that particular groups can experience 'chronic social impairment' (i.e. in

approximately one-quarter of cases) and even those whose outcome may be classed as moderately good, continue to experience 'some social impairment manifest as difficulty in interpersonal relationships' (in about a half of cases). M. Bleuler (1983) estimated that about forty-five percent of people with schizophrenia can develop chronic symptoms, ten percent of whom will demonstrate severe deterioration in mental health affecting many aspects of behaviour including social functioning. (The people who are the focus of this study could be said to fall into this latter category.)

Variable outcomes, therefore, are one marker of the heterogeneity present within the syndrome of schizophrenia. Describing symptom presentation in terms of 'positive' and 'negative' categorisation of symptoms also marks this heterogeneity (se section). However, tied more closely to outcomes, the illness process can also be described in 'acute' and 'chronic' terms. Though these terms can refer to 'phases' of the illness, the trajectory of the illness is far from linear and is particular to each individual. Though there may be a progression from an acute phase to a chronic phase, acute episodes can also occur at any time throughout the illness process, with individuals experiencing features of both acute and chronic presentations concurrently. Gelder et al. (1996) comment on the over simplification resulting from the use of such terms as 'chronic' and 'acute' but suggest they are useful for description purposes.

Acute symptoms often herald the beginning of the illness. The acute phase is characterised by an appearance of symptoms (e.g. delusions, hallucinations, disorganised speech behaviour and negative symptoms) which are present for a notable length of time within a one month period; diagnosis is based on duration of these symptoms or continuing signs of such disturbance for at least six months (DSM-IV, 1994). Other factors are also taken into account before a diagnosis is made, including the presence of social occupational dysfunction. Formal thought disorder is characteristic of the acute phase with the patient's affect often being as variable and unpredictable as thought content, thus resulting in confusion not only for the affected individual but for those around him or her. This perplexity is a common feature of acute schizophrenia (Johnstone, 1998). The florid symptoms of the acute phase can abate or subside, giving way, in some instances, to a persistence of other symptoms more characteristic of chronicity.

Chronicity is more often marked by negative features of schizophrenia, such as those outlined above. The persistence of these symptoms often form the most 'intractable and disabling element of (the) illness' for those affected (McPhillips & Barnes, 1997; 30). Chronicity can be defined, therefore, in terms of length of persistence of symptoms. Some criteria suggest that for the condition to be termed 'chronic', there must be a presence of symptoms for more than two years (Kaplan & Sadock, 1990), while other clinical descriptions have been guided by the notion of symptoms continuing for 'a year

and a day' (Whelan, 2000). Whatever the criteria, chronicity results in a 'markedly constricted lifestyle' for the individual (Thornton & Seeman, 1991; 21).

As can be inferred from the breakdown of outcomes in schizophrenia as outlined above, though some acutely ill people will require prolonged periods of hospitalisation, most people with schizophrenia are treated outside hospital, with many managing to cope with the illness, leading 'near-normal lives' (Stuttaford, 1999; 126). Others may not be so lucky and remain chronically ill indefinitely. Such chronically ill people may eventually be discharged from hospital into the community to avail of alternative modes of care. Because this latter group is central to this thesis, it is useful to explore chronicity in schizophrenia in more detail.

1.3.4 Chronic schizophrenia

The term 'chronic' suggests 'long-lasting' or 'lingering' and often, in its more colloquial usage, chronicity can refer to 'severity' or 'intensity'. It is a term widely used to refer to illness states (e.g., chronic asthma), with mental illness being no exception in this regard. The term's connotations of persistence and severity are clearly reflected in how chronicity is perceived in schizophrenia, as the following discussion will show.

There is general agreement among researchers and practitioners that, despite various estimates of illness duration, a person may be considered to have chronic schizophrenia if they have experienced the illness over a protracted period of time, with a history of repeated relapses and subsequent hospitalisations. Barrett (1996; 172 ff.), in an anthropological study of how a psychiatric team evaluated individuals with schizophrenia through their oral and written discourse, observed that chronicity could be construed in ways which ultimately influence professional practice. The different constructs of the concept reflect the variable outcomes discussed above. For example, some people with chronic schizophrenia were viewed as being 'stuck' in terms of progress, that is they were unlikely to improve with the passing of time. These presentations therefore signified 'stasis and indeterminacy rather than change' (ibid; 172). Others were referred to as 'revolving-door patients' because of 'multiple admissions' or having spent 'the last ten years in and out of hospital', ultimately 'going nowhere' (ibid; 173). As for the colloquial usage of the term 'chronic', the term was also used by psychiatric staff as a synonym for severity in descriptions of schizophrenia. For example, a person could be classified as 'chronically ill' if, within a few months of onset, the symptoms were particularly severe and proving resistant to treatment.

Two other constructs emergent in the discourse of the psychiatric team are relevant to how chronicity can be evaluated. Barrett notes how the duration of the schizophrenic illness often merged or became meshed with the person's lifespan, resulting in the person being labelled a 'chronic schizophrenic', a 'chronic case' or just 'chronic'. In other words, the illness is not viewed as independent of the person; the person was

identified with, and not separate from, the illness (see for example Alison-Bolger, 1999). Finally, Barrett comments on the often diminutive and patronising terms used by the team to refer to people with chronic schizophrenia (e.g. 'a real favourite of mine' or 'a harmless old thing'). Linked to these constructs is, as Barrett points out, the tendency of some clinicians to become uninterested in chronically ill individuals, best summed up by the following quotation (Barrett, 1996; 175):

> Unlike first admissions, chronic cases were of less interest to clinicians because they had already been worked up by others, sometimes years previously. Like a well worked mine, the 'chronic' had nothing new to offer the staff and added precious little to their accumulated clinical experience. Instead of striving to elicit symptoms by chipping away or prising them out, the staff watched as these symptoms flowed out unchecked.

Such attitudes are reflected in the paucity of research undertaken with the chronic population, a point which will be returned to later in this chapter.

- **Behavioural and interpersonal dimensions of chronicity**

The individuals with schizophrenia who are the focus of this study, exhibit many of the typical features of chronicity as outlined below. The chronic phase has been referred to in many different ways in the literature, including for example, 'defect state' (J. Cutting 1985; Gelder et al., 1996; Johnstone, 1998). The negative symptoms of this defect state can be characterised by the following typical description of a chronically ill individual, taken from Gelder et al. (1996; 249):

> A middle-aged man lives in a group home and attends a sheltered workshop. He spends most of his time alone. He is usually dishevelled and unshaven and cares for himself only when encouraged to do so by others. His social behaviour seems odd and stilted. His speech is slow, and its content is vague and incoherent. He shows few signs of emotion. For several years the clinical picture has changed little except for brief periods of acute symptoms which are usually related to upsets in the ordered life of the hostel.

The most striking feature of the above description is what Ciompi (1983) terms 'a diminution of energy potential', more commonly referred to as lack of volition, or avolition. This lack of volition is supported by Gelder et al.'s (1996) citing of Creer and Wing's (1975) frequency ratings of behavioural characteristics in chronic schizophrenia. According to Creer and Wing (1975), social withdrawal, underactivity and lack of conversation are the most frequent behavioural characteristics noted in chronic schizophrenia. Gelder et al. (1996; 249) comment that if left to himself, a person with chronic schizophrenia, 'may become inactive for long periods, or may engage in aimless of repeated activities'. Likewise, Hogg and Hall (1992;176) list the following features of long term impairments in schizophrenia: restricted expression of emotion, speech

impairment, underactivity and apathy, loss of pleasure and attentional impairment. These features are described in more detail in Table 1.4. However, it is important to consider that the many behavioural features of chronic schizophrenia outlined could just as easily be applied to others who have experienced long periods of institutionalisation (e.g. those with severe learning disabilities). Goffman (1961) went so far as to suggest that such chronic symptoms, particularly those which refer to negative presentations, such as social withdrawal and apathy, may be interpreted as the individual's response to the experience of institutionalisation, as opposed to the effects of the illness *per se*. This reasoning is understandable in the light of experiences of prolonged confinement, with the associated effect of social isolation. Though it is impossible to separate out the 'cause and effect' of negative sequelae in schizophrenia, people with chronic schizophrenia are known to typically exhibit many disabling features.

Table 1.4: Long-term impairments in schizophrenia (Hogg & Hall, 1992; 176)

• **Restricted expression of emotion** Limited range of facial expression; poor eye contact; loss of expressive gestures; lack of inflections in speech; poor emotional responsivity
• **Speech impairment** Poverty of speech; limited content of speech; blocking; increased latency to respond
• **Underactivity/apathy:** Loss of energy; poor self-care; difficulty persisting with activities; lack of initiative; slowed movements
• **Loss of pleasure** Loss of interest in sex; abandonment of recreational interests and activities; loss of interest in friendships; loss of intimacy
• **Attentional impairment** Poor concentration; distractibility.

As for behaviour, aspects of interpersonal relationships and communication in schizophrenia are adversely affected by the chronicity of the illness. Johnstone (1998; 374) comments that, although the chronic or 'defect state' is much less conspicuous than the florid nature of the acute phase, it is 'a far more serious handicap' for the affected individual. Johnstone (1998) discusses the interpersonal apathy which can result from chronicity, explaining how a person's avolition can have negative repercussions from a social relationship point of view: Johnstone (1998; 375) describes a typical person with chronic schizophrenia as one who:

> ...becomes apathetic, no longer strives, no longer cares. At the same time and perhaps fundamentally for the same reason he loses interest in other people. He talks much less...and his capacity to form enduring emotional relationships is greatly reduced. He is no longer capable of falling in love or even developing new friendships, and if unmarried is likely to remain so.

It is not difficult to see how the devastating illness of schizophrenia exerts such a negative influence on the chronically ill individual and his relationships. Depression therefore, is not uncommon in the chronically mentally ill individual. However, whether the depression is caused by a side effect of antipsychotic medication, a response to the recovery of insight and hence increased awareness of the illness, or an integral part of the disorder is unclear (Gelder et al., 1996). Whatever, the aetiology of depression in schizophrenia, it is 'an important cause of suffering and disability' (Johnstone, 1998; 3375), impacting greatly on social communication and relationships.

Finally, Christoff and Kelly (1985; 361) in a summary of the main aspects of chronicity, talk about the 'differentness' of these people which sets them apart from other individuals. They state that many clinicians' descriptions of chronic patients' behaviour converge, with repeated references to, for example: '...interpersonal deficits and idiosyncrasies: social withdrawal, lack of spontaneity, inappropriateness, dull and blunted emotion and peculiar style of communication with others' (Christoff and Kelly, 1985; 361). Therefore, on first meeting a person with chronic schizophrenia, especially where negative symptoms predominate, one is often met with a social apathy or 'distance'. In particular, with regard to 'speech impairment', one is struck by an overwhelming sense of conversational inertia. This inertia is reflected in the awkwardness and difficulty in maintaining a conversation once the 'niceties' of opening conversational sequences are worked through (e.g., greetings, enquiries about health etc.). What starts out as a conversation, deteriorates into an interview-like interaction, where question-answer sequences pervade; the non-mentally ill person repeatedly asks questions in an effort to keep the conversation going. These apparently one-sided conversations can result from a number of factors which will be discussed in later chapters of this thesis.

- **The healthcare management of people with chronic schizophrenia**

As referred to above, the heterogeneity of the syndrome of schizophrenia results in many differing outcomes and management plans from a healthcare perspective. Many people with chronic schizophrenia, because of social adjustment difficulties, require long-term care. Increasingly, being cared for in the community rather than in long stay institutions is desirable for obvious reasons and has been found to be successful in many domains, including quality of life and social integration (see for e.g. Middleboe, 1997). Group homes and hostels with nursing supervision allow individuals with schizophrenia to slowly re-integrate themselves into the community with support. Medication regimens necessarily play an important maintenance role, though the main emphasis in these settings is on rehabilitation, tailored to the individual's needs. An important part of the management equation, highlighted by Gelder et al. (1996), is the availability of well trained staff 'who have tolerant attitudes and the capacity to obtain satisfaction from work that produces small improvements over long periods' (Gelder et al., 1996; 292).

The people who are the focus of this study reside in a hostel in the community having spent protracted periods in hospital. Also relevant to this study is Gelder et al.'s (1996) comment on the need for appropriate staff attitudes in the rehabilitation of the chronically ill patient, as it will underpin some of the arguments presented in the final chapters of this thesis.

Part II: Thought, language and communication in schizophrenia: Descriptions in the literature and research considerations

1.4 Introduction

Descriptions of the symptomatology of schizophrenia clearly illustrate the pervasive nature of the disorder's presentation, affecting thought, behaviour, interpersonal relationships and communication. The characteristic symptoms and reported experiences also highlight the impact the illness may have on the affected person's ability to use language to communicate effectively. However, it is important to state at the outset that not all people with schizophrenia show deviations from the norm with regard to speech or thought (Ostwald, 1981; Straube & Oades, 1992). For many people with chronic schizophrenia, however, an unusual communication style is one of the most conspicuous features of their interactions. For example, *poverty of speech* and *poverty of content* of speech are considered key features of predominantly negative presentations of schizophrenia, features which are more usually associated with chronic presentations of the illness. Many people with schizophrenia may experience some level of communication disturbance as part of their illness, the manifestation of which can vary greatly from individual to individual. Variation in communication profiles of individuals with schizophrenia lends further support to the illness being described as a 'syndrome', or preferably a 'spectrum of disorders' (Andreasen & Schultz, 1996), with some commonalities and some differences across individuals.

Ever since Bleuler (1908) and Kraepelin (1896) first described schizophrenia, the unusual use of language has been referred to as part of the disorder's presentation. However, it is interesting to note that, although language abnormalities were referred to, neither Bleuler nor Kraepelin ascribed any real importance to the bizarre language usage as a disorder in its own right, preferring to discuss it in terms of a manifestation of will or thought (J. Cutting, 1985), a popular interpretation still favoured by some today. Kramer (1997; 44) comments, that despite these early references to language 'there remains no adequate description of schizophrenic language/communication'. There may be a number of reasons for this, including a lack of rigorous, objective explanations of the intricacies of the language and communication features found in schizophrenia. Another possibility may stem from the dominant trend towards considering the language of schizophrenia as primarily resulting from thought disorder (disturbances of thought processes are often

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perceived as central to the illness). Whether the language disturbance is described as a thought disorder, language disorder, or as is now preferred, a communication disorder (C. Frith 1992, 1997; Thomas, 1994, 1997b) is an issue that has prompted much recent debate. As thought disorder is so frequently discussed in many accounts of schizophrenia, it is important to briefly outline the main arguments pertaining to its relationship to language in schizophrenia. However, as stated at the outset of this chapter, because thought disorder is more commonly found in the acute phases of the illness and the focus of this study is on chronic schizophrenia, the following is merely an overview of some of the main issues pertaining to the nature of thought disorder as discussed in the literature.

1.4.1 Schizophrenia and thought disorder: A brief look

As referred to in the introduction to this chapter, the presence and nature of thought disorder in schizophrenia preoccupied early theorists in the area of schizophrenia research and diagnosis. Today, however, thought disorder is no longer considered a criterion for a diagnosis of schizophrenia (Andreasen & Grove, 1986; Thomas, 1997a), yet it is still described by psychiatrists when 'the speech of a psychotic person confuses rather than communicates' (Hoffman, 1994; 212). A brief overview of the phenomenon is given here to contextualise (i) the more likely communication behaviours evident in schizophrenia in general, and in chronic schizophrenia in particular, and (ii) research trends and methodologies.

The perplexing features of thought disorder, deemed by the ICD-10 (WHO, 1997) as 'the most important psychopathological phenomena' within the syndrome of schizophrenia, continues to stimulate vigorous discussion and spawn numerous experimental investigations in attempts to unravel its complexity. Of particular interest is the nature of the disorder and its relationship to perceived speech and language disturbances in some people with schizophrenia. The study of thought disorder in schizophrenia is difficult, not least because it is so hard to define and describe other than by linguistic means (particularly if the assumption that thought disorder can only be inferred from spoken language is considered). A clear and simple definition of thought disorder is provided by Benson (1975; 122) as follows:

> Clinically, thought disorder is said to be present when the mechanisms for both speech and language are intact but the ideas expressed in the verbal output are abnormal. Thought disorder thus represents abnormalities of ideation reflected in the verbal output.

Thought disorder occurs in many conditions of affective (e.g. depression, mania) and organic origin (e.g. dementia) (Benson, 1975; Andreasen, 1979; Harrow et al., 1982; Andreasen & Grove, 1986) and in the general population (Thomas, 1997a). Therefore, thought disorder may be considered 'a continuous rather than a discrete phenomenon'

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shading into normality (Andreasen, 1979; 1325). However, because thought disorder is at its most severe in schizophrenia (Harrow & Marengo, 1986), it is often automatically associated with the illness, even though not all people described as schizophrenic will experience disturbances of thought (Andreasen, 1979; Straube & Oades, 1992; Thomas, 1997a).

Under the generic term of thought disorder, many thought processes are delineated. However, a basic distinction can be drawn between what is termed *formal thought disorder* and *disorder of content* in schizophrenia. Abnormalities in the way or in the *form* thoughts are organised, controlled and processed are considered formal thought disorder (Holzman, 1986), including, 'disorganised speech flow and deviations from the original line of thought or from the goal of the conversation' (Straube & Oades, 1992; 29). Disorders of thought *content* include the more frequently cited positive symptoms of the disorder, namely delusions and hallucinations, often viewed as bizarre because of their unusual content. The different aspects of thought disorder, disorders of form and disorders of content, are often discussed together under the generic term 'schizophrenic thought disorder'. This inclusiveness can prove confusing as one attempts to describe the associated language sequelae. For a clear understanding of the phenomenon and its effects on language and communication, both disorders of *form* (the traditional notion of 'formal thought disorder') and disorders of *content* (in terms of delusional thinking) need to be considered.

Lanin-Kettering and Harrow (1985) take a broader view of thought disorder to account for both disorders of content and form. They propose that to tackle the difficult question of its relationship to language disturbance in schizophrenia, 'one should emphasise constructs concerning disordered thinking in schizophrenia' (Lanin- Kettering and Harrow, 1985; 2). They suggest a non-separatist, inclusive 'nomological net' linking thought and language within (what they term) a *conceptual-linguistic* problem. Therefore, along with disordered speech, this concept allows for inclusion of the many different abnormalities of schizophrenic behaviour (e.g., bizarre behaviour and delusional talk). In other words, the abnormalities of speech in schizophrenia (or formal thought disorder) are viewed as a subset of other behaviours which include disordered thinking (disorder of content), all resulting from a problem of conceptual-linguistic activity. Lanin-Kettering and Harrow's (1985) suggestion of a problem of conceptual-linguistic activity in schizophrenia, and an inclusion of disorders of form *and* content within this 'nomological net', make way for the suggestion of a wider interpretation of a *communication* disorder occurring in schizophrenia. This broader interpretation thus allows language-in-use and social communication to be considered, areas neglected by other considerations of thought disorder in the literature.

1.4.2 Andreasen's (1979) *Thought Language and Communication Scale* (TLC): Presentation and problems

The many confusing and conflicting clinical descriptions of formal thought disorder, led Andreasen (1979) to draw up the *Thought Language and Communication Scale (TLC).* In doing so, Andreasen categorised descriptions of thought disorder, combining synonymous terms and excluding those she felt were unreliable, eventually arriving at just eighteen mutually exclusive terms, outlined below in Table 1.5. The TLC is presented here because it provides a useful context to view where the more common communication features of chronic schizophrenia fit (e.g., poverty of speech and poverty of content of speech). The methodology utilised by Andreasen (1979) in compiling the TLC, also raises some important methodological concerns which have a direct bearing on the methodology used in this thesis.

Andreasen claims to have taken a broad approach to the conceptualisation of thought disorder, considering it to consist of a variety of subtypes. She describes her set of definitions as 'clinical, empirical and atheoretical' (Andreasen, 1979; 1325), permitting inclusion of a wide range of linguistic and cognitive behaviours, some specific to schizophrenia and some not. Designed for clinical use, Andreasen's definitions were to function as a means of evaluating thought disorder in clinical settings (Andreasen & Grove, 1986). As can be seen from Table 1.5, the TLC scale presents definitions of terms commonly used to refer to thought disorder but described in terms of abnormalities in thought, language and communication. As for the symptomatology of schizophrenia in general, formal thought disorder can also be classified according to the dichotomy of 'positive' or 'negative' features. Poverty of speech and poverty of content of speech, including blocking of thought processes, are typical of negative formal thought disorder; incoherence, derailment, tangentiality, pressure of speech and illogicality are characteristic of positive formal thought disorder (Andreasen & Grove, 1986). The latter features are more typical of the acute phase of the illness, conveying 'an abundance of thoughts or ideas that are flowing too quickly'; the former are most often associated with chronicity, conveying a 'sense of intellectual emptiness and apathy' (Andreasen, 1979; 1328). Because of their association with chronicity, the TLC features of poverty of speech and poverty of content of speech are of particular relevance to the arguments which will be presented in this thesis.

Also relevant to this study is the methodological approach taken by many studies in the field of language and schizophrenia research; Andreasen's methodology is a case in point. Some details of the development and use of Andreasen's TLC scale give rise to a number of important methodological questions which will be ultimately challenged by this study and hence are worth mentioning here.

Table 1.5: Features of thought disorder: Percentage occurrence in schizophrenia. Adapted from Andreasen's (1979) 18 subtypes of thought, language and communication disorders (* marks most commonly found features)

FEATURE	DEFINITION	% OCCURRENCE IN SCHIZOPHRENIA
1. Poverty of speech (poverty of thought)	Restriction in amount of spontaneous speech	***29%**
2. Poverty of content of speech (poverty of thought, empty speech)	Speech adequate in length, but conveying little information	***40%**
3. Pressure of speech	Increase in amount of spontaneous speech	***27%**
4. Distractible speech	Repeated stopping during speech in response to nearby stimulus.	**2%**
5. Tangentiality	Replying to a question in an oblique, irrelevant manner	***36%**
6. Derailment (loose association, flight of ideas)	Spontaneous speech in which ideas slip off track on to another that is nearly related	***56%**
7. Incoherence (word salad, schizophasia)	Incomprehensible speech	**16%**
8. Illogicality	Conclusions reached that do not follow logically	***27%**
9. Clanging	Sounds rather than meanings governing word choice	**0%**
10. Neologisms	New word formation	**2%**
11. Word approximations (paraphasias, metonyms)	Old words used in new, unconventional manner	**0%**
12. Circumstantiality	Speech which is indirect and long-winded in reaching its goal	**4%**
13. Loss of goal	Failure to follow a chain of thought to its conclusion	***44%**
14. Perseveration	Persistent repetition of words, ideas or subjects	***24%**
15. Echolalia	Echoing of interviewer's words	**4%**
16. Blocking	Interruption of a train of speech	**4%**
17. Stilted speech	Excessively formal and pompous speech	**2%**
18. Self reference	Continual return to talk about oneself	**9%**

Firstly, in determining the diagnostic significance of the items on the TLC scale, Andreasen (1979) investigated thought disorder as exhibited by people with mania, depression and schizophrenia, reportedly in 'naturalistic' contexts. Andreasen reports that she collected her 'naturalistic' data in two different ways. One group of individuals (numbering 44) took part in an informal interview of approximately 20 minutes duration, whereupon topics such as recent experiences and current events were discussed in a reportedly open-ended manner. A second group (of 69 individuals) engaged in a standard, structured interview where the individual was asked to talk about him or herself for five to ten minutes without being interrupted. Thereafter a mixture of

abstract/concrete and open/closed questions were asked of the individual. Data gathered under both conditions were pooled and evaluated according to the parameters of the TLC scale. Though Andreasen attempted to include different contexts in her data collection, it is difficult to determine just how naturalistic the two apparently different contexts were, and thus how accurate and descriptive the resultant TLC categories prove to be.

Another issue worth addressing is Andreasen's criteria for a 'severity rating' for some of the features identified. For example, the following account is given for the judgement of a 'moderate poverty of speech' (Andreasen, 1979; 1326): *Some replies do not include appropriately elaborated information and many replies are monosyllabic or very brief: 'Yes', 'No', 'Maybe', 'Don't know', 'Last week'.* Interpreting responses such as these as being a 'moderate' case of 'poverty of speech', poses a number of problems. If considered out of context, not only the linguistic environment but the communicative environment is ignored. The interlocutor's role in the interview is neglected in such evaluations (e.g. a closed question from the interviewer will more than likely get a *Yes/No* answer; moreover, an utterance like '*Last week*' is likely an elliptical response to a question such as: '*When did you see your mother?*'). Likewise, the judgement of replies not including 'appropriately elaborated information' quite possibly ignores context in such appropriacy or relevancy judgements.

Other questions pertaining to the TLC categories include, for example: How many of those features listed could also be found to occur in normal speech under conditions of pressure or extreme stress? Consider features such as *pressure of speech*, *loss of goal* and *self reference*, all of which may occur to varying degrees in normal speakers under conditions of stress (see also Fromkin, 1975). To determine the diagnostic significance of the features across psychiatric patients, the individuals studied were required to participate in interviews of varying levels of formality. As referred to above, some of Andreasen's interviews involved getting the patient to talk about him or herself for 'five to ten minutes without interruption', a pressured communication task in any setting. In all, it seems that the linguistic and communicative contexts of the interactions were largely neglected, resulting in what may be considered (at least for some of the features identified), imprecise descriptions of so called 'thought', 'language' and 'communication' behaviours, as occurring in those psychiatric disorders studied by Andreasen. Andreasen's definitions are still in use today, which poses the question of how accurately they describe the communicative behaviour of the patient being assessed.

Andreasen's TLC scale will be discussed again later in this chapter, but its inclusion at this point serves to delineate the many different features (and problems of identification) of what has been traditionally termed formal thought disorder, as occurring in some people with schizophrenia. Andreasen's TLC scale also provides a context to demonstrate where the language and communication features more common to chronicity

fit into the overall scheme of classification of verbal behaviours in schizophrenia, accounts of which are given below.

1.4.3 The language of schizophrenia: Accounts in the literature

Though an unusual style of communication is often one of the most noticeable features of some people with schizophrenia, it is not always easy to describe this phenomenon accurately, or to achieve a real sense of schizophrenic language and communication, unless one has engaged in conversation with a person with schizophrenia. However, many transcripts of schizophrenic language appear in the literature, attempting to give the reader an impression of the often bizarre and idiosyncratic nature of psychotic speech and language (though many accounts are monologues rather than dialogues, the shortcomings of which, from an evaluation point of view, will be highlighted later).

Because schizophrenia is a syndrome which has many different presentations, differences in verbal presentations are also evident, with the most common speech and language disturbances in schizophrenia being described under the following headings: poverty of content of speech or loss of goal; poverty of speech; incoherent speech and perseveration. C. Frith (1997; 10) explains that approximately 40% of people with schizophrenia will have what is termed *poverty of content of speech*. This feature is characterised by a paucity of ideas expressed, with some difficulties in discourse planning (illustrated in Example 1.1 below). Although the person with schizophrenia seems to be talking a lot, on closer examination it is apparent that he uses a limited number of words or phrases which are frequently repeated (e.g. 'time work is...'), leading to rather 'empty' speech.

Example 1.1 : Poverty of Content (from C. Frith, 1997; 11)

Transcript of a description of a farming scene by a chronic schizophrenic patient

"Some- farm houses- in a farm yard - time - with a horse and horseman - time where- going across the field as if they're ploughing the field - time with ladies- or collecting crops- time work is - coming with another lady - time work is - and where- she's holding a book- time - thinking of things- time work is - and time work is where -you see her time work is on the field - and where work is - where her time is where working is and thinking of people and where work is and where you see the hills - going up - and time work is - where you see the - grass- time work is - time work is and where the fields are - where growing is and where work is."

According to C. Frith's estimation, approximately 29% of people with schizophrenia will display *poverty of speech,* which involves a lack of spontaneous speech or elaboration of topics (illustrated in Example 1.2 below, where a doctor and patient are in conversation). It is interesting to note, however, that there are many problems with Frith's use of this particular example to illustrate poverty of speech. For example, it is clear that the doctor,

who asks numerous questions of the patient, is in the more powerful position in the interaction. The patient gets limited opportunity to respond as he is asked predominantly closed questions (i.e., those requiring yes/no answers). A description of 'poverty of speech' has obvious shortcomings where this example is concerned. This example highlights, along with Andreasen's TLC categories discussed earlier, the often vague and imprecise terminology used to describe schizophrenic discourse. (This point will be returned to in a later section of this chapter and example 1.2 will be reconsidered in more detail in chapter 3, when power relations, as manifest in discourse, are discussed).

Example 1. 2 : Poverty of Speech (from C. Frith 1997; 11)

E: How're you doing generally at the moment, Mr. D?
D: All right.
E: You're OK . How're ...How've you been feeling in your spirits this past week?
D: Not so bad.
E: You're feeling alright. Do you have any spells of feeling sad or miserable?
D: No.
E: No? Nothing like that ? That's good. Now tell me, Mr. D, do you have any special ideas about life in general ?
D: *(Shakes head)*
E: No. Do you feel people stare at you and talk about you in some way?
D: *(Shakes head)*
E: No. No, you didn't get bothered with that at all. Do you feel in any way that people are against you and trying to do you harm?
D: *(Shakes head)*
E: No, you didn't get that either. That's good. Now I'd like to ask you some questions about your thoughts, Mr. D. Do you ever feel that your thoughts or your actions are influenced in some way?
D: *(minimal headshake)*
E: You didn't get that. You didn't get that. That's fine . Now could I ask you a routine question that we ask everyone? Do you ever ....

Perseveration may be a feature present in approximately 25% of people with schizophrenia (C. Frith, 1997). *Perseveration* used within this context not only includes repetition of words and phrases, but also repetition of ideas or themes. For example, a perseveration of conversational topics is often a feature of the discourse of people with chronic schizophrenia. Finally, though a very popular area for linguistic research, *incoherent speech* is reported to occur in a significantly smaller proportion of people with schizophrenia (approximately 16%) and is more likely to be characteristic of the acute phase of the illness. Communication characteristics such as *poverty of speech* or *poverty of content of speech* along with *perseveration*, being more common to chronic schizophrenia, will be referred to again in later stages of this thesis.

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1.5 Language and communication in schizophrenia: Research considerations

1.5.1 The study of schizophrenic language: Past and present trends

Ever since the disorder was first described in the late 1800s, there have been many attempts to understand and analyse the language of people with schizophrenia. A brief chronology of the shifts in emphasis in the study of language in schizophrenia, serves to put present day research trends into context.

J. Cutting (1985) gives a brief historical review of popular trends in the study of schizophrenic language. It can be seen that approaches used in the explorations of schizophrenic language loosely mirrored what was happening in linguistics, though the two disciplines of linguistics and psychiatry were not destined to truly come face-to-face until the mid-1990s. As J. Cutting outlines, the early 1900s saw an interest in explaining the nature of thought disorder in schizophrenia which was greatly influenced by the belief that schizophrenic language was similar to aphasia, the language disorder resulting from a cerebro-vascular accident (CVA) or stroke. A comparison with aphasia proved attractive to psychiatrists who were searching for an organic basis to explain schizophrenia in the same way as aphasia could be described. What resulted were investigations of discrete areas of schizophrenic speech which included, for example, word association abilities and accounts of the occurrence and nature of the much researched 'neologisms' (made-up words).

A preoccupation with the 'words' spoken by people with schizophrenia persisted well into the 1940s. J. Cutting (1985) explains that at that time it became popular to apply a word frequency measure, the Type Token Ratio (TTR) to transcripts of schizophrenic speech. A type token ratio is the ratio of different words (types) to total words (tokens) in a transcribed passage of spoken discourse; the greater the TTR value the richer the vocabulary in use. It was suggested that low TTR values found in transcripts of schizophrenia speech reflected poor repertoires of vocabulary in this population.

It was not until the 1960s that the study of schizophrenic language really began in earnest, helped in no small part by the publication of Chomsky's *Syntactic Structures* in 1957. Syntax therefore became a particular area of interest to those unravelling the complexities of schizophrenic language and with it came the study of textual coherence. What was known as the *Cloze procedure* (a technique previously designed by a journalist, Taylor in 1953, to assess 'readability' of texts) was applied to assess predictability or coherence of schizophrenic language. This procedure involved transcription of a spoken passage, followed by deletion of every fourth or fifth word in the transcribed version. This gap-filled passage was then given to normal speakers who had to predict the missing words from the contexts of the sentences. When these samples were compared with normal samples it was found that schizophrenic subjects had

significantly lower *cloze scores*, indicating less predictability in their passages than their normal counterparts. The Cloze procedure proved a popular way of analysing incoherence in schizophrenic language (Rutter, 1985) and is still used in modified forms today (Newby, 1998).

Though the syntax of people with schizophrenia was a popular area of study in the 1960s, some other studies were being conducted to address the semantic aspects of schizophrenic language. *Content analysis* became popular for a time. This method involved the analysis of transcripts of schizophrenic speech by computer for the presence of certain themes or references. However, as J. Cutting (1985; 244) concludes, 'little of value emerged from these analyses.'

With the exploration of schizophrenic language from exclusively a thought disorder perspective, followed by a consideration of language deficit features (akin to the study of aphasia), it is not surprising that the debate as to whether the language disturbance in schizophrenia resulted from thought disorder or language disorder began to gather momentum in the 1970s. At this time there were three main hypotheses about schizophrenic language (J. Cutting, 1985; 245):

> **(1)** that schizophrenic language resulted from a disorder of thought, that is, the original premise put forward by Bleuler (1911 as cited by J. Cutting, 1985);
> **(2)** that there was a particular disorder of language in schizophrenia, that is particular language deficits could be found in schizophrenia;
> **(3)** that there was nothing wrong with thought or language in schizophrenia and the deficit lay in speech or communication disturbance, particularly resulting from the individual's poor self-monitoring ability.

Still under debate today (though having undergone considerable revision and development), the above hypotheses serve as a useful template to review more recent theoretical constructs and frameworks in this area, including the many experimental investigations of language and schizophrenia appearing in the literature. However, before doing so, it is useful to consider the often poorly defined variables occurring within experimental investigations of language and schizophrenia.

1.5.2 Research into the language of schizophrenia: Pits and pitfalls

Schizophrenic language is of particular interest not only to those involved in working directly with the affected individuals, but to the many other disciplines interested in what the unusual language features can tell us about the nature of the disorder and the premorbid pointers of the disease (Harvey, 1991; Hollis, 1995; Done et al., 1998), and also about the origins of language itself (Crow, 1998). Schizophrenic language also provides a fertile ground for the investigation of the psychological functions of thought,

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speech, language, communication and memory. Monitoring language performance in schizophrenia is also of considerable benefit in efficacy measures of medication regimens used in the pharmacological management of the illness (Goren, Tucker & Ginsberg, 1996).

However, experimental investigations in schizophrenia research may suffer from underinclusiveness, or indeed overinclusiveness, in selection of subjects for study. For example, in schizophrenia, it is more common and popular to investigate the language performance of acute patients because of the presence of active psychotic features and the concomitant florid, positive symptoms (e.g. hallucinations, delusions, jargon, etc.). It may also appear to be more challenging to look at the pre-medicated patient during the diagnostic phase, or the so-called 'non-responder' to drug therapy, to assess the effects of medication, for example. Researchers, therefore, often favour the acute phase over the chronic phase, resulting in less research undertaken with chronic patients as subjects. (This thesis redresses this imbalance somewhat.) In addition, syndromic variation is often not accounted for as researchers often fail to state clearly what phase or type of schizophrenic illness (e.g. acute or chronic, predominantly positive or predominantly negative presentations) their subjects present with, rendering findings at best ambiguous. In addition, these limitations may stem in part from the lack of consensus as to what 'schizophrenia' really is (see Bentall 1990; Boyle, 1990).

Terminological confusion may also abound because terms like 'thought', 'language' and 'speech' are used loosely, or combined carelessly, in what Andreasen has termed 'conceptual entangling' (Andreasen, Hoffman & Grove, 1985; 99). Alternative definitions of thought, language or speech may stem from the differing theoretical orientations of researchers. Researcher bias in turn may influence the emphatic slant put on the findings of studies investigating apparently the 'same' phenomenon. For example, a cognitive social psychologist may have a different orientation to the phenomenon of thought disorder than a psychiatrist, or a speech and language therapist. Likewise, some researchers may attempt to investigate specific linguistic phenomenon without a background in linguistic science. Psychiatrists are only recently appreciating the value of linguistics as offering some explanatory power in the description of schizophrenic symptomatology (Thomas & Fraser, 1994; Thomas, 1995, 1997b; see following section), and calling for 'a greater familiarity with linguistic theory' among psychiatrists (Thomas & Fraser, 1994; 585).

There is also a tendency in experimental studies investigating the language of people with schizophrenia, to study discrete, isolated units of speech and/or language, disregarding not only the linguistic context of that component under study but also ignoring the effects of context on performance. There is little doubt that some aspects of language are best investigated in this way. However, the important consideration of language as necessarily a system of interrelationships between language areas must suffer

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as a result. Likewise the effect of the artificial 'testing' context must also be considered in evaluating individual's language performance. As exemplified in the discussion of the methodological issues surrounding Andreasen's (1979) TLC scale, focusing on the individual with schizophrenia and his or her language performance on carefully designed tasks precludes investigation of that person as a communicator in a two-way, natural communicative situation (see Kramer, 1997). It is hypothesised in this study that alternative ways of viewing communication in schizophrenia (e.g., within conversational interactions) may enhance our understanding of the nature of the communication disturbance described in schizophrenia. In turn, alternative approaches to investigation may reveal significant information on individuals' communication profiles, previously not identified by traditional methods of language investigation in this population.

With the above factors in mind, there follows in Part III an exploration of how language and communication disturbance in schizophrenia has been investigated. These explorations allow for a review of what are the main orientations evident in language and schizophrenia research. However, before moving on to the discussion in Part III, it is useful to explore briefly the rekindling of the relationship between the subject area of linguistics and psychiatry, as referred to above.

1.5.3 Linguistics meets psychiatry

It was not before its time that psychiatry, in the early 1990s, began to reconsider the value of the descriptive power of linguistic interpretations of schizophrenic language, though the analyses of psychotic language through linguistic means had been common practice (if in a somewhat limited way). In fact, over thirty years earlier, M. Critchley (1964; 353) had used linguistic terms when discussing thought disorder as he stated that 'any considerable aberration of thought or personality will be mirrored in the various levels of articulate speech: phonetic, phonemic, semantic, syntactic and pragmatic'. M. Critchley (1964; 354) also lamented the fact that, at this time, 'scarcely any work has been done from the standpoint of linguistics' in relation to thought disorder. However, it was Thomas and Fraser (1994) and Thomas (1995, 1997b) who began in earnest to put linguistics back on to the psychiatry agenda, urging psychiatrists to consider the descriptive power of the subject area in explicating the features of thought disorder in psychosis. Thomas (1995; 289) saw linguistics as providing a new approach which 'complements and augments traditional descriptive psychopathology in describing thought disorder'.

Thomas and Fraser (1994) reviewed the value of linguistic science as applied to psychiatry, an application welcomed by others in the field (E. M. R. Critchley, 1994). They proposed that psychiatric assessment methods could be significantly improved with a greater knowledge of linguistic theory, since language 'constitutes our main investigative and therapeutic tool' (Thomas and Fraser, 1994; 585). Thomas (1995,

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1997b) put such an application into practice when he set about 'deconstructing' Andreasen's (1980) *Thought, Language and Communication Scale* and 'reconstructing' it in linguistic terms. Though sometimes loosely and arbitrarily grouped, Thomas utilised and defined the following linguistic categories in his deconstruction of the TLC Scale (Thomas, 1997b; 36 ff.):*phonemic or word level* ('sounds and their relationships to words'); *syntactic* ('the way in which words are structured into units such as phrases, clauses and sentences'); *discourse* ('the relationship of speech to the context in which it occurs'), and *pragmatic* ('the way speakers use language to convey meaning in social contexts'). Thomas proposed that over half of Andreasen's traditionally termed 'thought disorder' features could be categorised as pragmatic or discourse deficits (see Table 1.6 below) with other features falling into phonemic or syntactic categories.

Table 1.6: Linguistic components of Andreasen's (1979) TLC rating scale for 'thought disorder' (adapted from Thomas, 1997b; 39).

Linguistic domain	Andreasen's (1979) TLC Classification
1. Phonemic/Word Level	Word approximation, neologisms, clanging and paraphasias
2. Syntactic	Incoherence
3. Discourse/Textual	Derailment and loss of goal
4. Pragmatic	Poverty of speech; Poverty of content of speech; Pressure of speech; Distractible speech; Tangentiality; Echolalia; Self reference; Stilted speech

Taking a more critical, linguistic perspective, it is obvious that many of the features described above could straddle a number of categories (e.g. *neologisms* could be considered under semantic and phonemic domains, while *incoherence* could be considered under semantic and discourse categories). When considering membership of the 'pragmatic' category, Thomas uses the violation of Grice's Maxims (1975) as a yardstick, while overlooking the fact that violation of maxims is not only context-specific but also context-sensitive and certainly not specific to communication in schizophrenia (see also section 1.6.5). With these loose interpretations and a superficial application of linguistic categories, a more definitive deconstruction is called for based on empirical or at least more descriptive data. As for Andreasen's TLC scale discussed earlier, there are inherent difficulties with categorisation of 'thought disorder' features, especially if the nature of the empirical data from which the features are drawn are not clearly delineated. If Thomas set out to highlight *possible* linguistic links or interpretations, his deconstruction can be taken on face value (i.e. that certain thought disorder features may be described in linguistic terms). However, if such interpretations were firmly grounded in empirical data, Thomas's suggestions may have made a more significant contribution

to the thought disorder versus language disorder debate in schizophrenia. Whatever the case, Thomas's work will have served an important purpose if it prompts further linguistic investigation into the language of people with schizophrenia.

Further deconstructions of lesser used thought disorder scales were to yield similar results (Thomas, 1997b) and psychiatrists began to see another more useful way of describing what they had previously defined as thought disorder. These reinterpretations resulted in Thomas suggesting that the term 'thought disorder' be replaced by 'communication disorder' (Thomas, 1994, 1997b), a suggestion reminiscent of Andreasen's (1979) original hypothesis and in agreement with C. Frith's (1992) prediction, a point which will be returned to later in this chapter. Though researchers in the field of schizophrenic language have reason to be grateful for the (re)placing of linguistics on the psychiatry agenda, it is regrettable that Thomas did not take his ideas and suggestions further, supporting and grounding his proposed linguistic categories in empirical and descriptive data, rather than engaging in a terminological debate of limited use in its present form.

Part III: Language, communication and conversational skills in schizophrenia

1.6. Schizophrenia and language disorder: Introduction

As referred to in Part II of this chapter, traditional interpretations view thought disorder as being responsible for the language disturbance in schizophrenia. Other interpretations, however, view the language disturbance as being the result of a central language disorder (Murray, 1994), with a communication disorder becoming a popular label for the language difficulties in schizophrenia (C. Frith, 1992, 1997; Thomas, 1994, 1997b). These various perspectives on the nature of schizophrenic language disturbance, in part, reflect the ways in which it can be explored. Two main trends in language and schizophrenia research are apparent in the literature. Firstly, the traditional research trend is the description of subjects' performance within discrete language areas investigated by empirical studies. Language areas investigated include, for example, the comprehension and expression of syntactic forms (e.g. Morice & Ingram, 1982; Fraser et al., 1986; Morice & Nicol, 1986; Thomas et al., 1990) and performance on lexical tasks (e.g. Frith & Allen, 1988; Mortimer et al., 1995). Though many studies have been concerned with aspects of language form and meaning (i.e. syntax and semantics), an increasing number of studies exploring the social use of language (i.e. pragmatics and discourse) are also being reported in the schizophrenia literature.

Secondly, in recent years, language processing models are increasingly being employed to aid interpretations of how language is processed by children and adults with language and communication disorders (e.g. Lesser & Milroy, 1993; Chiat, Law &

Marshall, 1997). Traditionally the domain of cognitive psychologists, these models allow for the mapping of mental operations which are activated in response to certain stimuli presented. Language and communication deficits can therefore be interpreted according to problems with information processing. Such models are also being utilised in studies of the language performance of people with schizophrenia (e.g., Barr et al., 1989; C. Frith, 1992; David & J. Cutting, 1994; McKenna, 1994; Rosell & David, 1997), thus offering renewed insights into the nature of the communication disorder often associated with the illness.

Part III of this chapter explores these two trends within the domains of language and communication research in schizophrenia, paving the way for a consideration of conversational interactions in schizophrenia, as the area of language usage focused upon in this study. These research trends, though discussed separately, cannot be considered mutually exclusive, as many problems identified in particular language areas on empirical tasks have been more fully described in language processing terms.

1.6.1 Language and schizophrenia: Empirical investigations and interpretations

One of the trends evident in schizophrenia research is the description of subjects' language behaviour based on results of empirical studies investigating discrete language areas. Viewing language as having different levels proves useful for descriptive purposes. However, it is important not to lose sight of the intricate interrelationships operating between those levels of language (c.f. Bloom & Lahey's (1978) classic model of communication, illustrating the intersection of language areas of *content*, *form* and *use*). For ease of presentation, an overview of studies of discrete language areas, of relevance to this study of conversational interactions is given, while taking cognisance of the fact that the distinction between levels of language is somewhat arbitrary. Hence, a brief overview of some studies undertaken in the semantic and syntactic domains of language will be given, before focusing more specifically on studies concerned with the social use of language.

1.6.2 Lexical and semantic levels of language

C. Frith and Allen (1988) provide a review of a number of studies which focus on the lexical and semantic systems of schizophrenic speakers. With regard to the lexical system, the general findings suggest that lexical knowledge is intact in schizophrenia but that a deficit is apparent when self-initiated or spontaneous performance is required on lexical tasks. Moreover, they state that without the help of external stimuli (verbal prompts or pictures etc.), people with schizophrenia will demonstrate delayed responses and errors when trying to retrieve items from their lexicon, or when trying to generate ideas spontaneously, thus leading to reduced word output overall. This finding supports C. Frith and Allen's (1988; 180) hypothesis, that for people with schizophrenia

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difficulties are apparent when 'speech generation depends on a spontaneous act of will (willed intention) rather than being elicited by a stimulus.' Similarly, in a later study, C. Frith (1992) discusses the performance on a verbal fluency task by people with schizophrenia (with predominantly negative symptoms) and people with organic dementia. Though both groups produced few lexical items on this task, they did so for very different reasons (ibid, 1992). C. Firth (1992) suggests that the difficulty for people with schizophrenia stems from an inability to perform a *self-directed* search of their lexicon, while those with dementia are accessing a depleted lexical stock to begin with. Mortimer et al. (1995) found semantic access and manipulation to be problematic processes for some people with schizophrenia. They also suggest that others are thought to have a 'semantic store disorder' which may be related to poverty of speech in schizophrenia.

As will be apparent when the discussion moves to the syntactic skills of schizophrenic speakers, findings from studies of semantics and syntax suggest a 'trade off' between syntactic complexity and semantic deviance (e.g. Morice & Ingram, 1982; Fraser, King, Thomas & Kendell, 1986). These findings imply that as the syntax becomes more complex for the schizophrenic speaker, semantic errors increase.

The above findings suggest that people with schizophrenia, in general, will display better lexical or semantic knowledge on picture description tasks or when the responses are in some way specified. The findings go some way to explain the inability of some people with schizophrenia to generate ideas spontaneously (e.g. self-initiating a topic), but that once prompted, or actively engaged in a verbal interaction, they can proceed with little difficulty. Studies also suggest that word retrieval and storage may be compromised. Lexical and semantic difficulties, therefore, may negatively affect the flow of conversational interactions, as the person with schizophrenia struggles to find or select the 'right words' to initiate a topic or to respond to their interlocutor.

1.6.3 The syntactic skills of people with schizophrenia

Investigating the comprehension and expression of syntactic forms in people with schizophrenia is a popular area of research. As the following discussion will show, linguistic analysis proves useful in identifying syntactic differences or difficulties in people with schizophrenia.

Chaika (1974) considered a disruption in the ability to apply rules of syntax as part of her general formulation of linguistic errors typical of schizophrenic speakers. As for her findings in other areas of language (e.g. phonology and semantics), her observations within the syntactic domain were challenged by Fromkin (1975). Fromkin stated that many of the syntactic errors described by Chaika could be found in the language of normal speakers. Morice and Ingram (1982) compared the linguistic profiles of people with schizophrenia or mania and normal speakers on measures of complexity,

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variety, integrity (error) and fluency of spoken language. Their results showed that (a) the syntax of schizophrenic speakers was different from that of the other two groups studied and (b) the syntactic properties could be used to discriminate schizophrenic, manic and non-patient controls with a diagnostic accuracy of 96%. Shorter sentences, containing fewer embedded clauses, resulted in the speech of people with schizophrenia being less complex; semantic and syntactic errors and dysfluencies were also reported. Fraser, King, Thomas and Kendell (1986) replicated Morice and Ingram's (1982) study using larger numbers. They reported similar findings and found they could predict diagnosis by linguistic analysis in 79% of cases across groups. Morice and Nicol (1986) found that the use of fewer relative clauses and less clausal embedding were among some of the syntactic features found in the speech of people with schizophrenia.

The above studies focused mainly on people with acute schizophrenia. Further investigation of some of the above findings led Thomas, King, Fraser and Kendell (1990) to question if such language characteristics were also evident in the chronic phase of the illness. Thomas et al.'s (1990) findings indicated that the chronic subjects were more impaired than those in the acute group, on measures of syntactic complexity, integrity (error) and fluency of speech. Another significant finding from this study was that when the linguistic profiles of the chronic subjects living in the community were compared to those chronic subjects resident in long-stay wards, no differences were found on the measures used. This finding obviously calls into question the widely held belief that institutionalisation may have a detrimental effect on linguistic competence. The finding that the chronic group were more linguistically impaired than their counterparts in the acute group led the authors to suggest that the linguistic deterioration evident may have something to do with the 'illness process', given that environmental factors could not account for differences found. Finally, Thomas et al. (1990) also made the connection between low complexity of speech and presence of negative symptoms, given that negative symptoms (e.g., poverty of speech, poverty of content of speech) are more prominent in people with chronic schizophrenia in general.

To date many of the studies looking at the syntactic properties of schizophrenic language have focused on spoken language. However, some studies have focused on written language samples from schizophrenic subjects (of relevance here because of the disparity in subjects' performance on oral and written tasks). Thomas, Leudar, Newby and Johnston (1993), like Hoffman, Hogben, Smith and Calhoun (1985) before them, came up with some unexpected findings when they looked at the written language samples of people with schizophrenia. They compared written language samples from 45 people with schizophrenia with those taken from 15 people with mania and 18 non-psychiatrically ill control subjects. The Hunt Test (Hunt, 1970) which consists of 32 simple propositions describing 'the manufacture of aluminium' was used to generate the written samples. On this test, subjects are asked to rewrite the propositions in a more

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concise style. Measures of semantic and syntactic errors and syntactic complexity were used in the analysis. Contrary to the finding of low syntactic complexity in schizophrenic speech, there were no differences across groups on measures of syntactic complexity on the written tasks. In other words, the written language of the subjects with schizophrenia was as complex as the other two groups studied. Thomas et al. (1993; 222) state that this finding suggests 'that low complexity may not be an enduring trait feature of this group's cognition and language processing' and also that 'there is a failure responsible for low complexity output in speech that does not operate in written language'. Additionally, both groups of subjects with mania and schizophrenia made more errors and had difficulty in integrating information successfully, when compared to controls. The authors interpret these findings as related to educational differences and as possibly resulting from the cognitive disruption associated with psychosis, in particular impairments of attention and working memory (to be further discussed in sections 1.8.2 and 1.8.3 of this chapter). Thomas et al. (1993) also discuss the possibility of a specific failure of language processing as contributing to the errors made.

In their discussion of results, Thomas et al. (1993; 223) pose the following question: if impairments of attention and working memory may contribute to increased semantic and syntactic errors in written language, what is the prediction for spoken language when 'additional cognitive burdens are placed on the individual (e.g., tasks relating to social cognition in communication (turntaking, conversational maxims, and repair as well as discourse planning and monitoring))?' Thomas et al. suggest that these additional factors may prevent the individual from communicating clearly, leading to a greater number of errors and thus increasing the possibility of communication breakdown occurring. The authors assert that there is a need to consider the 'additional cognitive burdens' placed on individuals during communication tasks (an issue which will be discussed in more detail when language and communication processing in schizophrenia is discussed in a later section of this chapter). Exploring the 'additional cognitive burdens' augurs well for a reconsideration of the language difficulties in schizophrenia in broader *communication* terms. Hence, the discussion now moves to studies which have explored the social use of language within the domains of discourse and pragmatics.

1.6.4 Social use of language: Discourse skills and schizophrenia

Thus far, the discussion has focused on the language of people with schizophrenia in terms of the lexical system, semantics and syntax, therefore dealing with the 'micro level of language organisation' (Firth & Allen, 1988). Examining discourse features, however, requires one to move to the organisation of language at the 'macro level', which means looking at 'language above the sentence or above the clause' (Stubbs, 1983; 1). The use of discourse analysis in schizophrenic language research is proving an invaluable

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tool, as it is only in analysing language samples larger than the sentence (or utterance), that the true language disturbance, evident in some people with schizophrenia, emerges.

Typical conversational interactions are usually easy to follow as speakers use a variety of cohesive ties to connect ideas for the listener (e.g., use of pronouns, connectives and other cohesive devices such as repetitions, lexical substitutions and ellipsis etc.). It is thought that conversations with some people with schizophrenia may not be easy to follow, as problems with spoken discourse are often experienced by many with the disorder. Therefore, acting as speaker, the person may not use many of the cohesion strategies listed above.

Rutter (1979) was aware that the language disturbance in schizophrenia was primarily evident when the way in which some people with schizophrenia sequenced their sentences in discourse was examined. Rutter was also aware that any level of analysis below discourse (i.e., within the sentence), operated at too low a level of context for the extent of the disorder to be apparent. Thus, traditional methods of analysis (e.g., *Cloze* procedure) were replaced by a newer methods such as *reconstruction*. This method involved the reconstructing of previously transcribed passages (from schizophrenic and normal speakers), where each sentence/utterance was placed on a card and the cards shuffled, keeping the first card at the top. 'Blind' assistants were then required to sequence the utterances into what they thought might be the original order. Results showed that the passages produced by people with schizophrenia were more difficult to reconstruct, with only small numbers of utterances being sequentially reconstructed easily in the samples. Difficulties in the reconstruction process indicated that the difficulty lay in the way the subjects sequenced their sentences within the discourse.

Rutter (1985) also used reconstruction techniques in the analysis of monologues and conversations. Again, as in the previous study, passages from people with schizophrenia were reconstructed less accurately, as were the conversational interactions analysed. Conversational interactions involved different dyadic types, including dyads where both speakers had schizophrenia and where only one participant had schizophrenia. As predicted, the conversations where both participants had schizophrenia were more difficult to reconstruct as the 'redundancy and predictability of normal encounters' was absent (Rutter, 1985; 403). Inappropriacy (in relation to questions and answers) was also observed as a key feature of these conversations. In addition, the findings illustrated that the structure of the schizophrenic discourse was very different from normal discourse, particularly in relation to how thoughts were expressed and communicated to the listener. This finding led Rutter (1985; 403) to conclude:

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> In conversations, just as in monologues, the problem for schizophrenic patients seems to be much less the cognitive processes of regulating and organising their thoughts than the social processes of expressing and communicating those thoughts in a way in which the listener could understand and follow. Where their difficulty really lay was in taking the role of the other and it is that which seems to be the key.

An earlier, much quoted study by Rochester and Martin (1979) had found similar results in terms of the lack of awareness of listener's needs in schizophrenic discourse. When the discourse of individuals with schizophrenia was compared to the discourse of normal controls, the discourse of the former group was found to contain fewer cohesive ties and poor marking of referents. These features resulted in poorly structured discourse which was difficult to follow. Rochester and Martin concluded that these difficulties may have been socially, rather than cognitively related.

Bartolucci and Fine (1987) also looked at the use of cohesive ties by schizophrenic speakers. Their findings showed that the percentage of unclear cohesive ties in the conversation of schizophrenic speakers was significantly higher than in a group of psychiatric patients with mixed diagnoses (with the possible exception of those presenting with mania). The authors, in agreement with Rutter (1985), suggest that such cohesive weakness may relate to a specific difficulty in appropriately signalling the continuity of meaning to their listeners, thus compromising their ability to engage in socially appropriate discourse. Many of these interpretations of discourse deficits, being attributed to a failure to take the listener's needs into account, still hold fast today with various cognitive functions explaining the difficulty (cf., C. Frith's discussion of a lack of *theory of mind* in schizophrenia, discussed in later sections of this chapter). Some years later, however, following Rutter (1985) and Bartolucci and Fine (1987), Chaika (1995) was to criticise the finding of 'fewer cohesive ties' in schizophrenic discourse, claiming that it was *how* these devices were used and not *how many* that was important.

Discourse samples of normal speakers, people with mania and people with schizophrenia were compared in a study by Hoffman, Stopek and Andreasen (1986). Their analysis was concerned with the hierarchical relationships between propositions of a spoken text, mapped on a 'tree structure'. If discourse is easy to follow, these discourse trees are easily constructed. However, if discourse is experienced as incoherent or 'loose', the construction of the discourse tree (into propositionally related hierarchical substructures) is somewhat more difficult. The discourse task, presented to the subjects, comprised a number of open questions based on topics related to family and living circumstances. Hoffman et al.'s results showed that, although individuals with mania tended to shift from one coherent discourse substructure to another (possibly due to distractibility and other mania related factors), the schizophrenic group were unable to construct *any* discourse structure, thus exhibiting significantly 'diminished discourse

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planning abilities'. Andreasen, Hoffman and Grove (1985) had earlier suggested reasons for the differences found across groups on discourse tasks, including a consideration of the short-term memory difficulties present in schizophrenia. These difficulties, therefore, may affect 'the patient's ability to form a general discourse plan, or to remember one, once it has been formulated' (Andreasen et al., 1985; 118). Additional studies have subsequently confirmed the vagueness or disconnectedness of schizophrenic discourse when compared to people with mania (McPherson & Harvey, 1996).

Byrne, Crowe and Griffin (1998) investigated narrative discourse as produced by thirty-five people with chronic schizophrenia. Their narrative task was part of a larger battery of tests exploring pragmatic skills in chronic schizophrenia (see section 1.6.5. to follow). Subjects were required to retell an event shown on a videotape. The narratives produced were later analysed for quantity (i.e., how much information or content was given) and relevancy. Narrative content was rated on a five-point scale. For example, a rating of '5' was awarded for information content, when the individual produced all of the information units previously specified by controls, whereas a rating of '3' was awarded when only 50% of the information units were produced; similar ratings were used to measure relevancy of information given. Byrne et al.'s findings indicated that the individuals' narratives contained less information than expected (mean score of 2.9), while the information that was given was judged to be relevant in most cases (mean score of 4.3). However, the nature of the task and the numerical scoring system, for an essentially qualitative task, may have negatively influenced the findings.

More recently, Kramer (2001) also explored narrative discourse in people with schizophrenia. Kramer investigated different narrative formats (e.g., telling a story according to a simple cartoon-picture sequence and elicitation of a personal-event type narrative). Unlike Byrne at al (1998) above, Kramer interprets these narratives qualitatively, from discourse analysis and conversational analysis perspectives respectively, thus yielding significantly more information with regard to subjects' performances than other more quantitative interpretations. Among her findings, Kramer found that people with schizophrenia had difficulty with the story grammar of narrative structure, with subjects tending to leave out important key components of the narrative (e.g., the initiating event). They also failed to correctly interpret some events in the picture story narratives which Kramer interprets as possibly being attributable to the subjects' deficits in world knowledge. Finally, the subjects with schizophrenia did not use their listener in the same way as non-psychiatrically ill controls to collaboratively build narratives within a conversational format.

As referred to above, the nature of the narrative task will influence the outcome to some extent, and though interesting information can be obtained about narrative discourse from the retelling of an event as viewed on a video, or retelling a picture story sequence, only limited narrative samples of particular types will be obtained. Though

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Kramer did try to explore narrative within a conversational environment (i.e., elicited by the interlocutor's invitation to *tell me about...*), it is possible that a *spontaneously produced* narrative, as occurring naturally within a conversational interaction, might provide an even more accurate evaluation of narrative discourse in people with schizophrenia, as the 'pressure to perform' on a specific task is factored out. However, it is obvious that, methodologically speaking, obtaining naturally occurring, spontaneously produced narratives would be more difficult.

Other studies (including Rochester & Martin, 1979) focused more specifically on the *listener's task* in interpreting such disordered discourse. Hoffman, Kirstein, Stopek and Cicchetti (1982) and Hoffman (1986) considered the 'work of listening' that particular schizophrenic discourse segments demand. Having examined discourse segments generated by a mixed group of psychiatric patients, Hoffman et al. (1982) and Hoffman (1986) were able to reliably discriminate those segments produced by schizophrenic speakers and those produced by non-schizophrenic speakers. They conclude that deficiencies in hierarchical structure, associated with schizophrenic discourse, increase the processing requirements for listeners. Though some cognisance has been taken of the role of listener in schizophrenic discourse interpretation, it is fair to say that such investigations in general have suffered from neglect of the interlocutor's *contribution* to the discourse, predominantly working from a monologic rather than a dialogic perspective, a point worth highlighting within the context of this thesis.

1.6.5 Social use of language: Pragmatic skills and schizophrenia

Considering the language disturbance in schizophrenia as a pragmatic language disturbance has gained recent popular support in the literature. Among proponents of the pragmatic disorder view are J. Cutting (1985; 1990), E.M.R. Critchley (1994), C. Frith (1992, 1997) and Thomas (1994, 1997a).

Having reviewed the literature on language deficits in schizophrenia, J. Cutting (1985; 265;) concludes that the peculiar use of language in schizophrenia is best explained by 'a disorder of language itself, primarily affecting the pragmatic component and possibly related to right-hemisphere dysfunction'. In a later work, J. Cutting (1990; 312) continues to implicate right-hemisphere dysfunction in many areas of language difficulty in schizophrenia, as accounting for 'the incompetence of a schizophrenic as a communicator and receiver of the pragmatic meaning of a message'. Being unable to convey intended meaning, paucity of internal cohesion in discourse, failure to cater for listener's needs in interactions and irrelevant, rather than incompetent talk, are all reasons J. Cutting lists for his conclusions. References to the literal use of language by people with schizophrenia also occur in the literature (e.g. J. Cutting & Charlish, 1995), suggesting difficulties with the figurative usage, so common to general conversation. E.M.R. Critchley (1994) is in agreement with J. Cutting and believes that thought

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disorder must now be considered a multilevel disturbance, with a pragmatic language disturbance and faulty social cognition being included in the equation.

As referred to in Part II of this chapter, Thomas (1994, 1997b) has drawn parallels between features of Andreasen's (1980) *Thought, Language and Communication Scale* (TLC) and areas within linguistics. Thomas found that almost half of the features of Andreasen's TLC scale could be considered, according to his understanding, in terms of linguistic correlates of pragmatic or discourse deficits. As Thomas drew heavily on Grice's (1975) *Co-operative Principle* and conversational maxims for his classification of features, it may be useful at this point in the discussion to consider some of Thomas's newly categorised items within this framework, and hence from a possible 'pragmatic disorder' point of view.

Grice argued that general maxims of co-operation provide inferential routes to a speaker's communicative intention (Schiffrin, 1994). Grice's (1975) *Co-operative Principle* proposes that people 'co-operate' when they communicate: that is they try to get al.ong with each other by following certain conversational rules or maxims which underlie the efficient use of language in conversation. Grice proposed four basic maxims: the maxim of quality ('be truthful'), the maxim of quantity ('be informative but brief'), the maxim of relevance ('be relevant') and the maxim of manner ('be clear'). The underlying principle of these maxims is that listeners normally presume that speakers are adhering to these rules and thus interpret what they hear accordingly. C. Frith (1992; 99) has commented that in schizophrenic speech 'some or all of these maxims are frequently broken' (see also Corcoran & C. Frith's (1996) study as discussed below). Thus, when applied to language usage in schizophrenia (if C. Frith's line of thinking is followed through), the following interpretations may be proposed: *poverty of speech* and *poverty of content of speech* break the maxim of quantity; *tangentiality*, where the person with schizophrenia gives oblique or irrelevant replies, breaks the maxim of relevance, with *derailment* and *incoherence* breaking the maxim of manner. However, how the breaking or violation of maxims can be judged without recourse to the speaker's conversational partner and the context of interaction is open to question.

Nevertheless, even with some of the limitations referred to above, being able to describe communication or conversational problems in pragmatic terms leads to different, possibly more helpful interpretations of what is going on in schizophrenic communication. In fact, having reinterpreted Andreasen's TLC scale from a linguistic perspective, Thomas (1994, 1997b) argues, as others have done in the past (C. Frith, 1992), that the more traditionally used term 'thought disorder' in schizophrenia is probably best replaced by 'communication disorder'. However, as referred to earlier, what is lacking in Thomas' proposition is sound, dialogically-oriented research to support the linguistic descriptions he claims can be accounted for within pragmatic and discourse

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domains. C. Frith (1992, 1997; 13), in his rigorous work on the intricacies of the cognitive neuropsychology of schizophrenia, suggests that

> the abnormalities of schizophrenic language appear not to lie at the level of language competence but of language use. The problems arise when the patient has to use language to communicate with others.

C. Frith's assertion of a communication disorder in schizophrenia arises from his theory of a 'disorder of willed intention' and self- monitoring in schizophrenia (ibid, 1992). C. Frith also implicates a lack of a *theory of mind* as contributing to many of the communication difficulties (and possibly conversational difficulties) associated with schizophrenia (ibid, 1992, 1994). Therefore, what it means to have a theory of mind is explained below, along with a brief account of some studies exploring the phenomenon in schizophrenia.

1.7 Theory of mind and schizophrenia

1.7.1 Theory of mind: What is it?

C. Frith (1994) explains that in order to communicate an idea from one person to another a theory of mind is essential. Having a *theory of mind* means that we believe that other people have ideas and beliefs and that we can influence them. (The term was first coined by Premack and Woodruff (1978) in relation to their work on deception in chimpanzees.) In other words, a theory of mind enables us (1) to understand the behaviour of other people in terms of their mental states; they do something because they have desires and wishes and intentions, and (2) to alter the behaviour of other people by manipulating their mental states. Both (1) and (2) require the ability 'to mentalise', that is the ability to infer what other people's mental states are. A simple example of mentalising might be a current speaker's recognition of another person's intention to talk, as that person clears their throat or leans forward to engage in conversation.

The ability to mentalise can be studied experimentally and has been particularly explored in children with autism (see, for e.g., Baron-Cohen, Leslie & U. Frith, 1985; U. Frith, 1989). Without the ability to mentalise, it is very difficult to appreciate that others may have beliefs about the world that we know to be false. To help explain the phenomenon, C. Frith (1992; 118) cites the *Smarties Test* (Perner, Frith, Leslie & Leekham, 1989), a task which enables one to study the ability to predict behaviour on the basis of a false belief. The test is described as follows (ibid, 118):

> The child is shown a large Smarties tube and asked what is inside. The reply is "Smarties". The experimenter then reveals that actually there is a small pencil inside. The child is then told "Your friend Billy is coming in soon. What will he say is in the tube?"

As the ability to mentalise is developmentally reached by approximately four years of age in normally developing children, C. Frith (1992) explains that children above this age will

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say 'Smarties' in response to the query posed above and clearly find the idea a big joke (i.e., 'Billy will be disappointed'). However, children with autism with mental ages greater than four years, find no joke and reply: 'Billy will say there is a pencil in the tube'. C. Firth further explains that once autistic children know something, they infer that everybody else knows it too. Problems with a theory of mind are believed to explain many of the communication disorders shown by people with autism (Baron-Cohen, Leslie & U. Frith, 1985; U. Frith, 1989; Frith & Happé, 1994; Happé, 1994). Moreover, C. Frith (1992; 1994) draws parallels between the communication problems resulting from the lack of a theory in mind in autism and those communication problems experienced by people with schizophrenia. He comments (ibid, 1992; 149):

> paralleling autistic aloneness, communication difficulties and lack of pretend play, patients with chronic schizophrenia show social withdrawal, poverty of speech and stereotyped rather than spontaneous behaviour

Therefore, in order to communicate effectively one has to possess a theory of mind. Having a theory of mind means one can use language successfully to communicate ideas, beliefs or thoughts; one can also alter or influence others' beliefs and ideas through the simple act of communication. Hence, inferring the mental states of others (or mentalising), allows for effective communication and hence conversation to take place. The idea that the possession of *a theory of mind* may be compromised in schizophrenia has recently offered alternative interpretations to help explain communication breakdown in schizophrenia (C. Frith, 1992, 1994).

1.7.2 Theory of mind and schizophrenia: some recent studies and implications

Recent years have seen a significant number of studies exploring theory of mind in schizophrenia. The investigation of this cognitive function lends itself easily to empirically-driven studies, where mentalising tasks are set and the schizophrenic subjects' responses to those tasks are evaluated and compared to non-schizophrenic subjects (e.g., depressed subjects) and non-psychiatrically ill controls. Without exception, according to the studies reviewed, people within the syndrome of schizophrenia are reported to perform poorly on theory of mind tasks. Though, this difficulty in mentalising is increasingly being described in symptom-specific terms, studies have almost exclusively focused on patients with acute schizophrenia with little attention being paid to how people with chronic schizophrenia may cope on theory of mind tasks.

However, though most studies have focused on acutely ill groups (e.g. Corcoran, Cahill and Frith, 1997; Sarfati and Hardy-Baylé, 1999 and Sarfati et al., 1999), there are particular studies worth referring to briefly because of the nature of the theory of mind tasks set for subjects and their relevance to conversational skills. For example, Corcoran, Mercer and C. Frith (1995), required their subjects to infer intentions behind indirect

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speech. They devised a 'hinting' task whereupon subjects were presented with a number of verbal scenarios containing hints, and asked to comment on the character's intention (e.g. *Paul has to go to an interview and is running late. While he is cleaning his shoes he says to his wife Jean: 'I want to wear that blue shirt but it's very creased'*). Corcoran et al.'s (1995) findings suggest that the overall performance of people with schizophrenia, on this relatively simple social inferencing task, was significantly poorer than a non-psychotic group and controls. The results of another study by Corcoran and C. Frith (1996), confirmed their earlier findings of core deficit in mental state representation in acute schizophrenia, which was particularly evident in patients with negative signs. In this study, the authors wanted to examine further whether theory of mind difficulties, found on the hinting task in their previous study, could be explained by: (a) the subjects' lack of awareness of conversational rules (i.e., hinting being a form of implicature), or (b) their inability to use 'on-the-spot' mentalising skills in the novel situations as depicted by the hinting scenarios. The authors devised a 'Maxims Test' to assess the subjects' appreciation of Grice's maxims. Additionally, a politeness/tact item was also included to examine 'on-line mentalising skills'. (It is important to note here, however, that Corcoran and Frith use the term 'politeness' according to its more common usage, that is in terms of 'deference', as opposed to linguistic politeness, which will be discussed in more detail in Chapters 5 and 10 of this thesis). To explore awareness of conversational rules and politeness, subjects were presented with five sets of five stories, all of which ended just as one of the characters was about to speak. Subjects were then asked to predict what the characters might say next, choosing from two alternatives given. An example from the Maxims Test devised for their study is outlined below (Corcoran & C. Frith, 1996; 310):

Maxim of Quantity: 'Say enough to be informative'

Joe is in the tobacconist's. The assistant asks him what he would like. Joe replies :
(a) A packet of cigarettes please.
(b) Twenty Benson and Hedges please.

The findings of this study suggested that people with negative behavioural signs were more likely to choose the items which flouted the maxims of quality and quantity (e.g., in the case of the 'quantity' maxim, choosing item (a) in the above example). However, the performance of these subjects on the maxim of relation task, showed no difference to the other groups studied. On the politeness items, patients with negative signs were less likely than the other groups studied to choose the alternative supporting the politeness convention. The performance of patients with paranoid delusions, however, was more selective. Though they were able to cope with all tasks on the Maxims Test, they had particular difficulty on the politeness task, more often choosing the tactless or impolite alternative, when compared to the other control groups studied.

Corcoran and C. Frith (1996) interpret their findings, comparing them to the results obtained on the previous study involving the hinting task (Corcoran et al., 1995). Firstly,

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as patients with negative signs generally performed badly on the Maxims Test, they suggest that these patients show 'an ignorance of the existence of conversational rules' (Corcoran & C. Frith, 1996; 315) which, they assert, may explain their poor performance on theory of mind tasks, such as the politeness task or the hinting task (i.e. being unaware that 'hinting' flouts the maxim of quantity and manner). This finding was reinforced by the high correlation they found between this group of subjects' performance on the Maxims Test and on the hinting task. Secondly, because patients with paranoid delusions performed no differently from controls on the Maxims Test, the authors suggest that 'their knowledge of conversational rules is intact' (Corcoran & C. Frith, 1996; 315); however, this group's performance on the politeness task was poor.

The authors conclude, therefore, that the individuals studied differed in the 'depth of their theory of mind problems' (Corcoran & C. Frith, 1996; 316), with those exhibiting negative symptomatology experiencing a more widespread theory of mind deficit than patients with paranoid delusions. However, Corcoran and C. Frith's conclusion that people with negative symptom schizophrenia are 'ignorant' of the existence of conversational rules, based only on their performance on the Maxims Test, is open to question. It would appear that, 'on-line' conversational interaction may provide a more realistic forum for an accurate consideration of the awareness of conversational rules in subjects with schizophrenia, given that having a theory of mind probably underpins successful conversational interactions in general. Nevertheless, these studies are of interest as they target particular communication features common to many conversational interactions (i.e., inferring intentions behind indirect speech, e.g., hinting and use of politeness). Other conversational features that could be said to involve theory of mind functions include, for example, being sarcastic, using irony, joking, being empathic, even being aware of the other's intention to engage in particular types of talk (e.g., gossip, casual chatting, arguing etc.). All of these features require a level of mentalising sufficient for the smooth flow of the interaction.

Finally, in considering the significance of theory of mind difficulties in schizophrenia for conversation, it is useful to return to C. Frith's (1992) original hypotheses. Schizophrenic language is interpreted by C. Frith as problems with a *theory of mind*, that is, if you do not take into account the needs of the listener and what the listener already knows, you may fail to give adequate 'signals', indicating how the various ideas you are suggesting link up with one another. According to this interpretation, the various types of *incoherence of speech* in schizophrenia could be explained by the speaker failing to take account of differences in knowledge between himself and the listener, resulting in a lack of cohesiveness and discourse planning (i.e., why provide explicit referents and links to the topic if such links are presumed to be already known to the speaker?). If you have a lack of awareness of the various mental states and goals of others, C. Frith suggests that *poverty of speech* may occur as in schizophrenia (i.e., you

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do not need to tell the listener something they know already). Thus, given the reported difficulties with a theory of mind in schizophrenia, it follows that the affected individual may either refrain from engaging in conversation, or converse in an inappropriate and incoherent way, ultimately leading to conversational breakdown. (See also Rutter (1985) and Hamilton's (1991) discussion of the difficulties of people with cognitive disability 'taking the role of the other' in conversation).

The last decade, therefore, has seen an ever-increasing number of theory of mind studies in schizophrenia, yet there is still a lot left to be learnt about the most effective methodologies to be employed in the exploration of this cognitive function. Though this thesis does not address theory of mind in schizophrenia specifically, the role which a theory of mind plays in conversational interactions and the implications for a conversational approach to this area of study are worth considering for future research studies. Additionally, more research is needed to identify symptom-specific effects of theory of mind difficulties on the language, communication and conversational skills of those who are chronically ill.

1.8 Communication processing and schizophrenia

The previous discussion has been largely based upon the findings of empirical studies of language functioning in schizophrenia. The second trend in language and schizophrenia research is the interpretation of language behaviour in schizophrenia in processing terms. As discussed earlier in this chapter, Thomas at al (1993) suggested the need to address the 'additional cognitive burdens' placed on the individual during communication. To explore these cognitive burdens, and to further interpret some of the findings of the experimental investigations outlined above, consideration of an apparent failure in processing interpreted within a communication processing model is presented.

The communication processing model presented here (see Figure 1.1) was originally adapted from C. Frith (1992; 1997). The model was further developed from the results of a small-scale study (undertaken by the author; see Walsh, 2001) investigating processing skills of four people with chronic schizophrenia, as explored through their performance on communication tasks. The results of this study will be outlined below. The model will then be used as a framework to interpret these findings and to extend the discussion on processing difficulties in schizophrenia through the identification of *possible communication breakdown points*. Discussing processing deficits requires reference to attention and memory in schizophrenia. Exploring attention will include an explanation of Shallice's *Supervisory Attentional System* (Norman and Shallice, 1980; Shallice, 1982) as it provides some insight into the nature of processing deficits in schizophrenia. Finally, an exploration of a communication processing model also prompts consideration of what may be involved in the processing of conversational interactions as certain cognitive functions such as memory and attention are considered to

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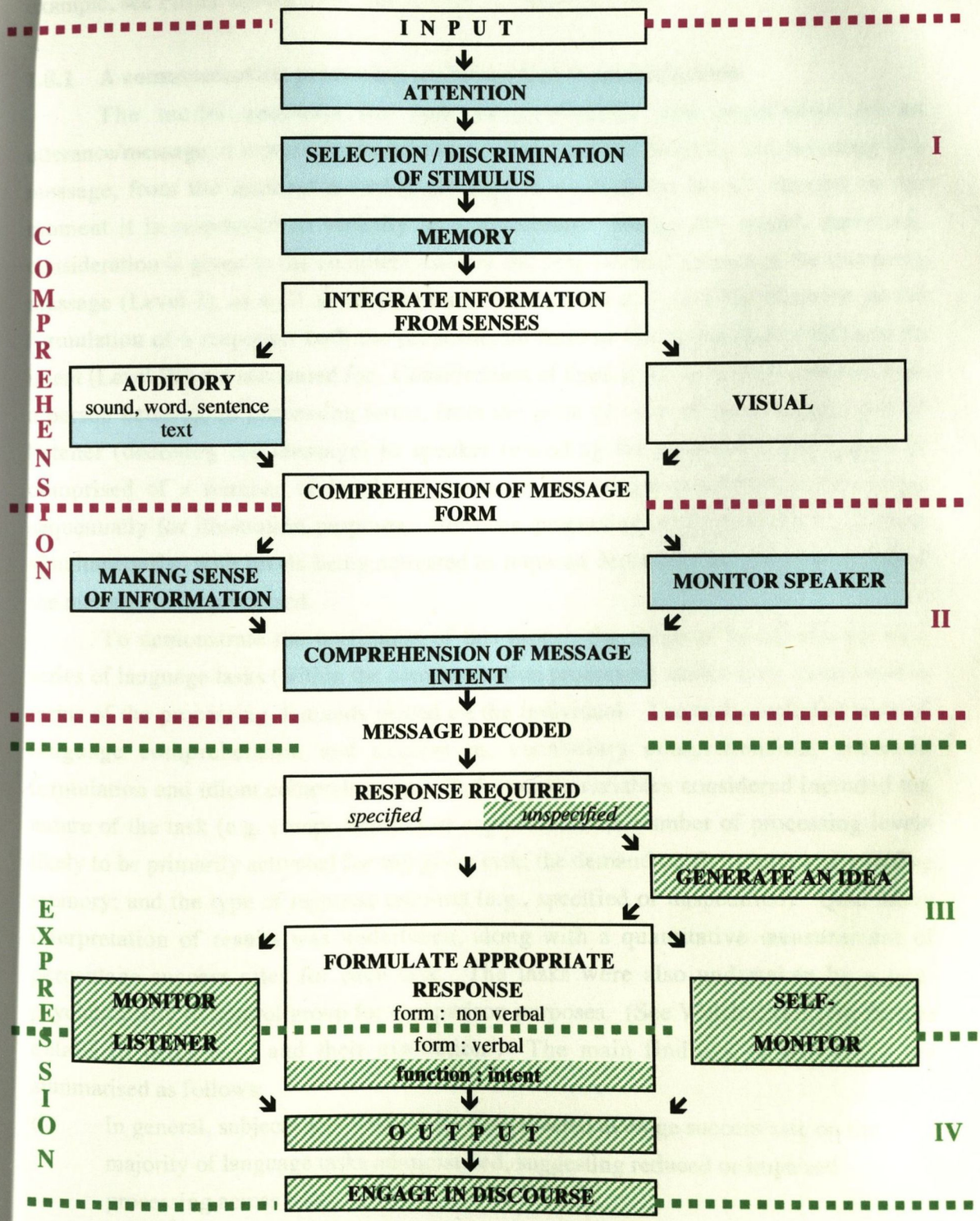


Figure 1.1: Model of communication processing with shaded areas representing potential communication breakdown points for subjects studied (Walsh, 2001).

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be significantly related to overall social competence in chronic schizophrenia (for example, see Foster Green, 1996, and Hooley & Candela, 1999).

1.8.1 A communication processing model applied to schizophrenia

The model accounts for both comprehension and expression of an utterance/message; it represents the processes involved in the decoding and encoding of a message, from the moment a verbal message is received (or heard) through to the moment it is responded to verbally or non-verbally. Within the model, therefore, consideration is given to the comprehension of the propositional content of the incoming message (Level I), as well as its pragmatic force or intent (Level II); likewise in the formulation of a response, both the propositional form of the output (Level III) and its intent (Level IV) are accounted for. Consideration of these levels gives some idea of how a person behaves, in processing terms, from the point of view of the changing role of listener (decoding the message) to speaker (encoding the response). The model is comprised of a number of levels of processes, which are presented as occurring sequentially for illustration purposes. However, processing at different levels goes on simultaneously, with levels being activated as required depending on the complexity of the message to be processed.

To demonstrate the usefulness of this model, the subjects' performances on a series of language tasks (within the communication processing study) were interpreted in terms of the processing demands placed on the individual. The tasks included tests of language comprehension and expression, vocabulary comprehension, sentence formulation and idiom comprehension. Performance variables considered included the nature of the task (e.g. comprehension or expression); the number of processing levels likely to be primarily activated for any given task; the demand on short term and working memory; and the type of response required (e.g., specified or unspecified). Qualitative interpretation of results was undertaken, along with a quantitative measurement of percentage success rates for each task. The tasks were also undertaken by a non-psychiatrically ill control group for comparison purposes. (See Walsh (2001) for further details of tasks used and their evaluation.) The main findings of this study are summarised as follows:

(i) In general, subjects achieved below the expected average success rate on the majority of language tasks administered, suggesting reduced or impaired processing across tasks.

(ii) Subjects performed better on tasks of comprehension than on expression, with the exception of expression at sentence level.

(iii) In general, the results showed an inverse relationship between the success rates and processing complexity of task; as the processing complexity increased the success rates decreased.

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(iv) As the demands on working memory increased according to type of language task, the success rates decreased.

(v) The results show that performance overall was better on tasks where the responses were specified than on tasks where the responses were unspecified. For example, success rates were higher on comprehension at word and sentence levels, where responses were clearly specified (i.e., pointing to pictures), than on tasks where the responses were unspecified (as on tasks expressing higher level language functions, for example, explaining absurdities and the meanings of idioms).

The shaded areas of the communication processing model, in Figure 1.1, illustrate *potential communication breakdown points* informed by subjects' performances on the communication tasks and by general observations made during testing. These breakdown points are discussed below and expanded upon to consider other processing issues as discussed in the literature.

1.8.2 Attentional deficit as a potential communication breakdown point

All four of the subjects with schizophrenia in this communication processing study had problems maintaining attention and concentration during the communication tasks; repetition of test items was often necessary. The first *potential communication breakdown point* can therefore be identified within Level I of the model.

Attentional deficits have been implicated in the language and communication difficulties of people with schizophrenia (Bleuler, 1908; Shallice et al., 1991; C. Frith, 1992; Chaika, 1997), reinforcing the notion that attending, and responding to, the content of a message, may prove too difficult a task for many with the disorder. People with schizophrenia complain about their inability to attend for any period of time; menial activities (such as reading a newspaper or listening to a radio programme) prove difficult. Likewise, attending to a conversation may prove too arduous a task. (Recall the example, referred to in Part I of this chapter, of a person with chronic schizophrenia complaining of the difficulty inherent in listening to me whilst also listening to his 'voices').

Expressing a response to a message may also be affected by attentional deficits. For example, Chaika's (1995, 1997) later work reinterprets schizophrenic speech errors as stemming from 'a lapse in volition and executive control' (Chaika, 1995; 55), similar to what happens in more typical 'slips of the tongue'. Chaika proposes that speech and language disturbances in schizophrenia can be explained by the severity of deficits in attention. For example, in trying to communicate an idea, the person with schizophrenia may express his intention adequately in the first few words or phrases of his utterance, but as he proceeds he may drift further away from the point of the original proposition. Chaika (1995) postulates that because attention has broken down, unwanted associated behaviours proliferate and self-monitoring becomes impaired, with the result that

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routinised activities take over (see also Shallice, Burgess & C. Frith, 1991 as discussed below). An attentional deficit causing poor self-monitoring results in a loss of executive control, according to this explanation. A loss of executive control, with the resultant triggering of other ideas and associations, though more usual in acute presentations (e.g. as in incoherent speech), has also been observed in the discourse of people with chronic schizophrenia.

Additionally, sustained concentration or 'vigilance' has also been found to be impaired in schizophrenia (Bowen et al., 1994). Problems with this attentional process will obviously not only affect conversational participation, but ultimately social skill acquisition (Bowen et al., 1994; Corrigan et al., 1994).

- **Behavioural regulation and attentional mechanisms in schizophrenia**

Behavioural abnormalities (which can include communication difficulties) found in chronic schizophrenia can also be explained in attentional terms, according to Shallice, Burgess and C. Frith (1991). Using a cognitive neuropsychological approach, Shallice et al. (1991) studied the performance of five people with chronic schizophrenia on a series of cognitive tasks. Their findings showed many similarities between the performances of their subjects and people with frontal lobe lesions. C. Frith (1992) suggests that these similarities are reflected in the types of behavioural abnormalities common to both groups: (i) a lack of self-initiated activity, (ii) perseverative and stereotyped activity, and (iii) inappropriate responses to stimuli. Shallice et al. (1991) assert that such behaviours can be explained by a defect in the *Supervisory Attentional System* (SAS) (originally posited by Norman and Shallice, 1980 and Shallice 1982; see Figure 1.2). The SAS is a cognitive system involved in the modulation and co-ordination of responses or actions. The system was designed to explain phenomena in the field of attention and can be described as 'a theoretical account of the attentional control of action' (Fleming, Goldberg & Gold, 1994; 199). The attentional control of action has obvious implications for the regulation of behaviour and, if we take conversational interaction to be a form of behaviour in need of regulation, a consideration of attentional control may help explain some of the difficulties in this area of functioning for people with chronic schizophrenia.

An understanding of the role of the SAS in the regulation of behaviour requires consideration of the function of its component process, termed 'contentive scheduling' (see Figure 1.2). Contentive scheduling is concerned with the process of 'routine selection between routine actions' (Shallice 1988; 334). Any stimulus can trigger a number of possible actions in response to that stimulus. Such possible actions, according to this model, are in competition or are in 'contention' with each other to 'win out' and thus become the action to be carried out in response to the stimulus. The process of contentive scheduling, operating alone, is only capable of 'stimulus-driven behaviour', well-learned routines or those routines clearly specified by the environment (C. Frith,

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1992; 57). The contentive scheduling process, therefore, is unable to *generate* actions or routines required by novel situations, for example. Shallice (1988) and Shallice et al (1991) use the analogy of artificial intelligence to help explain these processes. They explain how computers must be programmed not only to cope with routine operations in the carrying out of well-learned tasks but also to generate solutions to problems of a more 'novel' nature. As the process of contention scheduling can deal only with routinised responses, the SAS must 'supervise' the efficient generation and selection of other responses in situations where routine actions may not be appropriate or effective.

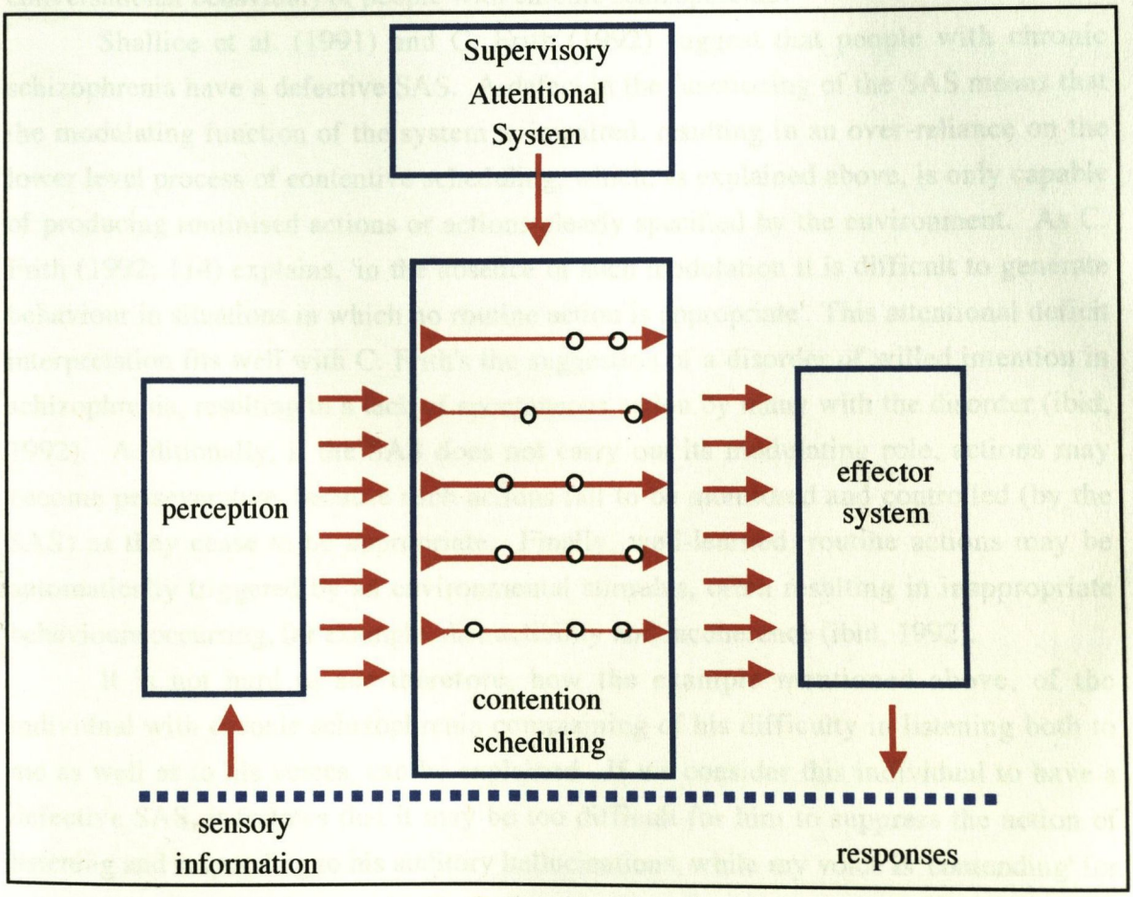


Figure 1.2: The Supervisory Attentional System (Norman and Shallice, 1980 and Shallice, 1982) as interpreted by C. Frith (1992; 57).

Fleming et al. (1994; 199) refer to circumstances put forward by Norman and Shallice (1980, 1986) in which the SAS is called into operation. They include: (i) actions or responses which require conscious deliberation due to the failure of automatic processing; (ii) situations that require careful planning; (iii) the tackling of tasks which are judged to be difficult; (iv) situations that require inadequately learned chains of acts or situations requiring novel acts; and (v) situations in which the inhibition of a habitual action is required. Thus, for the generation and modulation of such actions, the SAS

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requires 'access to a representation of the environment and of the organism's intentions and cognitive capacities' (Shallice, 1988; 335). Shallice further explains that the SAS (ibid; 335):

> ...is held to operate not by directly controlling behaviour, but by modulating the lower level contention scheduling system by activating or inhibiting particular schemata. It would be involved in the genesis of willed actions and required in situations where the routine selection is unsatisfactory -for instance, in coping with novelty, in decision making, in overcoming temptation or in dealing with danger.

Therefore, how can such a system help explain the abnormal behaviours (including conversational behaviour) of people with chronic schizophrenia?

Shallice et al. (1991) and C. Frith (1992) suggest that people with chronic schizophrenia have a defective SAS. A defect in the functioning of the SAS means that the modulating function of the system is impaired, resulting in an over-reliance on the lower level process of contentive scheduling, which, as explained above, is only capable of producing routinised actions or actions clearly specified by the environment. As C. Frith (1992; 114) explains, 'in the absence of such modulation it is difficult to generate behaviour in situations in which no routine action is appropriate'. This attentional deficit interpretation fits well with C. Frith's the suggestion of a disorder of willed intention in schizophrenia, resulting in a lack of spontaneous action by many with the disorder (ibid, 1992). Additionally, if the SAS does not carry out its modulating role, actions may become perseverative, because such actions fail to be monitored and controlled (by the SAS) as they cease to be appropriate. Finally, well-learned, routine actions may be automatically triggered by an environmental stimulus, often resulting in inappropriate behaviours occurring, for example, distractibility and incoherence (ibid, 1992).

It is not hard to see therefore, how the example mentioned above, of the individual with chronic schizophrenia complaining of his difficulty in listening both to me as well as to his voices, can be explained. If we consider this individual to have a defective SAS, it follows that it may be too difficult for him to suppress the action of listening and responding to his auditory hallucinations, while my voice is 'contending' for a response also. In other words, the action of responding to his voices 'wins out', so to speak, as his SAS is operating only at the low level of contention scheduling.

Difficulty in engaging in conversation may also be partly explained by a defective SAS. Well-learned conversational routines such as greetings and partings may pose little difficulty for people with schizophrenia. Likewise, the person with schizophrenia may be able to answer questions asked of them in a conversation, particularly if responses have been clearly specified. However, when spontaneity is required and the individual has to generate an idea or spontaneously contribute to a conversation, difficulties may arise as the SAS fails to supervise such response actions. It may be that the 'conversational

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inertia' observed in some with chronic schizophrenia can be explained in part by a defective SAS.

1.8.3 Memory deficit as a potential communication breakdown point

The performance of the individuals in the communication processing study reflected possible memory deficits: as the demands on memory became greater, success rates fell and communication breakdown was more likely to occur (e.g., having to remember a paragraph, as opposed to single words or short sentences, proved more difficult for the subjects). Thus, we may see breakdown at Level I of the communication processing model.

Memory, and in particular working memory (defined by Baddely (1986) as the temporary storage of information that is being processed in any of a range of cognitive tasks), are central processes involved in processing of information and thus have come under some scrutiny in relation to schizophrenia. Short-term memory is affected in schizophrenia (Grove & Andreasen 1985; Morice 1990) and this deficit, coupled with a disorder of working memory (Morice 1994; Fleming, Goldberg and Gold, 1994) may negatively affect the individual's ability to process a message or carry out simple communicative tasks. Grove and Andreasen (1985) speculate that short term memory difficulties may be due to a 'primary very general attentional deficit in which the automatic disposition of concentration is blocked' (Grove & Andreasen, 1985; 31; see above discussion also). Morice (1994) attributes impairment in the comprehension of complex sentences in schizophrenia to working memory dysfunction.

However, not all people with schizophrenia have memory deficits (Rossell & David 1997), but chronicity and levels of medication may be important variables in this regard. Finally, as memory directly affects language functioning, it follows that memory is of crucial importance for social communication and overall social competence (Goldman et al., 1993), including social skills (Bowen et al., 1994; Corrigan et al., 1994; Hooley & Candela, 1999). Memory deficits will thus have obvious implications for conversational processing. Processing of conversation must require not only the 'on-line' storing and manipulation of information, but also the rapid retrieval of stored information, all functions which would place significant demands on working memory.

1.8.4 Interpretation of message, response generation and self-monitoring

Making sense of incoming messages forces us to refer to both real-world and social knowledge and to the shared knowledge available to the interlocutors; making sense of messages also requires the ability to make inferences where necessary. Due to gross semantic memory deficits, easy access to a store of knowledge about the world may be unreliable in people with schizophrenia (McKenna, Mortimer & Hodges 1994). The individual may have a distorted perception of the world which may prevent an accurate

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interpretation of events or utterances in the sense in which they were meant. (Recall the comprehension difficulties referred to in personal accounts of schizophrenia in Part I of this chapter). For example, in the communication processing study, when asked *'In which country are we?'*, one individual responded *'I better say Ireland. I don't want to upset Germany'*. All but one of the subjects in the study had difficulty with the comprehension of inferences (cf. *theory of mind* studies already discussed). Likewise, poor comprehension of message intent may also explain difficulties in the interpretation of figurative language. When asked to explain the idiom *'to throw one's hat into the ring'*, one individual explained that it meant *'to go to Portugal for a holiday'*. Thus, potential communication breakdown points can be identified at Level II of the proposed model. The implications of failing to fully interpret incoming messages, according to real world and social knowledge, have far reaching consequences for conversational interactions (see also Kramer's (2001) finding of impaired world knowledge possibly affecting narrative performance).

At the stage of generating ideas to form a response (within Level III of the model), the person with schizophrenia (particularly with negative symptoms), may have great difficulty, unless the response is clearly specified by the context or the speaker (C. Frith, 1992; see also Shallice et al., 1991). Again this finding was reflected in the communication processing study, that is, success rates were lower on tests where the responses were unspecified and thus had to be generated by the speaker. Related to the concept of a 'disorder of willed intention', C. Frith (1997) observed that a patient answered all questions asked of him, but never volunteered new information or spontaneously elaborated on answers given. This finding is in keeping with Thompson's (2001) assertion that people with negative symptomatology tend not to initiate or generate themes in their discourse. Additional points of possible breakdown can therefore be identified within Level III of the model. The consequences for conversational participation of being unable to generate a response or make spontaneous, unelicited comments are obvious. This behaviour explains the often 'interview-like' interactions which result from a failed conversational interaction with a person with schizophrenia.

The person with schizophrenia, in the role of speaker, may be able to cope with the structural aspects of formulating a response; expressively he or she may be able to use appropriate phonology, semantics and (possibly less complex) syntax (see Thomas et al., 1996) to get his or her message across. This skill is reflected in the relatively high success rates found on the sentence formulation task. However, many people with schizophrenia have difficulty in monitoring their output and inhibiting irrelevant phrases or perseverations, which adds to the likelihood of communication breakdown (Barr et al. 1989; C. Frith, 1992). A failure in self-monitoring was a feature of the subjects' performance in the communication processing study. Though the *form* of the response

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was usually correct (i.e., a grammatically well formed utterance), the *intent* behind the utterance was often not clear and so the subject had difficulty expressing what he or she meant appropriately (see also 'Peter's' and 'Linda's' personal comments in this regard in section 1.2.3 of this chapter). Furthermore, engaging in meaningful discourse and using language appropriately in context may prove troublesome for the person with schizophrenia (Level IV of the model). Discourse difficulties arise for a number of reasons, not least because of the perceived inability of the person with schizophrenia to take the listener's perspective in an interaction (cf. C. Firth, 1992, 1994).

1.8.5 Reduced or 'different' processing capacity in schizophrenia

When the performance of the group of people with schizophrenia was compared to that of a non-psychiatrically ill control group in the communication processing study, it was notable that, although the former group's performance was markedly weaker, similar performance *trends* across both groups were noted. As for the schizophrenic group, tasks demanding high levels of processing were not as successfully completed by the control group. In other words, the groups' profiles differed in *severity* but not in *shape*. This finding is in keeping with other studies which found that coping with increased demands on processing may be compromised in schizophrenia. Such results suggest an exacerbation of processing difficulties in schizophrenia, rather than a *different* processing profile (see also Braff, 1993 and Barch & Berenbaum, 1994).

It is generally thought to be the case in schizophrenia that the rate of processing information is slowed down or 'sluggish' (Holzman, 1986), resulting in an increased latency of response. A sluggish transfer of information to other processing levels may result in less information being available for processing (Sacuzzo & Braff, 1986). The taking in of too much (or too little) information has also been suggested as contributing to processing difficulties in schizophrenia. It is not hard to see, therefore, the negative impact of slow processing on the rapidity of information exchange and the ever-changing roles of speaker and listener in conversational interactions.

1.8.6 Communication processing: Some conclusions

Consideration of communication processing in schizophrenia has obvious advantages in helping to understand the complexity of the communication disturbance, experienced by some with schizophrenia. However, in the communication processing study, all of the subjects' responses were elicited by specific tasks and so the question of a naturalistic context for communication is again at issue (see previous discussion in Part II of this chapter), as is the feasibility of attempting to explain the intricacies of conversational processing within such a limited model. Nevertheless, the model gives some sense of what might be involved in conversational processing, as interlocutors process information on several levels simultaneously (e.g., propositional content and

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pragmatic intent), while coping with the rapidly alternating roles of speaker and listener. It is hypothesised that, although many processing difficulties may negatively affect the participation of the person with schizophrenia in conversational interactions, the overall effectiveness of the communication performance may be enhanced during conversational interactions, as the interlocutor can compensate for errors and avoid possible misunderstandings by requesting clarification and thus preventing communication breakdown. Conversational interactions also factor out the performance pressure placed on the individual in test-like activities.

1.9 Conversational skills and schizophrenia: Issues of concern

The ease with which we engage in conversation belies the complexity of the process. The previous discussion demonstrated that conversational interaction is an intricate process, requiring multiple levels of processing, as we rapidly process information and alternate between speaker and listener roles. It is only when conversational skills are compromised, as in some people with chronic schizophrenia, that we are forced to consider their complexity and more importantly their social value. The simple desire to engage in conversation, as expressed by many in the personal accounts given in Part I of this chapter, are testament to this social valence. Conversational skills are a necessary precursor to the formation of social relationships. They also perform a crucial function in maintaining healthy social relationships, a key consideration among those who have mental health problems. A lack of appropriate and effective conversational ability is a key determinant in the judgement of socially unskilled behaviour in interpersonal situations (Wong & Woosley, 1989; Liberman, De Risi & Mueser, 1989). Conversational difficulties result in the individuals being perceived as 'bizarre', 'strange' or 'peculiar'. As referred to earlier in this chapter, Christoff and Kelly (1985; 361) talked about the 'differentness' of people with chronic schizophrenia, including in their list of identifying characteristics, social withdrawal, lack of spontaneity, inappropriateness, dull or blunted emotion and peculiar style of communication with others. Bellack et al. (1997; 3), describe the following impressions on meeting with a person with schizophrenia :

> ...most individuals with schizophrenia seem a little odd or 'off centre'. It may be difficult to follow their train of thought in a conversation. They may even say some things that sound slightly odd or unrelated to the topic. Their face and voice may be unusually inexpressive and they may avoid looking at you during the conversation. In fact, you may feel they are not really listening to you. Overall, you are apt to feel a little uncomfortable.

The previous sections of this chapter have discussed language, communication and processing deficits in schizophrenia, which are likely to negatively impact on a person's ability to engage effectively in conversation with another. In Part I we saw, from

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personal accounts outlined, how concerned people with schizophrenia are about communication and conversation. From reports (in Part III of this chapter) of 'diminished discourse planning abilities' (Andreasen et al., 1985) and cohesive weakness in discourse (e.g., Rochester & Martin, 1979; Bartolucci & Fine, 1987; Chaika, 1995), to inferencing difficulties (explained by some within a *theory of mind* deficit e.g., C. Frith, 1992, 1994; Corcoran et al., 1995) and general processing deficits, it is not surprising that conversational difficulties have been described in people with schizophrenia. However, such a negative picture of likely conversational (in)competence in schizophrenia is an over-generalisation which fails to account for individual differences and profile- or symptom-specific performances. The related notion that these conversational difficulties 'belong' to people with schizophrenia also precludes consideration of the interlocutor's influence in conversation. It seems that the only consideration given to the interlocutor in schizophrenia discourse research is the listener's task in discourse comprehension (e.g., Rochester & Martin, 1979; Hoffman et al., 1982; Hoffman, 1986).

The conversational skills of people with schizophrenia have received limited coverage in the research literature. However, some studies have described the *training* of conversational skills within this population and have attempted to measure progress following intervention (e.g., Kelly, Urey & Patterson, 1980; Holmes, Hansen & Lawrence, 1984; Wong & Woosley, 1989; Wong et al., 1993). Behavioural approaches to conversational skills training within social skills programmes are particularly popular. The intensive assessment and training of component skills achieve some successful outcomes (see, for example, Chambon & Marie-Cardine, 1998; Buterin & Liberman, 1998). However, generalisation and carryover of skills remain the most difficult aspect of training (Wong et al., 1993; Wallace, 1998), given that an exclusive focus on behavioural interventions can often result in only short-lived benefits for those involved (Hayes & Collins, 2001). When some significant improvement and carry-over of skills is achieved, Wong and Woosley (1989) consider the strong possibility that the individuals may have been already in possession of the requisite skills, which resurfaced through therapists' prompts. The issue of whether appropriate conversational skills have never been 'learnt' in this group of people, or have been 'lost' due the negative effects of the illness, is questionable therefore (Christoff & Kelly, 1985; Gordon & Gordon, 1985; Wong & Woosley, 1989; Bellack et al., 1997). Additionally, the question is raised as to why, if conversational skills remain present in an individual's repertoire of behaviours, they are not used (Bellack et al., 1997). These are interesting points particularly relevant to the arguments to be presented in this thesis. Whatever the case, conversational skills deficits are usually discussed in relation to those who are chronically ill and consequently, contributory factors such as experiences of institutionalisation, length of illness, motivation, and premorbid functioning are sometimes considered. More specifically, Bellack et al. (1997) specify the issues pertinent to skilled conversational

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behaviour and central to chronic schizophrenia which include, the experience of psychotic symptoms, environmental factors such as lack of reinforcement for efforts, social isolation, information processing deficits and negative symptoms (all of which have been discussed in this chapter).

As for studies in other areas of schizophrenic communication discussed, studies which have attempted to evaluate or measure conversational skills in chronic schizophrenia can also suffer from questionable methodologies. The recent study by Byrne et al. (1998), already referred to section 1.6.4, is a good example of how conversational behaviour is typically evaluated in chronic schizophrenia. In this study, Byrne et al. (1998) rated conversations between people with chronic schizophrenia and an examiner, as the latter followed a questionnaire to elicit conversational speech. As for the other areas of language usage measured in Byrne et al.'s study, conversational speech samples were rated on a five-point scale with a rating of '5' representing 'normal' performance and '1' representing 'marked impairment'. Conversations were rated according to suprasegmental aspects (e.g. prosody, intelligibility, rate, fluency and volume) and overall communicative effectiveness. Turntaking, relevancy and appropriateness of content constituted the parameters by which effectiveness was rated. Results showed that mean ratings of 3.1 for effectiveness and 3.2 for suprasegmental aspects were obtained for the conversational samples of the subjects with schizophrenia, suggesting difficulties in these domains. The authors suggest that 'low self-disclosure' on the part of the person with schizophrenia may have had a negative effect on the raters' judgement of communicative effectiveness.

Certain methodological issues within Byrne et al.'s (1998) study of conversational skills in chronic schizophrenia warrant comment. For example, rating a conversational sample for its effectiveness without recourse to the interlocutor's influence on the interaction is questionable, as is the contrived nature of a questionnaire-driven conversation. However, this method of evaluation is not unusual as there are many other similar questionnaire-based or checklist-driven evaluations used in practice, rating conversational turn-taking, topic management strategies, coherence, relevancy and appropriacy (see for example, Kelly, 1982; Bellack et al., 1997 and Rustin & Kuhr, 1999). Despite the shortcomings of Byrne et al.'s (1998) study, the authors highlight the fact that conversational performance in people with chronic schizophrenia is a crucial area of investigation, as conversational and pragmatic performance is closely tied to perceptions of overall global functioning. Byrne et al. (1998; 845) conclude that intervention programmes designed to improve overall pragmatic, and thus conversational skills, 'would also result in these patients being perceived as less impaired in psychological, social and occupational functioning'.

As studies such as the above suggest, there is a recognised need for intervention to re-establish or improve upon evaluation and enhancement of conversational skills in this

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group of people. Christoff and Kelly (1985) go so far as to suggest that intervention in this skill area should take precedence over other social skills because of its centrality to appropriate and successful interpersonal functioning. This point is clearly illustrated in the following quotation (Christoff & Kelly, 1985; 363-364):

> Unlike relatively simple, discrete behaviours such as tooth brushing, hair combing or even being physically present for ward activities, the skills needed to initiate and maintain social interactions successfully are extremely complex. Effective conversational skills for example require an individual to master a whole range of verbal behaviours .... One might also argue that much attention has been given to teaching skills that may be needed on only an occasional basis. Although being able to resist the unreasonable behaviour of an antagonist (refusal assertion) is an adaptive skill, situations requiring refusal assertion probably occur with relatively low frequency for most people, including psychiatric patients. Other types of social interactions-initiating and maintaining conversations for example-take place far more frequently and may be of greater adjustmental relevance for most psychiatric patients living in the community.

With a trend towards deinstitutionalisation over the past fifteen years or so, comes a renewed interest in developing applied research interventions. However, with the exception of some accounts (e.g., Hayes & Collins, 2001), there has been limited attention paid in the literature to innovative conversational skills interventions, specifically oriented to the needs of people with chronic schizophrenia who are striving to get on with their lives within their social environments. Ideally, interventions should be carefully tailored and designed to meet the changing needs of mentally ill individuals, enabling them to live effectively within their 'new' communities (Christoff & Kelly, 1985), to (re)establish appropriate social relationships and to eventually shed the tag of the 'former mental patient' (see also Abrahamson, 1997, and Barham & Hayward, 1995). Chapter 13 of this thesis will propose a more realistic and naturalistic mode of intervention for the facilitation of conversational skills, in those burdened with the signs and symptoms of chronic schizophrenia.

1.10 Summary

This introductory chapter dealt with three main themes in its exploration of the illness known as schizophrenia. In Part I, some examples of personal accounts from those experiencing schizophrenia revealed the anguish caused by misguided myths and misconceptions in relation to the illness. Experiential perspectives also pointed towards the social aloneness of schizophrenia and the limited opportunities such people face to engage in sociable talk, talk which is so central to the promotion of well-being and general mental health. Furthermore, personal accounts of the communication disturbance experienced by some as part of the illness, alluded to the desire and the need to engage in casual conversation or just to engage in 'talk for talk's sake'. Following these accounts, an

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overview of the criteria for a diagnosis of schizophrenia was presented, along with descriptions of key features of the disorder and how they may be classified. Particular attention was paid to how the illness is manifest among chronically ill individuals.

Part II of this chapter dealt with thought, language and communication in schizophrenia, as described in the literature. This part of the chapter also discussed some important research considerations arising within this domain of study. The discussion showed that, though tendencies to use less opaque terminology and descriptions are beginning to infiltrate the literature on language and schizophrenia, such descriptions need to be backed up by dialogically-grounded, empirical research methods, to accurately describe the communication or conversational sequelae associated with the illness. Many ideas are being put forward to unravel the complexities of the communication difficulties in schizophrenia (e.g., lack of a theory of mind, communication processing difficulties). If such explanations are to gain momentum and serious consideration, they too must be subjected to rigorous research methodologies where *language in the context of its use* becomes the focus for exploration.

The two main trends evident in language and schizophrenia research (i.e., empirically based studies focusing on particular language areas and processing approaches), provided the structure for Part III of this chapter. Here, the language and communication skills of people with schizophrenia were addressed. The review of empirical studies showed how, in more recent years, an increasing emphasis has been placed upon the investigation of aspects of language usage (e.g., studies of pragmatic and discourse skills in schizophrenia). Though language usage is becoming a more popular area of investigation, little attention has been paid to the context of the interaction and the necessary consideration of both speaker and listener in communication. The chapter concluded with a consideration of the socio-relational importance of conversational skills in schizophrenia and of the limited research carried out within this domain of language usage. Reference was also made to the preferred mode of intervention for the (re)establishment of conversational skills in this population (i.e., social skills training) and the need for more innovative and tailored programmes to suit the long-term needs of people with chronic schizophrenia.

1.11 Where to from here? Problems as opportunities within the study of schizophrenic language

Having reviewed various orientations to the study of language and schizophrenia in this chapter, a number of problems pertaining to research approaches have emerged which create opportunities for reconsidering concepts and methodologies in this area of study. Though it could be said that a lot has been learnt about acute presentations in schizophrenia, little systematic research has been undertaken with chronically ill individuals, particularly as far as communication skills are concerned. Likewise, though

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it could be said that a lot has been learnt about the nature of schizophrenic language and, to a lesser extent, schizophrenic communication, the same cannot be said about conversational skills in schizophrenia. These gaps in research can, in part, be blamed on a preoccupation with acute states and the failure to take account of communicative context in research methodologies. Additionally, ignoring that communication, and indeed conversation, is a two-way dynamic process, results in the effects of the interlocutor's role on the interaction being ignored. If, as is suggested in the literature, communication disorder is a more suitable term to describe the language difficulties of schizophrenia, such a proposition begs the question of why more attention has not been paid to dialogical, instead of, or at least in addition to, traditional monological analyses. Though some attempts have been made to address the dyadic social basis of talk in schizophrenia (e.g., Rutter, 1985; Walsh, 1997; Kramer, 1997), the emphasis is still largely placed on the performance of the person with schizophrenia in the interaction. Over twenty years ago, Rochester and Martin (1979) were all too aware of this dilemma in schizophrenic language research. They quote Jakobson's (1964; 163) critique of the study of monologues: 'to tell a story outside the frame of a dialogue, and without being interrupted, is for many natives an utterly artificial situation.' Conceding that 'dialogue is the central unit of verbal interaction', Rochester and Martin (1979; 51), believed that, at that time, the analysis of dialogic patterns of schizophrenic discourse was an important first step. It seems that little has been done since then to take a second step in a different dialogic direction. A shift in focus in the analysis of schizophrenic communication through conversation is long overdue. This thesis aims to take the first challenging step in this different direction.

A preoccupation with the standard paradigm of 'disability' precludes more positively oriented approaches being undertaken in the exploration of schizophrenic communication difficulties. Many of the approaches discussed in this chapter view schizophrenic communication as pathological. Akin to this approach is the view that schizophrenic communication, when compared to so-called 'normal' language usage, is 'incorrect', 'wrong', 'error-ridden' and thus in some way 'deviant'. Wróbel (1989) refers to Andreasen's (1980) typology of thought disorder in schizophrenia as a case in point. Andreasen's *TLC* uses adjectives with negative prefixes (e.g., *in*coherence, *de*railment, *ill*ogicality) and nouns which have obvious negative connotations such as *poverty* (as in poverty of speech/content) and *loss* (as in loss of goal). The use of predominantly disability-based descriptions in schizophrenia are relevant to this thesis and to the hypothesis proposed, which challenges the standard paradigm of communication *disability* in chronic schizophrenia. Dwelling on and looking for *disability*, not *ability*, perpetuates the *deficit* paradigm, preventing any consideration of alternative perspectives or attitudes being exercised in language and schizophrenia research and practice.

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1.12 Conclusions: A step in a different direction

People with chronic schizophrenia are described, and indeed describe themselves, as having difficulties in a number of areas important to the development of effective social relationships, not least in the area of conversational interaction. In the realm of conversational skills, the person with schizophrenia is seen as the person with the problem, the one who is blamed for conversational breakdown, the person with the *disability*. Tendencies to apportion blame on the 'disabled' person are inappropriate if the true meaning of the term *communication* and hence *conversation* is considered. Of primary importance, therefore, is attention to the context of talk. One such context of use is *naturalistic conversational interactions*, where not only the conversation itself may be analysed, but both participants' roles in its construction are necessarily taken into account.

Additionally, we are all too aware of what people with schizophrenia *cannot do* with language and communication, but now we need to ask *what they can do*, given the right communicative or conversational environment. Surely, if talk is the vehicle for social relationship building, and social relations are important for the promotion and maintenance of mental health, an analysis of social talk through conversational interactions with people with schizophrenia may reveal renewed insights into the nature of social communication in schizophrenia.

Therefore, a step in a different direction takes us on a journey to explore schizophrenic communication in the context of its use, that is conversationally. This new direction demands considering the roles of both participants as they engage in such social behaviour. Actively engaging in conversational interactions with people with schizophrenia simultaneously allows for the possibility of reconstruing the person with schizophrenia as one who is *enabled* to function as a effective conversational partner.

The communication context under study in this thesis is *casual conversation*. Casual conversation may be construed as a socio-relational environment where interpersonal relationships are forged through talk. Describing and exposing this socio-relational talk is a difficult task and one which requires an understanding of a broad range of sociological and linguistic approaches to the analysis of conversation. Chapter 2 introduces the concepts behind the analytic approaches utilised in this thesis. Chapters 3 to 6 introduce these analytic approaches by putting them to work in the analysis of everyday talk (as occurring in a hairdressing salon), in an effort to ascertain whether they stand up to the task of exposing socio-relational talk (or, what I will define as a process of 'conversational sociability'). Once proven to expose this process, the analytic framework will be applied to schizophrenic conversations (Chapters 8-11) where it is hypothesised that, rather than displaying a *disability*, people with chronic schizophrenia will exhibit a conversational *ability* or *sociability* not previously exposed in traditional approaches to language and schizophrenia research.

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CHAPTER 2
THE CONSTRUCTION AND NEGOTIATION OF SOCIAL RELATIONSHIPS THROUGH TALK: AN INTRODUCTION TO RELEVANT CONCEPTS AND ANALYTIC APPROACHES

2.1 The construction and negotiation of social relationships through talk: Relevant concepts

2.1.1 Introduction

Chapter 1 illustrated how difficulties with language, and in particular with the social use of language, are manifest in schizophrenia. Problems in this area were discussed under such terms as 'communication', 'discourse' and 'conversational' skills. Terms like these, if not defined precisely, can result in terminological confusion and poor specification of what particular aspect of language use is under discussion. To define the particular area of discourse under study in this thesis, an exploration of different types of 'talk' is presented below in section 2.2. While discussing the nature of conversation, particular reference is made to the notions of phatic communion and small talk.

Different types of 'talk' (the term I will use until it is more precisely defined), have been subjected to many different types of analysis. All approaches to analysis are born out of philosophical arguments on the nature and function of talk, with the unique slant or perspective being determined by the proponent's beliefs, background and discipline. Hence, amidst the myriad of approaches, certain types of analysis can be grouped together in complementary relationships. For example, ethnographic and interactional sociolinguistic approaches to discourse provide integrated and inclusive means of analysis for a variety of talk situations; these approaches allow talk to be viewed in terms of the relationships of participants, both external to and within the current talk itself. The pioneering work of the sociologist Erving Goffman (1955) *On Facework* and on the *Frame Analysis of Behaviour* (1974) have spawned interactional sociolinguistic approaches to analysis of talk. Goffman's work on *facework* was pivotal to Brown and Levinson's (1987) *Politeness Theory* and its applications. Goffman's frame analysis of behaviour and talk was the impetus for Tannen's (1993) significant work on *Framing in Discourse*. Following a discussion in this chapter (section 2.5) of the concepts which gave rise to these analytic approaches, principles and applications of the approaches themselves will be outlined (Chapters 4 and 5, respectively).

Tackling what is reflected within the talk itself requires a more structural analysis of what is going on. Many instances of talk occur in asymmetric (or 'unequal') relationships (e.g. teacher-pupil, judge-defendant, doctor-patient). An exploration of the meaning of power and its manifestation in discourse will be discussed in Chapter 3, with some attention paid to doctor-patient interaction, because it has most relevance for this thesis. Finally, no study of the negotiation and construction of social relations through

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talk would be complete without reference to the overall style or tenor of the interaction, collaboratively created by the participants. More usually invoked in the analysis of intercultural or intergenerational communication, *Communication Accommodation Theory* (CAT) (N. Coupland et al., 1988; N. Coupland, J. Coupland & Giles, 1991) has a significant role to play in the unravelling of the complexities involved in effective social interpersonal communication and is closely allied to considerations of power and politeness in interactions; a summary of the main principles of CAT will therefore be presented in section 2.6 of this chapter.

Thus, a presentation of the analytic applications, spawned by the concepts of *power*, *framing* and *politeness* in discourse (supported by normal conversational data), lays the groundwork for the methodological approach used in this study. The methodological approach, though multi-theoretical in nature, has the unifying concern of the exposure of *conversational sociability* in face to face interactions (a concept which will be defined at a later stage in this chapter). Schiffrin (1994) recognises the challenge of approaching discourse analysis from a number of perspectives. Her analogy of the task of 'cutting bread' is apt within this context (Schiffrin, 1994; 16):

> Imagine we are trying out a number of different tools (a saw, a butter knife, a screwdriver and a pair of scissors) to accomplish one particular task (we want to cut a piece of bread). We would probably learn not only about the tools, but also about the task we are trying to accomplish (cutting) and the material we are handling (bread).

The analogy suggests that different approaches to the analysis (and exposure) of conversational sociability will not only tell us something about the approaches (or tools) used, but will also reveal something interesting about the material under scrutiny, the conversational interactions.

2.2 'Talk' by any other name

2.2.1 Talk as spoken communication and discourse

'Talk' is a sufficiently generic term to encompass many aspects of language usage. Human spoken language, broadly speaking, has many functions, not least of which is the communication of ideas, thoughts and feelings. Definitions of communication can vary according to the context of its use. One such definition claims (U. Frith & Happé, 1994; 97; following Sperber & Wilson, 1986) that for true communication to take place, a change in the beliefs or thoughts of the communication partner must occur, that is:

> communication is a process by which one alters the physical environment of another in such a way that the other constructs internal representations similar to those in the head of the first.

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This definition makes a distinction between language (a grammar-governed representational system, a self-contained module) and communication, a distinction pertinent to U. Frith and Happé's (1994) and C. Frith's (1992, 1994) discussions of *theory of mind* in autism and schizophrenia, respectively (as discussed in Chapter 1).

One of the means by which we communicate is through spoken discourse. Schiffrin (1994; 386) explains that 'discourse is used for communication: people use utterances to convey information and to lead each other toward an interpretation of meanings and intentions.' Communication through discourse, therefore, has two primary aims: to convey information and to alter or negotiate meaning. Other sources emphasise the relational aspect of communication. For example, Watzlawick, Beavin and Jackson (1967; 51ff) outline the *content* and *relationship* levels of communication. Content therefore is 'anything that is communicable regardless of whether the particular information is true or false, valid, invalid or undecidable', whereas the relationship level refers to 'what sort of message it is to be taken as and therefore ultimately to the relationship between the communicants'.

Brown and Yule (1983; 1) similarly discuss two main functions of language and communication: the *transactional function* that is, the expression of content, and the *interactional* function, defined as the expression of social relations and personal attitudes (echoing Halliday's (1975) ideational/interpersonal functions). More recently, Locke (1998; 27) refers to the two functions of human language as being 'propositional speaking' and 'intimate talking'; he uses the former term to refer to the 'transmission of impersonal facts' and the latter to refer to casual conversation, such as small talk, 'chit-chat' and gossip. Most recently the use of language for such negotiation of social relationships, has been referred to as *rapport management* (Spencer-Oatey, 2000; 3). The question of whether interactions can be categorised or described in such dichotomous terms (i.e., 'either/or' talk, as outlined above) has recently come into question through discussions of the function of 'small talk', a point which will be further elaborated upon in this chapter.

If the term 'communication' evokes innumerable definitions, the concept of 'discourse' experiences the same fate. Schiffrin (1994) and Jaworski and N. Coupland (1999) introduce their respective texts on discourse analysis by exemplifying some of these definitions to illustrate the diversity of meaning and specificity entailed within the term 'discourse'. Naturally, the meanings are determined by the philosophical or theoretical backgrounds and beliefs of the writer(s), and so we see definitions with a predominantly sociological, anthropological, psychological or linguistic slant. For example, a definition with a strong sociological influence is evidenced by the following, from Fairclough (1989; 22, 25), as he defines discourse as a type of 'social practice':

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> Discourse involves social conditions which can be specified as *social conditions of production* and *social conditions of interpretation* ...(which) ...relate to three different levels of social organisation: ...the immediate social environment in which the discourse occurs, the level of the social institution which constitutes a wider matrix for the discourse; and the level of the society as a whole.

Casting a wide net in social terms, Fairclough's inclusive definition incorporates consideration of both spoken and written discourse in a variety of contexts (e.g., the discourse of advertising and of the ideology of 'Thatcherism', for example). Similarly, van Dijk (1997; 2) discusses discourse in terms of 'action in society' where '... language users accomplish social acts and participate in social interaction, typically so in conversation and other forms of dialogue.' van Dijk, though emphasising the special interactive nature of discourse 'as ongoing social action', cautions against losing sight of *structure,* claiming that discourse must also pay attention 'to order and organisation' (van Dijk, 1997; 2).

Other definitions take different angles. Coming from a specifically linguistic stance, including structural considerations, Crystal (1992; 25) defines discourse rather simply as: 'a continuous stretch of (especially spoken) language larger than the sentence, often constituting a coherent unit such as a sermon, argument, joke or narrative'. Crystal's very general definition also alludes to function, an aspect which is more explicitly stated by Brown and Yule's (1983; 1) definition of the concept:

> ...the analysis of discourse is necessarily the analysis of language in use. As such, it cannot be restricted to the description of linguistic forms independent of the purposes or functions which those forms are designed to serve in human affairs.

Following an exploration and integration of the functionalist paradigm (i.e., that discourse is language use) versus the formalist paradigm (i.e. that discourse may be perceived as language above the sentence or clause), Schiffrin (1994; 39) arrives at her definition of the concept as 'discourse as utterances' :

> ...by saying that utterance (rather than sentence) is the smaller unit of which discourse is comprised, we can suggest that discourse arises not as a collection of decontextualised units of language structure, but as a collection of inherently contextualised units of language use.

Schiffrin (1994) asserts that an interdependence between structure and function is necessary and proceeds to show how this is readily revealed by the analysis of spoken texts.

The diversity and variety of interpretations which the term *discourse* evokes, is illustrated by the above selection of definitions of the concept. Jaworski and N. Coupland (1999; 3) observe the emphasis on 'language in use' across definitions of

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discourse, while at the same time acknowledging other opinions of discourse being *beyond* language in use (e.g. see Fairclough, 1992). Whatever the interpretation, it is easy to conclude as Yule (1996; 83) comments, that discourse analysis covers a very broad range of activities, ranging from the specifics of the function of discourse markers such as 'oh' or 'well' (e.g. Schiffrin, 1987) to the analysis of 'the dominant ideology in a culture'. The focus of this thesis, however, is firmly grounded in the (spoken) *language in use* paradigm and particularly in one specific genre, conversation.

2.2.2 Talk as conversation

As alluded to by Crystal (1992; 25), there are many and varied genres of discourse including classroom discourse, medical discourse and courtroom discourse, to mention just a few. The 'type of talk' or 'discourse type' (a term favoured by Fairclough, 1989) which occurs in these contexts is, in general, specific to those settings and is in turn generated by them, with clearly demarcated structures of interaction and speaker/listener roles for participants (e.g. judge-defendant, teacher-pupil, doctor-patient etc.). If discourse includes conversation (Mey, 1993; van Dijk, 1997), it is feasible that conversation may be perceived as constituting a genre in its own right. However, such an assertion has implications for how 'conversation' is defined.

The term *conversation* has been defined in many ways and is one which has been overused to account for many types of talk, including that which occurs in varied contexts, as referred to above. In effect, because talk is pervasive, conversation has almost become synonymous with interpersonal communication in face-to-face interaction generally (Myllyniemi, 1986).

Levinson (1983; 318), however, makes a helpful distinction between *conversational activity* and *conversation*, the former being described as '...something characterisable in terms of local organisation and especially the operation of the turntaking system'. Levinson explains that, there are many types of talk which do not exhibit these kinds of properties of local organisation and turntaking systems (e.g. sermons, lectures) and therefore, may not be considered 'conversational'. However, he points out that other genres (e.g. courtroom or classroom discourse) *do* feature characteristics of conversational activity (e.g. turntaking) but are not perceived as 'conversations' in the typical sense. Wilson (1989; 1ff) echoes this view and argues that to describe talk occurring in these interactions as *conversation* may be 'imprecise'. However, he does not deny the possibility of conversational-like interactions occurring in these contexts, but questions the validity of calling them 'conversational' without a clear definition of what is meant by the term. Wilson (1989; 1) comments: 'In many ways we know what kinds of talk are not conversational but we are less certain about that type of talk which is conversational.'

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Delineating precisely what conversation is, brings with it the task of reviewing some definitions and differentiating the various properties attributed to it. As with the term 'discourse', the term 'conversation' suffers (or benefits) from inclusive and exclusive definitions depending on the particular discipline defining the term. In general, there are all-encompassing definitions, such as the following, taken from a psychology text (Harré, 1983; 65). This definition claims that conversation denotes :

> ...not only speech exchanges of all kinds, but any flow of interactions brought about through the use of a public semiotic system, such as that involved in the meaningful flying of flags, the wearing of uniforms, ballroom dances, gestures and grimaces, *concours d'élégance* and so on.

This all-inclusive definition is more typical of the often wide definitions of communication rather than conversation, but shows just how pervasively applied terms may become.

Another more general definition, yet more linguistically specific and within the spoken discourse domain, comes from a paper by Schegloff (1968; 375) who states:

> I use 'conversation' in an inclusive way. I do not intend to restrict its references to the 'civilised art of talk' or to 'cultured interchange' ...to insist on its casual character thereby excluding service contacts, ...or to require that it be sociable, joint action, identity related etc....I mean to include chats as well as service contacts, therapy sessions as well as asking for and getting the time of day, press conferences as well as exchanged whispers of 'sweet nothings.'

Schegloff's inclusive definition reflects his structural concerns for the 'nuts and bolts' or the 'organisational machinery of conversational interaction' (Coulmas, 1981; 1) across genres (akin to Levinson's (1983) notion of *conversational activity* referred to above). Being one of the pioneers of the *Conversational Analysis* approach to the analysis of discourse, it is not surprising that Schegloff gives such a broad definition of the term.

Others, however, emphasise the social nature of conversation and see it as being central to the 'social fabric' of life 'in which not only words are woven together, but human acts and lives' (Mey, 1993; 194). Myllyniemi (1986; 147) talks about conversation as:

> ... a form of social interaction in which language is used in a systematic reciprocal manner. It is an uniquely human form of social interaction and one of the most important achievements of human socio-cultural evolution.

The emphasis on the social aspects of language use quite naturally leads to a consideration of the interpersonal nature of conversational interactions, highlighted by many (Watzlawick et al., 1967; Halliday, 1975; Brown & Yule, 1983; Locke, 1998; J. Coupland, 2000; Spencer-Oatey, 2000). Locke's (1998; 27) description of intimate talking is a case in point, as he describes a type of talk which 'serves self expressive needs

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by revealing personal thoughts and feelings and by eliciting social reactions to those revelations'. Locke (1998; 30) emphasises that such talk, though sounding like the 'cotton-candy' of human language, is among language's 'most important applications'.

With consideration of the nature and function of casual conversation, it is not surprising, then, that there has been increasing interest in, and development of, analytic approaches to differentiate it from other conversational interactions and establish it as a genre in its own right (e.g. Cheepen, 1988; Wilson, 1989; Eggins & Slade, 1997). Cheepen, in establishing a 'predictability' and patterning in informal conversation, prefers the use of the term 'primarily interactional encounters' to refer to conversational talk (Cheepen, 1988; 9). While Cheepen's focus is on the study of informal spontaneous conversation, she employs other more formal types of conversational interactions (e.g., tutorials and interviews) to set her arguments in context.

Wilson's (1989; 28) description of conversation specifies that 'conversation is that speech event where an effort is made to maintain an equality of speaker rights'. Wilson argues that when conversation is taking place there is a symmetric relationship in operation where each interlocutor has 'equal rights' to speak in the conversation. He emphasises however that having 'rights' is not the same as having equal 'turns' (i.e. 'speaker turns are controlled by the turn-taking system while speaker rights are controlled by the structure of the speech event' (Wilson, 1989; 20)). An equality of speakers' rights implies that any speaker has an equal right (within the conversation) to initiate a topic, to interrupt, to respond or to remain silent. Wilson goes on to explain, therefore, that genres of discourse may be defined by a variation in the distribution of speaker rights. The following example illustrates this point well. Features of typical classroom discourse may be observed during formal teaching. However, before class begins, a teacher and a pupil may engage in conversation where an equality of speaker rights may be in operation, with the shift to formal classroom discourse occurring once class begins. Likewise, considering the interview process as a particular type of speech event, it is easy to see how speaker rights may be observed to be controlled more closely. However, that conversation may be considered in terms of an equality of speaker rights, does not imply that there are no controls employed in conversation. Rather, as Wilson points out, what is of importance is that there is a difference in the *relative distribution* of the right to carry out conversational behaviours.

Eggins and Slade (1997; 20) reserve the term casual conversation to refer to 'interactions which are not motivated by a clear pragmatic purpose and which display informality and humour'. They therefore exclude, for example, service encounters (e.g., post office transactions) where a specific goal is aimed at and where 'it is difficult to loiter linguistically once your task has been achieved' (Eggins & Slade, 1997; 20). Their focus therefore is primarily on the informal 'chat' that occurs between friends and

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workmates outside of formal interactions, with the aim of illustrating that casual conversation is :

> ...despite its sometimes aimless appearance and apparently trivial content, a highly structured, functionally motivated, semantic activity ...motivated by interpersonal needs....concerned with the joint construction of social reality (Eggins & Slade, 1997; 6).

That conversation is one of the most basic and fundamental means by which people become acquainted and build relationships with each other is a well established premise today. Yet, it was largely thanks to the anthropologist Malinowski that this aspect of conversation was brought into focus and distinguished from other functions of language and communication. Malinowski's (1923) classic treatise on the subject eloquently discusses and defines the notion of *phatic communion* a concept which is central to any exploration of casual conversation. Due to its importance and centrality to the present discussion, it is necessary to map the origin of the term and examine how it has been perceived in the literature (section 2.3). It is testimony to Malinowski's recognition of *phatic communion*, as a form of talk, that it continues to prompt considerable discussion to the present day, most recently illustrated by a resurgence of interest into what is more commonly referred to today as 'small talk' (see section 2.4).

2.3 The nature of Phatic Communion

A quote from a person dependent on the use of an alternative communication device serves to set the scene for further discussion of this aspect of conversation (from Williams, 1993, as cited by King, Spoeneman, Stuart & Beukelman 1995; 260):

> With a voice output device people really do expect me to engage in idle chit chat, a form of communication I used to abhor; after all, why go to all the work of communicating something that means nothing? It suddenly dawned on me one day that this chit-chat, small talk, shooting the breeze kind of communication was a large part of daily social interaction and I'd better start doing it if I wanted to be in the mix.

The notion of 'small talk' or 'intimate talking' (the term favoured by Locke, 1998), so well described in the above quotation, has intrigued and puzzled researchers as to its value and function in conversational interactions. Though small talk has been estimated as amounting to approximately one-third of an adult's daily utterances (King et al., 1995), it is often relegated to a position unworthy of serious research because of its apparent 'unimportance' or 'meaninglessness' (Candlin, 2000; J. Coupland, 2000). However, particularly in anthropological domains, the manifestations of the phenomenon have been closely examined across cultures and different discourse situations.

The more opaque term, *phatic communion*, used to refer to small talk was first coined by Malinowski in 1923 (admitting himself that when he came up with the term, he

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was 'actuated by the demon of terminological invention' Malinowski, (1923;151)). *Phatic* comes from the Greek word *phatos* meaning *spoken* and is a term defined by the *Oxford English Dictionary* as 'used to convey general sociability rather than to communicate specific meaning, for example, *nice morning isn't it* ?' With the associated notion of *communion* it is easy to formulate a preliminary definition of the term, as describing participation in a type of talk in which the primary aim is to convey and share sociability. However, there have been various interpretations of the concept put forward in the literature, some of which are discussed below.

2.3.1 Origin of the term

The term *phatic communion* first appeared in Malinowski's (1923) paper entitled *The Problem of Meaning in Primitive Languages*. Before concentrating on the concept itself, it is useful to trace its origin through Malinowski's discussion. In his classic paper, Malinowski examined the nature of language in general and the problem of meaning in particular, with reference to its use in primitive times. In doing so he stated that, although an ethnographic perspective is essential in the scientific study of language, it is not sufficient and needs to be complemented by a discussion of the concept of the *context of situation*. Malinowski elaborated on this concept while striving to discover the nature of language as discussed in terms of its primitive use.

Drawing on his own experience, Malinowski (1923) used a vivid description of the activity of fisherman of the Triobriand Islands, to introduce the notion of *speech-in-action* and describes the type of talk going on among those engaged in such a concerted activity. This talk is characterised by 'customary signs or sounds or words', by utterances which are 'full of technical references to the channels or patches on the lagoon' and by various exclamations such as:*pull in, let go, shift further* and *lift the net* (ibid; 473). Utterances of this sort, he explains, are bound up with the 'context of the situation and the aim of the pursuit' (ibid; 473) and are therefore learnt through action, rather than through reflection. Yet, as Malinowski explains, this type of talk can be found to occur in any joint activity, where the participants are engaged in achieving a unified goal and where the same lexical and grammatical peculiarities are represented, that is: 'the dependence of the meaning of each word upon practical experience and of the structure of each utterance upon the momentary situation in which it is spoken' (ibid; 474).

As referred to above, Malinowski draws on the distinction between language used as a *mode of action* and as a *instrument for reflection*, and he suggests that in primitive times the latter function may not have been available to primitive non-civilised people. In other words, in its primitive functions, language was used to accompany and regulate practical activity and functioned as a 'link in concerted human activity, as a piece of human behaviour' (ibid; 474). Malinowski also recommends that when considering the

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nature of language in its primitive forms, it must be thought of as integral to the activity 'as a mode of human behaviour in practical matters' (ibid; 474).

Though this is but one interpretation of the nature of language as used in primitive times, Malinowski questions whether other types of talk, used primitively, may also help to clarify the nature of language. (He refers briefly to *free narratives* as occurring in primitive communities as a type of speech which is also linked with action. However, moving on from the notion of speech-in-action to the 'use of language in pure social intercourse', Malinowski questions the initial conclusions about the nature of language itself (i.e., as a mode of behaviour) 'when the object of talk is not to achieve some aim but the exchange of words almost as an end in itself' (ibid; 475). Malinowski states that such language usage requires special consideration and hence he introduces the notion of *phatic communion*.

2.3.2 Phatic communion: A definition

Unlike the description of speech-in-action as outlined above, language used in 'free, aimless, social intercourse' (ibid; 476) seems to be deprived of any context of situation, according to Malinowski; it is not dependent on what is actually occurring at any time. In other words, this talk does not obviously connect people in action or does not serve to transmit information, but rather creates 'ties of union ...by a mere exchange of words' (ibid; 478). The creation of 'ties of union' is essentially the core of Malinowski's definition.

Phatic communion is therefore characterised, according to Malinowski, by such formulaic greetings as *How do you do? Nice day today,* followed by a 'flow of language' which consists of 'purposeless expressions of preference or aversion, accounts of irrelevant happenings, comments on what is perfectly obvious' (ibid; 478). This type of talk (also characteristic of primitive and savage societies) is not used primarily to convey meaning, but fulfils an important social function. So again Malinowski poses the question of what does such talk tell us about the nature of language itself? Can it be considered as a mode of action if it serves 'the direct aim of binding hearer and speaker by a tie of some social sentiment or other?' (ibid; 479). He concludes that like speech-in-action as described above, language, as described in terms of phatic talk, is not an instrument of reflection but a mode of action which 'serves to establish bonds of personal union between people brought together by the mere need of companionship and does not serve any purpose of communicating ideas' (ibid; 480).

Thus language, when described even in its primitive form, has the features of a mode of behaviour. When discussed in terms of speech-in-action or *phatic communion*, the nature of language itself, as Malinowski concludes, may be described as *pragmatic*. This description enhances the understanding of the nature of language and avoids 'the one sided view' of language as only 'a means for the embodiment or expression of thought'

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(ibid; 481). It is therefore within the context of this discussion that the notion of phatic communion was first introduced.

2.3.3 Phatic communion or not?

Since Malinowski's description of *phatic communion,* the term has been interpreted in many different ways. Firstly, it is apparent from the literature that it is discussed from positive and negative perspectives; positive in terms of its function in promoting social relationships and negative in terms of phatic language being described as 'meaningless'. Likewise, other interpretations discuss the notion of phaticity in a broad, inclusive way, as occurring throughout discourse. Other writers discuss phatic communion in a more limited sense, suggesting that it may only be confined to conversational greetings and partings. With differing interpretations come different terminology. In order to reach an understanding of the true nature of phatic communion, it may be helpful to present the varying interpretations of the concept as presented in the literature under the following themes: (a) positive and negative perspectives of phatic communion, (b) the foregrounding of relational goals, and (c) the structural manifestation of phaticity within discourse.

2.3.4 Positive and negative perspectives of phatic communion

J. Coupland, N. Coupland and Robinson (1992), in an effort to arrive at a consensus view of phatic communion, present some of the negative and positive evaluations of the concept. As J. Coupland et al. (1992; 209) suggest, phatic talk may be discussed negatively in terms of being 'referentially deficient and communicatively insignificant'. They cite numerous authors who have defined the concept negatively. Abercrombie (1956; 3) suggested that 'the actual sense of the words used in phatic communion matters little.' J. Coupland et al. cite others, including Leech (1974; 62), who describe phatic communion as being characterised by inoffensive and uncontroversial remarks rendering it 'dull and pedestrian'. Turner (1973; 62) describes phatic communion as semantically 'empty' and comments that 'so long as a conversational hiatus is filled, what one says matters little'. Such negative perspectives can be traced back to Malinowski's (1923) original description, when he refers to this type of talk as 'aimless' or fulfilling a function 'to which the meaning of its words is almost completely irrelevant' (p. 476). J. Coupland et al. also draw parallels with *gossip* (a term also used by Malinowski in his description of phatic communion). They suggest that many of the features of phaticity overlap with gossip, in terms of topic restriction and the 'triviality, non factuality and relational closeness' (J. Coupland et al., 1992; 210).

The *relational closeness* referred to above suggests a positive perspective of phatic communion, which again stems from Malinowski's initial description. Positive relational values are highlighted when Malinowski refers to the 'ties of union' being

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created 'by a mere exchange of words'. Relational aspects of talk are also referred to, as Malinowski discusses how phatic utterances have the 'direct aim of binding hearer to speaker by a tie of some social sentiment or other ' (Malinowski, 1923; 478, 479).

Laver's work on phatic communion (1974, 1975, 1981) focuses very specifically on its relational value, proposing that one of its underlying goals is to establish interpersonal relationships. Laver focuses his discussion on the opening and closing phases of conversation. In the opening phase, Laver suggests that the linguistic routines of phatic communion seem to have three social functions (as summarised by Laver (1981) referring to his earlier work (Laver, 1975)):

(i) *a propitiatory function*: to diffuse the possible hostile attributions of silence 'where speech is conventionally anticipated' (Laver, 1975; 220)

(ii) *an initiatory function*: which serves to get the interaction started where participants engage in 'using emotionally uncontroversial material and demonstrating by signals of cordiality and tentative social solidarity their mutual acceptance of the possibility of an interaction taking place' (ibid, 1975; 221)

(ii) *an exploratory function:* which serves 'to reduce uncertainty and in so doing allows participants to feel their way towards the working consensus of their interaction' (ibid; 221). This function also serves to reveal, to some extent, the participants' perceptions of their relative social status (Laver, 1981).

The propitiatory function echoes Malinowski's reference to the fact that 'another man's silence is not a reassuring factor but on the contrary something alarming and dangerous' (Malinowski, 1923; 477) and so this function serves to appease the interactants, acting as an 'ice-breaker'. (It is important to note here, however, that tolerance of silence in conversational encounters varies widely, is often culturally determined and rather than being viewed as the opposite to small talk, may be considered to be in complementary relationship to it (Jaworski & N. Coupland, 1999; 293; Jaworski, 2000). The exploratory function may involve consideration of the 'alignments' that people 'take up to each other' in face to face interactions, that is the establishment of *footings* in Goffman's (1981) terms, an aspect which will be further discussed in Chapter 4.

Laver (1975) refutes the suggestion that phatic talk is meaningless, stating that the meaning of what is said phatically has relevance for the nature of the interaction. Laver argues that the choice of a particular comment or remark, which serves as a phatic opener, will determine the nature of the relationship for any particular encounter. Laver discusses phaticity then in terms of establishing *interpersonal frameworks* which are established through the choice of what Laver (1981) calls *neutral, self-oriented, other oriented* or opening utterances. These three categories of phatic utterances are characterised as follows:

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• *neutral utterances* about factors common to both speaker and listener (e.g. comments about the weather). These utterances are often syntactically simplified which serve to signal their phaticity.

• *self-oriented utterances* which comment on factors personal to the speaker (e.g. *'I do like a breath of fresh air'*; *'My legs weren't made for these hills'*).

• *other-oriented utterances:* that refer to factors specific to the listener (e.g. *'How's life?'*, *'How's the family ?'*,*' How's business ?'*, *'Do you come here often?'*).

As Laver (1975) explains, such choices may be based on the relative status of the participants in the interaction in terms of a solidary/non-solidary relationship (e.g., where participants are described as *admitted inferiors*, *admitted superiors* or *social equals*, etc.). For example, an admitted inferior may open an encounter with an admitted superior with a self-oriented comment such as *'hot work this'*. However, *'that looks like hot work'*, an other-oriented comment, could be made by an admitted superior in another situation. In both instances, the speakers respect the relationship in operation and set the interpersonal framework for the interchange. Likewise, where two social equals begin an interaction, a neutral opener may be used (e.g. a comment on the weather), whereas in situations where participants share a solidary relationship, there may be a free choice of opener, 'as the solidarity between them takes precedence over their relative status' (as discussed by Cheepen, 1988; 19).

Laver's opening phase is defined as that phase which occurs *after* the initial formulaic greetings and as mentioned above signals and establishes the interpersonal framework for the encounter. Likewise, Laver's closing phases operate similarly in summing up what the interpersonal relationship established has been about; this phase usually makes a reference to the possibility of future meetings (e.g., *'Let's get together again')* therefore functioning as a link in an ongoing chain of events. As Cheepen (1988; 20) interpreting Laver (1975) points out, it is likely that the person who initiated the closing will make a reference to some factor outside of the interaction, to act as a reason for bringing the interaction to a close (e.g., *'Look is that the time! I have to be up early in the morning'*); comments like these serve to ease the negative effects of leave-taking.

Laver's closing phase may be characterised by two functions *mitigation* and *consolidation* (Laver, 1981). The majority of the utterances falling within these functions are self-oriented and other-oriented, with relatively less neutral forms being used. Mitigatory comments are of the type: *'I'm sorry I have to go'* or *'I have to relieve the baby-sitter.'* Consolidatory comments are typically of the form *'Nice talking to you'*, *'God bless'*, *'Watch how you go'* and so on, where the function is very obviously relational.

It is clear from the above discussion of Laver's interpretation of phatic communion, that *politeness* has a central influence on phatic-like encounters with the notion of *positive/negative face* pervading such interactions. Politeness theory was

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developed by Brown and Levinson (1987). Within the theory, *negative face* is defined as 'the want of every "competent adult member" that his actions be unimpeded by others.' *Positive face* is defined as 'the want of every member that his wants be desirable to at least some others' (Brown and Levinson, 1987; 62). The role of politeness in phatic communion is pertinent. Leech (1983; 141) refers to the 'close connection between politeness and the activity of talking merely to preserve sociability' (further discussed in more detail in Chapter 5). It can be seen how, for example, mitigatory comments are usually addressed to the negative aspect of face, whereas consolidatory comments are addressed to the positive aspect of face.

From the above account of Laver's interpretation of phatic communion, it is apparent that relational factors figure significantly. The fact that Laver discusses phaticity as occurring in opening and closing phases only is a reflection of his particular interpretation of the concept and will be further discussed below.

Cheepen (1988; 20) states that her view of phatic communion is based on Malinowski's original description. She suggests that it is most easily understood when contrasted with Malinowski's reference to speech-in-action as outlined above. Cheepen states:

> Where phatic communion is in progress, the situation for the speakers IS the exchanging of phatic communion. Its purpose then is not to further any action currently in progress nor to cause or further any action in the world in the future-it is to enable the speakers to relate to one another through the use of language without consideration of the needs of the outside world (Cheepen, 1988; 20).

Cheepen's assertion that the purpose of phatic communion is to enable the speakers to relate through language, further supports the positive perspective of highlighting relational concerns. As referred to earlier, Cheepen prefers to perceive phaticity as 'chat' or *interactional language* (as opposed to transactional language).

2.3.5 Phatic communion: The foregrounding of relational goals

Both Laver's (1974) and Cheepen's (1988) discussions of phatic communion in positive relational terms is further developed by J. Coupland, N. Coupland and Robinson (1992), who highlight the foregrounding of *positive relational goals* as characterising phatic communion (see Figure 2.1 below).

J. Coupland et al. discuss phatic communion as being essentially negotiated between participants in the interaction (such negotiation strategies will be referred to in more detail in the following section). In a later paper, J. Coupland, Robinson and N. Coupland (1994; 92) summarise phatic communion or phatically designed talk, as the combination of two essential functional characteristics: (i) the relative foregrounding of socio-relational goals over informational and task goals, and (ii) a relative lowering of

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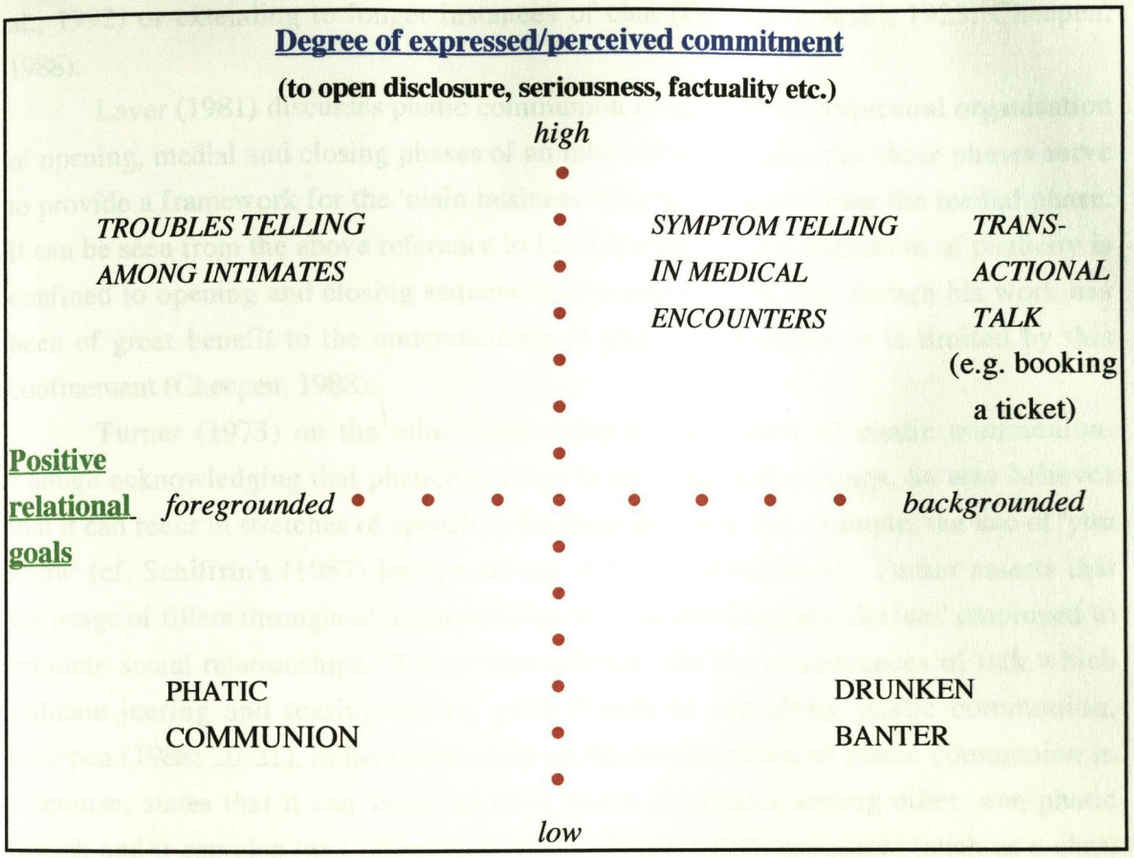


Figure 2.1: Interactional dimensions locating phatic communion (from Coupland, Coupland & Robinson 1992; 215).

commitment to openness, factuality and the ideational significance of utterances. Within their description, J. Coupland et al. (1992) include ritualised exchanges (e.g. greetings) and some forms of small talk as being designed phatically. Within their analysis of medical consultations between doctors and patients, they predict an obvious role for phatically designed talk, which serves as 'a transitional mode bridging into more (medical) troubles-oriented exchanges' (J. Coupland et al, 1994; 93). J. Coupland et al. comment that in any transactional encounter, including medical encounters, a lot more than the communication of factual information takes place. In relation to the present discussion on the positive perspectives of phatic communion, it is sufficient to say that J. Coupland et al suggest that phaticity is essentially intimately tied to relational concerns in discourse.

2.3.6 The structural manifestation of phaticity within discourse

To further understand the nature of phatic communion or phatic talk, it is necessary to examine how it may be manifested in discourse. There are various interpretations which mainly fall into two categories. Firstly, there are those who view phaticity as only occurring at the fringes of exchanges (e.g. Laver, 1981) while others

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view it as permeating the interaction at different points (e.g. Turner, 1973; J. Coupland et al., 1992) or extending to longer instances of chat (e.g. Malinowski, 1923; Cheepen, 1988).

Laver (1981) discusses phatic communion in terms of the sequential organisation of opening, medial and closing phases of an interaction, claiming that these phases serve to provide a framework for the 'main business' which itself constitutes the medial phase. It can be seen from the above reference to Laver's work that his discussion of phaticity is confined to opening and closing sequences of a conversation and, though his work has been of great benefit to the understanding of phatic communion, it is limited by this confinement (Cheepen, 1988).

Turner (1973) on the other hand, takes a wider view of phatic communion. Though acknowledging that phaticity occurs in greetings and partings, he also believes that it can recur in stretches of speech in the form of 'fillers', for example, the use of 'you know' (cf. Schiffrin's (1987) interpretations of discourse markers). Turner asserts that the usage of fillers throughout a conversation are 'friendly linguistic devices' employed to promote social relationships. Turner also refers to the use of sequences of talk which indicate jeering and teasing among good friends as signalling phatic communion. Cheepen (1988; 20-21), in her conclusions on the manifestation of phatic communion in discourse, states that it can 'occur as short words or phrases among other, non-phatic speech and it can also (and often does) extend over a whole encounter (such as a chat) which may last for several hours'. Cheepen's suggestion of the term *interactional language* reflects the understanding that it does not occur *only* in short phrases among other 'more important' talk, but can extend over periods of interactive dialogue.

Finally, J. Coupland et al. (1992; 213) echo some of Cheepen's observations of the manifestation of phatic communion, but take it a step further, interpreting it as the result of a *negotiation* by participants. They do not see phatic talk as being confined to certain phrases, to particular sequences of talk or as being the prerogative of one individual in the interaction. They suggest that phatic communion can be seen to emerge 'whenever relational goals become salient - even *within* sequences of transactional instrumental or task- oriented talk' (ibid; 213). According to this interpretation, phatic communion is not confined to the fringes of exchanges nor can it be even defined as a type of talk, rather 'the phaticity of any one utterance is a matter for on-the-ground negotiation by participants as talk proceeds' (ibid; 214). Phatic talk therefore is not easily identified by type of utterance used, but 'negotiated relationally and in real time' where utterances are *oriented to* by the participants as phatic or not. J. Coupland et al.'s (ibid; 225) discussion of patients' responses to a doctor's utterance of *'How are you?'* indicate that despite the very obvious medical agenda, 'phatic orientation was integrated into very many of the initial responses.' They conclude that the twin processes of *suspension* and *relational foregrounding* are ones that are central in defining phatic talk' (i.e., *suspension* of the

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other 'business of the day' talk and 'foregrounding' of rapport building; see Figure 2.1). In describing phaticity in this way it is easy to see how it may be manifested (or 'negotiated') at any stage of any type of interaction.

2.3.7 Phatic Communion: Have we come full circle?

Finally, to return to the founding father of phatic communion, Malinowski, it is reassuring to see that despite the many attempts to delineate, define and describe phatic communion, his original description has been both supported and elaborated upon, with the central ideas largely remaining intact. Malinowski's definition still holds with the relational function being particularly highlighted. Its structural manifestation in discourse, having journeyed through accounts of confining phaticity to greetings and partings and extending to longer instances of chat, to permeating many types of talk, has echoes of Malinowski's (1923; 478) ideas that 'after the first formula there comes a flow of language, purposeless expressions of preference or aversion accounts of irrelevant happenings comments on what is perfectly obvious.' Though at times this flow of phatic language is interspersed with other non-phatic talk (and vice versa), it is the very nature of such interspersion that helps define this powerful and essential phenomenon, enabling us to relate socially through language.

Jaworski and N. Coupland (1999; 293, after J. Coupland et al., 1992) summarise the notion of phaticity as suggesting a process rather than an entity, when they state that 'phaticity is an important and intricate discursive practice, co-constructed by all participants in delicate negotiations of face and social distance.' (The concepts of *co-construction*, *negotiations of face* and *social distance* are pertinent issues to this thesis and thus will be returned to where relevant in later chapters).

2.4 'Small talk' is big talk

As referred to earlier in this chapter, there has been a welcome recent renewal of interest in the area of small talk in terms of its nature and function in conversational interactions. The general belief that small talk (or phaticity) was not a serious area for study, subliminally permeated many discussions of discourse. However, with the recent publication of J. Coupland's (2000) edited volume on the subject, *Small Talk*, this type of talk has been firmly put back on the discourse analyst's agenda. Small talk has become 'big talk' so to speak, warranting renewed attention and deliberation (see also Cameron, 2000).

While acknowledging that Malinowski was indeed the founding figure in this area of talk, J. Coupland observes that despite his ground-breaking thesis, Malinowski failed to develop key issues pertaining to social pragmatics and inherent in his conceptualisation of phatic communion. J. Coupland sets out to remedy this situation, by stressing the

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social significance of small talk, along with exemplifying and highlighting it as often a pervasive presence in interactions, not confined to boundaries in interactions (cf. Laver (1975) and others). Unlike Schneider (1988; 288) who considers small talk as a particular discourse type, and part of what he terms 'a sociopragmatic competence' (which he implies can be learnt in second-language learning contexts), J. Coupland (2000; 13) warns against considering small talk as 'a bounded mode of talk'. Interpreting small talk as a discrete type of talk may only serve to limit the analysis of its important social functions in conversation, thereby resulting in a neglect of 'the subtleties of discursive renegotiation-where, within a given speech event speakers' orientations, framings and footings shift, reflecting their changing local priorities as talk proceeds' (ibid; 13). Eggins and Slade's (1997; 20) more general approach to the analysis of casual conversation is a case in point. They avoid analysing talk within service encounters because of the difficulty in 'loitering linguistically' once the business has been transacted. It is precisely this 'linguistic loitering' throughout interactions that is the concern of those interested in small talk.

J. Coupland's cautionary warning against the conceptualisation of small talk as a distinct discourse mode or category *per se* is supported by Holmes' (2000; 32 ff.) observations of the phenomenon as it occurs in the workplace. Examining small talk in this context allows for a discussion of its form and function, which is reflected in Holmes' definition of the concept (Holmes, 2000; 56):

> Small talk covers a range of different types of social talk, from narrowly defined formulaic greeting and parting exchanges to more expansive personally oriented talk. Crucially, small talk must be identified in context, defined by the way participants orient to the discourse and the often subtle and ambiguous functions they achieve through its use.

Holmes makes the helpful suggestion of locating small talk on a continuum (see Figure 2.2 below) and, although her discussion is in reference to workplace talk, it is not hard to see how a similar continuum may apply to other types of interaction. At one end of the continuum lies talk which is central to the 'business at hand', while talk considered as less strictly related to the business-of-the-day topics, yet still based loosely on work related issues, can be described as 'work related talk'.

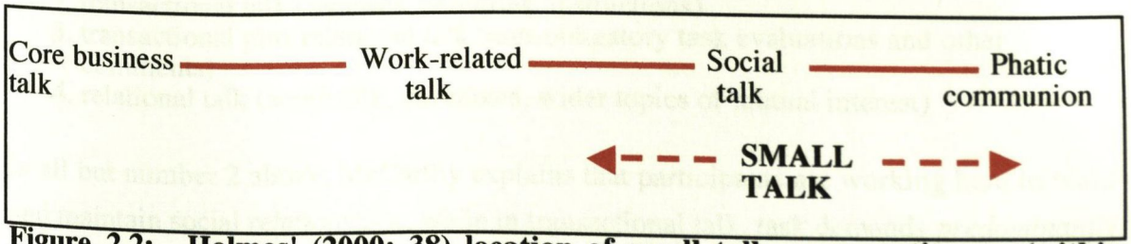


Figure 2.2: Holmes' (2000; 38) location of small talk on a continuum (within work-place talk).

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Small talk, then, encompasses phatic communion and social talk. **Social talk** includes, for example, personal information where specific topics may be backgrounded (though it may still be work-related) and contact and attention to relational goals is foregrounded (cf. J. Coupland et al., 1992). Talk in the workplace then, according to Holmes (2000), drifts along such a continuum where small talk permeates many interactions. It is not confined to greetings or partings (though featuring characteristically within these contexts), nor particularly limited to the morning coffee chat in the canteen. Rather, it permeates business meetings or interviews, serving as a transitional device or time filler within workplace activities; it fulfils an important social function in 'constructing, expressing, maintaining and reinforcing interpersonal relationships between those who work together' (ibid; 48). Included in Holmes' consideration of social relations in the workplace is a reference to the role that small talk plays in power relations (an area which will be discussed further in Chapter 3). Holmes (2000; 57) thus describes small talk as effectively functioning like 'knitting' in that it can be 'easily taken up and easily dropped'; it can function to 'oil the social wheels' of interaction, being by its nature 'flexible, adaptable compressible and expandable' .

The pervasive and unfolding nature of small talk, common to many different types of interaction and negotiated by participants to serve interpersonal goals, leads to a revision of the traditionally held dichotomous interpretations of the functions of talk, that is, the transactional (i.e. task-oriented) in opposition to the relational (i.e. relationship oriented) functions of talk. Candlin (2000) highlights this point by asserting that both functions are inextricably linked in interactions and that the occurrence of small talk in such interactions as professional discourse, for example, illustrates this well. In other words, Candlin urges us to consider the 'relational *as* transactional' because both types of talk are mutually dependent and facilitative in the attainment of goals, one form of talk essentially facilitating the other. McCarthy (2000a; 84) similarly discusses this point by stating at the outset, that data used in his study of hairdressing and driving lesson talk 'cannot be fully accounted for by a crude separation of (these) broad brush labels for types of talk'. In his exploration of the two different speech events mentioned above, McCarthy identifies four broad types of talk (co-)occurring, yet intimately intertwined within these events:

1. phatic exchanges (greetings and partings)
2. transactional talk (requests, enquiries, instructions)
3. transactional plus relational talk (non-obligatory task evaluations and other comments)
4. relational talk (small talk, anecdotes, wider topics of mutual interest)

In all but number 2 above, McCarthy explains that participants are working hard to build and maintain social relationships, while in transactional talk, task demands *predominantly* occupy the talk (even though some relational work is still going on). Relational talk,

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type 4, is akin to Holmes' (2000) notion of social talk. Like Holmes, **McCarthy (2000a;** 97) supports the idea of a continuum, which he refers to in the following terms:

> The scale of functional values apparent in the whole range of talk, from that directed at the efficient execution of the business at hand, via information exchange on organisational matters for the present and the future via personal data, all the way to the more general and diffuse sense of conviviality and sociability that the small talk engenders is polyphonic and it is difficult to separate the different functions along the scale.

McCarthy states that though it is possible to characterise the typical realisations of talk within an interaction (i.e. transactional/relational), it is important to keep in mind that the manifestations may be 'hearable' in a number of ways. And so the 'polyphonic' and multifunctional nature of small talk serves to promote the phenomenon beyond the mere boundaries of talk, beyond the traditional, belittled occupancy of meaningless, pointless talk, to a position of serious concern for analysis. As McCarthy (2000a; 97) suggests in relation to the attainment of an integrated view of a small talk genre, one must 'put the relational exigencies at centre-stage alongside the transactional in the emergence and achievement of goals'.

2.5 The construction and negotiation of social relationships through talk: Analytic approaches

2.5.1 Introduction

In the initial part of this chapter, relevant concepts pertaining to conversation, including discourse, phatic communion and small talk, were discussed in order to clarify the type of talk to be explored in this thesis. Likewise, the analytic approaches implemented in the study require introduction through the original concepts which gave rise to them. The remainder of this chapter outlines these original concepts, making way for more in-depth exploration of the analytic tools in subsequent chapters (Chapters 3-5).

2.5.2 The 'Goffman factor'

There is little doubt that Malinowski's positioning of talk at the core of social relations was a highly significant development (Jaworski & N. Coupland, 1999; 292) and one which continues to resonate today in discussions of (small) talk and social interaction (e.g. J. Coupland, 2000). Another pivotal player in the field of social interaction and talk was the American sociologist Erving Goffman (1922-1982). Goffman's perspicacious observations of the social interaction of people in ordinary everyday events resulted in a proliferation of treatises on the nature of human social behaviour which were to shape sociological thinking in many domains over many decades.

It is said that Goffman could be considered as 'one of the most disturbing guides we shall ever have to the social ever-present' (Lemert 1997; xi). On reading Goffman one is struck by his ease in making the ordinary, extraordinary. Accounts of his observations

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of ordinary, everyday activity, prompt the reader to take notice and reflect on what may have previously been considered mundane and routine daily occurrences and events.

Goffman developed his arguments from keen observations of human social behaviour, using a myriad of resources ranging from newspaper clippings, anecdotal material and informal field notes, along with more formal resources as other sociological and psychological texts. Though first and foremost a sociologist, Goffman also considered himself a social psychologist and his writings reflect this duality of interests. Classic works spanning over almost half a century (some published posthumously), include *On Facework: An Analysis of Ritual Elements in Social Interaction* (1955); *The Presentation of Self in Everyday Life* (1959); *Asylums* (1961); *Stigma* (1963); *Frame Analysis: An Essay on the Organisation of Experience* (1974) and *Forms of Talk* (1981), to name but a selection. Being concerned with the social and the psychological aspects of human behaviour, Goffman asked questions about the socially and publicly constructed *self*, whilst also raising issues pertaining to gender roles in society and mental illness, among other topics. Though always having an interest in language and communication, it was only in his later writings that Goffman dealt specifically with talk.

An attempt to summarise, or at least to comment on, relevant aspects of Goffman's work is no easy task. Yet, many of his core ideas are pertinent and necessary to air before the present discussion continues. The following brief overview of a selection of Goffman's ideas is by no means comprehensive or exhaustive. Rather, it serves as an introductory backdrop to methodological applications implemented in this study. Branaman (1997; xlvff) offers a succinct framework for the presentation of four of Goffman's main ideas of sociological import. They are listed as follows, and elaborated upon with regard to this thesis below:*(i) self* as a social product; (ii) maintenance of *self image*; (iii) nature of social life and (iv) social experience as governed by 'frame' (points (ii) - (iv) in particular being germane to ideas presented in this thesis).

(i) Self as a social product

Goffman believed that the *self* is a social product in so far as it is a product of the performances which people 'put on' in different social situations, these performances being validated publicly by others. A second strand to this argument is the fact that people present images of themselves that can be socially supported within hierarchical status domains. Thus, as Branaman (1997; xlvi) comments, 'the self is a social product in the sense that it depends upon validation awarded and withheld in accordance with the norms of a stratified society.' This notion of self is one which Goffman revised and adapted throughout his writings, while at the same time maintaining his core argument. Branaman (1997; xlviii) observes that 'dualistic images of the self' are particularly evident in some earlier pieces of Goffman's work (e.g. *On Facework*, 1955) and she interprets Goffman's notion of self in the following lucid manner: 'the self is the mask the

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individual wears in social situations, but it is also the human being behind the mask who decides which mask to wear'.

Other works of Goffman's echo the duality theme (e.g. *The Presentation of Self in Everyday Life*, 1959) where a distinction is made between the 'the self-as-performer' (i.e., the motivational core which encourages us to engage in performances by which we achieve selfhood) and the 'self-as-character' (simply the representation of person's unique humanity). Finally, one of the most transparent descriptions of self is in one of Goffman's later works *Relations in Public* (1971; 366) where he states that self is:

> the code that makes sense out of almost all the individual's activities and provides a basis for organising them. This self is what can be read about the individual by interpreting the place he takes in an organisation of social activity as confirmed by expressive behaviour.

Inherent in the description of self are the related concepts of *face* and *frame*, both of which will be discussed below.

(ii) Maintenance of self image

In discussing the maintenance of self, Goffman shifts from the study of selfhood as pertaining to 'normals' (Goffman, 1963; 15), to those individuals who lack the usual supports for the maintenance of self. Goffman proposed that maintaining and sustaining the all-important *self image* is directly dependent upon two major factors: (a) access to structural resources, and (b) possession of desirable traits. For example, personal possessions such as privacy and autonomy are seen as structural resources important to the maintenance of a dignified self (the consequences of their absence discussed rather vividly by Goffman in *Asylums*, 1961). In *Asylums*, Goffman's (1961; 11) chief concern was 'to develop a sociological version of the structure of self' as he explored the institutional experience of the mental hospital. Goffman (1961; 22) describes institutions as 'forcing houses for changing persons; each is a natural experiment on what can be done to the self.' The deprivation of the necessary resources to maintain selfhood is also subject to and dependent upon relative power and status relationships.

Goffman's *Stigma* (1963) highlights the second point above, which proposes that supporting a viable self is dependent on the possession of traits or attributes considered acceptable, and indeed 'requisite of full-fledged humanity,' by the dominant culture and society (Branaman, 1997; xlvi). In *Stigma*, self is discussed in terms of the 'management of a spoiled identity' where stigma is taken to include the following three categories (Goffman, 1963; 14): (i) 'the abominations of the body' (e.g. various physical deformities); (ii)' blemishes of individual character' (as inferred from experiences such as mental disorder, imprisonment, addiction, alcoholism, unemployment etc.); and (iii) 'tribal stigmas of race, nation and religion...stigmas that can be transmitted through lineages and equally contaminate all members of a family'. Goffman (1963; 15) unifies

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these different types of stigma by the following common collection of sociological characteristics:

> ...an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated.

The observations, as presented in both *Asylums* and *Stigma,* enhance the understanding of how people with mental illness (and in the case of this thesis, chronic schizophrenia) are perceived by others, and indeed in their own sense of *selfhood.* Perceptions have implications for how people with mental illness are related to and how they are perceived to relate in social interactions, as discussed in the previous chapter.

(iii) The nature of social life

Goffman discussed many aspects of social life through metaphors of *drama, ritual* and *game,* by which he addressed the 'manipulative' and 'moral' aspects of social life. Interpretations of Goffman's ideas depend on the relative emphasis given to the *ritual* versus *game* metaphor (whilst *drama* is a more generic term subsuming the other concepts). Those emphasising the former argue that Goffman was concerned with the morality aspects of self, while those preoccupied with the latter metaphor see a world of perpetual 'one-upmanship and manipulative con artistry' in Goffman's analysis of social life (Branaman, 1997; lxiii).

Goffman believed, however, that morality does not reside within us, but is shaped by the performances and interactions which we engage in to preserve dignity. Manipulation, on the other hand, is how we, within our self-oriented focus on enhancing self image, attach ourselves to the so called 'moral order of society'. How we do this is through our attachment to *face*, that is, we are preoccupied with maintaining our own face and the faces of others and go to considerable lengths, through manipulations of situations, to maintain face in social interactions. Hence, it is essentially the interplay of manipulation and morality that is revealed in the nature of social life, according to Goffman. But what is *face* and why and how is it such a powerful force influencing social order and interaction? Goffman, (1967; 5) defines *face* as:

> ...the positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact. Face is an image of self delineated in terms of approved social attributes - albeit an image that others may share, as when a person makes a good showing for his profession or religion by making a good showing of himself.

In other words, maintaining *face* is essentially the tool individuals use to manage their own standing and integrity in everyday life, how they 'deal with moments that threaten

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esteem and credibility' (Jaworski & N. Coupland, 1999; 294). As the notion of *face* forms the basis of Brown and Levinson's (1987) *Politeness Theory*, further discussion of this concept will be postponed until Chapter 5.

(iv) Social experience as governed by 'frame'

Goffman's later work on *Frame Analysis* (1974) sees a shift in focus from the exploration of the relationship between society and self, to the analysis of those principles which are seen to govern and organise human behaviour. Goffman purports that social experience is governed by 'frames' or principles of organisation, which define the meaning and significance of social events. In other words, activities and events, as Branaman (1997; xlvii) comments, are 'bracketed' within a frame which provides some clues as to what the bracketed activity means. Goffman's central thesis, as far as framing is concerned, is that performances, activities and even our 'selves' are not always what they may seem, but are dependent on the particular framing for true meaning (i.e., human subjective experience is built up according to frames).

Many variables influence the frame, or layering of frames, not least the social variable of *power* within asymmetric relationships. Formal institutional structures may control how the event and the participants are framed and indeed what frames may be in operation in any one interaction. Less formal interpersonal situations and events see a loosening of frames, where frames shift easily according to the interaction. The concept of power and its influence on interactions and spoken discourse is further discussed in Chapter 3.

Goffman's frame analysis of behaviour soon gave way to the frame analysis of talk, which according to Jaworski and N. Coupland (1999; 293), provided a 'more localised perspective on communication', a perspective which was to be further developed upon by many, especially Tannen (1993). Framing in discourse, as it is a key methodological concern of this thesis, will be discussed in Chapter 4.

Though this brief overview fails to do justice to Goffman's work in this area, it serves to anchor the key concepts of *face* and *frame* which gave rise to popular analytic approaches to talk; their conceptual significance will be further discussed when the analytic approaches are dealt with in more detail in subsequent chapters. Though only alluded to in the previous discussion, the concept of power in talk also has a significant part to play in analysis of spoken interaction (Fairclough, 1989) as discussed in the following chapter.

2. 6 Communication accommodation theory

One other approach to the analysis of the negotiation of social relations in talk, not yet introduced in this chapter, is *Communication Accommodation Theory* (CAT) (N.

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Coupland et al., 1988; N. Coupland et al., 1991). The principles and application of CAT contribute significantly to the analysis of talk and so are worthy of consideration here. Once more commonly applied to intercultural and intergenerational contexts, accommodation theory has the power to contribute to the understanding of other domains of language use in interaction, including the discourse of mass media interactions (Bell, 1991), courtroom discourse (Linell, 1991) and medical and therapeutic consultations (e.g. Street, 1991; Hamilton, 1991; Ferrara, 1991).

Accommodation Theory, which spawned CAT and its predecessor Speech Accommodation Theory (SAT), arose from social psychological research on 'similarity-attraction', whereby the notion of reducing similarities between people was considered conducive to positive interpersonal evaluations (Giles & Powesland, 1975). Speech Accommodation Theory (SAT), proposed by Giles (1973), was developed from the observation of how people 'accommodated' or adapted their speech to others in conversation, in an often unconscious manner. SAT then, had its origins in the examination of accent variation and use among speakers, as accent was sensitive to change and adaptation in interpersonal interactions. The tendency to change accent therefore, is a by-product of the interpersonal dynamics at work in the accommodative interaction, often realised unconsciously as it is negotiated and mediated through what Giles (1973) termed, 'interpersonal accommodative processes'. These interpersonal processes at work are reflective of an individual's desire for approval. In other words, if 'I speak or communicate more like you I have a better chance of being liked by you', with the resultant communication being more co-operative and effective. (With the notion of seeking approval, we see an overlap with the concepts underlying politeness theory referred to earlier and elaborated upon in Chapter 5). Accommodation may therefore involve the modification or masking of the addressor's persona to make it more acceptable to the person addressed (Giles & Powesland, 1975). Hence, adaptations may be made to speech to *increase* similarity and thus promote a more successful co-operative interaction. However, there may be other processes at work as suggested by accommodation theory. For example, speakers may adapt or modify their speech to *reduce* similarity and enhance difference between themselves and their interlocutors. Alternatively, no adaptation may occur in either direction (terms to describe these processes are outlined below).

Speech accommodation theory soon gave way to CAT as the power of such dynamism in spoken interactions where not just speech proved vulnerable to change, but many other aspects of communication were realised. The communicative interaction could undergo adaptation also, including, patterns of pausing, utterance length, topic management, forms of address, gestures and posture, to name but a few. Principles of accommodation theory, once discussed in speech only terms, came to be illustrated in the

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broader domain of communication, which can be summarised by N. Coupland et al. (1991; 26) as follows:

> When a speaker has particular relational goals for an interaction (for example wanting to gain other's approval, wanting talk to be effective and efficient or, conversely wanting to establish self or self's social group as distinct from the interlocutor or his/her group), she or he will select from a range of sociolinguistic (and non-verbal) strategies *attending to or anticipating the recipient's own communication characteristics.*

2.6.1 Processes at work in accommodation

Looking at the processes characteristic of accommodation practices, it is helpful to invoke Giles and Powesland's (1975) schema, which outlines the speaker's rationale for adaptation (see Table 2.1). According to this schema, if A likens his speech (or style of communication) to B's, he is said to be displaying the process of *convergence*. This is a positive matching process (Giles & Powesland, 1975) which is defined as 'a strategy whereby individuals adapt to each other's communicative behaviours in terms of a wide range of linguistic/prosodic non-verbal features' (Giles, J. Coupland & N. Coupland, 1991; 7). As many accounts of accommodation theory suggest, the analogy of parallel lines or trajectories is useful in explaining these different processes. Convergence therefore implies a coming together of 'styles' so that the speaker may be approved of by the listener (i.e. promoting similarity). Likewise, *divergence* may occur in interactions where speakers 'accentuate speech and non-verbal differences between themselves and others' (Giles et al. 1991; 8). A third process, *maintenance,* is one where participants do not accommodate in either direction, that is, they do not converge or diverge, not changing or adapting their speech or communication in any perceivable way (i.e., the trajectories remain in strict parallel).

Table 2.1: Schema for speaker's rationale to engage in accommodation practices (Giles & Powesland, 1975; 158).

There is a dyad consisting of speakers A and B.
Assume that A wishes to gain B's approval.
A then
1. samples B's speech and
   (i) draws inferences as to the personality characteristics of B (or at least the characteristics which B wishes to project as being his)
   (ii) assumes that B values and approves of such characteristics
   (iii) assumes that B will approve of him (A) to the extent that he (A) displays similar characteristics
2. chooses from his speech repertoire patterns of speech which project characteristics of which B is assumed to approve.

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Other concepts pertinent to a description of the main principles of accommodation theory include the notions of *symmetrical* and *asymmetrical accommodation*. Thus, whether one or both parties in a communication converges or diverges in accommodation terms can be described in terms of symmetrical relations. If one party (or group) only converges/diverges, the term *asymmetrical accommodation* may be applied, whereas if both parties (or groups) engage in such accommodative practices, *symmetrical accommodation* occurs. It is clear then, that the power relations present in an interaction may determine, to a greater or lesser extent, what level of symmetry is at work; the interaction therefore between power and accommodation practices cannot be overlooked.

Yet another facet of accommodation practice is the *degree* of accommodation exercised by a speaker in an interaction, as evidenced by *over-* and *under-accommodation*. A clear example of over-accommodation, as N. Coupland et al. (1988, 1991) explain, is when native speakers of a language (who, though possibly having the psychological orientation to 'converge') speak to non-native speakers with too much emphasis, often significantly increasing their volume in an apparent effort to enhance understanding. Such talk results in what could be viewed as 'patronising talk', proving similar to that often addressed to the elderly (cf. 'elderspeak'). Under-accommodation is therefore the opposite process, whereby, for example, a bilingual speaker may not code switch into the language their addressee is more comfortable with, or a speaker may fail to comply with local cultural norms for greetings and partings (Ylänne-McEwen & N. Coupland, 2000; 196). Under-accommodation in situations may result in feelings of awkwardness and even tension in some instances.

As referred to above, speech accommodation theory gave rise to CAT, as it was realised that 'being accommodative' extended to pragmatic and discourse management strategies, being not confined to the more easily measured speech variables. N. Coupland et al. (1988) and N. Coupland et al. (1991) the main proponents of this view, proposed a significantly broader model of CAT, which, while maintaining the key concepts of convergence, divergence and maintenance, considered the listener/speaker role in their own evaluation of their level of accommodation used in an interaction. As Ylänne-Mc Ewen and N. Coupland (2000; 197) state, the model acknowledges that:

> ...participants are speakers/hearers who can monitor their own performance as well as use the feedback to anticipate the receiver's attributions and evaluations of that performance in order to adjust their accommodation strategies. Listeners can label the speaker's performance as accommodative, over accommodative, under-accommodative or contra-accommodative (conscious rendering of talk as non-accommodative) and, what is more, the speakers themselves can predict their own performance is subject to such labelling which may or may not match their original intent.

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Along with this broader interpretation of listener/speaker roles in accommodation, CAT allows for consideration of broader contextual factors such as institutional roles, for example, and speakers'/listeners' goals and beliefs in interactions. These factors naturally affect the discourse strategies used and so warrant consideration in any model of communication accommodation.

Considering effects of accommodation in the broader domain of discourse resulted in N. Coupland at al. (1988) adding to their already defined approximation strategies of convergence, divergence and maintenance. To these categories they added the following: *interpretability strategies*, *discourse management strategies* and *interpersonal control strategies* (as illustrated in Figure 2.3 below):

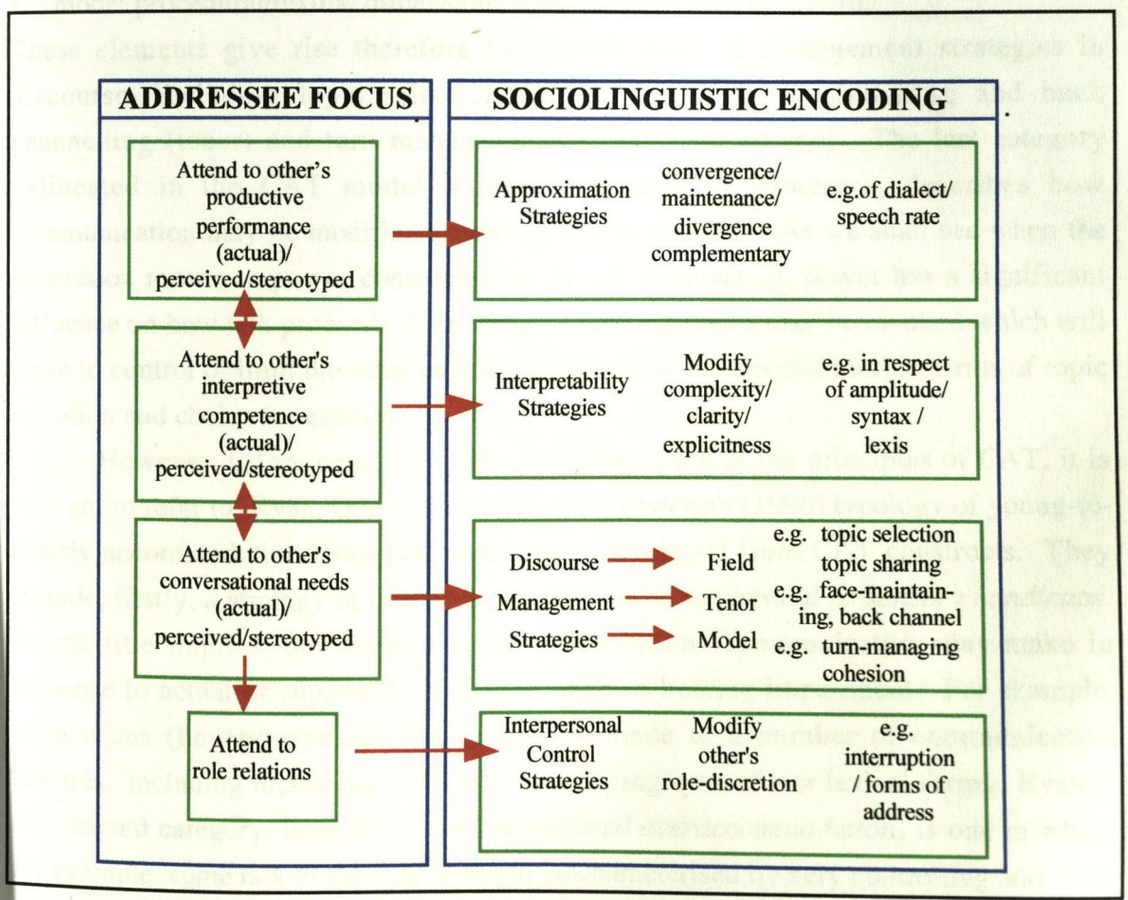


Figure 2.3: An extended model of sociolinguistic processes in CAT (N. Coupland, J. Coupland, Giles & Henwood, 1988; 28).

These strategies allowed for accommodation practices to be viewed as interactionally achieved, as a product of the discourse. They can be collectively described as 'discourse attuning' strategies, considered to be the 'sociolinguistic heart of CAT' (N. Coupland et al. 1991; 26). In addition, they are not mutually exclusive as categories may overlap.

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As N. Coupland et al. (1991) explain, these attuning strategies are intimately linked to elements of addressee focus. Therefore, approximation strategies (as defined above in terms of convergence, divergence and maintenance) are concerned primarily with the communication of the hearer to which the speaker may or may not adapt. If one modifies their communication in terms of complexity or clarity, for example, they are employing interpretability strategies, with the addressee focus on the hearer's interpretive or receptive competence. Discourse management strategies constitute a large category and one which is aided by Halliday's (1978) elements of contextual variation, described by N. Coupland et al. (1991; 28) as follows:

- field: the building of ideational/referential context of talk
- tenor: management of interpersonal positions, roles and faces.
- mode: procedural/textual dimensions which structure the interaction

These elements give rise therefore to a broad range of management strategies in discourse, including topic selection/sharing (field), face-maintaining and back channelling (tenor) and turn management and cohesion (mode). The last category delineated in the CAT model, interpersonal control strategies, describes how communication may be modified according to role relations. As we shall see when the discussion moves to power considerations in talk (Chapter 3), power has a significant influence on how talk proceeds (Fairclough, 1989); strategies may be invoked which will serve to control or limit the other person's communicative opportunities, in terms of topic initiation and choice for example.

However, before concluding this brief discussion of the principles of CAT, it is relevant to refer to Ryan, Giles, Bartolucci and Henwood's (1986) typology of young-to-elderly accommodation strategies, which were developed from CAT constructs. They include, firstly, a strategy of *overaccommodation due to physical or sensory handicaps*. As the title implies, the strategy includes adaptations communicators may make in response to actual or supposed 'handicaps', such as hearing impairment. For example, adaptations (beyond optimal levels) may be made to a number of communicative features, including increasing volume or simplifying syntactic or lexical forms. Ryan et al.'s second category, labelled *dependency-related overaccommodation*, is one in which for example, some talk to the elderly might be characterised by very controlling and over-bearing talk (e.g. *oh you naughty girl!)*. A third category is characterised by *age-related divergence*. This strategy sees younger people, in an attempt to differentiate themselves (as a social group) from their elderly interlocutors, significantly changing aspects of their speech to dissociate themselves, resulting in speech behaviour which is obviously *contra-accommodative* to its receiver. Finally, *intergroup accommodation* is a strategy which sees speakers responding to an image of their interlocutor as primarily being a member of another social group (in Ryan et al.'s application, 'elderly people'), that is, failing to accommodate to their elderly conversational partners as *individuals* and responding

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instead to what they perceive to be the expected norms of behaviour of that group. The motivation behind the use of this latter category is of particular relevance to this thesis and thus will be discussed again in the interpretation of the schizophrenia data in later chapters.

Though the above only summarises the main principles behind CAT, it can be seen how the theory can greatly enhance our understanding of the processes involved in communication; CAT remains a powerful model for the unravelling of the complexities of what goes on in the construction of social relations through talk. How speakers and listeners behave in interaction, how they accommodate to each others (and their own) communicative needs, can be exemplified by discourse attuning strategies (not ignoring the fact that 'counter attuning' may also operate). As referred to previously, though largely applied interculturally and intergenerationally, CAT has a lot to offer the analysis of discourse in other domains, including disability studies (e.g. Hamilton, 1991). In addition, the effects of power relations in accommodation terms, along with the close association with elements of politeness theory (as exemplified through the use of strategies to gain approval), warrant further discussion. Therefore, CAT and its applications will be returned to in later chapters where relevant.

2.7 Summary and way forward

2.7.1 Conversational sociability defined

This chapter set out to lay the foundations for a multi-theoretical methodological approach to be taken in this study. A review of different types of talk, with a particular focus on 'phaticity' and small talk, sets the scene for the exposure of what I will call 'conversational sociability'. Akin to the notion of small talk, I propose a working definition of *conversational sociability* as that type of talk which is illustrated by :

> an integration of features of form and function, evident within and emergent from the discourse, where participants display a readiness or willingness to chat, converse, engage in social talk, marking friendliness and affability not a stiffness or formality in conversational interactions.

I use the word *process* intentionally as opposed to genre, as the latter is perhaps too suggestive of a discrete entity which can be invoked at different stages of a conversation; a process on the other hand suggests a potentially diffusive functional operation within discourse (see also J. Coupland et al., 1992; J. Coupland, 2000[1]). The above definition, as will be illustrated, places conversational sociability conceptually between Schneider's (1988) notion of small talk, as a form of socio-pragmatic competence, and J. Coupland's (2000; 5) interpretation of small talk being concerned with 'the explanation of social functions which [it] may achieve for interlocutors'.

[1] Defining conversational sociability as necessarily a process, not a genre, echoes J. Coupland's (2000; 10) reluctance (as discussed earlier in this chapter), to define small talk as a 'bounded mode of talk', as doing so 'would constrain the analysis of its social functions'.

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2.7.2 The purpose of the introductory chapters

The task of exposing the conversational process of conversational sociability, the object of study in this thesis, necessitates a multi-modal approach to analysis. The feasibility of the proposed analytic framework, for the analysis of schizophrenic talk, is tested in the following introductory chapters, through an exploration of (i) how the chosen approaches to analysis may be applied to naturally occurring everyday talk, and (ii) how successful these analytic approaches are in exposing a conversational sociability in the data.

Since the process of conversational sociability, as it is defined above, is the object of study in this thesis, it follows that the proposed analytic framework must comprise analytic tools sensitive enough to reveal the process, in terms of both its form and function. Accounting for both the form and function of the process requires a multi-theoretical approach to analysis, in order to capture how the process emerges in discourse. However, before applying the framework to the analysis of schizophrenia data, it is necessary to introduce and test out the approaches used in the analysis of everyday talk. To this end, casual conversation, occurring within a hairdressing salon, will be used to explore the viability of the multi-theoretically based analytic framework. Hence, some details pertaining to the collection of the hairdressing data are outlined in the following paragraphs before proceeding with its analysis according to analytic approaches used.

Hairdressing interactions are an appropriate forum for the exploration of naturally occurring, ordinary, everyday talk (see also McCarthy, 2000a). Those of us who frequent hairdressing salons or barber shops are fully aware that a certain amount of sociable talk is integral to the hairdressing routine. This naturally occurring talk is usually characterised by talk around the task at hand (i.e., details pertaining to the hair styling/haircutting routine) and other general talk, which occurs perhaps to fill the time or to help the task along. As conversational sociability, according to its definition, is closely aligned to sociable talk, exploration of this context of talk is a useful starting place to explore the process.

Naturally occurring conversational interactions between a hair stylist and a number of customers comprises the hairdressing data which was specifically collected by me, for the purpose of this study. Recordings took place during one day's trading in the salon. Permission was obtained from the proprietor of the business in advance of the day of recording. Permission was also requested from clients as they arrived for their appointments. Four clients readily agreed to participate in the recordings, once the general purpose of the study was explained to them. The clients, who are given fictionalised names in the transcripts to follow (i.e., Amy, Olive, Sandra and Elaine), were all within the age bracket of 35-45 years of age. All four clients were long standing and regular customers of the salon; they were thus very familiar with the proprietor

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(called Michael) and his staff. Consequently, there is an obvious familiarity between client and hair stylist which is reflected in the talk.

The hairdressing salon in which the data was collected is a relatively small business with the majority of the clientele coming from the locality. The salon is situated in a village located outside a large urban town. Michael is both the proprietor and chief stylist in the salon; he has one other stylist working for him and up to three assistants. A large proportion of Michael's clientele are regular clients who are customers of medium to long-standing.

For each recording, the audio-recorder was placed unobtrusively on a shelf just below the stylist's mirror. The stretches of talk were recorded against a backdrop of environmental sounds (e.g., hairdryers, radio playing, other workers chatting). Most of the talk was between the client and Michael with a minimum amount addressed to assistants. Each conversational interaction lasted for approximately 40 minutes. The interactions recorded were deemed by Michael to be typical and fairly representative of the usual interactions taking place in the salon on a given weekday. The tone and manner of the interactions was one of congeniality with a relaxed atmosphere.

All conversations were transcribed within two days of recording, according to the transcription conventions outlined in Appendix 1 (following Eggins & Slade, 1997). All transcripts were coded for ease of reference and codes appear alongside the number of the extract in the following chapters. Hence, the code 'SMHairDr1' may be interpreted as follows: 'S' for the fictionalised name of the client (i.e. 'Sandra'); 'M' for Michael the proprietor; 'HairDr' to signify hairdressing data and the number '1' to signify that Sandra was the first client to be recorded.

The transcripts were then reviewed for evidence of what may be considered socio-relational talk, which could be explained by the analytic approaches to be used in the study (see below). The transcripts were then analysed from a number of analytical perpsectives. As the analysis will show, excerpts were predominantly drawn from sequences of talk going on around the task of hair styling, or at transition points where a shift from task-orientated talk to more social talk (or vice versa) occurred. Full transcriptions of the conversations, from which the excerpts are drawn, are given in Appendix 2.

Finally, though both hairdressing data and schizophrenia data are analysed in the thesis, it is important to state at the outset that this study is not a comparative one, in the strict experimental sense. That is, the analysis of the hairdressing data was not undertaken to rigorously compare it to, and contrast it with, the schizophrenia data (though discussion in the final chapters will draw some inferences from both sets of analyses as relevant). Rather, the hairdressing data is specifically used to introduce and exemplify the analytic approaches to be undertaken in this study, in the exploration of socio-relational talk.

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2.7.3 Outline of introductory chapters

The following four chapters will draw on the hairdressing data to introduce and exemplify the analytic approaches to be used in this study. It is intended that the analytic approaches, derived from a number of discourse analytic perspectives, will facilitate the exposure of socio-relational talk and ultimately the process of conversational sociability, in these naturalistic conversational interactions. If the proposed analytic framework can reveal the process in everyday talk, it is hypothesised that it can also expose the same conversational process at work in the schizophrenia data under study.

Therefore, an introduction to, and an examination of how socio-relational talk emerges in discourse will be explored through an identification and consideration of power relations in talk (Chapter 3), incorporating both a conversational analysis methodology and a pragmatic approach to analysis; an introduction to framing in discourse (Chapter 4) and an analysis of politeness in talk, through the application of the principles behind politeness theory (Chapter 5). The final introductory chapter (Chapter 6) will explore how the principles of communication accommodation theory can be employed in the analysis of everyday talk and how accommodation may be particularly utilised in the prevention of conversational breakdown, in the context studied. It is suggested, that the combination of these approaches will help establish a firm methodological basis for an alternative approach to the analysis of schizophrenic talk, ultimately revealing a conversational ability where heretofore a disability has been described.

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CHAPTER 3
APPROACHES TO ANALYSIS OF THE CONSTRUCTION AND NEGOTIATION OF SOCIAL RELATIONSHIPS THROUGH TALK. I: POWER IN DISCOURSE

3.1 Introduction

What is going on in the conversational interactions among people with chronic schizophrenia and health professionals, is the main focus of this thesis. These conversations could be considered an example of institutional discourse, akin, in a general sense, to the genre of doctor-patient interaction. Power has an obvious influence on talk occurring in doctor-patient type interactions. However, before discussing the influence of power in the schizophrenia data (Chapters 8-11), it is useful to explore theoretically what is meant by the concept of power in talk, its presence in interactions and how this presence may be manifest in discourse. These explorations necessarily include a discussion of the nature of doctor-patient interaction, as well as reference to other types of institutional discourse. The analysis of conversational interactions, as occurring in a hairdressing salon, offers the opportunity to examine how power is realised relationally, in an ordinary everyday speech event (section 3.3).

3. 2 The conversational manifestation of power relations in talk: Analytic methodology explained

Not every conversation constitutes that type of everyday discourse, which is characterised by informality, where equal rights to turntaking pervade, where topics unfold and drift in an ostensibly randomised fashion and where talk may occur for the sake of talk itself. There are other commonly occurring situations where the above conditions may not apply and where one participant overtly controls the conversational trajectory. Such situations usually have power operating as a force, permeating the very function and form of the interaction. Power relations are present in interactions which involve relationships such as the following: teacher-pupil; doctor-patient; judge-defendant and employer-employee. In other words, power is an issue wherever a superordinate-subordinate relationship exists. Institutional discourse is a generic term which is applied to many contexts where power is a consideration. It follows, therefore, that institutional discourse occurs where many of the aforementioned relationships exist, for example, in the courtroom, the classroom, the hospital and the workplace.

Power relations in talk have been of particular interest to discourse analysts and conversational analysts alike; the former are interested in the discoursal construction of social roles through power relations, while the latter focus on the structural and linguistic text manifestations (or 'machinery') of power in the interaction. Mey (1993; 48) discusses these two angles. He suggests that conversational analysis is concerned with 'exact

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descriptions of what's going on' in the interaction, in terms of options open to participants 'to join in at any point'. Mey maintains that the discourse analyst has to take account of the 'whole gamut of societal background information' even at such 'hidden levels' of social equality and inequality (ibid.; 48). Such approaches have been applied to an ever increasing range of research areas, which can be described in terms of macro and micro perspectives. Macro perspectives include the considerations of power relations between social groups or institutions, with the micro view concentrating on power as realised between individuals, or 'personal power' (van Dijk, 1997). However, it is easy to see how both these perspectives may overlap, as Jaworski and N. Coupland state (1999; 499), 'power is not confined to large-scale, macro-processes of politics and society...It is a *potential* present in all everyday exchanges and social encounters'. Research areas, which straddle both perspectives, include power as considered in: gender relations (Tannen, 1986; Holmes, 1995; West, Lazar & Kramarae, 1997); corporate body organisations (Mumby & Clair, 1997); political contexts (Chilton & Schäffner, 1997) racism (van Dijk, 1999) and psychiatric institutions (Mehan, 1999).

The analytic tools, implemented in this chapter, to expose and explore power relations in talk, are drawn from two main discourse analytic traditions: conversational analysis (CA) and pragmatics. Power is a complex phenomenon which influences talk in a number of ways. As referred to above, power permeates the very form and function of talk. Accounting for both how power is evidenced in talk, and the function which power serves in talk, requires a combination of analytic approaches to account for these dimensions. As such then, how power is manifest or shaped by the talk will be examined using aspects of conversational analytic methodology, concerned primarily with the mapping of structures or sequences of talk which power creates. However, to fully interpret how power permeates talk, an additional approach is also needed. Thus, a pragmatic interpretation of what is going on in talk, facilitates a more comprehensive analysis.

Conversational analysis is a methodology which is characterised by the analysis of recordings of naturally occurring conversations, in an attempt to discover how participants in talk understand and respond to each other. Its primary aim is to identify how sequences of talk activities are shaped within the talk itself. Within CA, it is assumed that talk has an order and is socially organised. This order and organisation is brought about by the collaboration between conversational participants. Sacks, Schegloff and Jefferson (1974), the proponents of this methodology, initially employed the principles of CA in the analysis of turn taking in conversation. How turns are taken in talk is locally managed and interactionally achieved. Within the turntaking machinery, how topics are initiated and maintained and how repairs sequences are structured and managed, can all be described. All of these aspects of conversation are examined as generating from within the talk; CA is only concerned with what is happening in, and

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what can be explained by, the talk itself. Thus, a CA approach to analysis avoids considering wider contextual factors that might influence talk, paying little attention to social relationships, the contextual setting or personal attributes of the participants. Likewise, a CA methodology does not appeal to the shared or background knowledge of the interlocutors to explain what is going on in talk. For CA theorists, the context of concern is the talk itself, looking only to the talk for explanations. For example, Goodwin and Goodwin (1990) illustrate how the talk provides the evidence for identification of social roles, through, for example, identification of who dominates the interaction, without recourse to prior assumptions and evaluations of external factors; speaker roles are therefore dictated through talk.

CA has been criticised because its methodology is constrained to the talk itself, that is, the analysis is bound in text (Schiffrin, 1994). For example, the CA driven approach to the analysis of *How are you?* sequences (Sacks, 1975), is criticised by J. Coupland et al. (1992; 219) for a 'certain idealisation of conversational sequences that... proves difficult to match in actual conversational data'. However, CA has been usefully applied to the analysis of power in talk (Atkinson and Drew, 1979; Maynard, 1984). In the following analysis of power relations in talk, I use descriptive techniques from CA to facilitate the description of the 'machinery' of turn-taking, and talk activity organisation, which give rise to the manifestation of power in talk. In other words, I am putting CA to work, to particularly identify and describe structures within talk (turntaking mechanism, topic initiation and maintenance, repair etc.) but, without relying on CA *only* to interpret the power relations at work within the talk.

As referred to above, CA avoids making prior assumptions about social roles, relying on the talk itself to inform these speaker and listener roles. The analysis undertaken in this chapter, necessarily takes into account the wider context of talk to account for how power functions within the conversational interaction. A pragmatic approach to analysis is therefore used to supplement the CA approach, and can be described as a broad-based perspective which includes consideration of context and meaning. It is an approach which is strongly influenced by the work of Austin (1962), Searle (1969) and Grice (1975).

Speech act theory was initially developed by Austin (1962) and further enhanced by Searle (1969). Austin proposed the notion that 'to say something is to do something', that is, all our utterances perform important functions in everyday communication. Communication, therefore, is largely taken up with what we do with words through speech acts. Examples of speech acts include, requests, orders, promises, complaints, warnings and compliments, all of which can be realised linguistically in a number of ways (i.e., there are many ways of complaining or promising, for example). The descriptive terms for types of speech acts relate to the speaker's communicative intention in producing an utterance (Yule, 1996). While Austin was primarily concerned with the

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successful realisation of speaker's intention, Searle (1969) focused more on the listener's interpretation of that intention. Along with proposing a taxonomy of speech acts to include *representatives* (i.e., statements of fact such as, *it's a sunny day*), *expressives* (e.g., *I'm sorry*) and *directives* (e.g. *don't touch!*), Searle also addressed the notion of *indirect speech acts* (an example of an indirect request might be *That coffee smells good!* said to a colleague who has just made herself a cup) and how hearers cope with indirectness in speech in general. Thus, 'how hearers get from what is said to what is meant' (Thomas, 1995; 51) is reliant on their knowledge of speech acts along with an awareness of the general principles of co-operative conversation (Schiffrin, 1994). It is here where we see the work of Grice (1975) coming into the equation. Grice's (1975) *co-operative principle* (CP) and its attendant conversational maxims (already referred to in chapter 1, section 1.6.5.) allow speakers and hearers to draw conversational implicatures, thus allowing for appropriate interpretations of what is meant by what is said. A pragmatic approach, therefore, takes account of, rather than ignores social context, taking into account roles of speaker and listener long with speaker's meaning and listener's interpretations, within the wider communicative context of talk. Schiffrin (1994; 227) accurately summarises a pragmatic approach to analysis as being:

> ...based in a set of general principles about rationally based communicative conduct (the CP) that tells speakers and hearers how to organise and use information in a text, along with background knowledge of the world (including knowledge of the immediate social context), to convey (and understand) more than what is said - in brief, to communicate.

Therefore, unlike CA, the relationship between the (wider) communication context and language is central in pragmatics (Grundy, 2000; 13). (As the work of Austin (1962) and Grice (1975) provides the basis for Brown & Levinson's (1987) *politeness theory*, their work will be further discussed in chapter 5.)

Unravelling how power is manifest in talk may be a difficult task, as it requires discovering what is going on in talk on a number of levels. The following analysis therefore, takes into account the wider context of talk, otherwise precluded by an exclusively CA orientated approach to analysis. The following analysis uses CA to identify sequences of talk activities which shape the manifestation of power in talk. The analysis of power in talk, therefore, borrows from both analytic approaches. Put simply, a CA approach provides the answer to the 'what?' question (i.e., what is happening in the talk) while pragmatic interpretations should provide answers to the 'how?' question (i.e., how power is co-created by speakers and hearers in talk) and the 'why?' question (i.e., why power operates in talk).

3.2.1 The context of institutional discourse

Everyday informal conversations create the expectations of balanced participation. Power and status however are said to 'wreak havoc with this symmetry'

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(Fisher & Todd, 1986; ix). By its very nature then the context of institutional discourse is typified by asymmetry or 'unequal encounters', a term preferred by Fairclough (1989; 44). This means then that the rights to talk are determined and accepted in advance and held by the powerful one. But the interrelationship between the context (of power) and talk is far from static (though it may appear so on the surface), as context is an ever-changing entity within the equation. Lindstrom (1992; 102) comments :

> Context is a field of power relations. It is not however a frozen field. Context rolls as people talk. Pre-existing discourses and discursive conditions do set limits on talk, but they are never totally determinant. People can occasionally say the unsayable. They can contest the context, by evoking available alternative or competing discourses

However, it is not hard to see how 'saying the unsayable' would have vastly different consequences for the defendant in the courtroom, as opposed to the outspoken pupil in the classroom, as predetermined modes of interaction predominate in most institutional settings, despite efforts to change same (see Wodak, 1997).

3.2.2 Discourse and the disempowered: Doctor-patient interaction

Because doctor-patient interaction is most relevant to the study at hand, it is discussed as a typical talk situation where the powerful and the disempowered interact. Mey (1993; 294), citing Lacoste's (1981) work in the area, acknowledges the 'usefulness' and 'necessity' of the doctor-patient interview, but sees it as a context which 'sins gravely by way of linguistic repression'. This linguistic repression is manifest by for example, the doctor or indeed the medical institution 'dictating' *what* may be discussed in a medical consultation, in addition to *how* it may discussed. The patient may be subjected to a highly structured question-answer interview, which, in its extreme case, may be likened to the filling out of forms or responding to multiple choice questions in an exam (Mey, 1993; 294).

Among different types of institutional discourse, there is a remarkable consistency and persistence of recurrent patterns of behaviour. Ever since Sinclair and Coulthard (1975) put forward their structure of classroom discourse, similar features have been observed to occur across other discourse types. For example, their initiation (I)/response (R)/follow up (F) (or sometimes termed elicit/reply/follow-up) sequence (see examples below) is clearly exemplified in doctor-patient discourse where such a linear 'chaining' structure prevails (Lesser & Milroy, 1993; 165).

Example 3.1: Classroom discourse (from Coulthard, 1985; 125):

T:	Those letters have special names. Do you know what it is? What is one name that we give to these letters?	**(I)**
P:	Vowels	**(R)**
T:	They're vowels aren't they ?	**(F)**
T:	Do you think you could say that sentence without having the vowels in it?	**(F)**

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Example 3.2: Doctor-patient discourse (from Coulthard, Montgomery & Brazil, 1981; 20):

D:	And how long have you had these for ?	(I)
P:	Well I had 'em er a week last Wednesday	(R)
D:	A week last Wednesday (low key), do you bring up sputum	(F)/(I)
P:	Only when I get a bit of indigestion and I like bring the food up as well	(R)
D:	Bring the food up as well (high key)	(F)/(I)
P:	Well if I get violent indigestion everything comes up as easy as wink you know to get rid of it	(R)
D:	Yes	(F)

From the above examples it is apparent that lexical repetition is a feature of this type of discourse, more extensively used in the doctor-patient example. Other typical features of doctor-patient interactions are summarised by J. Coupland, Robinson and N. Coupland (1994; 91) and include:

- Question asking is dispreferred when done by patients
- The question structure is often restrictive, allowing for only short factual answers
- Question sequences often come in three-part structures, allowing the doctor to initiate the topic-question, hear the patient's answer and maintain control of the floor with a third-position 'assessment'
- Third-position 'assessments', such as *uh-huh, mm-hm* and *right* do not clearly signal to patients the force of doctors' evaluations but simply act as conversational continuers
- Doctors rarely give accounts for asking particular questions and shifting topics.

Discourse features like these, as J. Coupland et al. (1994; 91) conclude, lead to the perception that 'doctors under-disclose and over control'. The patient who tries to break out of this mould of the 'responder' may be perceived as 'difficult' or 'awkward', where any attempt to discuss symtomatology in the light of alternative treatment options, may be quashed and dismissed.

Also relevant, to what goes on in the doctor-patient interaction, is what Mishler (1984) terms the 'voice of medicine' and the 'voice of the lifeworld'. Mishler proposed these concepts as a way of understanding what is going on in the interaction, as these voices vie to be heard in the medical interview. These voices (or perspectives), traditionally perceived in opposition and role specific, have the potential to be heard within an *ideal* context of a plurality of voices. An ideal context characterised by a plurality of voices, is one in which both or either of the participants could speak in either 'voice', as the ever-changing context of the interaction determines, with neither dominating.

Gunnarsson (1997; 299) also talks about the 'asymmetrical communicative power' so typical in medical contexts, where the institution 'backs up' the doctor while simultaneously weakening the patient's communicative prowess. The asymmetry

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however, may in turn be weakened in cases of 'reduced unilateral power'. Take the example, where a student doctor, 'just out of curiosity,' casually chats with a patient and obtains twice as much relevant and significant information from the patient than that rendered by the more formal interview conducted by his senior, moments earlier (Mey, 1993; 148).

3.2.3 Power, the institutional context and schizophrenia

Examining the function of power at work in medical contexts reveals information about the power relations present in the interaction, particularly as the roles of superordinate and the subordinate are more overtly demarcated. For example, the doctor is empowered as he is seen as 'the expert', the one providing care, being backed up by his institutional membership; the patient, on the other hand, is clearly disempowered by virtue of being the one seeking help. However, exploring power relations can also provide insights into the nature of the discourse itself. The picture becomes somewhat more complex in a situation where a medical person (e.g., a psychiatrist, medical doctor, or other mental health professional) is having a consultation with a person with schizophrenia. We have seen from Chapter 1 the extent and nature of communication difficulties experienced by people with this disorder. The psychiatric interview may then become even more complicated by a number of other illness related factors.

Firstly, as mentioned above the asymmetric power relations within this context, so clearly demarcated in an interaction such as a psychiatric interview, will exert their influence on the interaction taking place. Secondly, difficulties may arise in attempting to successfully communicate within such an interaction, given that the person with the mental illness may be experiencing problems in expressing himself/herself appropriately. The more communicatively able participant (i.e. the doctor) may fail to adapt to these difficulties, further contributing to the possibility of communication breakdown. Thirdly, communication difficulties may serve to inadvertently exaggerate the power relations, as the powerful one over-compensates and possibly increases the directive (and therefore less facilitative) style of interaction, in an effort to ensure important information is communicated. The following examples illustrate these points well. Example 3.3 from Labov (1970) (as cited in Coulthard, 1985; 6) is from an interaction with a person with schizophrenia.

Example 3.3:
A: What is your name ?
B: Well let's say you might have thought you had something from before but you haven't got it anymore
A: I'm going to call you Dean

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As illustrated, speaker A controls the discourse by ignoring what B has said in response to the request '*What is you name?* Speaker A proceeds with the interview as in '*I'm going to call you Dean*' whether or not it is the patient's name and failing to clarify exactly what was meant by speaker B's utterance. The apparently incoherent response from B serves to exacerbate the power relation already present, by A taking control of the discourse. It is obvious where the power lies in this interaction.

Other examples, taken from C. Frith (1992; 44) illustrate these points further. C. Frith uses these examples to demonstrate the feature of schizophrenic communication termed *poverty of speech* (see Chapter 1). Both extracts are taken from a transcription of an interaction with a person with schizophrenia, participating in what C. Firth describes as a 'standard clinical interview'. Though not explicitly stated, it is presumed that the interlocutor is a psychiatrist or other mental health professional. Consider the following interactions (turns have been numbered for ease of reference):

Example 3.4

1.E: How're doing generally at the moment, Mr. D?
2.D: All right.
3.E: You're OK . How're ...How've you been feeling in your spirits this past week?
4.D: Not so bad.
5.E: You're feeling alright. Do you have any spells of feeling sad or miserable?
6.D: No.
7.E: No? Nothing like that? That's good. Now tell me, Mr. D do you have any special ideas about life in general ?
8.D: *(Shakes head)*
9.E: No? Just ordinary ideas like the rest of us. No. Have you ever thought that you were a special person in any way?
10.D: *(Shakes head)*
11.E: No. Do you feel people stare at you and talk about you in some way ?
12.D: *(Shakes head)*
13.E: No. No, you didn't get bothered with that at all. Do you feel in any way that people are against you and trying to do you harm?
14.D: *(Shakes head)*
15.E: No, you didn't get that either. That's good. Now I'd like to ask you some questions about your thoughts, Mr. D. Do you ever feel that your thoughts or your actions are influenced in some way?
16.D: *(minimal headshake)*
17.E: You didn't get that. You didn't get that. That's fine. Now could I ask you a routine question that we ask everyone? Do you ever seem to hear voices of noises when you're alone and you're wide awake which other people don't hear?
18.D: *(Shakes head)*
19.E: You don't get that
20.D: *(Shakes head)*
21.E: No? Do you not get any of those things at all? No. Do you feel unwell in any way at all?
22. D: *(Shakes head)*
23. E: You feel fine?
24. D: *(Nods head)*
25. E: Do you feel the same way as you felt before you took ill?
26. D: Mh
27. E: You do?
28. D: ...
29 E: Well that's good.

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To illustrate poverty of speech, C. Firth (1992; 43) comments that D, the person with schizophrenia 'answered all questions but never volunteered new information or spontaneously elaborated his answers'. C. Firth contrasts this example, with the following extract from an interaction with a patient 'on the same ward' as the previous patient, engaged in the same standard clinical interview.

Example 3.5

1 E: Well how'ev things been this past week for you ? Quite OK?
2. H: Not too bad.
3. E: Not any special problems?
4. H: Well...special problems? ...Not really
5 E: How've you been in your spirits this last week?
6. H: Well, it goes...it goes...If you drew a graph, it would go up and down a bit.
7 E: Up and down a bit .
8 H: It goes up at night usually
9 E: You're a bit worse in the morning, a bit more miserable?
10 H: No. It's alright once I've had breakfast, you know, and a cigarette.
11 E: When you get going you're alright. Not any long spells of being miserable or anything like that ?
12 H: No.
13 E: No. OK. Have you been worrying a lot during he past month?
14 H: No, I don't worry. I usually ...
15 E You don't worry.
16 H: I generally write you see. I write letters, you know.
17 E: Uh huh. Letters to friends and that sort of thing?
18 H: Not really. I write to New Scotland Yard at the moment.

C. Firth asserts that the interviews 'contrast strikingly' in terms of demonstrating poverty of speech, a feature more noticeable in the first than the second example, in his opinion. However, looking at these extracts from a power perspective throws further light on the interactions. Though as C. Firth has stated the interviews are carried out according to a 'standard clinical interview', it is presumed that the interviewer is required to cover a number of areas in the interview (e.g., recent feelings, thoughts etc.), as opposed to being given a set of questions with specific wording which he asks verbatim. Though some questions are asked in an identical fashion: *How've you been in your spirits last week?*, others are not and occur within, and as a response to, the flow of the interaction, as follows:

From Example 3.4

4 D: Not so bad.
5 E: You're feeling alright. Do you have any spells of feeling sad or miserable ?
6 D: No.

From Example 3.5

10 H: No. It's alright once I've had breakfast, you know, and a cigarette.
11 E: When you get going you're alright. Not any long spells of being miserable or anything like that ?
12 H: No.

The point of looking at these two examples is to firstly illustrate the nature of the typical doctor-patient interaction and then look at interesting differences between the two. Though apparently part of a standard clinical interview, it is easy to see how similar such

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an interview is, to a regular doctor-patient consultation. The interactions are characterised by a question-answer structure with the doctor asking the questions and the patients answering in different ways; the doctor is after facts and information which he hopes the patient will supply. The majority of questions, aside from the opening sequences, are closed requiring a yes/no type response (or non-verbal cues like head shaking in Example 3.4). There is a preponderance of the 3-stage assessments in both examples. This feature, common to this type of talk, can be seen in lines 5-7 and 7-9 and 11-13. For example, in Example 3.4, evaluative comments like *'That's good'*, *'Just ordinary ideas like the rest of us'* or *'That's fine'* occur. These evaluative comments are almost immediately followed by the next question, a sequence which characterises this example as somewhat different from extract 3.5. Example 3.5 illustrates a marginally looser structure to the interaction; the doctor responds to the patient's responses by picking up on the patient's own words, that is, using these as evaluative comments of sorts (see lines 5-7 *'Up and down a bit'* and 13-14 *'You don't worry'*), while apparently pausing (or, at least allowing a response from the patient) before issuing the next question. This style, by repeating the patients own words and then pausing, prompts the patient to continue and elaborate on some of his responses (see lines 5-8 and lines 13 ff.). In other words, the doctor is affirming and evaluating his patient's answers before moving on to the next question. Though both interactions are characterised by significant power boundaries, the marginally less formal style in Example 3.5 seems to be a result of the negotiated interaction more evident in the talk, regardless of the communication 'disorder' assigned to the client (as in Example 3.4). (These examples also highlight some of the points discussed in Chapter 1 in relation to the problem of assigning descriptions of communicative behaviour, in this case 'poverty of speech', without considering the interlocutor's influence on how the talk proceeds.)

3.2.4 Power reconsidered

Considerations of context and perceived asymmetry have implications, therefore, for an understanding of what *power* really is in discourse terms. Following Foucault (1977), Hutchby (1999; 586) defines power as 'a set of potentials which, while always present can be variably exercised, resisted, shifted around and struggled over by social agents'. He goes on to explain that according to Foucault, power is not something that one participant *has* which the other *has not*. Rather, it is created within a network of possibilities, removed from the static predetermined roles in the interaction. Jaworski and N. Coupland (1999; 500) state that power may be perceived as 'an emergent interactional quality' (between 'equals' or 'non-equals'). Fairclough (1989; 43) defines power as 'never definitively held by any one person or social grouping because power can be won and exercised only in and through social struggles in which it may be lost'.

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In summary therefore, the fluidity of context, the apparent asymmetry and the structures of possibility or 'potentials' within perceived institutional constraints, are all key influences which have a significant bearing on power relations in interactions and thus may be deemed relevant to the nature of the data explored in this study.

3.3 Putting power to work

3.3.1 Putting power to work: Hairdressing talk.

It was noted in section (3.2.1) that power 'wreaked havoc' (Fisher & Todd, 1986; ix) with the balanced participation and symmetry of everyday informal conversation. Informal conversation occurs within the pseudo-institutional context of the hairdressing salon (details of which were given at the close of Chapter 2). Amidst the task oriented talk of the hair cutting/styling (i.e., the 'business of the day'), participants chat and converse in a relatively informal manner. For the duration of the hair-styling session, participants enter into an artificial, transitory power relationship, a superordinate-subordinate relationship of sorts, as the hair stylist is perceived to temporarily wield power over the customer. Situational variables contribute to this power relationship. For example, McCarthy (2000a; 84 ff) who has also drawn on hairdressing talk for the analysis of small talk, refers to this context as providing a 'mutually captive audience'. McCarthy describes the hairdressing encounter as one which is a '...one-sided language in action affair; the hairdresser is very physically active, the customer passive and restricted to sitting still in the chair and only moving the head when asked to do so ' (McCarthy, 2000a; 91).

The customer then, may not be in the best position to engage in talk, being seated facing a mirror with her[2] back to the stylist, though having access to eye contact through reflections in the mirror. The customer may be required to hold her head steady, bend her head forward, with her hair covering her face and assume many other positions which are abnormal to talk within face-to-face interaction. These situational variables, though commonplace occurrences in a hairdressing salon, apparently and inadvertently act to reduce the 'talk' power of the customer, while the stylist remains in control. Cameron (2000; 79) observes, however, that in such service interactions the usual assumptions of power direction may not hold, stating that '... though service employers remain responsible for the conduct of talk ...customers are positioned as more powerful.'

Therefore, it may not be simply a question of the stylist being cast in the role of the 'powerful' and the customer playing the part of the 'disempowered'. There may be room within this mundane, everyday activity for shifting power potentials, as Hutchby (1999) suggests. If so, how are these potentials realised and does the same go for other

[2] As all the customers in the hairdressing context are female and the stylist is male, the former are referred to hereafter by feminine pronouns while the latter is referred to by masculine pronouns.

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similar institutional-like contexts? These questions may only be answered through explorations of everyday conversational data.

3.3.2 Who appears to be in control ?

It is a typical feature of power talk that the powerful one does most of the topic management work in the discourse, that is initiating and often terminating topics (Fairclough, 1989). To examine the 'expected' power direction (i.e., of Michael in control), Michael's role in topic management proves a useful starting point to explore the power relations present (section 3.3.4). Included within topic management considerations is Michael's use of 'off-line' interactions or side sequences to assistants. Other aspects worthy of comment are how the customers, through what is happening in the discourse, often cast Michael in the powerful 'expert' role (section 3.4). Finally, how power is realised through Michael's control over future meetings is also illustrated (section 3.4.2) .

3.3.3 Topic management

- **Openings and closings**

It is usual for the perceived superordinate in the power relationship to initiate and often terminate topics in the interaction. By the very nature of the hairdressing context, Michael opens and closes the interaction, these openings and closings largely determined by the initiation and completion of the task. Typical examples of opening sequences are as follows:

Extract 3.1 AMHairDr2

	1.	Michael:	take your glasses off for me Amy?
	2.	Amy:	right
	3.	Michael:	that's your parting there isn't it?
	4.	Amy:	mhmm. I think it is yeah. so it's just there and==
	5.	Michael:	==the sides
	6.	Amy:	= = ( )
	7.	Michael:	= = T section.
	8.	Amy:	okay==
	9.	Michael:	==it's just along here and then on either side
	10.	Jenny:	(yeah)
	11.		[9]
->	12.	Michael:	anything strange or exciting?

Extract 3.2 EMHairDr3

	1.	Michael:	now. good bit shorter than the last time?
	2.	Elaine:	yes. please
	3.		[5]
	4.	Michael:	it we did part it this way didn't we?
	5.	Elaine:	it's usually in the centre and then the front
	6.	Michael	yeah==
	7.	Elaine:	== is the side a fringe or whatever
->	8.	Michael:	so how are you?

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In both of the above examples, the initial topic is task related, focusing on what is happening or about to happen. This topic then gives way to a general enquiry by Michael of the *Any news?* type (line 12 Extract 3.1) or *How are you?* variety (line 8 in Extract 3.2). It is Michael, therefore, who switches from the hairdressing topic to the more general open topic. Responses to this type of enquiry naturally lead onto other topics introduced by either Michael or the customer. For example, Sandra, in the next extract responds to such a general query by introducing the topic of her work (at a place called 'Killshan'), as follows:

Extract 3.3 SMHairDr1

->	32.	Michael:	[laughs] how's everything?
	33.	Sandra:	grand grand we're very busy and Killshan is FLYING
	34.	Michael:	is it ?
	35.	Sandra:	FLYING
	36.	Michael:	she's probably got the food right ==

Likewise, Amy in the following extract takes the invited opportunity to talk about 'how time is flying by' and being 'very busy with children', a topic which continues for a number of turns, only to drift into more specifics about the children when Michael enquires about their health (see extract 3.5 below):

Extract 3.4 AMHairDR2

->	12.	Michael:	anything strange or exciting?
	13.	Amy:	no. seem to be struggling this year... the year's goin' by
	14.	Michael:	[intake of breath] yeah
	15.	Amy:	don't know where it went since September you know?
	16.	Michael:	what ?
	17.	Amy:	I don't know WHERE it went since September==

Extract 3.5 AMHairDR2

	30.	Amy:	==from holiday to holiday and season to season and next thing
	31.		it's you know
->	32.	Michael:	all the kids keepin' well?
	33.	Amy:	fine. [4] they're at nice ages eleven and seven you know it's good fun
	34.	Michael:	yeah

Similar enquiries by Michael, about the customer's family can be seen in the following extracts, not all of which occur at the opening stages of the interactions. The following extracts, in particular, illustrate typical *How are you?* sequences, resembling the 3- stage assessment sequence of doctor-patient interaction. (The *How are you?* (HAY?) sequences, because of their functional role in the talk, will be discussed in more detail at a later stage.)

Extract 3.6 OMHairDr4

->	37.	Michael:	how's your Mum? [lower voice]
	38.	Olive:	yerra great aha
	39.	Michael:	she's great is she?
	40.	Olive:	not bad.
	41.	Michael:	that's good

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Extract 3.7 AMHairDr2

->	467.	Michael:	how's the hubby ? is he busy?
	468.	Amy:	very busy at the moment
	469.	Michael:	he's workin' for himself now isn't he?

As referred to at the outset, Michael is largely in control of, not only the openings but the closing of interactions, as dictated by a completion of the task (or, at least his role in the task) and signalled by a discourse marker (*now* and *ok*), as in the following examples:

Extract 3.8 OMHairDr4

->	630.	Michael:	now will you put some (..) on Olive for thirty-five minutes please
	631.	Olive:	thanks Michael
	632.	Michael:	no problem Olive
	633.		[16]
	634.	Jenny:	[singing] strong coffee isn't it with just milk
	635.	Olive:	'tis yeah please. thank you very much.

Extract 3.9 SMHairDr1

->	512.	Michael :	okay I'm going to get Jenny ==
	513.	Sandra:	==that's fine==
	514.	Michael:	==to put the colour in for you OK ?
	515.	Sandra:	lovely

In the above extracts, lines such as 630 and 512 respectively, signal the beginning of the closing sequence, where the customers respond accordingly.

- **Turn uptake following inter-turn pausing**

Another topic management device used by Michael is the 'taking of the floor' following relatively long inter-turn pausing. (Only pauses of greater than 8 seconds are considered here, as are those pauses which resulted in a change of topic.) Turn uptake, following relatively long inter-turn pauses, may reflect Michael's concern with keeping the interaction flowing and avoiding overly long silences. In the following extract, we see Michael starting up a new topic about the customer's house, following a pause of 13 seconds and seeking to maintain the topic following yet another pause (line 379).

Extract 3.10 OMHairDr4

	373.	Olive:	= = it is another hundred quid yeah an I just ah I've
	374.		had a lot of expense this month and I just ca ca- ahm can't afford it
	375.		[13]
->	376.	Michael:	everything in the house okay?
	377.	Olive:	yeah. great
	378.		[8]
->	379.	Michael:	so you got the answerin' machine anyway in the end?
	380.	Olive:	oh I did yeah it's great isn't it?

There are some occasions when the inter-turn pause length is relatively longer and Michael again keeps the talk going by introducing new topics, some relevant to the time of the year (e.g., Christmas shopping in Extract: 3.11) while others are of a more personal nature, as in Extract 3.12 below (compare the HAY? sequences as discussed above).

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Extract 3.11 AMHairDr 2

	253.	Amy:	no at least you know how many went down==
	254.	Michael:	==oh right
	255.	Amy:	on the Titanic [laughs]
	256.		[40]
->	257.	Michael:	you start your shopping yet for Christmas or anything like that?
	258.	Amy:	no. my two kids birthdays are October November which kind of halts
	259.		all that [3] in town two weeks ago (Smiths) tryin' to get Santy stuff y'
	260.		know

Extract 3.12 AMHairDr2

	417.	Amy:	that's great
	418.	Michael:	you know over the East Link it's you know = = sail home
	419.	Amy:	= = I know
	420.		[72]
->	421.	Michael:	how's your sister gettin' on down the country? does one = = of your
	422.		sisters live down the country?
	423.	Amy:	= = Eithne?
	424.		yeah she's great

Other times, it is a case of Michael returning to a topic already discussed earlier in the interaction. In the next extract, the talk had initially centred around Elaine's 'new car' but the topic had drifted to talk about 'waiting times for dentist appointments'. The return to the 'car' topic unfolds as follows, following a relatively short inter-turn pause of 10 seconds:

Extract 3.13 EMHairDr3

	181.	Michael:	you could go up one day and he could be waiting for you you know? if
	182.		you went in early
	183.	Elaine:	yeah
	184.		[10]
->	185.	Michael:	what kind of car did you get?
	186.	Elaine:	ah Fiesta Ghia [6] an I bought this ahm...there was central locking my
	187.		brother told me to get a = = lock

The following example illustrates how task related talk intervenes amidst talk about the difficulties in buying presents for teenagers at Christmas, the topic being maintained by Michael after a pause of 17 seconds (line 485):

Extract 3.14 EMHairDr3

	480.	Michael:	"oh yeah the young people like this" they mightn't
	481.	Elaine:	no yeah
	482.	Michael:	d'you want mousse or anything in this?
	483.	Elaine:	if you think it needs it I'll take it yeah (right)
	484.		[17]
->	485.	Michael:	( ) people( ) mad between now and Christmas
	486.	Elaine:	oh yeah toys the toy that's in for this Christmas is the Furby did you
	487.		see it?

- **Other topic management strategies in use**

Continually asking questions of the other person is another way to keep the topic going (or switch topic), as illustrated by the following extract:

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Extract 3.15 EMHairDr3

	45.	Michael:	God NO! I mean the more you never have enough business you know
	46.		yourself
	47.	Elaine:	yeah
	48.		[12]
->	49.	Michael:	are you busy yourself?
	50.	Elaine:	yeah at the moment I'm tryin to clear everything for for next week 'cos
	51.		I'm goin' on holidays
	52.	Michael:	[intake of breath] where are you off to ?==
	53.	Elaine:	==Italy==
	54.	Michael:	==oh are you ?==
	55.	Elaine:	==mm==
	56.	Michael:	==is this a new? this wasn't planned was it?
	57.	Elaine:	well it kind of was up in the air but now it's final= =
	58.	Michael:	= = just the two of
	59.		yez?
	60.	Elaine:	ah ah maybe [s] a few sisters might come with us
->	61.	Michael:	oh right! great! how's the car?

This extract illustrates how after a pause in line 48, Michael continues a topic of 'being busy' by asking a question. Elaine then introduces the topic of her holiday, which prompts a number of questions about it. The holiday topic comes to an abrupt end when Michael switches to the car topic (the car may have been discussed during a previous interaction). The above example also illustrates a sequence, similar to the three stage assessment of doctor-patient interaction, with the evaluation coming in line 61.

- **Off-line side-sequences**

Because of the nature of the task at hand, off-line talk or side-sequences occur, to deal with the business of the day (i.e. the hair styling process). This off-line talk is addressed to the assistants working with Michael in the salon. An example is illustrated by the following extract (lines 406-408):

Extract 3.16 SMHairDR1

	398.	Sandra:	I mean last year now we well of course we're off Christmas Eve anyway
	399.		but she'd open for food Stephen's day now I was off Christmas Eve but
	400.		the staff were- the customers were only short of hitting them you know-
	401.		and then Stephen's Day I was there and we done a shorter menu just say
	402.		five things off it you know a couple of starters and five main courses but
	403.		we were hammered we were absolutely devoured by people with
	404.		hangovers people that were drunk... so this year we're not open - we're
	405.		not doing food on Stephen's Day AT ALL
->	406.	Michael:	...if you get Elaine's colour ready you can come out and apply this colour
->	407.		for me for Sandra
->	408.	Jenny	yeah
	409.	Michael:	[12] [mixing colour] you'll love the colour this time

A longer side sequence in the next example, sees Michael and Jenny (his assistant), sorting out a few details related to the customer's hair colour (lines 141-153). The side sequence occurs within a larger sequence, which sees Amy terminating a topic at line 138, only to initiate a new topic once the side sequence is over (line 155):

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Extract 3.17 AMHairDr2

->	138.	Amy:	that's great. I've been a bit remiss but I've had one bug after the other
	139.		since September
	140.		[12]
->	141.	Jenny:	( ) turn that on?
	142.		[7]
	143.	Michael:	will you bring Amy's card to me ?
	144.		[11]
	145.	Jenny:	( ) eh
	146.	Michael:	AMY'S
	147.		[18]
	148.	Michael:	when you're ready we need to get three quarters of seven and a
	149.		quarter of six. you can leave Carmel there for a moment. is there a
	150.		BAG over that?
	151.	Jenny:	no I'm puttin' it over it now
	152.	Michael:	it's just that ah the heat will make it seep through the little holes
->	153.	Jenny:	yeah
	154.		[13] ['Tiger economy 'mentioned on radio in background]
->	155.	Amy:	do you notice the tiger economy Michael?
	156.	Michael:	no...nothing new where I work Amy

Some of these side sequences are characterised by polite directives (see discussion of politeness in Chapter 5), while others are more direct. The use of directives further characterise the talk of the empowered speaker in the discourse. Take, for example, the following extract which illustrates directives addressed to both assistant and customer. Note the differences in the form of directives (to be discussed in more detail under politeness considerations in Chapter 5) :

Extract 3.18 SMHairDr1

	315.	Sandra:	yeah well you see Nina well she said "She's not official yet " [5] so I
	316.		rang Orla and I was talking to her and asked her was she disappointed
	317.		with you know not coming home and that she said she was but she's
	318.		hoping now that maybe [hairdryer turned of] if this takes off they could
	319.		come home here for summertime
->	320.	Michael:	( ) [3]give me the sellotape there [22] get some foil ready put the foil
->	321.		on bring out Elaine's card and fix it up for me ( ) [23] can I borrow a
->	322.		few hands?
	323.	Sandra:	yeah
	324.	Michael:	now put it upon the side there? that's great ? [5] so when are you off
	325.		down to Limerick

In lines 320-322 we see very direct orders being issued to Jenny the assistant, while a less direct one is issued to Sandra the customer. Other directives addressed to the customer, in this case to Amy, are as follows:

Extract 3.19 AMHairDR2

->	1.	Michael:	take your glasses off for me Amy?
	2.	Amy:	right

Extract 3.20 AMHairDR2

->	39.	Michael:	sorry just hold the head still
	40.	Amy:	okay.

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Extract 3.21 AMHairDR2

	209.	Amy:	why do certain bits of your hair Michael go whiter quicker? Like
	210.		HERE
->	211.	Michael:	sorry don't (move) there's no = = I couldn't tell you

It can be seen from the above examples, that topic can be managed in a number of ways, all of which illustrate a certain control of the talk by one speaker (in this case Michael) over the other (the customer). Some similarities with institutional type talk particularly with 3-stage assessments, including evaluations are also illustrated. The more direct imperatives to assistants are also of note where power is a consideration.

3.4. Other power-related discourse issues

3.4.1 Casting in role of expert by customer

It is occasionally apparent in the data that the customer often casts the apparently powerful one into the role of 'expert', further reinforcing that person's holding of power in the particular conversational context. Consider, for example, the following extract where Amy is complimenting Michael on his work (lines 119, 123). Amy also seeks Michael's advice in relation to her own hair (line 127, 134, 136), thus casting him in the role of 'expert' in the hairdressing context:

Extract 3.22 AMHairDr2

	118.	Michael:	==you like the length at the moment==
->	119.	Amy:	==you know it's just perfect and Niamh's is coming on very well
	120.		leave her 'til Christmas time
	121.	Michael:	okay.
	122.	Amy:	but it sits down here but she won't pin it back ( ) so I just need to cut it
->	123.		but it's coming down really well. The way you've been cutting it has
	124.		helped it to come down nicely==
	125.	Michael:	==you probably won't be getting it cut now before Christmas will
	126.		you?
->	127.	Amy:	I don't think so what d'you think?
	128.	Michael:	well no not if it's = = ( )
	129.	Amy:	= = I might need a light
	130.	Michael:	==( ) you know
	131.	Amy:	== yeah
	132.		[3]
	133.	Michael:	what's that?
->	134.	Amy:	I'll see how the highlights are d'you know what I mean ?==
	135.	Michael:	==oh you won't need the highlights done==
->	136.	Amy:	==will I not? Oh that's grand==
	137.	Michael:	==( ) last six weeks
	138.	Amy:	that's great. I've been a bit remiss but I've had one bug after the other
	139.		since September

Another extract (extract 3.23 below), also displays this tendency to compliment Michael, thus reinforcing his power position in the context of hair-styling:

Extract 3.23 OMHairDr4

->	220.	Olive:	you cut my hair really well the last time Michael
	221.	Michael:	what was wrong with me!
->	222.	Olive:	yeah exactly right

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223. Michael: [laughs]
-> 224. Olive: no but you did exceptionally well because people [s] people loads of
-> 225. people said it to me
226. Michael: did they ?==
227. Olive: ==yeah

Admiring the result of the hair-styling session, also reinforces the notion of the powerful one being cast in the 'expert' role by the customer, as illustrated in lines 459-463 in Extract 3.24 as follows:

Extract 3.24 EMHairDr3

456. Michael: I give my parents money that sorts that out for them
457. Elaine: yes yeah
458. Michael: my youngest brother and sister = = get
-> 459. Elaine: = = lovely. beautiful
460. Michael: now that's a bit shorter
-> 461. Elaine: great yeah excellent
462. Michael: = = okay?
-> 463. Elaine: = = lovely. yeah lovely...well then they can get what they like y'know

In this extract, we see Elaine admiring her hair and Michael's work over three lines, adding to the attribution of expertise and hence power in the hairdressing situation.

3.4.2 Control over scheduling of future meetings

Another way in which power is manifest in the discourse is through the talk around the arrangement of subsequent appointments. Because these conversations are taking place near to Christmas time, it is evident from the talk that Michael is concerned about customers booking their Christmas appointments in advance. He invites his customers to make their appointments in a number of ways, some ways being more direct than others:

Extract 3.25 SMHairDr1

-> 286. Michael: you gonna make you Christmas appointment today Sandra==
287. Sandra: ==oh I am oh definitely Michael

Extract 3.26 EMHairDr3

-> 99. Michael: you gonna make your Christmas appointment now today?
100. Elaine: yeah that's what I was goin' to say to you. you busy?

Extract 3.27 AMHairDr2

-> 125. Michael: ==you probably won't be getting it cut now before Christmas will
126. you?
127. Amy: I don't think so what d'you think?

The last extract above exemplifies a more indirect way of addressing the Christmas appointment issue, with an appeal to Michael's expertise in deciding the need for another appointment before Christmas. Other examples, outlined above, see the Christmas appointment issue being addressed more directly. Having and expressing control over future meetings reinforces the control element within Michael's power in this context.

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3.5 Power and the powerful

The above selection of extracts have illustrated how power may be manifest in discourse, where the perceived power is held by the specialist or expert. The interactions show appointments being made to attend the salon, advice being sought from, and compliments being paid to, Michael. Michael also tends to manage the conversation, as he introduces topics, terminates others, engages in side sequences and opens and closes interactions. What has been illustrated thus far, is the traditional picture of power relations as manifest in discourse; the proprietor/stylist, Michael, is in the power position, delivering a service which the customer desires. The customer, in the above examples, could be seen to be 'the disempowered' in the interaction. However, can the disempowered becoming powerful? Are *power potentials* such that this can happen in a setting like a hairdressing salon? Can power be *negotiated* therefore, and 'change hands' so to speak, throughout the interaction, or better still, can power become a product of the negotiated interaction?

3.5.1 Power and the apparently 'disempowered '

Considering the customer as holding power, in the context under study, requires a re-examination of the topic strategies in use from the customer's perspective. Though it was shown that Michael has control over the opening and closing of the interaction and hence, to a large extent, the talk time within the conversation, the customer too 'does power' (Holmes, 2000) in a less overt, yet equally forceful way. The empowered customer will be discussed under themes including opening sequences; turn uptake and topic change following inter-turn pausing; the role of joking; giving advice and talking through off-line sequences.

3.5.2 Customer's role in opening sequences

It was illustrated above that Michael has control over the opening and closing sequences of the interaction, largely as result of, and determined by, the nature of the task. Following talk around the desired hair-style *per se*, talk moved to more general topics, as Michael employed the traditional HAY? sequence or the open ended question of the *Any news?* type. However, total control over the opening sequence of talk may not always prove to be the prerogative of the perceived powerful one in the interaction. Consider the following extract:

Extract 3.28 EMHairDr3

	7.	Elaine:	==is the side a fringe or whatever
	8.	Michael:	so how are you?
	9.	Elaine:	great. Yourself?
	10.	Michael:	not a bother
->	11.	Elaine:	...anything strange?
	12.	Michael:	no no busy

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Though it is Michael who initiates the HAY? sequence, it is Elaine, the customer, who maintains it by asking *Anything strange?* (line 11), after a brief pause. In other examples of opening sequences, the customer rarely uses this device (see above extracts 3.1 and 3.2).

3.5.3 Turn uptake and topic change following inter-turn pausing

Inter-turn pauses, of relatively long duration, allow for either party to take the floor to introduce a new topic or reinitiate a previous one. Focusing on the introduction of new topics, to keep the flow of talk going (a strategy used by Michael in previous extracts), is also undertaken by the customers, as the following examples show:

Extract 3.29 OMHairDr4

	170.	Michael:	I couldn't sure I don't come not on this by myself I have things to bring
	171.		and stuff==
	172.	Olive:	==oh right
	173.		[29]
->	174.	Olive:	is Allison studying hard?
	175.	Michael:	yeah she's back in college. it's quite a lot actually some nights it's
	176.		three three nights plus a full day on a Saturday

Extract 3.30 AMHairDr2

	448.	Michael:	is that the theme song to the Meg Ryan film- school teacher?
	449.	Amy:	no Melanie Griffith
	450.	Michael:	Melanie Griffith ( )
	451.		[43]
->	452.	Amy:	when you closing for Christmas Michael?
	453.	Michael:	twenty-third. [4] I'm okay Jenny

Extract 3.31 MHairDr4

	237.	Michael:	CAN I'VE A FRESH BRUSH PLEASE? [11] Thank you
	238.		[42]
->	239.	Olive:	was Niamh away?
	240.	Michael:	she wasn't. no she just took last week off

The above examples illustrate that, with increasing inter-turn pause length, the customer too initiates a new topic to maintain the conversation. Many times too the customer maintains her turn through inter-turn pausing, holding the floor by either continuing on the same topic, or introducing a new or related one, after the pause (see lines 152-154 below):

Extract 3.32 EMHairDr 3

	149.	Michael:	==( ) just too busy==
	150.	Elaine:	==yeah
	151.		[10]
->	152.	Elaine:	and I know Christina the girl 's just been with you recently she wants to
->	153.		come back to you an she's thinkin' of gettin' a colour in or something
->	154.		= = ah in her hair
	155.	Michael:	= = oh right okay

Occasionally, too, the customer maintains her talk throughout more difficult talking conditions (e.g., while the hairdryer is on). In the next extract, Elaine and Michael have

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been talking about new toys on the market for Christmas (e.g., a game which involves the spraying of water) when the following ensues:

Extract 3.33 EMHairDr 3

	528.	Michael:	like can you imagine someone's good sittin' room = = [laughing] water
	529.		all over it
	530.	Elaine:	= = yeah
	531.		[hairdryer on-12 seconds-conversation proceeds with hairdryer on]
->	532.	Elaine:	but it's so expensive 'cos that even that that toy itself it's twenty nine
	533.		ninety nine

Despite the distraction of the hairdryer, Elaine continues with the next turn to continue talking. It can be seen therefore, that, as for Michael, the customers are intent on maintaining the conversation, managing topics in a number of ways.

3.5.4 Joking

In perceived power relations, where there is ostensibly a role for a superordinate and a subordinate, joking may not be a typical occurrence, or, if it does occur, it may be frowned upon or used as an 'ice-breaker' (e.g., the teacher-pupil context, judge-jury context etc.). If joking occurs, it is more usually the powerful one who instigates it, with the disempowered one joining in. However, in the hairdressing data, customers even within their apparent 'subordinate' role, initiate joking sequences.

Sandra sets the tone in the following extract for at least the opening sequence of the interaction, by making a joke about what she should or should not put into her cup of coffee, as it is offered to her by the assistant, Jenny. In this sequence, Sandra is referring to the habit of putting a drop of alcohol into her coffee, a fact she returns to later in the interaction, as she discusses ways of relaxing after work:

Extract 3.34 SMHairDr1

	4.	Jenny:	just milk is it ?
	5.	Sandra :	eh milk and one sugar
	5.	Jenny:	OK
->	7.	Sandra:	just as well I didn't bring an'thin' extra to put in my coffee wasn't it
	8.		= =[laughs]
	9.	Michael:	= =[laughs]

Telling a joke is a more overt way of injecting humour into an interaction and Amy, in the following extract, while aware the joke may be in bad taste, goes ahead and tells it as she says 'on tape' :

Extract 3.35 AMHairDr2

	246.	Michael:	can't remember now. I'm thinkin' about ( )
	247.		[6]
->	248.	Amy:	want to hear a dreadful joke (on tape)?
	249.	Michael:	hmm?
	250.	Amy:	what's the difference [laughs] between President Clinton and the
	251.		Titanic?
	252.	Michael:	more people went down or something like that

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253. Amy: no at least you know how many went down==
254. Michael: ==oh right
255. Amy: on the Titanic [laughs]
256. [40]
257. Michael: you start your shopping yet for Christmas or anything like that?

The relatively long silence, which meets the end of this joke, may indicate that it might have been considered to be 'in bad taste' by Michael. Michael does not respond with laughter, though Amy does. Joke telling by the customer or the use of sarcasm, momentarily suspends the unilateral positioning of power. (Joke-telling, as a politeness strategy, used conversationally will be further discussed in Chapter 5).

3.5.5 The giving of advice

It was clear from some of the above examples, that Michael's customers, through their discourse, often cast him in the role of 'expert'. Being called on to give advice was not confined just to hairdressing issues, as Michael was also seen to deliver advice on car related topics, as evidenced by other sequences in the data. However, the giving of advice also came within the remit of the customer, on a number of occasions, as can be seen from the following examples :

Extract 3.36 OMHairDr4

152. Olive: = = how is your back?
153. Michael: it's starting to get now with the weather ==getting cold
154. Olive: = =yeah
155. Michael: and it's starting to get nickety but I mean hopefully now it won't be as
156. bad ==as last time
157. Olive: == are you walking away?
158. Michael: ha?==
-> 159. Olive: ==keep walking. = = walking is the best
160. Michael: = = I don't do any walking actually
161. Olive: Mi- Michael do you walk to work in the morning?
162. Michael: walk as far as the car Olive
-> 163. Olive: yeah you should really because walking is the best exercise for your
164. back if you have a bad back
-> 165. Michael: right
-> 166. Olive: it's really is==
-> 167. Michael: == I start doin' it in the evenings ( ) = = with Allison
168. Olive: = = yeah you know or even walk
169. to work in the morning

In the above extract, it is not hard to see who is cast in the role of the expert on exercise (lines 159 and 163-164). Olive, who is a nurse, gives Michael advice on how to cope with his backache. Michael, bowing to the customer's expertise in this momentary context, acknowledges this information (line 165), vowing to do something about his back by taking up some exercise (line 167).

A somewhat different extract, which also exemplifies the customer (momentarily or interactionally) in the power position, is illustrated below. Elaine, whose job allows her easy access to much sought after Christmas toys before they go on general retail, is

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discussing a popular toy with Michael, who is keen to buy one for his niece for Christmas. The following sequences display this negotiation:

Extract 3.37 EMHairDr3

	486.	Elaine:	oh yeah toys the toy that's in for this Christmas is the Furby did you
	487.		see it?
	488.	Michael:	are they all gone? are they in?
	489.	Elaine:	are they in? yeah. are you lookin' for one?
	490.	Michael:	mmm
->	491.	Elaine:	yeah I'll s I'll check it out for you. we had a few in and we'd about six
->	492.		in the department and if anybody phoned in we're givin' them out but
->	493.		we're meant to be getting in some more we got I think nine hundred in
->	494.		and they went out and = = they were due in I think
	495.	Michael:	= = they're gone
	496.	Elaine:	another nine you know hundred in==
	497.	Michael:	==I'm lookin' for one for my little niece
->	498.	Elaine:	okay I'll give you a shout

The above extract, which sees Elaine in control (see lines 491-494 and line 498), follows a discussion over the latest toys to hit the market. Over fifty lines later, after some intervening talk, the participants return to the topic initiated earlier, that of getting one such toy for Michael's niece (see extract 3.38 below). In this extract, temporarily at least, Elaine is put in the power position, as she is in control of the goods desired by Michael:

Extract 3.38 EMHairDr3

	562.	Michael:	if I can't get that I'll get her something just to have a present==
	563.	Elaine:	==yeah==
	564.	Michael:	==situation out of the way
->	565.	Elaine:	I know what you're sayin ... well I tell you what I'll check out 'cos we
	566.		get them in and = = if we've one
	567.	Michael:	= = right
	568.	Elaine:	I can say I've one here for you Michael if you like to take it you can
->	569.		take it if you don't want to take it = = well then
	570.	Michael:	= = perfect
->	571.	Elaine:	you you know an you change your mind
	572.	Michael:	==yeah (?)
->	573.	Elaine:	==it's no problem

3.5.6 Talking through off-line sequences

Another interesting feature of customers' talk, which renders them powerful within the hairdressing context, is the customers' tendency to often ignore the side sequences of business talk. The customers continue with their on-line conversation with Michael, rather than backing down as the side sequence unfolds. A good example of this feature is illustrated by the following extract:

Extract 3.39 EMHairDr3

	189.	Elaine:	a steering lock and he told me to get this big this type he was readin it
	190.		in a magazine an I went an I got this one an it was huge an I tried
	191.		to put it on the steering wheel
	192.	Michael:	( ) yes Jenny [to assistant]
->	193.	Elaine:	and it wouldn't go an I thought it was myself that was doin'
	194.		somethin'==
	195.	Michael:	==see you Belinda [to another assistant who is leaving]

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-> 196. Elaine: and I got my Dad and then I got my brother to check it out and it
-> 197. wouldn't work so I had to bring it back to the ah==
198. Michael: ==what kinda lock was it?

In this extract, Michael does not initially respond to Elaine's brief narrative about the steering lock, attending to, instead, the activities of his assistants (see lines 192 and 195). Despite Michael's apparent inattention, Elaine continues with her story (lines 193, 196-, 197), ultimately getting a response from Michael in line 198. Rather than temporarily stopping her storytelling while Michael talks to his assistants, Elaine persists with her story until Michael's attention is ultimately gained.

A similar occurrence can be seen in the next example, where Sandra continues with her talk, while Michael engages in a side sequence with Jenny, his assistant. The sequence unfolds as follows:

Extract 3.40 SMHairDr1

54. Sandra: the overheads in Killshan is very high because of the restaurant
55. there's been great reports about the restaurant do you know em - that
56. columnist who's - May Wood
57. Michael: Jenny ?[to assistant]
58. Sandra: she does write ups on restaurants and places for the Independent?
59. she's booked in for the restaurant on Friday week so we'll see what kind
-> 60. of a write up it'll get
61. Jenny: ( )
62. Michael: get the colour back in
63. Jenny: ( )
64. [6]
-> 65. Sandra: have you been busy ?

Sandra persists with her talk, until line 60, whereupon the side sequence momentarily takes hold of the interaction, giving way to a 6-second pause after which Sandra takes the floor again in line 65.

3.5.7 Power sharing?

Though amount of speaking time or turntaking is not always equated with a power differential, it is interesting to note the topic management work being done in the hairdressing context, where power roles, which initially seemed clearly demarcated, became less obvious as the negotiation of power evolved. Of particular interest are the types of topic invoked. Some topics fall within the personal domain (i.e., talk about family, shared acquaintances etc.); other topics fall within the social domain (i.e., general chat about holidays and work etc.); still others revolve around hairdressing issues. Topics also may arise from the immediate shared environment of the interlocutors. For example, on numerous occasions one or other of the participants, draws attention to what is playing on the radio in the background (e.g., a song, a piece of news etc.), as illustrated below:

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Extract 3.41 AMHairDr2

	152.	Michael:	it's just that ah the heat will make it seep through the little holes
	153.	Jenny:	yeah
	154.		[13] ['Tiger economy 'mentioned on radio in background]
->	155.	Amy:	do you notice the tiger economy Michael?
	156.	Michael:	no...Nothing new where I work Amy
	157.	Amy:	it just affects the same people doesn't it? it's the same==

Extract 3.42 AMHairDr2

	261.	Michael:	DON'T MIX UP more colour Jenny just I need a small amount o that
	262.		[51] [-theme music from 'Friends' on radio]
->	263.	Amy:	an' they're all lookin' for wage rises
	264.	Michael:	( )
	265.	Amy:	they're only given a hundred thousand per episode
	266.	Michael:	who's this?
	267.	Amy:	cast of 'Friends'
	268.	Michael:	oh are they?

In the above two extracts it is the customer, Amy, who initiates the topic, prompted by what is being broadcast on the radio, whereas in the following two extracts it is Michael who initiates topics in this manner :

Extract 3.43 AMHairDr2

	220.	Michael:	( ) as you can see. [6] that ready?
	221.		[23][radio in background]
->	222.	Michael:	( )
	223.	Amy:	mhmm
->	224.	Michael:	( ) fantastic ( ) should be ( ) photographs of it like that priest takin'
	225.		photographs of = = ( )
	226.	Amy:	= = well what was amazing about it was
	227.	Michael:	==( )
	228.	Amy:	==that they were all found by accident later you know

Extract 3.44 AMHairDr2

	344.	Amy:	she's busy with the other house ( ) so ( )
	345.		[15] [Boyzone on radio]
->	346.	Michael:	they've done very well for them selves Boyzone haven't they?
	347.	Amy:	yeah ...( )
	348.	Michael:	I know==
	349.	Amy:	==( )
	350.	Michael:	he reminds me of someone with a mouthful of gobstoppers trying to
	351.		sing[4] At the beginning it was a bit of a joke because it was only copies
	352.		cover versions==
	353.	Amy:	==I know

(What exactly is being talked about in line 224 in extract 3.43 above, is somewhat ambiguous because of some untranscribable talk. The talk seems to relate to a news item heard on the radio, possibly pertaining to priest photographer, Father Browne who is famous for his shots of Dublin and the Titanic taken in the early part of the last century). What these extracts show however is the 'free for all' nature of the talk, when either party can initiate topics from the shared environment. It is also interesting to note that this was a characteristic of Amy's interaction with Michael only (usually occurring after a relatively long inter-turn pause), and was not typical of other samples. There are other

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examples of 'power sharing' in the discourse of hairdressing, exemplified particularly by joking and sarcasm, one of which is given below:

Extract 3.45 SMHairDR1

	7.	Sandra:	just as well I didn't bring anything extra to put in my coffee wasn't it
	8.		= =[laughs]
	9.	Michael:	= =[laughs]
	10.	Sandra:	( ) say I just want something else ==[laughs]
	11.	Michael:	== [laughs] have you singing in a
	12.		half an hour
	13.	Sandra:	oh stop [4] LOOK at it ! Do you know what someone said to me
	14.		yesterday "Isn't your highlights beautiful ?" [laughs] and I said ==
	15.	Michael:	==='God bless their vision'
	16.	Sandra:	'do you want me glasses' [laughs]
	17.	Michael:	yeah just look down there==
	18.	Sandra:	==I mean it's just completely grey Michael it's getting worse actually
	19.		isn't it a lot more grey==
->	20.	Michael:	==don't worry we'll ( )
	21.	Sandra:	yeah do ...because I'm 48 tomorrow Michael

The participants enter into a shared power relationship as they joke and tease about the state of Sandra's hair; joint laughter facilitates this shared relationship; they are both having fun on 'equal terms'. However, Michael's power is reinstated in line 20 when he uses the inclusive *we* pronoun, to reassure Sandra the he will look after her hair (see Fairclough (1989; 128) for a discussion of inclusive 'we' as a power wielding strategy). There are many other instances of joking and sarcasm evident in the transcripts, including an instance of gossip, all of which suggest a power sharing of sorts, where conversation proceeds in a sociable affable manner.

3.6 Summary and conclusions

This chapter began with a theoretical explanation of the concept of power and how it is manifest within discourse, in typical institutional contexts, such as teacher pupil and doctor-patient interactions. Typical doctor-patient interactions were discussed with some reference to interactions with people with schizophrenia, touching on some of the added complications in these communication contexts. A reconsideration of power, as a 'shifting potential', was illustrated by an exploration of the power relations at work in hairdressing talk, once the traditional perceptions of a unidirectional power had been exorcised. It may be concluded then, from the selection of areas reviewed and exemplified by the extracts, that power is indeed a shifting potential, negotiated on a moment by moment basis between participants. Outside the clearly defined role of the expert in the hairdressing scenario, the boundaries are unclear as the power potentials are negotiated by, and become a product of, the ever-changing context. In other words, power is not owned or 'definitively held' (Fairclough, 1989) by either of the participants, but jointly constructed. The concept of power sharing was invoked to refer to those situations in the discourse where neither party 'held power', a position of momentary

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equality in discoursal terms. Instances of joking, gossip, sarcasm and social talk characterised such interactions, highlighting socio-relational talk thereby providing a basis for the further exploration of conversational sociability, within institutional contexts.

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CHAPTER 4
APPROACHES TO ANALYSIS OF THE CONSTRUCTION AND NEGOTIATION OF SOCIAL RELATIONSHIPS THROUGH TALK. II: FRAMING IN DISCOURSE

4. 1 Introduction:

Chapter 3 explored definitions of power and how it manifests in talk. Traditional institutional communication contexts, such as those involving pupil-teacher and doctor-patient interactions were considered, to illustrate the effects of asymmetric roles on the structure of talk. However, it was the role of power in the negotiation and construction of social relationships through talk in less traditional 'power-ridden' contexts (i.e., the hairdressing context), which clearly illustrated the influence of shifting power potentials on talk. Shifting power potentials facilitated an 'equality' or power sharing of sorts in the discourse, which in turn allowed for engagement in socio-relational talk.

The question posed in this chapter is: Can the principles of framing in discourse expose similar-socio-relational work being done through talk? If so, how is this work achieved? Revisiting the data from hairdressing contexts will help to address these issues. Before attempting to answer these questions however, it is necessary to outline the main principles of framing in discourse as developed by Tannen (1993).

4. 2 Frame and framing: What is it all about?

Tannen (1993; 5) describes framing as a 'fruitful theoretical foundation for the discourse analysis of interaction'. The concepts of frame and framing, first put forward by Bateson (1972 [1954]) and further developed by others, most notably Goffman (1974, 1981), offer a useful methodological approach to viewing the complex area of communication in face-to-face interaction.

The terms *framing* and *frame* come directly from the physical analogy of a picture frame. When we look at a picture, we are driven to observe the general composition of that picture to get an idea of what it is about, only then attending to the details that make up that picture. In other words, we concentrate on what is contained *within* the frame, paying little or no attention to the actual frame itself. Bartlett (1932), as cited in Tannen (1993; 16) states, that 'an individual has an overmastering tendency simply to get a general impression of the whole and on the basis of this he constructs the probable detail.' Applying this idea to communicative interactions, we, as interlocutors, first attend to the overall communicative event (i.e., what is going on: Is it a lecture? a conversation? an argument? etc.) and only then do we attend to the components of what is happening in the communicative act.

When the notion of framing is applied to the analysis of behaviour in everyday life, or more specifically to communication in face-to-face interaction, we are faced with

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the question put forward by Goffman (1974; 8), that is: *What is it that's going on here?* Though Goffman initially applied the notion of frame to understand behaviour and experience in general, he later focused more exclusively on the use of language and thus became interested in linguistic discourse (Goffman, 1981). Inherent in Goffman's (1974; 128) notion of frame, is the notion of *footing*, which can be described as the 'alignments' that people 'take up to' each other in face-to-face interaction or, in a communicative sense, 'what an individual can be alive to at a particular moment' (Goffman, 1974; 8).

However, Goffman, though being responsible for the development of *frame analysis*, was not the first to introduce the term frame and use it as a tool to help understand communicative behaviour. Much earlier, Gregory Bateson (1972 [1954]) introduced the concept in a paper entitled '*A theory of play and fantasy* ' concluding, according to Tannen (1993; 3), that:

> no communicative move, verbal or non-verbal, could be understood without reference to a meta-communicative message, or metamessage, about what is going on - that is what frame of interpretation applies to the move

Having observed monkeys 'at play', Bateson was impressed by the way in which, what otherwise (and in other situations) may be interpreted as hostile moves, were interpreted as playful ones by the animals. These moves signalled the message, or in Bateson's terms the *metamessage*: 'this is play', that is, the metamessage *framed* the hostile moves as 'play' (see the following section for further discussion of the concept of the *metamessage*).

We may also look to the area of *cognitive science* for further explanation of the origin of the concept of 'frame'. Researchers, in this field, have discussed how we store certain types of information from our experiences in our memory, which can be easily accessed and used when required to interpret novel situations. Consider the idea of a *script* (Schank & Abelson, 1977). A *restaurant script*, for example, is the information we have stored in our memory about the sequence of events that go to make up how we behave in restaurant situations (e.g., we may wait to be seated, we look at the menus, we order from the waiter, we eat our meal, we pay the bill and leave etc.). Scripts have also been referred to as *schemas* (Bartlett, 1932; Chafe, 1977) or *frames* (Minsky, 1975) and have been variously used in artificial intelligence, anthropology, and sociology. *Cognitive frames* allow for templates for experiences to be laid down, stored in our long-term episodic memory and added to as experience increases; they thus can be referred to when needed and revised according to new experiences. Referring to previous experiences, stored within our memory, greatly facilitates us to make appropriate interpretations in familiar situations, but more importantly when faced with unfamiliar or situations (e.g., the idea of sitting on the floor with no shoes on in a Japanese restaurant). Efficient referral to our episodic memory store is therefore crucial in interpreting situations and making appropriate behavioural responses. Cognitive frames are many and

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varied and may include, for example, frames for such experiences as birthday parties, supermarket shopping, religious ceremonies, hospital visits and so on.

The cognitive frame is derived from a cognitive science approach to interpretation. However, what is of particular concern when faced with the interpretation of communicative behaviour, is the idea of the *psychological frame*. Bateson (1972 [1954]) insists that *frame* is a psychological concept and key components of such frames are the metamessages or metacommunicative messages that aid interpretation.

4.2.1 Metamessages or metacommunicative messages

Metamessages or metacommunicative messages are 'messages about (*meta*) the status of the communication itself' (Mac Lachlan & Reid, 1994; 41). Metamessages help us identify what a speaker means by what he says, or what is going on in the interaction. For example, is the message intended as a joke, or is the person teasing, or engaged in a casual chat or a more formal discussion? As Tannen (1986; 13) comments :

> Information conveyed by the meaning of words is the message. What is communicated about relationships-attitudes towards each other, the occasion and what we are saying-is the metamessage. And it's metamessages we react to most strongly... Comments like "It's not what you said but the way you said it" or... "Obviously it's not nothing; something's wrong" are responses to metamessages about talk.

Framing, by its very nature is mostly done indirectly, through metamessages (Tannen, 1986; 64). Metamessages are conveyed through linguistic and non-linguistic cues and help us to figure out what is going on in the interaction. Speakers communicate and identify metamessages of frames through, what Gumperz (1982; 131) terms, *contextualisation cues*, which he explains in the following terms :

> constellations of surface features of message form (which) are the means by which speakers signal and listeners interpret what the activity is, how semantic content is to be understood and how each sentence relates to what precedes or follows.

Contextualisation cues are, as Gumperz (1982; 131) comments, used 'habitually' and are 'rarely consciously noted and almost never talked about directly'. As a consequence therefore, Gumperz argues that they must be examined, as they are conveyed, within the process and context of the communicative interaction. Gumperz (1982; 131) includes the following as examples of contextualisation cues :

(i) the code, dialect and style switching processes
(ii) prosodic phenomena
(iii) lexical and syntactic options
(iv) formulaic expressions
(v) conversational openings, closings and sequencing strategies etc.

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Identifying what frame is in operation, therefore, requires a level of inferencing on the part of the conversational participant. The conversational participant must make inferences about what frame is in operation, by identifying what metamessage is being 'given off.' These inferences are thus based on the integration of knowledge gleaned from the contextualisation cues. The example above of 'it's not what you said but how you said it', is a response to a metamessage, giving rise to the inference that 'all may not be well' in the interaction.

Related to the identification of frames is the ability to engage in metacommunicative talk, that is, 'talk about talk'. We can refer to the talk itself when checking out what is going on in an interaction, by saying for example, 'are you joking?, 'what does that mean?', or 'why are you telling me this ?' According to Bateson (1972; 215 [1954]): 'the ability to communicate about communication, to comment upon the meaningful actions of oneself and others, is essential for successful social intercourse.' Bateson observed, based on his early research in the field of schizophrenia, that metacommunication was impaired in people with the disorder, describing their behaviour as a 'metacommunicative tangle' (ibid.; 195). Hence, according to Bateson, the person with schizophrenia may fail to signal differences between metaphorical and literal statements, for example, and may be unable to discriminate these uses of language in others' communication. In other words, within framing terms, people with schizophrenia may be unable to identify the frame in operation, for example, when the speaker was 'just being sarcastic' or 'only joking'. It is not hard to see, therefore, how the behaviour of people with schizophrenia who have paranoid tendencies, could be explained according to Bateson's interpretations.

Finally, it is important to add here that cultural differences must also be considered in identifying the possible contextualisation cues for the identification of frames. For example, sarcasm or 'slagging' as used by Hiberno-English speakers in Ireland is often used as a joking or teasing discourse strategy, whereas it may be misunderstood elsewhere in the world and considered an insult. (See Straehle (1993) for an interesting discussion of the framing of teasing behaviour in discourse.)

4.2.2. Frames of interpretation and knowledge schemas

Tannen and Wallat (1993) explain how the various uses of 'frame' and related terms, fall into two categories. One category comprises the interactive notion of *frames of interpretation* or interactive frames, following Bateson (1972 [1954]). Interactive frames may be described as 'an interactional unit with social meaning' (Tannen 1993; 60). The second category comprises *knowledge schemas* (compare the earlier reference to psychological and cognitive frames). *Knowledge schemas* have as their underlying force 'structures of expectation' (Ross, 1975, as cited in Tannen and Wallat, 1993). *Structures of expectations* or our expectations/assumptions about people, events and situations, are

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created from our past and ongoing world experiences and thus greatly influence our ability to predict interpretations of, and contributions to, communicative events. (It is this notion of structures of expectation which underlies talk about frames in general.) Knowledge schemas, therefore, can influence the framing process. Tannen and Wallat (1993), in their analysis of an interaction during a medical examination of a child with cerebral palsy, describe how multiple frames and knowledge schemas can interact (see Figure 4.1 for outline of frames identified within this interaction). They illustrate 'how linguistic cues or ways of talking, evidence and signal the shifting frames and schemas' (Tannen & Wallat, 1993; 73).

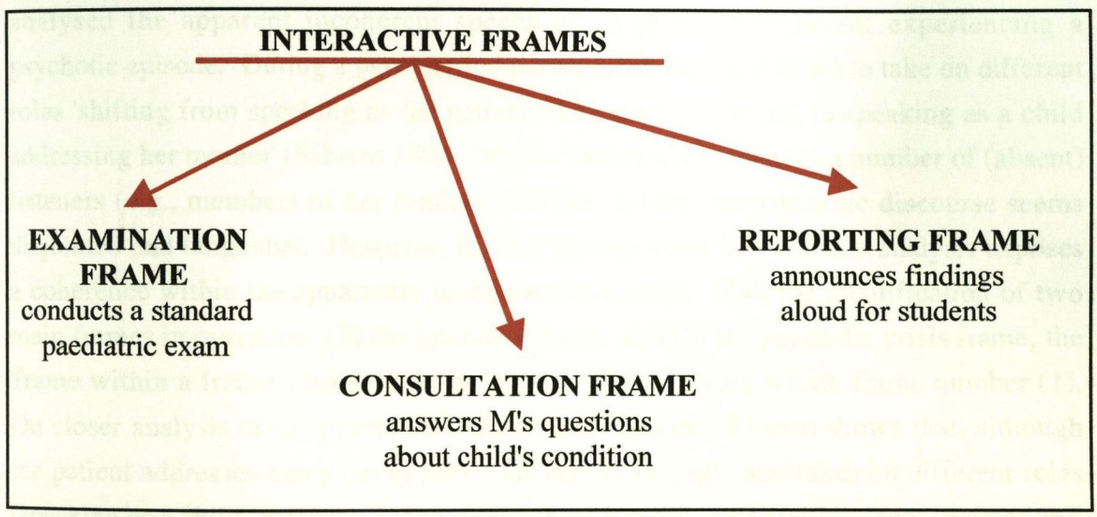


Figure 4.1: Interactive frames within a medical examination.

Tannen and Wallat's (1993) example of the medical examination illustrates, that when there is a mismatch of knowledge schemas, a shift in frames takes place. One example is when the paediatrician has to switch from the examination frame to the consultation frame, in order to explain a symptom (e.g., 'noisy breathing') to the mother.

The communicative interaction involved in a medical examination is but one example of how framing can be applied to explain what is going on. However, there are many other situations where framing proves to be a useful tool in the analysis of interaction.

4.2.3 Frames within frames

Contextualisation cues are identified through examining the process and context of an ongoing interaction, a dynamic rather than a static task. Given the ongoing nature of an interaction, it is not hard to envisage that in addition to shifting frames, frames may occur within other frames. Straehle (1993; 214) comments:

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> In connection with the notion of frame it is important to note that while contextualisation cues enable speakers to frame and interpret individual utterances as joking rather than serious or teasing rather than hostile, these smaller frames are embedded in and in fact construct even larger ones.

As Tannen (1986; 63) explains, small frames occurring within larger ones, help to identify the activities going on. Tannen (1986) gives the examples of informative utterances being part of an overall 'teaching' frame, while teasing and complimenting may be considered a feature of a 'courting' frame.

Ribeiro (1993) describes an example of a communication interaction, where the notion of frames occurring within other frames can be clearly illustrated. Ribeiro analysed the apparent incoherent speech of an psychiatric patient experiencing a psychotic episode. During a psychiatric interview, the patient is heard to take on different roles 'shifting from speaking as the patient addressing the doctor, to speaking as a child addressing her mother' (Ribeiro 1993; 79); the patient also addresses a number of (absent) listeners (e.g., members of her family). On the surface, the psychotic discourse seems disjointed and tangential. However, Ribeiro demonstrates how a frame analysis exposes a coherence within the apparently incoherent discourse. With the identification of two main frames in operation: (1) the interview frame, and (2) the psychotic crisis frame, the 'frame within a frame' idea sees frame number (2) occurring within frame number (1). On closer analysis of the psychotic crisis frame, however, Ribeiro shows that, although the patient addresses many (imaginary) listeners in her talk, and takes on different roles (speaking as a child, speaking as her sister), there is a coherence within these interactions, which a frame analysis elucidates. In other words, 'sub-frames' occur within the overall psychotic crisis frame also. Hence, the overall interaction is characterised by frames occurring within other frames as the interaction proceeds, with the smaller frames defining what is going on in the larger frame (i.e. a psychiatric interview).

Therefore, understanding psychotic discourse from a frame analysis point of view, and considering the occurrence of frames within larger frames, allows one to see the coherence within the apparently disorganised discourse of the psychotic individual. (Ribeiro's study is one of the few which challenges the predominantly negative construing of 'disordered discourse' in psychiatric presentations, where a *coherence* rather than an *incoherence* is described (see Chapter 1)).

4.2.4 Out-of-frame activity and frame breaking

Out-of-frame activity may also be considered when discussing how frames operate in discourse. For example, during a lecturing frame, the lecturer may engage in 'out-of-frame events' (Goffman, 1974; 210), for example, taking a sip of water or blowing his/her nose. Goffman explains that when this occurs, the participants in the main action

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are normally required to 'disattend'. A participant may also choose to go out-of-frame momentarily, for example, when the lecturer wishes to comment on the heat in the room, or on the arrival of a latecomer. If such out-of-frame events are prolonged, Goffman warns of the difficulty in re-establishing the original frame.

As referred to above, some out-of-frame activity is to be 'disattended' to by participants, as occurring peripherally to the main frame activity (e.g., the lecturer taking a sip of water). However. when the participant chooses to go out-of-frame, he or she is essentially frame breaking and establishing a sub frame (e.g., commenting on the heat in the lecture theatre may be followed by a discussion of the lack of purpose-built facilities or the weather). Frame breaks often draw attention to what is going on in the main frame. For example, a lecture frame may be re-established after a certain period of time, as the lecturer reminds the students that they are attending a lecture and not engaging in an informal chat. Goffman (1974; 382) comments: 'it appears that minor frame breaks can readily be allowed, if for no other reason than the fact that they seem to ensure the continuity and viability of the established frame'.

4.2.5 Framing: A summary

Framing, by its very nature, requires a moment-by-moment negotiation between participants, who establish (and re-establish) footings by aligning themselves to each other, as the communicative interaction proceeds. Frames are like labels which participants use to identify what they and their interlocutors are doing in discourse. Framing occurs as a result of a negotiation between participants in an interaction. Participants refer to metamessages, identified by contextualisation cues, to discover: *What is it that's going on here?* A listener in an interaction must know what frame is in operation so that he may correctly interpret the speaker's utterance, in the way it was intended. In this way, therefore, the listener refers to the overall frame, which then allows him/her to make the appropriate interpretations and contributions. Referring to the overall frame also allows interpretation of out-of-frame activity and frame breaking. Therefore, framing as applied to spoken discourse 'adds to our understanding of conversational interaction' (Tannen, 1993; 5) and proves to be a useful analytic tool for unravelling the complexities of talk.

4. 3 Putting framing to work: Framing and hairdressing talk

In the hairdressing context multiple frames can be identified at work in the interactions. These frames are intricately interwoven, creating a rich tapestry which illustrates the complex work which talk achieves in such settings. The hairdressing interactions may be characterised as having one main frame, which I will term the transactional frame, and two subframes, which I will call a 'business-of-the-day' frame and a socio-relational frame. Naming and identifying just three frames does not mean

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that these are the only ones at work. On the contrary, there may be many other frames occurring which can be described, depending on what level of analysis is undertaken. However, it is sufficient for present purposes to work with the three frames mentioned above. As the following discussion will show, frames are by no means discrete units or entities. Rather, they operate in a diffusive fashion permeating the talk (and even utterances) as they are invoked.

4.3.1 The transactional frame

Identification of the nature of the activity occurring within the transactional frame, (which is the main frame in the hairdressing interaction) answers Goffman's question *What is it that is going on here?* It is obvious that if one goes to a hairdressing salon, they are intending to have their 'hair done'. All participants involved in this task know the script: the customer arrives, checks in at reception, is asked to take a seat before having her hair washed, is then called to the basin and the hair-styling routine begins. In framing terms, all participants have 'structures of expectation' of how the routine will unfold and of what their roles are in the process. These structures of expectation are built on, and derived from, previous repeated experiences of the routine. The transactional frame, then, is task oriented; a task needs to be done and all participants work (including the customer as a co-operative participant) to achieve this task, for which payment changes hands at the end of the transaction. Characteristic of the transactional frame are the verbal commentaries which accompany the different stages of the routine ('Take a seat', 'Would you like to move to the basin', 'Is that water too hot?', 'What would you like done today?', 'Will you have tea or coffee?' etc.), along with the non-verbal moves of positioning and general 'handling' of the customer. The transactional frame as a whole is also time limited, the customer enters the salon for a (usually) predetermined time (all participants have a fair idea of how long the task will take). Within the transactional frame, the routine may be punctuated by different episodes, which all have their own opening and closing sequences (e.g., the hair washing sequence, perhaps the hair colouring sequence and the hair-styling sequence); it is the hair-styling sequence from which the data under discussion are drawn.

4.3.2 Socio-relational (SRF) and 'business-of-the-day' (BDF) frames

The transactional frame encompasses the subframes entitled a 'business-of-the-day' frame (BDF) and a socio-relational frame (SRF) (abbreviated hereafter for ease of reference; see also Figure 4.2 below). BDFs are concerned specifically with the task or business at hand and related issues; SRFs are those which foreground socio-relational concerns, where rapport building or just 'getting on with the other' through social talk is central. Discriminating between these frames is sometimes difficult, which lends credence to the fact that they are intricately interwoven (a point which will be returned to

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at a later stage in this discussion). For now, it is sufficient to describe the apparent and predominant features of each type of frame.

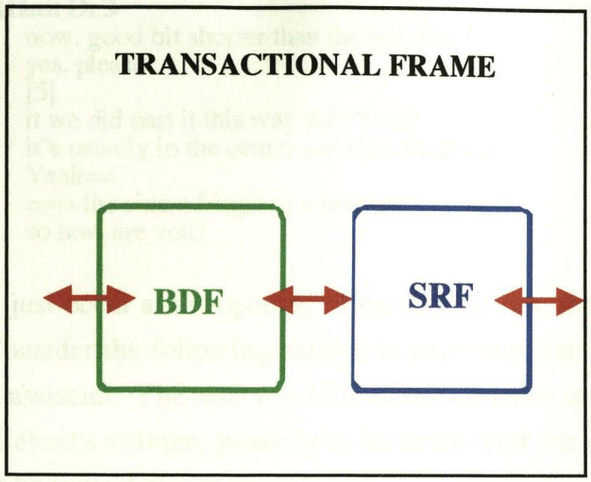


Figure 4.2: Graphic representation of frames in hairdressing talk (BDF: Business of the day frame & SRF: Socio-relational frame).

The BDF is concerned with the task at hand (i.e. hair-styling). Participants align themselves to address the 'business-of-the-day'. It is expected then, that the vocabulary used within such frames reflects this theme. Therefore, the BDF is characterised by use of vocabulary and phrases specific to the hairdressing context (e.g. *short/long, needing highlights done, putting in colour, partings, making appointments* etc.). Other syntactic options include, the use of the imperative forms used in a BDF, which may be direct or indirect (to both customer and to assistants as shall be demonstrated), for example *hold still, bend your head forward, can I have X?* and so on. Style switching processes will also be at work within and across such frames, with the BDF invoking a more formal direct style of communication. Typical BDFs can be illustrated as follows:

Extract 4.1 AMHairDr2

->	1.	Michael:	take your glasses off for me Amy?
	2.	Amy:	right
	3.	Michael:	that's your parting there isn't it ?
	4.	Amy:	mhmm. I think it is yeah. so it's just there and==
	5.	Michael:	==the sides
	6.	Amy:	= = ( )
	7.	Michael:	= = T section.
	8.	Amy:	okay==
	9.	Michael:	==it's just along here and then on either side
	10.	Jenny:	(yeah)
->	11.		[9]
->	12.	Michael:	anything strange or exciting?

In the above extract, we see the use of hairdressing related vocabulary (*parting, sides, T section* etc.) being used, along with an imperative as an opening line (line 1). The initial

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opening BDF frame is brought to an end by the pause in line 11 and an initiation of another topic in line 12. Another very clear example of a BDF, occurring at the opening of an interaction, is as follows:

Extract 4.2 EMHairDr3

->	1.	Michael:	now. good bit shorter than the last time?
	2.	Elaine:	yes. please
	3.		[5]
	4.	Michael:	it we did part it this way didn't we?
	5.	Elaine:	it's usually in the centre and then the front
	6.	Michael	Yeah==
	7.	Elaine:	==is the side a fringe or whatever
	8.	Michael:	so how are you?

BDFs do not just occur at the opening of the interactions, they may permeate the talk at any point. Consider the following extract, in particular line 261, where Michael addresses Jenny, his assistant. The shift to a BDF in this instance is characterised in part by an increase in Michael's volume, possibly to be heard over the din of the salon and because Jenny might be some distance away:

Extract 4.3 AMHairDr2

	258.	Amy:	no. my two kids' birthdays are October November which kind of halts
	259.		all that [3]in town two weeks ago ( ) tryin' to get Santy stuff y'know
	260.		[50]
->	261.	Michael:	DON'T MIX UP more colour Jenny just I need a small amount o that
	262.		[51-theme music from 'Friends' on radio]
	263.	Amy:	an' they're all lookin' for wage rises

Finally, BDFs can also occur at the end of a hair-styling episode and before moving to hair colouring episodes as in the following two examples:

Extract 4.4 SMHairDR1

511.	Sandra:	oh I know
512.	Michael :	OK I'm going to get Jenny ==
513.	Sandra:	==that's fine==
514.	Michael:	==to put the colour in for you OK
515.	Sandra:	lovely

Extract 4.5 OMHairDr4

627.	Michael:	'do so many air miles or whatever.' he said "My job is computers" and
628.		your woman nearly died
629.	Olive:	go way
630.	Michael:	now will you put some ( ) on Olive for thirty-five minutes please
631.	Olive:	thanks Michael
632.	Michael:	no problem Olive

Socio-relational frames then can be identified in a similar way. Like BDFs, they are characterised by their own set of features. For example, the overall style of a SRF may be less formal than a BDF, with the use of some formulaic phrases such as *How are you? Anything strange?* and so on. Narratives may occur in such frames also. Lexical options are not restricted to hairdressing terms and could include a wide diversity of

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topics (including the weather, work, family, hobbies and so on). The following are some examples which could be described as socio-relational frames:

Extract 4.6 OMHairDr4

1.	Michael:	you off this week?
2.	Olive:	no, no, not at all I was only off ahm yesterday and today
3.	Michael:	y'out golfin'?
4.	Olive:	no I was yesterday it's very wild isn't it?
5.	Michael:	= = it's crazy
6.	Olive:	= = oh
7.	Michael:	I wouldn't go out on Monday 'cos it was just too... it was too windy==

Extract 4.7 AMHairDr2

467.	Michael:	how's the hubby? is he busy?
468.	Amy:	very busy at the moment
469.	Michael:	he's workin' for himself now isn't he?
470.	Amy:	well he's workin' for himself and another company==
471.	Michael:	==yeah [6] just doin' his time

In the above examples, topics such as the weather, hobbies and family are being invoked, with Michael asking the questions and the customer responding. SRFs like these are characterised by a free flow of information on a wide variety of topics. Both participants show interest in the talk, by continuing the topic and using back channel behaviours (e.g., *yeah, mhmm* etc.). Consider the following example, where the customer is showing interest in the topic under discussion, asking questions in an overlapping turn with Michael (line 33) :

Extract 4.8 EMHairDr3

31.	Michael:	she got married I think either just before or just after she started she
32		looks very young = = does she look ( )
33.	Elaine:	= = did she? Is she?
34.	Michael:	yeah [laughs]
35.	Elaine:	GOD! She's looks as if she's only after coming out of = =
36.		school[laughs]
37.	Michael:	= = I know
38.		yeah

4.3.3 Frame shifts

As referred to above, identifying frames may be difficult as, at times, they can be closely interrelated. However, the process of identifying frame shifts helps to define and discriminate the frames. The interaction sees frame shifting occurring throughout, as participants align and realign their footings at different stages. These changes in alignments mark frame shifts, and can be identified by a number of features in the discourse including, pausing, use of discourse markers, change of communication style with different lexical and syntactic choices being made. Extending some of the extracts given above will show, for example, how pausing and the use of discourse markers signal shifts in frames. In extracts 4.9 and 4.10, one can see quite clearly how a pause in the first example (line 11), and the discourse marker *so* (line 8) in the second example, mark the shift from a BDF to a SRF:

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Extract 4.9 AMHairDR2

	1.	Michael:	take your glasses off for me Amy?
	2.	Amy:	right
	3.	Michael:	that's your parting there isn't it ?
	4.	Amy:	mhmm.Ithink it is yeah. So it's just there and==
	5.	Michael:	==the sides
	6.	Amy:	= = ( )
	7.	Michael:	= = T section.
	8.	Amy:	okay==
	9.	Michael:	==it's just along here and then on either side
	10.	Jenny:	(Yeah)
->	11.		[9]
	12.	Michael:	anything strange or exciting?
	13.	Amy:	no I seem to be struggling this year... the year's goin' by
	14.	Michael:	[intake of breath] yeah
	15.	Amy:	don't know where it went since September you know ?

Extract 4.10 EMHairDr3

	1.	Michael:	now. good bit shorter than the last time?
	2.	Elaine:	yes. please
	3.		[5]
	4.	Michael:	it we did part it this way didn't we?
	5.	Elaine:	it's usually in the centre and then the front
	6.	Michael	yeah==
	7.	Elaine:	==is the side a fringe or whatever
->	8.	Michael:	so how are you?
	9.	Elaine:	great. yourself?
	10.	Michael:	not a bother
	11.	Elaine:	...anything strange?
	12.	Michael:	no no busy

Both of the above sequences of talk occurred at the beginning of the interactions. At other times, a frame can be seen to be 'sandwiched' between the boundaries of another frame, as illustrated by the following examples, where the BDF is surrounded by pauses of varying lengths:

Extract 4.11 AMHairDr2

	258.	Amy:	No. My two kids birthdays are October November which kind of halts all
	259.		that [3] in town two weeks ago (Smiths) tryin' to get Santy stuff y' know
->	260.		[50]
	261.	Michael:	DON'T MIX UP more colour Jenny just I need a small amount o that
->	262.		[51-theme music from 'Friends' on radio]
	263.	Amy:	an' they're all lookin' for wage rises

Extract 4.12 OMHairDr 4

	231.	Olive:	well now you know I mean it's just like everything else isn't it?
	232.	Michael:	this is it
	233.	Olive:	mmm
->	234.		[6]
	235.	Michael:	COULD YOU BRING ME OUT THAT OTHER COLOUR PLEASE?
	236.		[radio on in background]
->	237.		[25]
	238.	Olive:	have you been busy Michael?

Extract 4.13 OMHairDr4

	245.	Michael:	it's been a good year==
	246.	Olive:	==has it? = = oh good
	247.	Michael:	= =yeah
	248.	Olive:	good

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-> 249. [12]
250. Michael: CAN I'VE A FRESH BRUSH PLEASE? [11] thank you
-> 251. [42]
252. Olive: was Niamh away?

The pauses, in these examples, clearly mark the beginning and the end of the BDF and the shift into SRFs. Less obvious shifts also occur within the data, some even occurring within the one turn. Consider, for example, the following extract:

Extract 4.14 EMHairDr

502. Elaine: yeah [7] Drive you mad after a while we had [laughs] we had one
503. opened an were playin' with it in the office at one time [laughs]
-> 504. Michael: can I've a vent brush in medium ( )[to assistant] drive you scatty after a
505. while do they?==
506. Elaine: ==yeah oh God yeah for definite because like it'll be talking ( ) itself
507. you know Furbish==

In line 504, Michael requests a 'vent brush', the use of hairdressing vocabulary signalling a BDF. In line 504 then, his utterance functions in a dual role: he addresses the assistant, only then to realign himself with the customer and the SRF and returning to the talk about the 'Furby' toy. In the following example (extract 4.15), another mid-turn frame shift occurs, marked by laughing and a pause of 6 seconds (see line 694). Elaine enters into a BDF with Michael, as she admires her hair in the mirror. This frame shift could have been prompted non-verbally through the production of a back mirror or by completion of the task, with Michael ceasing one activity (e.g., cutting) and engaging in another (i.e., picking up a mirror to show the customer the back of her head). The BDF then continues with a move to talk about future appointments.

Extract 4.15 EMHairDr3

693. Michael: "D'you want one present now? "
-> 694. Elaine: yeah [laughs] [6] ah that's great brilliant
695. Michael: will I book you in before Christmas then?
696. Elaine: yes please mm?

4.3.4 Frames within frames

Those frames which have been described above as 'sandwiched' between other frames, constitute frames within frames; frames within frames occur across the data in various forms. The next example is a case in point, and though the shift into the BDF frame is not clearly marked by pausing (but by the lexical item used i.e. 'mousse'), the return to the SRF is (see line 484):

Extract 4.16 EMHairDr3

480. Michael: oh yeah the young people like this they mightn't
481. Elaine: no yeah
-> 482. Michael: d'you want mousse or anything in this?
483. Elaine: if you think it needs it I'll take it yeah (right)
-> 484. [17]
485. Michael: ( ) people ( ) mad between now and Christmas

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486. Elaine: oh yeah toys the toy that's in for this Christmas is the Furby did you
487 see it?

The SRF which was taken up with the topic of buying presents for teenagers for Christmas, comes to an end with the introduction of hairdressing talk (line 482). However, the SRF is reinstated following a pause in line 484 and a reinitiation of the Christmas topic by Michael. A similar frame within a frame scenario is in operation in the following extract:

Extract 4.17 EMHairDr 3

456. Michael: I give my parents money that sorts that out for them
457. Elaine: yes yeah
-> 458. Michael: my youngest brother and sister = = get
-> 459. Elaine: = = lovely. beautiful
460. Michael: now that's a bit shorter
461. Elaine: great yeah excellent
-> 462. Michael: = = okay?
-> 463. Elaine: = = lovely. yeah lovely...well then they can get what they like you
464. know
465. Michael: well
466. Elaine: when they get to their teens I find even the nieces and nephews now
467. and
468. Michael: ==( )
469. Elaine: ==( ) teens
470. Michael: yeah

This BDF frame occurring within a SRF is marked by overlapping turns (see lines 458/459 and 462/463). Once Elaine has admired her new hairstyle, she picks up on the previous topic and continues in the SRF, with both participants realigning themselves accordingly. (It is of note here that the so-called BDF in operation, could also be functioning as a SRF.) The positive comments being made *lovely, great, excellent* can only but have a positive knock-on effect on the socio-relational interaction between participants. (McCarthy (2000b) talks about such 'small' words doing 'big' relational work.)

Of interest too, is the situation whereby the same frame is being invoked but involves different audiences or participants, hence different alignments. For example, while in a BDF, Michael may address both his customer and his assistant at different points. Thus, even though participants are still all within a BDF, the way in which Michael invokes the frame may differ according to the intended audience (i.e., the established footings may differ). Hence, this illustrates another aspect of frames occurring within frames. A somewhat lengthy extract exemplifies this point:

Extract 4.18 AMHairDR2

113. Michael: ==everybody needs a few belts of the sun you know a few rays
114. [15]
-> 115. Michael are we cuttin' much off today Amy?
116. Amy: just about a quarter of an inch Michael. it's actually quite at a nice
117. 'cos it'll go ==back for me
118. Michael: ==you like the length at the moment==
119. Amy: ==you know it's just perfect and Niamh's is coming on very well I'll
120. leave her 'til Christmas time

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	121.	Michael:	okay.
	122.	Amy:	but it sits down here but she won't pin it back ( ) so I just need to cut
	123.		it but it's coming down really well. the way you've been cutting it has
	124.		helped it to come down nicely==
	125.	Michael:	==you probably won't be getting it cut now before Christmas will
	126.		you?
	127.	Amy:	I don't think so what d'you think?
	128.	Michael:	well no not if it's = = ( )
	129.	Amy:	= = I might need a light
	130.	Michael:	==( ) you know
	131.	Amy:	== yeah
	132.		[3]
	133.	Michael:	what's that?
	134.	Amy:	I'll see how the highlights are d'you know what I mean?==
	135.	Michael:	==oh you won't need the highlights done==
	136.	Amy:	==will I not? oh that's grand==
	137.	Michael:	==( ) last six weeks
	138.	Amy:	that's great. I've been a bit remiss but I've had one bug after the other
	139.		since September
->	140.		[12]
->	141.	Jenny:	( ) turn that on?
	142.		[7]
	143.	Michael:	will you bring Amy's card to me ?
	144.		[11]
	145.	Jenny:	( ) eh
	146.	Michael:	AMY'S
	147.		[18]
	148.	Michael:	when you're ready we need to get three quarters of seven and a
	149.		quarter of six. you can leave Carmel there for a moment. is there a
	150.		BAG over that?
	151.	Jenny:	no I'm puttin' it over it now
	152.	Michael:	it's just that ah the heat will make it seep through the little holes
->	153.	Jenny:	yeah
	154.		[13]['Tiger economy 'mentioned on radio in background]
->	155.	Amy:	do you notice the tiger economy Michael?
	156.	Michael:	no...nothing new where I work Amy

Following a shift in frame from a SRF to a BDF in line 115 after a pause, Michael and Amy engage in a BDF frame as they discuss the task at hand and the state of Amy's hair (along with her daughter's), in general. This discussion continues up until line 140, where a pause in the proceedings signals a frame shift, though still of the BDF type. At this point we see Jenny coming in with a request, whereupon Michael realigns himself to a BDF involving Jenny his assistant. This BDF continues until line 155 when a socio-relational frame is triggered, following a boundary pause, by the mention of 'Tiger economy' on the radio.

A series of realignments or footings can then be mapped throughout this piece of interaction: following a shift from the initial SRF (line 115), Michael and Amy establish footing around task related talk; when Jenny enters the interaction (line 141), Michael is forced to realign himself to her in a BDF; once this BDF draws to a close (line 153), Michael and Amy re-establish footing and re-negotiate a SRF (line 155). A sequence of moves like this is almost akin to moves in a dance where partners' alignments are constantly changing and in flux. What is of interest here though, is how one type of frame may be negotiated differently according to the audience involved. The BDF

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involving Jenny is characterised by plenty of hair-styling vocabulary inherent in some direct requests and instructions. Likewise, the BDF involving Amy too has the vocabulary of hair-styling but is of a less direct nature, reflective of a discursive interaction rather than a didactic one.

4.3.5 Juggling frames

If the metaphor of 'dancing' can help explain the integration of frames within frames scenario, the metaphor of 'juggling' (Tannen & Wallat, 1993) can help explain another phenomenon in the data. It is apparent from the interactions, that sometimes Michael engages in juggling frames. Oftentimes, he is required to put one participant 'on hold' (Goffman's (1974) term) and hence one frame on hold, while he attends to another participant, thus engaging in another frame. Again, an example best illustrates this idea:

Extract 4.19 AMHairDr 2

	452.	Amy:	when you closing for Christmas Michael?
->	453.	Michael:	twenty-third. [4] I'm okay Jenny
	454.	Amy:	mhmm
->	455.	Michael:	will you check Sandra see is she okay for everything? [14] and
->	457.		then we five days which we close and then reopen then on the
	458.		Tuesday day after the Bank Holiday. Monday's a Bank Holiday this year

In line 453, Michael, after a short pause, engages in talk with Jenny before issuing a request (line 455) for Jenny to check on another customer. While he is engaging in this BDF with Jenny, he has put Amy 'on hold', only to re-establish footing with her on line 457. Being 'on hold' may be signalled non-verbally as Michael continues with his activity (e.g. cutting hair) though, possibly looking away at times to address Jenny. Another very interesting example which illustrates this point is exemplified by the following:

Extract 4.20 EMHairDR3

	186.	Elaine:	ah Fiesta Ghia [6] an I bought this ahm...there was central locking my
	187.		brother told me to get a = = lock
	188.	Michael:	= = steering lock
	189.	Elaine:	a steering lock and he told me to get this big this type he was readin' it in
	190.		a magazine an I went an I got this one an it was huge an I tried to put it
	191.		on the steering wheel
->	192.	Michael:	( ) yes Jenny [to assistant]
	193.	Elaine:	and it wouldn't go an I thought it was myself that was doin'
	194.		somethin'==
->	195.	Michael:	==see you Belinda [to another assistant who is leaving]
	196.	Elaine:	and I got my Dad and then I got my brother to check it out and it
	197.		wouldn't work so I had to bring it back to the ah==
->	198.	Michael:	==what kinda lock was it?

In this extract, we see Michael juggling a number of frames, with different participants. Initially being involved in a SRF with Elaine, he responds to Jenny (her contribution not heard on tape) in line 192, and says 'good-bye' to another assistant in line 195. While he is engaging in these BDF frames (though line 195, because of its relational quality and

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informality may be considered a SRF), he has Elaine 'on hold', only to re-establish footing in a SRF with Elaine in line 198. Being put 'on hold' does not stop Elaine continuing with her discussion, though she is not responded to until line 198, as illustrated. Finally, it is not only when Michael engages in work related talk that he is required to put the customer 'on hold'. The arrival of a next customer may also provoke this phenomenon:

Extract 4.21 SMHairDr1

	157.	Sandra	well you see you only -you don't drink spirits and you don't drink wine
	158.		sure you don't ?
	159.	Michael :	no ...I drink beer I used to drink spirits when I kind used to drink ==years
	160.		ago
	161.	Sandra:	==yeah
->	162.	Michael:	( ) hi Elaine [another customer]
->	163.	Elaine:	morning
	164.	Sandra:	I love a nice glass- I love wine [9] it was completely out of shape
	165.		anyway ...I keep telling you my hair's too long [laughs] [7] so what's
	166.		Ciara looking for for Christmas
->	167.	Michael:	everything

In lines 162 and 163, an adjacency pair of greeting-greeting occurs. While Michael engages in this frame with Elaine, Sandra is put on hold. Sandra's comment in line 164 sees a continuation of the subject being discussed, prior to the adjacency pair, with Michael realigning himself to this topic of talk in line 167.

So far in this discussion of framing in discourse, we have seen how frames may be identified (though, clear discrimination of same may be difficult). How frames shift and meander throughout the interaction has also been demonstrated. Finally, how frames can occur within other frames and how, at times, participants are required to juggle frames has been illustrated. However, because of the ambiguity in the identification of some frames, that is, whether they are functioning as primarily BDFs or SRFs, a closer look at some frames is warranted. Closer examination in turn may reveal added information of the true nature of framing as evidenced in discourse.

4.3.6 Business-of-the-day frames and socio-relational frames: A closer look

It was noted above that some frames were hard to identify categorically. The example of the customer admiring her hair once the job had been completed (Extract 4.17 above), could be said to be functioning within both frames (i.e., two interpretations are possible). Establishing footing as a customer with Michael, the provider of a service, sees the comments such as *lovely, great, excellent* with Michael's response *okay?* occurring within a BDF. The business of the day is completed and the customer is expressing satisfaction with the outcome. On the other hand, such positive comments might be functioning within a SRF, as one participant enhances the face of the other, expressing satisfaction (*lovely, great, excellent),* while attending to the socio-relational aspects of the interaction. Thus, simultaneous frames may be in operation. Another

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similar example is Michael's utterance (line 195 in the following extract) addressed to Belinda, one of his assistants who is leaving the premises or 'knocking off' for the day:

Extract 4.22 EMHairDr 3

	193.	Elaine:	and it wouldn't go an I thought it was myself that was doin'
	194.		somethin==
->	195.	Michael:	==see you Belinda [to another assistant who is leaving]
	196.	Elaine:	and I got my Dad and then I got my brother to check it out and it
	197.		wouldn't work so I had to bring it back to the ah= =

Again, the multifunctionality of the utterance is of interest. On the one hand it can be interpreted as an employer saying good-bye to an employee, part of the business-of-the-day routine. An alternative (maybe complementary) function is the socio-relational one. *See you Belinda* is an elliptical, formulaic utterance, suggesting informality and congeniality. Examples like these (and there are many more in the data) echo Candlin's (2000) recommendation of considering the 'relational as transactional', that is, one type of talk (in this case frame) subsumed within the other, in the interest of goal attainment.

4.3.7 Humour and framing

Goal attainment and the multi-functionality of frames, prompts an exploration of the role of humour in the interactions studied. Included under the term humour, for the present discussion, is joking, sarcasm and teasing. The alliances created through teasing, as Straehle (1993; 228) comments, 'enhance relationships by affording speakers "safe" opportunities for showing conversational involvement and rapport'. There are some interesting examples of humour being used in the data studied. Take, for example, the following extract which highlights a number of points for discussion:

Extract 4.23 SMHairDr1

	1.	Jenny :	want coffee Sandra ?
	2.	Sandra :	yeah please
->	3.	Irene:	she'll need it [laughs]
	4.	Jenny:	just milk is it ?
	5.	Sandra :	eh milk and one sugar
	6.	Jenny:	OK
->	7.	Sandra:	just as well I didn't bring an'thin' extra to put in my coffee wasn't it
	8.		= =[laughs]
->	9.	Michael:	= =[laughs]
	10.	Sandra:	( ) say I just want something else==[laughs]
	11.	Michael:	==[laughs] have you singing in a half
	12.		an hour
->	13.	Sandra:	oh stop [4] LOOK at it ! Do you know what someone said to me
	14.		yesterday "Isn't your highlights beautiful ?" [laughs] and I said ==
->	15.	Michael:	==God bless their vision
	16.	Sandra:	'do you want me glasses' [laughs]
->	17.	Michael:	yeah just look down there==
->	18.	Sandra:	==I mean it's just completely grey Michael it's getting worse actually
->	19.		isn't it a lot more grey==
->	20.	Michael:	==don't worry we'll ( )
	21.	Sandra:	yeah do ...because I'm 48 tomorrow Michael

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The above extract is an opening piece of an interaction involving myself (Irene), the customer (Sandra), the assistant (Jenny) and Michael (the hair-stylist). The transcription begins just after I have explained to Sandra the purpose of the recording. Sandra is then asked by the assistant, Jenny, whether she would like coffee, part of the regular routine in the salon. My comment (in line 3) *she'll need it,* followed by a laugh, triggers the humorous sequence which follows. In line 7, we see Sandra establishing a footing with me within the humorous frame. Sandra's phrase, *anything extra* (in line 7), refers to alcohol, a reading which may be inferred at this point in the interaction, if participants have the background knowledge of the habit of putting a drop of whisky or brandy into your coffee. This practice is indeed one in which Sandra engages, as she again refers to it later in the transcript:

Extract 4.24 SMHairDr1

139.	Sandra:	and have one go home and maybe have a coffee with Scotch in it just a
140.		Scotch [5]you just -you need something to come down
141.		because by the time I get home at weekends==

Returning to extract 4.23, we see how Sandra's turn, by ending in laughter, reinforces the alignment she has taken up with me. This laughter, in line 8, is overlapped by Michael's laughter in line 9, which sees him entering the frame at this point. Michael's laughter indicates the alignment he has taken up with Sandra, an alignment which remains for a number of turns. The next few lines of the sequence are characterised by joking, with Michael contributing to the fun by referring to the fact that if Sandra did take 'something' in her coffee she would be 'singing in half an hour'. This fun-filled beginning sets the tone for the interaction to follow. After a momentary pause in line 13, where the talk moves to the business at hand (i.e., the current state of Sandra's hair), Sandra exclaims *LOOK at it!* referring to her hair. Sandra then proceeds to tell of an incident where somebody, to her astonishment, admired her highlights the day before: *Isn't your highlights beautiful?* Sandra is surprised at this because in her opinion her highlights need to be redone (hence the appointment). Michael maintains the humorous frame offering a sarcastic utterance, by way of completion of Sandra's previous turn. Michael, in line 17, is in agreement with Sandra with regard to the state of her hair and it needing to be done, whereupon Sandra elaborates further in line 18/19. Finally, Michael takes control of the situation in line 20, using the inclusive 'we' to reassure Sandra.

Extract 4.23 is interesting on a number of levels. Firstly, both BDFs and SRFs are in constant flux, overlapping and interweaving, to the extent that they are almost indistinguishable. The BDF frame, which in other interactions addresses the 'state of play' or delineates the task to be done (see other opening sequences), is framed rather humorously from the outset. The humorous tone of the BDF is triggered, it would appear, by Irene's comment in line 3 and further taken up by the main participants, Sandra and Michael, as they engage in a joke-filled interaction. Michael's comments in lines 15

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and 17 could, in another context, be read as offensive, but within the tone of the interaction (the metamessage) this is not so; in other words, they are interpreted within the frame of 'this is play'. And so the opening sequence is one which again illustrates the notion of the relational *as* transactional; a lot of 'work' through socio-relatonal talk is achieved in this sequence: the relationship is off to a good start and a clear mandate has been given.

Another extract of interest is the following:

Extract 4.25 OMHairDr4

	37.	Michael:	how's your Mum? [lower voice]
	38.	Olive:	yerra great aha
	39.	Michael:	she's great is she?
	40.	Olive:	not bad.
	41.	Michael:	that's good
	42.		[8]
->	43.	Olive:	have you the right colour there?
->	44.	Michael:	no
	45.	Olive:	[laughs]
	46.	Michael:	just pot luck now [laughs]
->	47.	Olive:	I'd say ... I'd say it is...you know where I I was down a little bit early
	48.		= = so I went home

Following a socio-relational frame of the *HAY?* type, Olive, the customer asks, in line 43, whether Michael has the right colour for her hair. This could initially be interpreted as a shift from a SRF to a BDF. However, Michael' s sarcastic response *no*, in line 44, prompts both participants to establish a footing within a humorous, joking frame. The joking frame lasts over a number of turns, until undergoing a shift marked by the discourse marker *you know* in line 47. Here again, we see business-of-the-day issues being framed within the metamessage of fun or play; goals central to the task at hand are being achieved relationally through talk.

Finally, not all joking and teasing sequences enhance the (working) relationship. On occasion, if one deliberately names the frame another may be invoked (Tannen, 1986). Thus, in the following example, when Amy the customer suggests telling 'a dreadful joke on tape', she is aware that it may be in bad taste (this extract was also exemplified in the previous chapter):

Extract 4.26 AMHairDr2

	248.	Amy:	want to hear a dreadful joke (on tape)?
	249.	Michael:	hmm?
	250.	Amy:	what's the difference [laughs] between President Clinton and the
	251.		Titanic?
	252.	Michael:	more people went down or something like that
	253.	Amy:	no at least you know how many went down==
	254.	Michael:	==oh right
->	255.	Amy:	on the Titanic [laughs]
->	256.		[40]
	257.	Michael:	you start your shopping yet for Christmas or anything like that?

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As can be seen from the above transcript, Michael has taken up the alignment to hear the joke, as he tries to guess the punch line. The relatively long pause in line 256 could be interpreted in one of two ways: either Michael knew the joke already or considered it also to be 'in bad taste' or just not funny. Whatever the interpretation, it is clear that the joke frame is ended quite abruptly, with Michael moving onto another unrelated topic. This interaction is in stark contrast to the other examples of humour, as they evolved in the discourse; somehow naming the frame (i.e. joke) had the opposite effect with Michael failing to join in with Amy's laughter in line 255 and moving onto another unrelated topic. This joke or humour sequence, therefore, may not have achieved the socio-relational work that other humorous sequences of talk did, as outlined above.

4.4 Summary and conclusions

This chapter set out to introduce and explore how framing can be used to analyse discourse. Having given an overview of the main principles behind the approach, the application to hairdressing talk exemplified the approach's analytic power at work. Identifying frames, exploring frames within frames and discovering their multifunctionality leads to a greater understanding of the negotiation of social relations through talk. In the hairdressing context, by comparing and contrasting BDF and SRF frames as occurring within the main transactional frame, socio-relational talk or a sociability in talk can be identified. However, realising and illustrating that the 'relational' *is* often 'transactional' has interesting repercussions for analysis in differing contexts. Exposure of socio-relational work being done in initially non-apparent power contexts supported this notion (see Chapter 3). It is not hard to see therefore, how an analysis of social relations in talk can be enhanced using framing as a means of analysis.

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CHAPTER 5
APPROACHES TO ANALYSIS OF THE CONSTRUCTION AND NEGOTIATION OF SOCIAL RELATIONSHIPS THROUGH TALK III: POLITENESS CONSIDERATIONS

5.1 Politeness theory: Theoretical issues

In addition to Bateson's (1954 [1972]) notion of *frame*, as discussed in the previous chapter, another key sociological concept, that of *face*, has significantly contributed to an understanding of the how social or socio-relational talk can be analysed. Goffman's (1955) notion of *face* was to form the basis of a significant linguistic theory, entitled *politeness theory*. Politeness theory, as developed by Brown and Levinson (1978 [1987]), set out to explore how politeness was manifest in the linguistic constructions of utterances. As the analytic power of politeness theory offers much to the exploration of the construction and negotiation of social relationships through talk, applications of its principles form an integral part of the analytic framework applied in this thesis. Politeness theory, while using the concept of *face* as its focal point, also drew on the principles of *Speech Act Theory* (Austin, 1962) and Grice's (1975) *Co-operative Principle*. Therefore before elaborating on the role of *face* in politeness theory and discussing the theory's main principles, it is important to set the scene, by referring to these two important influences.

5.1.1 Speech act theory and Grice's (1975) Co-operative Principle

As initially referred to in Chapter 3, Austin's (1962) *Speech Act Theory* has, as its central premise, 'to *say* something is to *do* something'. The notion of 'doing things with words' suggests that every utterance performs a function (e.g., informing, requesting, complaining or complimenting etc.). The speech act of requesting, for example, may be realised directly or indirectly. For example, a mother who is giving an important buffet party and looking for culinary support from her family, may directly ask her daughter to '*bake a quiche* ' as part of the fare on offer. However, in order not to appear to impose on her daughter, the request may be issued indirectly during a general discussion of the forthcoming party menu, as in: '*you're very good at baking quiche, aren't you Mary?*' Interpreting what is meant by what is said, as in this example, necessitates a consideration of *speaker meaning*, in addition to the conventional meaning of the utterance. The familiar communicative mother-daughter relationship may make the participants all too aware of the fact, that the mother, in this example, is not merely complimenting her daughter's culinary skills but is asking her to undertake the task in an indirect way.

To account for what the speaker intends to communicate in interactions, Grice (1975) developed what he termed the *Co-operative Principle*. What a speaker 'says', that

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is, that which is 'closely related to the conventional meaning of the words (the sentence),' (Grice, 1975; 44) and what a speaker 'implicates' or implies by what is said, may be two different things. The resulting 'implicatures' are only worked out if the co-operative principle is brought into play. The co-operative principle (ibid; 46) reads as follows: 'Make your conversational contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged.' Participants in conversational interactions are 'expected to' observe this principle along with the following four maxims it generates:

- **Quantity**
  1. Make your contribution as informative as is required (for the current purposes of the exchange)
  2. Do not make your contribution more informative than is required.
- **Quality**
  Try to make your contribution one that is true
  1. Do not say what you believe to be false
  2. Do not say that for which you lack adequate evidence
- **Relation :**
  Be relevant
- **Manner:**
  Be perspicuous
  1. Avoid obscurity of expression
  2. Avoid ambiguity
  3. Be brief (avoid unnecessary prolixity)
  4. Be orderly

The maxims, according to Yule (1996; 37), constitute 'unstated assumptions' as to how we should behave conversationally (although Grice does not claim that these maxims should apply to every conversation, as interlocutors often depart from these rules for a number of reasons, with different consequences, as will be illustrated below). However, that participants are 'expected to' observe the above rules of conversation, is the essence of what the co-operative principle is all about. Rigidly adhering to these maxims is the exception rather than the rule. Strict adherence to these rules would possibly result in a very stilted and unnatural conversational interaction, while complete non-adherence may result in conversational breakdown.

Therefore, how is the happy medium achieved? The apparent 'flouting' or breaking of maxims is what makes a conversation interesting, from a pragmatic perspective. Flouting of maxims, combined with the necessary attendant implicatures and an assumption of co-operativeness, allow for conversational interactions to run smoothly. The following examples serve to illustrate how the above may be applied. Consider the following interaction:

Example 5.1

Speaker A: Did you see those fabulous dresses in Brown Thomas's window?
Speaker B: I took the bus to work to day.

At first glance, one may conclude that this is an 'unco-operative' conversation in terms of the above maxims, where at least the maxims of *quantity* (too little information given), *relation* (an apparently irrelevant answer) and *manner* (an apparently obscure

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response), are being broken. However, on closer examination from a Gricean pragmatic perspective, it can be seen just how co-operative the interaction is, if context, background knowledge and implicatures are taken into account. That is, the following 'gloss' may apply: both speakers are girlfriends living in Dublin and aware of each other's routes to work and modes of travel; they may also be regular customers of the department store named *Brown Thomas*. The implication is that if speaker B took the bus to work, it meant that she could not have passed by Brown Thomas's window, given that the street where the shop is located is pedestrianised; in addition, the implicature also suggests that speaker B often walks to work and the route she takes allows her to pass Brown Thomas's window. It is assumed that Speaker A is aware of this background knowledge, and so is able to 'read' Speaker B's response as an implicature, believing her conversational partner to be co-operative. Therefore, what initially looks like an uninformative, irrelevant and ambiguous response in terms of conventional meaning, is in fact quite the opposite in terms of the speaker's meaning.

Example 5.2

Mey (1993; 66) gives an example of a more obvious violation of maxims. The context he describes is one in which his 6-year-old daughter misplaces her small bouncing ball, in the book-filled room of a book lover adult friend of the family. On requesting help in finding it, the friend responds to the 6-year-old by saying *'Why don't you look behind volume 6 of Dostoyevski's Collected Works?'*. It is clear that this response both violates the maxims of *manner* and *quantity*; no amount of searching for an implicature on the part of the listener could result in the response being considered a co-operative one. Indeed, the interpretation may reveal the implicature to be one of sarcasm or just an exclamation: 'how will we ever find it in this room!' Whatever the case, the family friend is clearly not being co-operative, in the Gricean sense, with his significantly younger conversational partner.

The above examples illustrate, quite simply, the pragmatic implications of Grice's co-operative principle and its attendant maxims. Though initially intended as a universal theory of conversation, others began to question the universality of the maxims across situations and cultures (e.g., Hymes, 1986). Grice also began to identify some unaccounted for factors, realising that adherence to the maxims for example 'may clash with considerations of politeness' (Blum-Kulka, 1997; 50). This latter point necessitates an explication of *politeness* and the subsequent theory built around this concept (see below). However, such questions should not result in an underestimation of the significance of Grice's work, because one of its major assets is, according to Sifianou (1992; 19), 'the flexibility to describe the violation and not just the observance of the postulates', a point particularly relevant to linguistic politeness.

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5.2. Politeness and politeness theory

The term 'politeness' usually conjures up a range of meanings, from the notion of 'good manners' to the more formal notions of 'civility', 'courtesy' or 'etiquette'. People are aware that there are accepted ways of behaving and may even feel, in some instances, the need to refer to etiquette books to learn how to conduct themselves 'politely', particularly in more formal situations (e.g., to be fully informed as to the politeness requirements relevant to the duties of a best man or chief bridesmaid at a wedding). People, in general, are considered polite if they show deference or respect in their dealings with others. However, when politeness is discussed in linguistic terms it takes on a somewhat narrower and more specific meaning.

A linguistic interpretation of politeness sees an emphasis on linguistic realisations of politeness strategies in verbal interactions, for the promotion of social relations. Brown and Levinson (1987; 284) explain that in developing the theory, they aim to provide 'a useful ethnographic tool for the fine-grained analysis of the quality of social relations' and, while acknowledging the sociological significance of the theory, propose that it is primarily a descriptive tool, used 'to sketch the directions such analysis would take'. The focus on the analysis of the quality of social relations is further elaborated upon by the authors, when they state (Brown & Levinson 1987; 55):

> We believe that patterns of message construction or 'ways of putting things' or simply language usage, are part of the very stuff that social relationships are made of ...Discovering the principles of language usage may be largely coincident with discovering the principles out of which social relationships, in their interactional aspect, are constructed: dimensions by which individuals manage to relate to others in particular ways.

Since first postulated in 1978, politeness theory has had a significant influence on how the mapping of social relations though talk can be tackled. It has also made (and continues to make) a deep imprint on cross cultural studies of politeness phenomenon, as its initial claim to be a universal theory is questioned by some (e.g., Sifianou, 1992). Cultural differences however, are not at issue here and it is the theory's descriptive power, in plotting social relations, that is of particular relevance to this thesis.

Blum-Kulka (1997; 50), in acknowledging the aim of politeness research to explain contextual and cultural variability in linguistic actions, sees its function as determining 'what social motivations are inherent in, and what social meanings are attached to, the choice of verbal strategies (that is 'politeness strategies') for the accomplishment of communicative goals'. Integral to the accomplishment of communicative goals (in politeness terms) is the process of saving *face*. *Face*, an abstract concept developed by Goffman (1967) (as defined in Chapter 2), was the starting point for the development of Brown and Levinson's theory. According to Yule (1996; 60), *face* is the public self-image of a person which refers to 'that emotional and social sense of self

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that everyone has and expects everyone else to recognise'. So face is a social construct, pertinent to social interaction. Yet it is not an entity residing in an individual, rather it is a process arising from 'the flow of events in an encounter' (Spiers, 1998; 29). It may be deduced then, that *politeness* is the means employed during such 'flow of events', to show an awareness of and maintain (own and other's) face, this being a basic motivation of human interaction (Goffman, 1955; Brown & Levinson, 1987).

5.2.1 Positive face, negative face and facework

Following Goffman's (1967) delineation of face (coupled with a consideration of the term's derivation from 'the English folk term, which ties face up with notions of being embarrassed or humiliated or 'losing face'), Brown and Levinson (1987; 61) put forward their own interpretation of the concept as:

> ...something that is emotionally invested, and that can be lost maintained or enhanced, and must be constantly attended to in interaction...it is in general in every participant's best interest to maintain each other's face.

Brown and Levinson extended the concept to include two dimensions of face, described in terms of *face wants* or desires (i.e., people's expectations that their public self image will be respected); these two dimensions are referred to as *positive face* and *negative face* and are described as follows (Brown & Levinson, 1987; 62):

positive face: the want of every member that his wants be desirable to at least some others
negative face: the want of every 'competent adult member' that his actions be unimpeded by others

Positive face refers to the person's concern (or want), that he/she be thought well of or accepted and liked by others, as one who makes a positive contribution to the social world. At the same time, a person does not want to be imposed upon, preferring to be autonomous to a certain degree; this aspect of face is termed *negative face*. Positive face then can be perceived as the need to be 'connected', while negative face may be perceived as the need to be 'independent' (Yule, 1996; 62). Essentially then, social interaction is all about balancing one's own positive and negative face with the face needs of others in interactions (Blum-Kulka, 1997). This balancing act is thus achieved through 'facework' and is realised by various communication strategies used to enhance, maintain, protect and satisfy face needs, while at the same time minimising threats to face (see below). Without the process of facework operating in an interaction, '...talk would probably be extremely direct, specific, fast and impersonal...conversation is not like that...it is often slow and indirect and involves delicate introduction and negotiation of a topic' (Spiers, 1998; 29).

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5.2.2 Face -threatening acts and politeness strategies

Within the context of face and facework, therefore, it can easily be seen how (all) communication may be thought of as comprising *face threatening acts* (FTAs). In other words, if a speaker says something that might represent a threat to another's expectations regarding self-image, it may be considered a threat to face. However, to lessen the possible threat of the FTA, a person may say something to limit the effect, termed a *face saving act* (consider the example of the indirect request to 'bake a quiche' issued by the mother to her daughter as discussed in section 5.1.1). Consider also the following example taken from Yule (1996; 61), where the context is a late-night scene, where a young neighbour is playing his music very loud and an older couple are trying to sleep:

Speaker A : I'm going to tell him to stop that awful noise right now!
Speaker B: Perhaps you could just ask him if he is going to stop soon because it's getting a bit late and people need to get to sleep.

Speaker A is proposing a face threatening act, while speaker B is suggesting a face saving act. It is easy to see how both options could result in very different responses (or consequences), if enacted. Face threatening acts may be realised through a number of politeness strategies, which may be categorised into five distinct groups or options as outlined by Brown and Levinson (1987; 94 ff.), and graphically illustrated below in Figure 5.1.

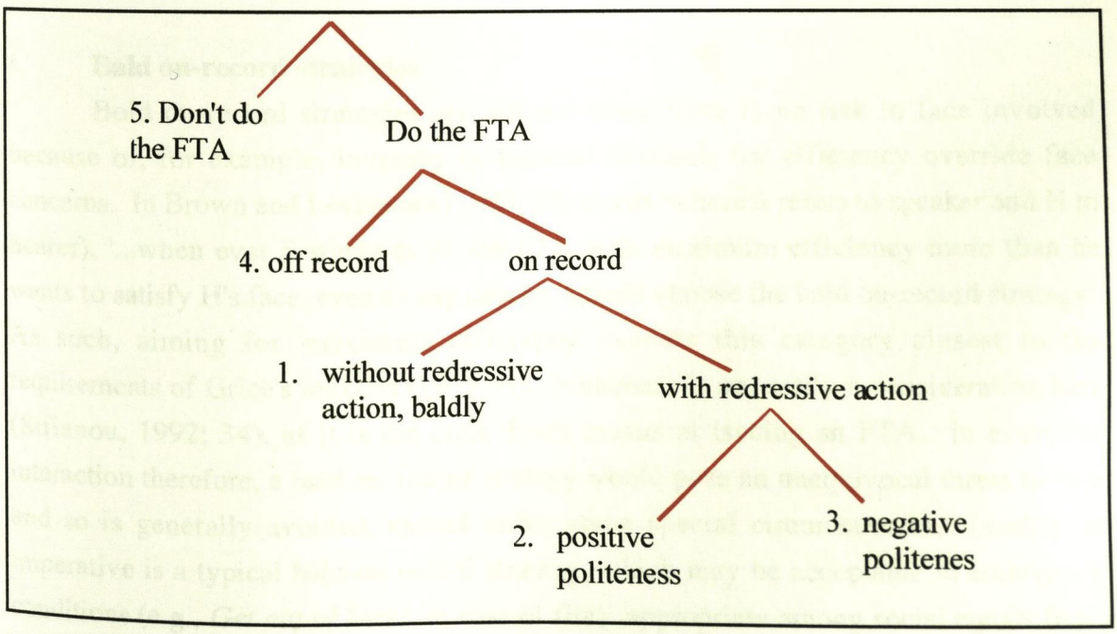


Figure 5.1: Possible strategies for doing FTAs (from Brown & Levinson, 1987; 69).

Brown and Levinson purport that the strategic options (as outlined in Figure 5.1), represent a scale of politeness: the more indirect the strategy used the more polite it is

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considered to be. Table 5.1 below exemplifies these strategies with references to the function(s) served by each category. These categories are further discussed below.

Table 5.1: Categories of politeness strategies: Descriptions and examples

Politeness strategies (Brown & Levinson, 1987)	**Description/Function (after Brown & Levinson (1987))**	**Example (Teacher-Pupil context)**
Bald on-record strategies	act realised directly; risk to face low; no concern for face	"Sit straight"
Positive politeness strategies	seek concord; emphasise social bonds/bridges; decrease social distance; perceived as social accelerator; approach -based; solidarity strategies	" Let's all sit up straight now shall we? "
Negative politeness strategies	avoid discord; emphasise independence;smooth social relationships; perceived as social brake; do not presume compliance; avoidance based; deference strategies	" I wonder would you mind sitting up straight if you can?"
Off-record strategies	risks to face high; act realised indirectly	" Slouching in a chair can cause backache"
Opting out	risk to face too great	" "

- **Bald on-record strategies**

Bold on-record strategies are utilised when there is no risk to face involved because of, for example, intimacy or because demands for efficiency override face concerns. In Brown and Levinson's (1987; 95) words (where S refers to speaker and H to hearer), '...when ever S wants to do the FTA with maximum efficiency more than he wants to satisfy H's face, even to any degree, he will choose the bald on-record strategy'. As such, aiming for 'maximum efficiency' renders this category closest to the requirements of Grice's maxims (1975;94). Politeness is not really a consideration here (Sifianou, 1992; 34), as it is the most direct means of issuing an FTA. In everyday interaction therefore, a bald-on-record strategy would pose an unequivocal threat to face and so is generally avoided, except under some special circumstances. Issuing an imperative is a typical bald-on record strategy, which may be acceptable in emergency conditions (e.g., *Get out of here!* in case of fire); appropriate among social equals (e.g., *Have another drink)*; frequent in family contexts (e.g., *Pass the salt, Butter the bread)* or, as Mey (1993; 73) points out, when the request is to the addressee's benefit (e.g., *Have a good morning).* In general, however, these strategies are associated with speech events where the speaker assumes power over the hearer (e.g., teacher-pupil context), where

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there is an 'accepted licensing of the suspension of politeness considerations' (Blum-Kulka, 1997; 51) or in intimate relations, where the FTA may be softened by a mitigating device (e.g., *Shut the door, please darling*).

- **Positive politeness strategies**

As Sifianou (1992; 37) comments, positive politeness is 'less obvious' because when we think of politeness in general terms, what usually comes to mind is negative politeness or more formal politeness. Positive politeness is most commonly characterised by 'on record' expressions which appeal to a common goal and can be described as follows (Brown & Levinson, 1987; 101) :

> ..the linguistic realisations of positive politeness are in many respects simply representative of the normal linguistic behaviour between intimates, where interest and approval of each other's personality, presuppositions indicating shared wants and shared knowledge, implicit claims to reciprocity of obligations or to reflexivity of wants etc. are routinely exchanged. Perhaps the only feature that distinguishes positive-politeness redress from normal everyday intimate language is an element of exaggeration...

Addressed to the hearer's positive face, positive politeness strategies emphasise inclusion and closeness between speaker and hearer and therefore, are often typified by the use of solidarity markers. Solidarity markers include, for example, the inclusive 'we' or 'let's' along with the use of personal information, nicknames, shared dialects, slang expressions or even abusive terms (particularly among males) (Yule, 1996; 65). Some positive politeness strategies which enhance the positive face needs of the hearer include: attending to the hearer, stressing reciprocity, displaying a common point of view and showing optimism. For example, Blum-Kulka (1997; 51) cites the following example of engaging in small talk, to mitigate a request for a favour from a neighbour: *Uncle Jim inquires about your health and would like to know if he can borrow your hammer*. Other examples include (from Brown & Levinson, 1987; 103 ff.): exaggerating approval (e.g., *What a fantastic garden you have!),* using in group identity markers (e.g. address forms *Come here honey'*); using slang/jargon (e.g., *Lend us two quid wouldja mate?'*) or avoiding disagreement (e.g. *A: Can you hear me? B: Barely)* .

Satisfying face wants, though of significant social value in building relationships, are not the only motivations speakers may have for using such linguistic realisations of positive politeness. That positive politeness strategies may usefully function in 'minimising social distance' (Brown & Levinson, 1987; 130) render these strategies particularly pertinent to this study, specifically in their role in the negotiation of conversational sociability.

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- **Negative politeness strategies**

More obvious than its positive counterpart, negative politeness is akin to the more formal politeness we are more familiar with and often what is found in etiquette books and the like. Negative politeness is less personal, operating under the assumption that nothing is shared, thus emphasising both speaker's and hearer's independence. Negative politeness, in Brown and Levinson's (1987; 129) words, constitutes:

> the heart of respect behaviour, just as positive politeness is the kernel of 'familiar' and joking' behaviour ...Where positive politeness is free ranging, negative politeness is specific and focused; it performs the function of minimising the particular imposition that the FTA unavoidably effects

Therefore, negative strategies are geared to satisfy the hearer's negative face recognising his/her need for autonomy and freedom from imposition. Strategies therefore are characterised by asking about co-operation rather than assuming it is given (Blum -Kulka, 1997; 51), for example, using *Could you....?* or *Would you...?* as part of the request so there is a face-saving 'escape route' if it is refused (*I only asked you if you could!).* Diminutives or lexical misrepresentations may also feature in negative politeness strategies, as the following examples from Coulthard (1985; 52) illustrate: *Could you have a little look at this ?* or *Could I borrow an egg?* Other strategies include, using various types of hedging (*I wonder if...),* giving options to the hearer not to act (*Could you give me a hand, if you can?*); apologising (*I'm sorry but...);* impersonalising the message by avoiding pronouns such as 'I 'and 'you' or stating the FTA as a general rule (e.g., *Seats are not for feet*). In the same way as positive politeness forms may be viewed as social accelerators, negative politeness forms may be viewed as constituting a 'social brake', thus encouraging social 'distancing' (Brown & Levinson, 1987; 130).

- **Off-record strategies and 'opting out'**

Off-record strategies are typified by indirect uses of language, which require the hearer to make some inference to identify what was behind the communicative intent (Brown & Levinson, 1987; 211). When off-record strategies are issued, they may be so indirect that the hearer can act 'as if' he/she did not hear what was said. These strategies can be technically described as 'off-record' but casually described as 'hints', thus giving both interlocutor's an 'out' if a response is not forthcoming (Yule, 1996; 63). In cases where the risk to face is measured as high, the speaker can act in such a way as to leave open 'maximal options for deniability', thus preventing themselves from being held 'accountable for any specific communicative intent' (Blum -Kulka, 1997; 52).

Typically, off-record strategies violate Grice's maxims, as the intent is often only recoverable as a result of assuming co-operativeness, identifying possibly layers of implicatures and making appropriate inferences. Examples of off-record strategies are as follows (from Brown & Levinson, 1987; 213 ff.): give hints (*What a boring movie!*

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possibly meaning *Let's leave)*; overstate (*I tried to call a hundred times but there was never any answer,* i.e., possibly conveying an apology for not getting in touch) and be ironic (*Beautiful weather isn't it?* addressed to a postman drenched in a rainstorm).

The final option open to speakers in the realm of politeness and facework is 'opting out', that is, 'say nothing' rather than risk loss of face. If we refer back to the previously cited example of the couple, who were being disturbed late at night by their noisy neighbour, it is easy to see how they may decide to 'opt out' rather than issue an FTA and risk jeopardising a (perhaps) already fragile neighbourly relationship.

5.2.3 Sociological variables: Power, Distance and Relation

The choice between politeness options is context-dependent and determined by three contextual variables, outlined as follows (Brown & Levinson, 1987; 74) :

(i) the social distance (D) between the speaker and the hearer; in other words the degree of familiarity (a symmetric relation);

(ii) the relative power (P) of the speaker and the hearer (an asymmetric relation);

(iii) the absolute ranking (R) of the various impositions in the given culture

Estimating the impact of the above three variables determines the degree of politeness encoded in the communicative act; in other words, the weightiness of the possible 'loss to face' is measured taking these variables into account. As referred to earlier, facework is best viewed as a *process* and so as Blum-Kulka (1997;52) states:

> Such assessments of the context of the utterance need to be viewed as constantly changing between individuals, since they depend on given types of relationships, on social role and specific situational constraints and, most importantly on the way all these and other perceptions of the social world are constructed and negotiated through talk.

Though questioned by some, particularly in cross cultural analysis (e.g. Sifianou, 1992), these sociological variables 'seem to do a remarkably adequate job in predicting politeness assessments' (Brown & Levinson, 1987; 17).

5.2.4. Face-threatening intentions

Finally, though Brown and Levinson exemplify their politeness strategies, through examples of typical utterances to illustrate the varying FTAs under discussion, they are aware that oftentimes it is not a case of FTAs necessarily being inherent in single utterance acts. *Face threatening intention* is a term they suggest to account for a possible 'larger structural dimension'. For example, they propose that some strategies for 'FTA -handling' can only be described within a sequence of utterances as follows (Brown & Levinson, 1987, 233):

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A1: Would you like a drink?
B1 :Oh no, it's alright
A2 :No I insist.
B2 :OK I'd love a double whisky

This routine, of 'reluctantly' accepting an offer, constitutes an FTA 'best minimised by allowing oneself to be cajoled into it', (ibid; 233), the redressive action thus occurring over a number of turns. Face-threatening intentions, therefore, can impinge on conversational structure, even determining it to some extent.

In summary, therefore, positive and negative politeness categories make up the bulk of linguistic strategies used in everyday talk, constituting an attempt to satisfy the hearer's face wants by attending to both positive and negative face. Bald-on-record strategies are utilised when there is no risk to face involved because of, for example, intimacy or because demands for efficiency override face concerns. Off-record strategies are simply those that are so indirect, interpretation is left up to the hearer, as the risk of loss of face by the speaker is too great to go on record. Opting out is the final strategy whereby the speaker says nothing, rather than risk losing face. In determining levels of politeness encoded, it is important to keep in mind the sociological variables of distance, power and relation and how they impact on the interaction. Finally, the consideration of a face threatening intention, in addition to the notion of face threatening acts, is a helpful one in the light of determining conversational structure in some instances of talk.

5.2.5 Politeness and conversation

The redressing of face threatening intentions, through politeness strategies, plays a part in the structure of conversational sequences, as outlined above. However, this is not the only role that politeness strategies play in conversational interactions. Though negative politeness strategies are more specifically focused on the task of reducing the effect of FTAs (i.e., non-imposition being of central concern), positive politeness strategies have a more pervasive function, particularly in conversational domains. Brown and Levinson (1987; 103) state (emphasis my own):

> Positive-politeness utterances are used as a kind of metaphorical extension of intimacy, to imply common ground or sharing of wants to a limited extent even between strangers who perceive themselves, for the purposes of the interaction, as somehow similar. For the same reason, positive-politeness techniques are usable *not only for FTA redress* but in general as a kind of *social accelerator* where S in using them indicates that he wants to 'come closer' to H[3] .

As Brown and Levinson explain, positive politeness techniques (which in their own words are 'simply representative of normal linguistic behaviour'), serve a

[3] In direct quotations from Brown & Levinson (1987) in this chapter, S refers to the *speaker* and H refers to the *hearer*.

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relationship building function and it is *this* function which is of particular relevance to this thesis. Delineating positive politeness techniques, as intimately related to relationship concerns, necessarily allows a shifting of the lens in the consideration of a definition of politeness. Additional and complementary interpretations of politeness behaviour, as manifest linguistically, can be considered. For example, the idea of 'interpersonal supportiveness' (Arndt & Janney, 1985; 282) or the establishment of 'levels of mutual comfort' and the promotion of rapport (Hill et al., 1986), can be viewed as end products of politeness and hence inherent in its definition. More recently, taking politeness theory as its basis, Spencer-Oatey (2000) discusses the notion of *rapport management,* a term she uses to describe the management of social relations, as effected through politeness constraints. If politeness, then, is intimately concerned with relational issues, not only with regard to reducing friction but in enhancing rapport and harmony (Sifianou 1992), attention, particularly to positive politeness realisations, is relevant to the exposure of a conversational sociability in talk. It follows, therefore, that exploring the negotiation and construction of social relations through talk, requires inclusion of the consideration of (particularly) positive politeness at work in conversation.

As for the other approaches to the analysis of social relations through talk discussed thus far (i.e., the consideration of *power* relations in Chapter 3 and *framing* in chapter 4), it is only through its application that the explanatory power of politeness theory can be appreciated. Hence, applying the principles of the theory to the analysis of conversational interactions should facilitate greater insight into how social relations are constructed. Though the use of positive politeness strategies in conversation are of particular interest to this thesis, delineation of same is enhanced by the contrastive illustration of negative strategies at work in the data. Finally, illustrating how (predominantly positive) politeness work is achieved through talk, may help to contribute to the exposure of conversational sociability.

5.3 Politeness: Practical applications

5.3.1 *Could I borrow a few hands?*: Politeness and hairdressing talk

It has been shown in previous chapters, that conversational interactions taking place in a hair dressing salon, offer a range of opportunities for illustrating the analytic application of various approaches to discourse analysis. The analysis of politeness in talk is no exception. In fact, the hairdressing context is an ideal forum in this respect for two main reasons. Firstly, the hairdressing task could be considered to constitute a *face threatening act* in itself, with the interaction characterised by redressive action, necessary to mitigate the FTA of 'just being there for the service'. There is little doubt that the main object of the visit is obtain a service (i.e., to have your hair styled), but such is the nature of interpersonal communication that redressive action is taken to mitigate the effect of the FTA. The main participants in the interaction, therefore, the customer and the hair-

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stylist, must at least appear to be interested in more than the task at hand; they must 'pay homage' so to speak to each other's face, thus engaging in facework, a process common to all communicative interactions. Secondly, the hairdressing context provides useful types of talk for analysis. As we have seen from other examples quoted thus far, some of the talk is centred around the task at hand, where Michael, the hair-stylist, communicates and consults with both his assistants and his customer at different stages of the interaction. Surrounding and permeating this task-related talk is other social talk which helps the interaction along. Therefore, though not necessarily separate (as discussed in the previous chapter), these different types of talk provide at least a starting point for the discussion of politeness. How politeness considerations contribute to the construction of social relations through talk will therefore be addressed under two main headings: talk concerned primarily with the task at hand and the surrounding social talk.

5.3.2 Politeness and the 'task at hand'

To put some structure on the following discussion, politeness, as it is realised in the talk pertaining to the task at hand, will be discussed as it occurs in the following conversational sequences: the opening sequences, sequences concerned with task progression, sequences which address appointment concerns and closing sequences of the interaction.

- **Opening sequences**

Opening sequences provide ideal opportunities to examine facework in interaction. These sequences are characterised by a certain amount of task-related talk, before settling down to other social talk. Consider the following extract:

Extract 5.1 AMHairDR2

->	1.	Michael:	take your glasses off for me Amy?
	2.	Amy:	right
	3.	Michael:	that's your parting there isn't it ?
->	4.	Amy:	mhmm. I think it is yeah. so it's just there and==
	5.	Michael:	==the sides

In this extract Michael's direct imperative in line 1, a bald on-record FTA, is mitigated by the use of 'for me' and the use of the customer's name (Amy). To realise the positive effect of these devices, it is useful to consider the same imperative without these mitigating devices: *Take your glasses off,* where the contrast is striking. Such a negative politeness device performs redressive action addressed to the addressee's negative face (i.e., the desire not to be imposed upon). Amy's hedged response in line 4 (*I think it is yeah*) is in turn a positive politeness strategy in this context, hedging her opinion so as not to be seen to disagree and threaten the co-operative nature of the interaction.

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Hedging of opinions, to avoid disagreement, is also exemplified by Elaine (lines 5 and 7) in the following extract. Also of interest in this extract, is the positive politeness device used by Michael, that is, what is known as the inclusive 'we' (see line 4). The inclusive 'we' merges the *I* and *you* even though it is only really *you* that is being referred to (e.g., Michael addressing another one of his customer's with: *Are we cutting much off today Amy?*). The use of this positive politeness device indicates involvement and assumes co-operativeness, thus addressing the hearer's positive face. It also functions to reduce the social distance between the speaker and the hearer, a strategy often used by those perceived to be in the power position in an interaction (see Chilton & Schäffner, 1997).

Extract 5.2 EMHairDR3

->	1.	Michael:	now. good bit shorter than the last time?
->	2.	Elaine:	yes. please
	3.		[5]
->	4.	Michael:	it we did part it this way didn't we?
->	5.	Elaine:	it's usually in the centre and then the front
	6.	Michael	yeah==
->	7.	Elaine:	==is the side a fringe or whatever

Michael's use of ellipsis in line 1 (extract 5.2), also constitutes a positive politeness strategy. Because of in-group shared knowledge, there is no need to verbalise the proposition in full (e.g., *Would you like me to cut your hair a good bit shorter than the last time?*); the elliptical usage is comprehensible to Elaine, as her response in line 2 indicates.

- **Task progression**

Further politeness manifestations can be exemplified when one looks to the conversational sequences concerned directly with work-in-progress. Again, direct requests, or bald on record strategies, are adapted, depending on to whom they are addressed. For example, requests addressed to the assistants by Michael vary in their level of directness. The following example (line 62) illustrates a bald on-record FTA as follows:

Extract 5.3 SMHairDr1

	58.	Sandra:	she does write-ups on restaurants and places for the Independent? she's
	59.		booked in for the restaurant on Friday week so we'll see what kind of a
	60.		write -up it'll get
	61.	Jenny:	( )
->	62.	Michael:	get the colour back in
	63.	Jenny:	( )

The following example illustrates some redressive action by Michael (line 261):

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Extract 5.4 AMHairDr2

	258.	Amy:	no. my two kids' birthdays are October November which kind of halts all
	259.		that [3] in town two weeks ago (Smiths) tryin' to get Santy stuff you
	260.		know [50]
->	261.	Michael:	DON'T MIX UP more colour Jenny just I need a small amount o' that
	262.		[51 [theme music from 'Friends' on radio]
	263.	Amy:	an' they're all lookin' for wage rises

Though the beginning of the request is very direct and face threatening, its impact is mitigated by what follows (i.e., Michael gives a reason for not wanting 'more colour'). In this instance, giving a reason or an explanation defuses the FTA of the direct request. A similar example of mitigating the face threat can be seen in the following sequence:

Extract 5.5 AMHairDr2

	141.	Jenny:	(?) turn that on?
	142.		[7]
->	143.	Michael:	will you bring Amy's card to me ?
	144.		[11]
	145.	Jenny:	( ) eh
	146.	Michael:	AMY'S
	147.		[18]
->	148.	Michael:	when you're ready we need to get three quarters of seven and a
	149.		quarter of six. you can leave Carmel there for a moment. is there a
	150.		BAG over that?
	151.	Jenny:	no I'm puttin' it over it now

Michael's request in line 148 is considerably less direct than the request in line 143 and indeed, as illustrated in the previous extract. Attention to Jenny's negative face, through the use of negative politeness strategies (indirectness) by Michael, results in a level of co-operativeness achieved in the context of the employer-employee relationship. Power as manifested in politeness considerations, in both the employer-employee context and the customer-service provider context, is clearly illustrated in the following example:

Extract 5.6 SMHairDR1

->	320.	Michael:	( ) [3]give me the sellotape there [22] get some foil ready put the
	321.		foil on bring out Elaine's card and fix it up for me ( ) [23] can I borrow
	322.		a few hands?
	323.	Sandra:	yeah
->	324.	Michael:	now put it upon the side there? that's great ? [5] so when are you off
	325.		down to Limerick

Taking that addressed to assistants first, we see a very direct, bald on-record usage, with the issuing of no less than five direct orders (within the one turn) suggesting the urgency of the task (lines 320 ff.). After a pause, Michael requests the help of the customer also using a very obvious negative politeness strategy (*can I borrow a few hands?*). Line 324 illustrates a further request, again the directness of which being mitigated by what follows (*that's great*). Other directives, addressed to customers, can be seen in the following two examples, with mitigating devices being used to soften the threat of the FTA in each case (lines 39 and 211 respectively):

Extract 5.7 AMHairDr2

-> 39. Michael: sorry just hold the head still
40. Amy: okay.

Extract 5.8 AMHairDr2

209. Amy: why do certain bits of your hair Michael go whiter quicker? like
210. HERE
-> 211. Michael: sorry don't (move) There's no = = I couldn't tell you
-> 212. Amy: = = there's no. mhm just
213. wondering. 'cos it is usually over the years isn't it? ( )

Also of interest in the above example is Amy's response in line 212-213. In line 209, Amy asks Michael a direct question (to which he does not have the answer). Amy then minimises the threat to Michael's' negative face (i.e., not to impose on him), while protecting her own positive face by stating that she was just 'wondering'.

- **'Appointment' concerns**

The conversational sequences surrounding the scheduling of future appointments also expose interesting politeness manifestations in the talk. The responses to Michael's enquiries about Christmas appointments are particularly interesting:

Extract 5.9 SMHairDr1

286. Michael: you gonna make you Christmas appointment today Sandra==
-> 287. Sandra: ==oh I am oh definitely Michael
288. Michael: and write down the right time [laughs]

Extract 5.10 EMHairDR3

99. Michael: you gonna make your Christmas appointment now today?
-> 100. Elaine: yeah that's what I was goin' to say to you. you busy ?

The responses to Michael's' suggestion to arrange Christmas appointments stress agreement (i.e., that it would be a good idea), thus functioning as positive politeness devices addressing Michael's positive face. Sandra's comment in line 287 is somewhat exaggerated while Elaine's response in line 100 is a face saving one, in that she implies that she had already thought of the fact prior to Michael mentioning it.

How politeness can influence conversational structure is well highlighted in the following sequence.

Extract 5.11 EMHairDR 3

695. Michael: will I book you in before Christmas then?
696. Elaine: yes please mm?
697. Michael: d'you have a pen Jenny?
698. Jenny: yeah(?)
699. Michael: when would you like?
700. [10]
701. Elaine: what day is the twentieth?
702. Michael: the 20th is a Sunday which I could be there I could be here on that day
703. Elaine: will you? if not if not the Sunday the day before
704. Michael: okay Saturday ?
705. Elaine: Saturday.
-> 706. Michael: yeah and ah what time?
-> 707. Elaine: what time suits you? any time==

-> 708. Michael: ==it's up to yourself what you want
-> 709. Elaine: well I'm easy ( )
-> 710. Michael: we'll say half ten?
-> 711. Elaine: half ten great yeah?

In lines 706 to 711, significant facework is being carried out as participants negotiate on a time to suit both parties. Elaine is attending to Michael's negative face in lines 707 and 709. However, this act is not helpful in achieving the task of making the appointment. Michael too, is respecting Elaine's negative face by stating in line 708 that *it's up to you.* Finally, Michael decides on a time, uses the positive politeness inclusive 'we' and the appointment eventually gets made. Thus, the negotiation occurs over a number of turns, driven by politeness constraints.

- **Closing sequences**

Following directly from the above extract, we see the final stages of the closing sequence occurring, with Michael issuing a direct imperative (line 716), akin to a bald on record strategy. However, but because the imperative is of benefit to the addressee, it is not heard as such.

Extract 5.12 EMHairDR 3

713. Michael just the cut isn't it?
714. Elaine: yeah.
715. [10]
-> 716. Michael have a lovely holiday
717. Elaine: thank you very much
718. Michael: an I'll see you soon
719. Elaine: lovely

Other closing sequences which mark the completion of tasks are characterised by mainly positive politeness strategies attending to Michael's positive face. The following example is a case in point, where the customer is admiring her newly styled hair (see lines 459, 461 and 463 and line 694 when the customer continues with these complimentary comments when about to leave):

Extract 5.13 EMHairDR 3

456. Michael: I give my parents money that sorts that out for them
457. Elaine: yes yeah
458. Michael: my youngest brother and sister = = get
-> 459. Elaine: = = lovely. beautiful
460. Michael: now that's a bit shorter
-> 461. Elaine: great yeah excellent
462. Michael: = = okay?
-> 463 . Elaine: = = lovely. yeah lovely...well then they can get what they like you know
...
-> 694. Elaine: yeah [laughs] [6] ah that's great brilliant

Other closing sequences are typical thanking routines. In the next extract, Olive humbles her own face by 'accepting the debt' and thanking Michael. Michael's acceptance of thanks is a threat to his own negative face, but the form of his acceptance serves to minimise the face threatening nature of the act (line 632: *no problem Olive*):

Extract 5.14 OMHairDr 4

630. Michael: now will you put some ( ) on Olive for thirty-five minutes please
631. Olive: thanks Michael
-> 632. Michael: no problem Olive

5.3.3 Summary: Politeness and the task at hand

Previous examples have demonstrated how politeness considerations are manifest throughout various stages of the hairdressing routine. Though positive politeness strategies are particularly salient in opening routines, task progression sequences are characterised by the use of bald-on-record strategies addressed to assistants and customers, with various levels of mitigation to ease the face threat being invoked (see summary in Table 5.2 below). The frequent use of this type of strategy is not unusual in perceived asymmetrical relations, where 'there is an accepted licensing of the suspension of politeness considerations' (Blum-Kulka, 1997; 51).

Table 5.2: Summary of realisations of bald-on-record and negative politeness as discussed in task progression within hairdressing context

Bald-on-record
Cases of non-minimisation of face threat
Cases of FTA oriented bald-on-record usage
Negative politeness
Superstrategy: Be direct
Strategy: Be conventionally indirect

Politeness also figured in 'making future appointment' sequences, one of which exemplifies how conversation can be structured by the gradual negotiation of a face threatening intention over a number of turns. Finally, closing sequences also illustrated more familiar politeness routines.

5.4 Politeness and social talk

If most communicative acts are face threatening, it follows that considerations of politeness have far reaching effects on many different types of talk. In the previous section, the discussion was centred around talk which dealt specifically with the task in hand. However, as can be seen from earlier examples, a lot of other talk is taking place which, for now, I will term social talk. Examining how politeness emerges in social talk

should give us additional information about the type of talk itself and the mechanisms which create it.

It was suggested above that the talk taking place around the task at hand could be functioning as a global mitigating device, to ease the FTA of 'just being there for the service'. As Brown and Levinson (1987; 117) state:

> The value of S's spending time and effort on being with H as a mark of friendship or interest in him gives rise to the strategy of redressing an FTA by talking for a while about unrelated topics. S can therefore stress his general interest in H, and indicate that he hasn't come to H simply to do the FTA (e.g. a request) , even though his intent to do it may be made obvious by his having brought a gift

It is obvious too, how the social talk within these routines is very much talk to 'pass the time', as the task progresses. Yet the significant relational work being done in the transactional context of the hair-styling salon cannot be undermined (c.f. Candlin's (2000) notion of the relational *as* transactional and McCarthy's (2000a) positioning of such talk at 'centre stage' in such transactional encounters).

Common features of socio-relational talk emerge across the hairdressing interactions, features which include talk about topics such as the weather, being busy, general enquiries about family, hobbies and Christmas shopping. Other features include, storytelling (narratives) and joking sequences. The following discussion begins with a look at how the talk unfolds, with a particular focus on how politeness issues become salient.

5.4.1 Safe topics

Topics such as the weather, being busy, and general family talk among others, are viewed very much as 'safe topics'. Safe topics are those which generally allow a sharing of interest on topics which should not provoke controversy or obvious disagreement among speakers. In politeness terms, talk on safe topics paves the way to share common ground and seek agreement, constituting a positive politeness strategy. This positive politeness strategy has the overriding concern of claiming common points of view among speakers and in this way reducing social distance between them. Enhancing the hearer's positive face, by showing interest in talking with them (not just to achieve the task at hand) is the politeness consideration at work. Talk revolving around safe topics abound in the data. The following extract shows how the topic of the weather comes up in connection with overseas travelling, only to be then discussed in more general terms:

Extract 5.15 SMHairDR1

351. Sandra: mm[3] well Stuart was to get a bus to come over on Monday morning
352. from Holyhead you know a friend of his was coming over and they were
353. going to stay the night and that oh but with the storms they couldn't
354. get over the sailings were cancelled

355. Michael: oh?
356. Sandra: and there's another storm hitting coming across today
-> 357. Michael: yeah I believe there's going to be ==
-> 358. Sandra: ==yeah tonight yeah they say==it won't be as bad
359. Michael: ==that Ireland will get it
360. Sandra: as last Sunday night and Monday
-> 361. Michael: yeah I think we got away a lot in Dublin ( ) the south east or south west
362. of Ireland
363. Sandra: Galway got -the WEST got the worst

It is not hard to see from this extract how the topic of weather is one which promotes agreement; the repeated use of 'yeah' as an agreement device is used frequently (see lines, 357, 358 and 361). The agreeing tone to this interaction is indicative of positive politeness at work, each speaker enhancing the other's positive face. However, weather, as a topic, may not always promote agreement, as in the following extract:

Extract 5.16 OMHairDr4

1. Michael: you off this week?
2. Olive: no no not at all I was only off ahm yesterday and today
3. Michael: y'out golfin'?
4. Olive: no I was yesterday it's very wild isn't it?
5. Michael: = = it's crazy
6. Olive: = = oh
7. Michael: I wouldn't go out on Monday 'cos it was just too... it was too windy==
-> 8. Olive: ==well yesterday Monday wasn't bad was it?
-> 9. Michael: (well) 'twas bad enough
10. Olive: was it?
-> 11. Michael: oh God it was very wild on Monday
-> 12. Olive: was it Michael?==
13. Michael: ==yeah
-> 14. Olive: oh I thought it was grand on Monday now mind you

This extract is part of an opening sequence and although speakers start off in agreement, by line 8 a potential disagreement creeps in. Numerous hedging devices mitigate the face threat of disagreeing. For example, in line 9 we see Michael using the same descriptive term as Olive to describe the weather (i.e. *bad*) preceded by the hedge *well* and masking a disagreement in the phrase *'twas bad enough*. Olive continues to question the veracity of Michael's belief, which leads Michael to a more emphatic comment in line 11, preceded by the exclamation *oh God!* Olive, not giving in easily, continues to question the fact in line 12, while eventually restating her assertion in line 14. However, Olive's use of the hedge *I thought* and the phrase *mind you* in line 14, functions again to ease the threat of the FTA of disagreeing and any loss of face by either party. It is interesting to note that agreement is eventually reached many turns later in the same interaction, as illustrated by the following extract:

Extract 5.17 OMHairDr4

118. Olive: yeah. it's not as bad as it was though Michael
119. Michael: [coughs]
120. Olive: ahm
121. Michael: it's not no. It's just the wind has picked up. I think when the wind picks
122. up==

123. Olive: ==the wind is ==picking up now
124. Michael: == (you) feel colder

As mentioned above hobbies are also a popular topic where safe topics are concerned. Discussion of hobbies allows easy talk which shows interest in the other's pursuits and interests, again paying homage to each other's positive face. The following example sees Amy enquiring about Michael's latest progress with his hobby:

Extract 5.18 AMHairDr2

54. Amy: how's the golf?
55. Michael: I'm not playing that much lately just haven't had time with one thing
56. or another. played on Sunday which I played very good golf but
57. putting was a nightmare [laughs]...couldn't putt to save my life I was
58. throwin' away (holes)
59. Amy: that's called a Nick Faldo syndrome
60. Michael: hmm?
61. Amy: that's called a Nick Faldo syndrome

The above illustrates how a shared understanding is expressed around having bad days on the golf course. As the above sequence of talk continued, the subject of Michael's back injury arose. The following extract illustrates a troubles-telling sequence (initiated in line 62 and further elaborated upon in lines 67 ff.) :

Extract 5.19 AMHairDr 2

-> 62. Michael: yeah I was meant to have ( ) but my back is not==
63. Amy: ==where are you playing?==
64. Michael: ==( ) so cancel it. I play up in the club up in Glencullen. I'm a
65. member ==there
66. Amy: ==right. and what did you do to your back (pull it)?
-> 67. Michael: I don't know it's just a bit... sore this morning. it's since I was in the
68. accident there last year... in a restaurant in town ==
-> 69. Amy: ==I know and = = have you got it seen to?
70. Michael: = = a stupid simple thing. what?
71. Amy: and have you got it seen to?
72. Michael: I've been to doctors and physios and ( ) specialists and basically
73. nothing I can do
74. [4]
-> 75. Amy: back anything in the back is very tiring. it's exhausting == you know
76. Michael: = = yeah
77. especially with this job
-> 78. Amy: mmm==
79. Michael: ==it doesn't actually help when you're stooped over = =most of the
80. day
-> 81. Amy: = = I know yeah.

Again what is of note, in this conversational sequence, is the tendency towards concern for the other (line 69, 75) and agreement especially apparent in lines 78 and 81.

Finally, there are many other safe topics which are discussed in the data (e.g., 'being busy' and Christmas shopping). Holmes (2000; 49) discusses how the safe topic of 'being busy' serves as 'an acceptable excuse for perfunctory attention to interpersonal relationships at work'. From the examples in the data, it would appear that it serves the same function, thus figuring within the positive politeness domain of conveying interest

and claiming common ground between interlocutors, as the final extract in this section illustrates:

Extract 5.20 SMHairDr1

	32.	Michael:	[laughs] how's everything?
->	33.	Sandra:	grand grand we're very busy and Killshan is FLYING
	34.	Michael:	is it ?
	35.	Sandra:	FLYING
	36.	Michael:	she's probably got the food right ==
	37.	Sandra:	==well she's doing exactly the same menu as we have
	38.	Michael:	right==

5.4.2 Repetition

Related to the notion of seeking agreement through safe topics, a positive politeness strategy is the seeking and showing of agreement through repetition. The following extracts illustrate this positive politeness strategy at work: repetition of the concept of *being wound up* in the next extract and the repetition of the *people will complain* in the Extract 5.22 below:

Extract 5.21 SMHairDr1

	139.	Sandra:	and have one go home and maybe have a coffee with Scotch in it just a
	140.		Scotch [5]you just -you need something to come down because by the
	141.		time I get home at weekends==
->	142.	Michael	==I know you're all wound up==
->	143.	Sandra	==you're wound up it's half eleven maybe twelve o' clock you know
	144.	Michael:	yeah you need to unwind==
	145.	Sandra:	==you need to unwind....it's like I always remember Bob telling
	146.		me wasn't that his name your man that you worked for?

Extract 5.22 OMHairDr4

->	530.	Michael:	= = people will complain which is good
->	531.	Olive:	= = people will -people will complain and people will protest and they're
	532.		not just going to stand for it

5.4.3 Presupposing shared knowledge

Presupposing that your interlocutor has the same knowledge as you is seen to function within the positive politeness domain also (Brown & Levinson, 1987), as it is a feature salient to issues of shared and background knowledge between interlocutors. It is interesting to note that a significant amount of presuppositional work is in progress within the hairdressing data. In the following example, *she*, an unspecified referent in line 36, is presumed to be understood by both participants, as is the type of business that is run at 'Killshan' (as referred to in line 33):

Extract 5.23 SMHairDr1

	32.	Michael:	[laughs] how's everything?
->	33.	Sandra:	grand grand we're very busy and Killshan is FLYING
	34.	Michael:	is it ?
	35.	Sandra:	FLYING
->	36.	Michael:	she's probably got the food right ==
	37.	Sandra:	==well she's doing exactly the same menu as we have

Similarly, referring to a person who is known to both participants by name, without having to delineate the context, is characteristic of shared knowledge between the interlocutors. In the following example, Greg is a local dentist who both Michael and Elaine attend:

Extract 5.24 EMHairDr3

	13.	Elaine:	I was in I went to Greg yesterday morning I saw the new receptionist she
	14.		seems to be nice == yeah
	15.	Michael:	==you you were up in Greg's?==
	16.	Elaine:	==yes==
	17.	Michael:	==I was up with him on Monday==
	18.	Elaine:	==were you?==
->	19.	Michael:	==yeah met the new girl?==

In addition, the reference to the *new girl,* in line 19, is marked as a given and shared piece of information known to both parties, a piece of information which allows the topic to be maintained over a further number of turns. It is not surprising that there are many other examples of the presupposition of shared knowledge between the interlocutors in the data, as participants are familiar to each other (the customers regularly attend the salon).

5.4.4 *How are you ?* (HAY?) sequences

Showing concern for the other is highlighted in the many *How are you?* type sequences evident throughout the data. Michael, in particular, initiates this sequence of talk a number of times, including the customer's family in his enquiries as follows:

Extract 5.25 AMHairDr2

->	32.	Michael:	all the kids keepin' well?
	33.	Amy:	fine. [4] they're at nice ages eleven and seven you know it's good fun

Extract 5.26 AMHairDr2

->	467.	Michael:	how's the hubby ? is he busy?
	468.	Amy:	very busy at the moment

Extract 5.27 SMHairDr1

->	249.	Michael:	...how's Tommy keeping ?
	250.	Sandra:	ah he's grand
->	251.	Michael:	how's the kids ?
	252.	Sandra:	ah fabulous

Extract 5.28 OMHairDr4

->	37.	Michael:	how's your Mum? [lower voice]
	38.	Olive:	yerra great aha
	39.	Michael:	she's great is she?
	40.	Olive:	not bad.

This positive politeness strategy, of being seen to show interest in the other (not just around the task at hand), is not only the prerogative of Michael (the apparently powerful one in the interaction). In the following extract, we see the customer asking after Michael's daughter, after he mentioned how he was looking forward to her Christmas play:

Extract 5.29 OMHairDr4

-> 548. Olive: how is she?
549. Michael: she's great!
550. Olive: is she enjoying school?
551. Michael: yeah she loves the new teacher

The tendency to respond in a positive way to these HAY? questions, is such that it casts this type of question more into the role of a greeting, with a possible 'unpackaging' of relevant health issues at a later stage in the sequence, depending on the context and level of familiarity with the hearer (see J. Coupland, N. Coupland & Robinson, 1992). This feature, because of its phatically oriented role in discourse, will be further discussed in Chapter 8. For now, the tendency towards positive responses may be seen as a feature of positive politeness at work, where enhancing each other's face (i.e., being thought well of by the other and not complaining) is at issue.

5.4.5 Story-telling

Another common occurrence, across the hairdressing data, is the tendency to tell a story to the other in the interaction. Again, this is a type of talk which fills the time and allows and facilitates the other business of the day to progress. 'Making a good story' is considered a positive politeness device (Brown & Levinson, 1987), as it serves to intensify interest for the speaker's contribution to the conversation to the hearer. Tannen (1988) asserts that the telling of such stories contributes to a sense of involvement which, in turn, is related to the social accelerating property of positive politeness at work. Michael tells two such stories in one interaction with the customer Elaine, one of which is outlined below:

Extract 5.30 EMHairDR 3

617. Michael: I'll give you a laugh. I had a new ... ah Vauxhall last year not this... the
618. last car I had an we were goin' off to ah think it was Spain we were goin'
619. off to so we decided bring the car into the airport and leave it
620. there ==
621. Elaine: ==yes
622. Michael: but it was out in the open and when I came back I couldn't recognise the
-> 623. car [laughs] I think every seagull in Dublin
624. Elaine: ==[laughs]
625. Michael: ==dumped on the car (?)
626. Elaine: ==[laughs]
627. Michael: ==and it had this thick film on it as well stuff that comes out of the
-> 628. aeroplanes you want to see the state of the car it was unrecognisable
629. Elaine: ==yeah
-> 630. Michael: ==it didn't look new anymore [laughs]
-> 631. Elaine: [laughs] oh God! but that car park is so big I I've missed ah em==

The above narrative has elements of exaggeration to make it a 'good story', thus intensifying the interest value for the hearer. Exaggeration features particularly in line 623 (*every seagull in Dublin*) and possibly less so in lines 628 and 630 (the car being unrecognisable). The story is obviously of interest to Elaine who exclaims (*oh God!*) in

line 631 and continues with the topic of the airport car park. Customers too like to tell good stories. The use of reported speech is of interest in the following example, used to intensify the interest and enrich the telling of the event:

Extract 5.31 SMHairDr1

	25.	Sandra:	last year on my birthday I was here exactly the same day but it was -it
	26.		was the- actually the twelfth last year do you remember I had my flood
	27.		the flood in the house? ==yeah
	28.	Michael:	==yeah
->	29.	Sandra:	so I woke up this morning and opened my eyes and said "Please Tommy
	30.		go downstairs and make sure there's nothing gone wrong "

5.4.6. Joking/ teasing behaviour

There are many examples of joking evident in the hairdressing data. Being more characteristic of some interactions than others, nevertheless it is seen to function as a ploy to put the participants at ease in the situation. The opening sequence of the interaction with Sandra (previously discussed), is a case in point :

Extract 5.32 SMHairDr1

	5.	Sandra :	eh milk and one sugar
	6.	Jenny:	OK
	7.	Sandra:	just as well I didn't bring an'thin' extra to put in my coffee wasn't it
	8.		= =[laughs]
	9.	Michael:	= = [laughs]
	10.	Sandra:	( ) say I just want something else==[laughs]
	11.	Michael:	==[laughs] have you singing in a
	12		half an hour
	13.	Sandra:	oh stop [4] LOOK at it ! Do you know what someone said to me
	14.		yesterday "Isn't your highlights beautiful ?" [laughs] and I said ==
	15.	Michael:	==='God bless their vision'
	16.	Sandra:	'do you want me glasses' [laughs]
	17.	Michael:	yeah just look down there==
->	18.	Sandra:	==I mean it's just completely grey Michael it's getting worse actually
	19.		isn't it a lot more grey==
	20.	Michael:	==don't worry we'll ( )
	21.	Sandra:	yeah do ...because I'm 48 tomorrow Michael

Both Michael and Sandra joke throughout this sequence which serves to put both at ease at the beginning of the interaction. However, joking also performs a mitigating function for Sandra (line 18) in issuing the FTA of requesting Michael to 'do a good job on her hair'. Joking or teasing, which serves an important role in facework, occurs at many other stages throughout this interaction with Sandra. Some examples are outlined below:

Extract 5.33 SMHairDr1

	93.	Sandra:	==I don't know to be honest with you but Michael now they don't
->	94.		interest me ...don't you know I'm lazy ==[laughs]
	95.	Michael:	= =[laughs]you'd be up at 6 every
	96.		morning for your swim
	97.	Sandra:	no Michael no Michael
	98.	Michael:	[laughs] good food few drinks ==

Extract 5.34 SMHairDr1

406. Michael: ...if you get Elaine's colour ready you can come out and apply this colour
407. for me for Sandra
408. Jenny yeah
409. Michael: [12] [mixing colour] you'll love the colour this time
-> 410. Sandra: oh ...yeah well IT IS MY BIRTHDAY so you'll have to cheer me up
411. Michael
412. Michael: it's not that you're thirty - five everyday of the week
413. Sandra: oh no [laughs] [8] it's one thing that never bothered me was my
414. age ==I never ever took

Joking serves to minimise FTAs. In the above examples, the admissions that she is *lazy* (line 94) or in need of *cheering up* (line 410), are possibly threats to Sandra's positive face. However, the resultant FTAs are mitigated by Michael's jocular retorts.

5.4.7 Summary: Politeness and social talk

As for all communicative interactions, the communication that goes on in a hairdressing context is inherently face threatening. The social talk, which surrounds the more specific, task-related talk, provides another forum to examine manifestations of politeness. Enhancing each other's positive face in the interaction is revealed by a number of positive politeness strategies in use in the data, summarised in the following table (though not in the same order as presented above).

Table 5.3: Summary of realisations of positive politeness as discussed in social talk in hairdressing context

Super strategy: Claim common ground
- Strategy: Notice, attend to H(his interests, wants, needs, goods)
  - e.g. How are you ? sequences
- Strategy: Intensify interest to H:
  - e.g. make a good story
  - e.g. use in group identity markers: contraction and ellipsis
- Strategy: Seek agreement
  - e.g. talk about safe topics
  - e.g. use repetition in discourse
- Strategy: Presuppose/raise/assert common ground
  - e.g. small talk (see safe topics)
  - e.g. point of view operations; avoidance of adjustment of reports to H's point of view
- Strategy: Joke

Super strategy: Convey S and H are co-operators
- Strategy: Include both S and H in the activity.
  - e.g. use of inclusive 'we' pronoun.

5.5 Summary and conclusions

This chapter began by exploring what is meant by politeness as considered in discourse, with a reference to its origins in *Speech Act Theory* (Austin, 1962) and Grice's (1975) *Co-operative Principle*. The main principles of politeness theory were discussed with particular attention being paid to the role of politeness in the negotiation and construction of social relations in talk. Practical application of the theory to talk occurring in hairdressing contexts, illustrated the main principles of politeness theory at work. Exploration of the data revealed a predominantly negative politeness at work in specifically task oriented talk, which contrasted with predominantly positive politeness featuring in the social talk surrounding the task at hand. It is suggested that further exploration of predominantly positive politeness facework, with its social accelerating properties, may prove beneficial to the development of a tool for the analysis of relational talk. In addition, if politeness strategies may be considered as functioning *conversationally*, as illustrated in this chapter, and not merely confined to isolated speech acts or utterances, they may prove to be significant features of the process of conversational sociability.

CHAPTER 6
CONVERSATIONAL BREAKDOWN AND REPAIR

6.1 Introduction

Approaches to the analysis of the construction and negotiation of social relations through talk were outlined in Chapters 3 to 5. The analytic applications of the concepts of *power*, *frame* and *politeness*, in turn, were discussed and demonstrated in the analysis of normal, everyday talk, as occurring in the context of a hairdressing salon. The analyses demonstrated, from a number of perspectives, how conversational interactions run smoothly, with participants taking on the ever-changing roles of speaker and hearer in a co-operative, trouble-free manner. The analyses also showed how participants are sensitive to power relations in discourse, whilst also being attentive to facework, the face needs of their interlocutor. In addition, an effortless movement within and across frames of interaction was illustrated.

But do conversational interactions always run so smoothly? Adherence to Grice's (1975) maxims (as discussed in Chapter 5) does not necessarily imply a trouble-free conversation. It was shown that some apparently irrelevant responses can only be understood when implicatures are drawn as a result of applying the co-operative principle (see examples in section 5.1.1). Conversation is such a finely-tuned activity that it is not surprising that it is at times vulnerable to breakdown. Breakdown can occur for a number of reasons including, for example, a misapprehension on the part of one participant (e.g., possibly resulting from a lack of shared or background knowledge), unclear or ambiguous messages (e.g., 'talking at cross-purposes') or simply a case of one participant failing to hear what the other has said (e.g., in a noisy environment). When such breakdowns occur, *repairs* are necessary. Repairs can be linguistically realised in a number of ways, directly influencing the turntaking mechanisms at work in the interaction. In fact, as will be demonstrated, turntaking and repair mechanisms are intimately related, as Sacks, Schegloff and Jefferson (1974; 723) explain:

> The compatibility of the model of turn-taking with the facts of repair is thus of a dual character: the turn-taking system lends itself to, and incorporates devices for, repair of its troubles; and the turn-taking system is a basic organisational device for the repair of any other troubles in conversation. The turn-taking system and the organisation of repair are thus 'made for each other' in a double sense.

This chapter examines when and how conversational breakdowns occur (section 6.2), how they can be avoided (section 6.3) and what linguistic strategies are employed to repair such breakdowns (section 6.4). Descriptive techniques borrowed from conversational analysis greatly facilitate this exploration of breakdown and repair along with pragmatic interpretations and explanations, where necessary. Additionally, where

relevant, principles from the main perspectives and other analytic approaches discussed thus far will be invoked to further enhance the explanation of conversational breakdowns. In this regard, the phenomenon of conflicting frames of interaction as potential breakdown points will be explored (section 6.5). Finally, the notion of communication accommodation as doing 'preventative' work of sorts, in avoiding breakdown, will be discussed (section 6.6). As in previous chapters, extracts from hairdressing interactions provide useful examples to demonstrate and support points made.

6.2 Conversational breakdown: *A dreadful joke*

As referred to above, conversational interactions can break down for a number of reasons. An examination of the following extract (also discussed in Chapter 3, extract 3.35) raises a number of pertinent points for the present discussion:

Extract 6.1 AMHairDr 2:

->	248.	Amy:	want to hear a dreadful joke (on tape)?
	249.	Michael:	hmm?
	250.	Amy:	what's the difference [laughs] between President Clinton and the
	251.		Titanic?
->	252.	Michael:	more people went down or something like that
->	253.	Amy:	no at least you know how many went down==
	254.	Michael:	==oh right
->	255.	Amy:	on the Titanic [laughs]
->	256.		[40]
	257.	Michael:	you start your shopping yet for Christmas or anything like that?
	258.	Amy:	no. my two kids birthdays are October November which kind of halts
	259.		all that [3] in town two weeks ago (Smiths) tryin' to get Santy stuff you
	260.		know [50]
	261.	Michael:	DON'T MIX UP more colour Jenny just I need a small amount o that
	262.		[51] [-theme music from 'Friends' on radio]

In line 248, Amy announces that she is going to tell a joke, aware of the fact that the joke may be distasteful ('dreadful'). It is clear from line 252, that Michael has some idea of the punch line, though he is not altogether clear. Amy, in line 253 and 255, delivers the correct punch line, laughing at her own joke. Michael, however, does not laugh and a relatively long silence ensues (40 seconds). It is at this point in the conversation that we see the beginning of a breakdown occurring.

Joke telling can be considered an adjacency pair of sorts, where the first part in the sequence is the joke being told by one participant, while the (expected) second part is the interlocutor's laughter; laughter is the preferred response. Conspicuously, the expected response does not occur. Instead, the punch line is followed by silence, a dispreferred response in this context. There may be a number of reasons for Michael's 'non-response': he may have heard the joke before (as evidenced in his punch line attempt in line 252) or he may not find the joke amusing (perhaps finding it distasteful). Alternatively, he may be embarrassed that the joke is 'on tape', a fact which Amy was

aware of as indicated in line 248. As Silverman (1998; 107) points out, 'placement of particular activities at a particular place within a sequence...allows participants to identify what is absent from a particular "place".' Non-appearance of laughter or further acknowledgement (*Oh yeah I've heard it before)* at this point in the conversation, is hearable as 'absent' and so the conversation breaks down. The breakdown is signalled by the relatively lengthy silence and the topic shift to a completely unrelated topic (i.e. Christmas shopping), initiated by Michael in line 257. What is of interest also, is the resultant 'fragility' of the conversational flow following this *faux pas*. The 'Christmas shopping' topic only lasts for two turns, again followed by a relatively lengthy silence and a shift to business-of-the-day talk, directed to Jenny the assistant.

The conversational breakdown, as illustrated above, can be interpreted from a number of perspectives. Considering the power relations present, it may not be expected that the perceived powerless participant in the interaction engages in joke telling (i.e., the customer), an activity more usually the prerogative of the powerful one (i.e., the proprietor/hair-stylist). This unexpected contraflow of power may be one factor which contributes to the resultant breakdown. Politeness behaviour too wields its influence in this interaction. By stating that it is a 'dreadful joke', Amy is engaging in face-saving behaviour because, hypothetically speaking, she could respond to Michael's (non-) reaction with *Well I did tell you it was dreadful.* Amy has inadvertently threatened Michael's negative face and, in turn, has damaged her own positive face by telling a 'distasteful' joke. Finally, from a framing point of view, Michael is seen not to align his footing with the joke telling frame (though he began to in line 252) and hence a shift of frames occurs, to which Amy responds by aligning herself to 'Christmas shopping' talk.

6.2.1. Other joke-like sequences and potential breakdown

Though the above extract is very clearly a joke-telling sequence, there are other joke-like or teasing sequences in the data which also illustrate the breakdown phenomena under discussion. In the following extract, we see a possible breakdown point occurring:

Extract 6.2 OMHairDr 4

	43.	Olive:	have you the right colour there?
->	44.	Michael:	no
	45.	Olive:	[laughs]
->	46.	Michael:	just pot luck now [laughs]

Again, the opening lines of this extract can be characterised by an adjacency pair, that is, a question-answer sequence. Though Michael answers Olive's question, the preferred response in this instance would obviously be an affirmative one (i.e., *yes* that Michael *does* have the right colour for Olive's hair). Michael's unanticipated negative response in line 44, prompts Olive to look for an implicature, assuming Michael is operating within the co-operative principle. Olive then makes the right assumption that Michael is 'only

joking', indicated by his joining in with her laughter in line 46, and stating that it is *just pot luck now*. This co-operative behaviour results in a breakdown being avoided and allows the conversation to proceed. Another example, from the same interaction also illustrates this point:

Extract 6.3 OMHairDr4

	220.	Olive:	you cut my hair really well the last time Michael
->	221.	Michael:	what was wrong with me !
->	222.	Olive:	yeah exactly right
	223.	Michael:	[laughs]
	224.	Olive:	no but you did exceptionally well because people [s] people
	225.		loads of people said it to me
	226.	Michael:	did they?==
	227.	Olive:	==yeah
->	228.	Michael:	I thought I always cut your hair well
->	229.	Olive:	oh now Michael==
	230.	Michael:	==bar once or twice
	231.	Olive:	well now you know I mean it's just like everything else isn't it?
	232.	Michael:	this is it
	233.	Olive:	mmm
	234.		[6]
	235.	Michael:	COULD YOU BRING ME OUT THAT OTHER COLOUR PLEASE?

As in the previous example, the opening lines of this extract are characterised by an adjacency pair; this time a compliment-acceptance sequence. In line 221, Michael responds to the compliment with the exclamation *what was wrong with me!*, a non-acceptance of sorts. Again, such a jocular response might be considered a dispreferred one and thus could have resulted in breakdown. Olive, however, considers his response to be relevant and co-operative (inferring the appropriate implicature, that Michael is just 'being modest') and continues to compliment him even further in line 222. Michael continues with the teasing tone in line 228, only to be responded to by Olive's exclamation in line 229: *oh now Michael.* It is clear from the nature of Olive's exclamation that she has aligned herself to the joking/teasing frame instigated by Michael in line 221.

In politeness and power terms, the apparent non-acceptance of the compliment raises a number of interesting points. In this male-female/hair-stylist-customer power relationship, it may be unusual for the powerless to compliment the powerful, even in a service encounter such as the hairdressing salon. It has been shown previously (in section 3.4.1) that casting in the role of expert, after the job is completed, is a less threatening compliment-giving sequence than the one outlined above (possibly because of its immediacy following task completion). In the above extract, Olive explicitly pays a compliment to Michael about his work in general, which to some extent embarrasses him. This embarrassment, and subsequent rebuttal, may stem from a number of factors. As Holmes (1995; 125-126) explains:

> It appears to be much more acceptable and socially appropriate to compliment a woman than a man. One possible explanation based on an analysis of power relations in society points to women's subordinate social position. Because compliments express social approval, one might expect more of them to be addressed 'downwards' as socialising devices or directed to the socially insecure to build their confidences.

In politeness terms, then, Michael sees the compliment as face-threatening, possibly because of the (apparent) power relations present. Olive, on the other hand, is using the compliment as a positive politeness device to enhance Michael's' positive face in the promotion of social relations. The above extract clearly supports Holmes' (1995) assertion that men and women use and interpret compliments differently.

The compliment sequence, therefore, as discussed above, is one in which a conversational breakdown is again avoided by the joint co-operative work of the participants in the interaction. There are many other ways of narrowly avoiding conversational breakdown and dealing with potential breakdown points, some of which are briefly discussed below.

6.3 Avoiding conversational breakdowns: Possible breakdown points

6.3.1 Inter-turn pausing and off-line sequences

Pausing (or silence) in conversational interactions is not automatically associated with, or responsible for, breakdown. On the contrary, as Jaworski (2000) explains, silence (in some cultures) can be in a complementary rather than in an oppositional relationship to small talk, performing important relational work. In the context of a hairdressing salon, 'keeping the talk going' is often the concern of the participants (in an effort to 'keep the customer satisfied'). Yet silence too has its role, both interactionally and relationally. In the hairdressing context, silence is often imposed upon the interactants, as talk is precluded from continuing, due to the noise of hairdryers and other extraneous noise. However, what is of concern to this discussion are participants' reactions to the occurrence of relatively long inter-turn pauses. Overly long pauses in the proceedings may put the conversational interaction at risk of breakdown, with the conversational flow being ebbed if not 'repaired' by one or other participant. (There is no doubt that some interactions in hairdressing salons may indeed be predominantly characterised by silence and not by talk, but this seems to be the exception rather than the rule, particularly where the present data are concerned (see also McCarthy's (2000a) comments on the nature of hairdressing talk).

As inter-turn pausing was discussed in some detail in the context of power relations in Chapter 3, it is not intended to discuss this phenomenon again in great detail here. What is of significance, however, is how overly long inter-turn pausing may qualify as a potential conversational breakdown point. As was illustrated in Chapter 3 (in

extracts 3.10-3.13 and extracts 3.29-3.33), turn and topic uptake following relatively long inter-turn pausing was, for the most part, fairly evenly distributed among participants. In other words, in the data studied, both participants were equally likely to reinitiate the conversation following overly long pauses. It was shown therefore that it was not only the prerogative of the powerful one in the interaction (i.e. Michael); the apparently disempowered one (the customer) also assumed responsibility to keep the conversation going. Therefore, reinitiating topics or introducing new topics after overly long pauses can function to prevent potential breakdowns in this context.

Likewise, it was mentioned above that participants often had silence imposed upon them in the hairdressing context, as hair-drying or other task-related activities took over. Off-line sequences, when talk was addressed to assistants, additionally constitute vulnerable spots for possible conversational breakdown where the continuing conversational flow may be momentarily interrupted. As was illustrated by extracts 3.17 and 3.18 (Chapter 3), respectively, one or other participant reinitiated the conversation once the off-line sequence had ended. In the same way, participants were also adept at interweaving their talk through such off-line sequences, as if the off-line conversations were not occurring (see section 3.5.6, Chapter 3).

6.3.2 Abrupt topic shifts

Conversations may also break down because of sudden or abrupt topic shifts, causing one or other participant to exclaim, for example, *Sorry, what are we talking about here?* or *You're going off the point* and so on. The process of smoothly switching topics often carries with it a number of devices which may or may not be overtly marked (e.g. *I know this may not be relevant but...*). However, when apparently abrupt topic shifts occur, participants, assuming co-operativeness, search for the relevance or appropriacy of the 'new' topic, trying to recover it in the earlier discourse or from previous interactions with that person. If the new topic cannot be recovered in this way, or is not clearly marked, the conversation may break down and clarification may be necessary to repair it. Some examples illustrate these points well.

In the following extract, the subject of the customer's *voice*, referred to in line 107, is seen as a sudden topic shift within the sequence:

Extract 6.4 SMHairDr1

	104.	Sandra:	and if we could've stayed a fourth day we 'd have had the fourth day bed
	105.		breakfast and dinner free ...but we can't 'cos I'm working on the Sunday
	106.		and Tommy is has to back for Friday so ==
->	107.	Michael:	==your voice is going
	108.	Sandra:	its em its em just the thyroid gland every so often in the mornings it goes
	109.		it's from the smoke apparently in the pub the night before
	110.	Michael:	you don't smoke do you ?==
	111.	Sandra:	==never in my life ...I wouldn't even hold a cigarette for somebody

The topic of the customer's voice could be considered an environmental topic, prompted by Michael's noticing of Sandra's apparent change in vocal quality. (This is similar to other topics prompted by what is in the immediate environment, for example, commenting on what is playing on the radio in the background and so on.) Though apparently sudden, the shift can be traced to the environment which is shared by both participants and thus responded to accordingly, thereby avoiding breakdown.

A similar apparent sudden topic shift can be illustrated by the following example:

Extract 6.5 OMHairDr 4

	289.	Olive:	==oh I'm looking forward to it. I really I am because next week
	290.		now ahm the week after next I'm ah on night duty an the I'm off on
	291.		ahm on Monday and ah on Tuesday then we're going to The
->	292.		Phantom. I'm REALLY looking forward to it. Michael do you know
	293.		something there's an awful noise coming out of my car
	294.	Michael:	is there?
	295.	Olive:	yeah==
	296.	Michael:	==like what? Like ?

In line 292, Olive, having been engaged in talk related to work schedules and going to see the stage show *Phantom of the Opera*, switches topic to 'trouble with her car' within the same turn. Though the switch appears somewhat abrupt, it is nevertheless marked in the discourse by the vocative or 'attention getter' *Michael* and the topic introducer *do you know something*. Such strategies signal to the listener that a switch in topic is imminent and so a potential breakdown is averted. Similarly, the following extract shows the role of discourse markers in topic change (i.e., the use of a short pause followed by *now* in line 302), and hence in the prevention of breakdown:

Extract 6.6 EMHairDr 1

	300 .	Sandra:	==and I always ring yeah because I mean I'd I'd miss a doctor's
	301.		appointment sooner than miss me hair...especially when it looked as
->	302.		bad as it did [laughs] ...now that's my em my little birth- eh I told
	303.		Tommy not to buy me a birthday present but he bought me that
	304.	Michael:	that's gorgeous==
	305.	Sandra:	==isn't that nice ==
	306 .	Michael:	==very nice==

As referred to above, sometimes the interlocutor, when faced with an apparent sudden topic shift, has to backtrack through the shared discourse to recover its relevance. For example, in the following extract *What sort of seats had you?* in line 396, occurring after a relatively long pause (and talk about telephone answering machines), refers to a discussion of attendance at the stage show *Phantom of the Opera*, a topic which seemingly came to a close over one hundred lines earlier in the transcript.

Extract 6.7 OMHairDr4

388.	Michael:	the only thing you can turn it on if you want to answer it then you
389.		can answer it
390.	Olive:	yeah
391.	Michael:	if you don't want to you don't have to. I know that's not [laughs]
392.		that's not what they're meant to be used for but==

393. Olive: ==yeah
394. Michael: [humming]
395. [21]
-> 396. Olive: what sort of seats had you?
397. Michael: we were right up against the balcony. perfect. right in front of
398. the = = ( )
399. Olive: = = how much did you pay for them?

As well as tracing a topic's origin back through the discourse or previous discourses, an apparent topic shift can be attributed to the nature of the interaction. For example, in the hairdressing data, an out-of-the-blue *How's Tommy ?* (an enquiry about the customer's husband) is acceptable and responded to by the customer. The enquiry is part of the shared agenda being worked through by participants, with the person in the power position (i.e. Michael), working his way through safe, socio-relational topics, topics which are expected, even anticipated by both participants.

6.4 Strategies used to prevent conversational breakdown

We have seen from the above examples that conversational breakdown is often prevented by the co-operation and negotiation of the participants as they invoke different conversational manoeuvres to cope with possible breakdown points. Some manoeuvres are more explicit than others, and it is to these types of overt repair strategies that the discussion now turns.

6.4.1 Requests for repetition and requests for clarification

As was referred to previously, the hairdressing environment is prone to extraneous noise as the task of hair-styling progresses. Such noise often interferes with the smooth running of the conversational flow, resulting in one or other participant not hearing what the other has said and potentially leading to breakdown if not repaired. Repairs, in the form of requests for repetition, are issued and can be met by verbatim repetitions of what was initially said, as the following extracts illustrate:

Extract 6.8 AMHairDr2

59. Amy: that's called a Nick Faldo syndrome
-> 60. Michael: hmm?
61. Amy: that's called a Nick Faldo syndrome

Extract 6.9 AMHairDr2

303. Michael: oh Jesus [laughing] it was classic [laughs] oh the things they come
304. out with [7]just turn around[6] just you can imagine two blokes
305. carryin' on like that you know?
306. Amy: real bed-sit land isn't it?
-> 307. Michael: hmm?
308. Amy: real bed-sit land isn't it?
309. Michael: yeah exactly

Other times, requests for clarification are made which can take the following form:

Extract 6.10 EMHairDr3

	345.	Elaine:	so they're sayin' now I have to pay five pound to get it you know the
	346.		disc to do me 'til the end o December and that they can't tax ==
->	347.	Michael:	==the garage are chargin' you a fiver?==
	348.	Elaine:	==no the... no the ahm county council Wicklow county council
	349.	Michael:	==right==
	350.	Elaine:	==are chargin' me a fiver for to give me a disc 'til the end o'
	351.		December and that they can't issue me with you know the tax for the
	352.		full year until
	353.	Michael:	==( )run out

In the above example, we see a 'sorting out of details' prompted by the clarification request (or confirmation request) in line 347, before the conversation can proceed 'untroubled' (line 350 ff.) (cf. Jefferson's (1972) side sequences). The following example is also of interest, as the request for clarification only comes after a pause of 5 seconds, as Michael realises he has missed the point of what Elaine has just said:

Extract 6.11 EMHairDr3

	403.	Elaine:	...sh [laughs] in our department sometimes we get phone calls and
	404.		ladies would come on and they'd say they'd want to speak to a man
	405.		and it'd be a woman and she'd say she'd want to speak to a man she
	406.		wouldn't want to speak to a lady [laugh]... so we used only we had
	407.		one man workin' with us [laughs]
	408.	Michael:	the poor bloke[laughs]
	409.	Elaine:	[laughing] and we used to put all calls to him
->	410.		[5]
->	411.	Michael:	why?
	412.	Elaine:	they don't, like even when you say I put you onto the manager of the
	413.		department they automatically think that the manager of the
	414.		department is a man but it's a woman
	415.	Michael:	that's a very==
	416.	Elaine:	==yeah==
	417.	Michael:	==sexist attitude to have this day an age isn't it?
	418.	Elaine:	it is!

Michael's request for clarification, in line 411 (*why?*), prevents a potential breakdown occurring and so allows the conversational topic to proceed to a natural closing. The above example illustrates what Sacks (1972 [1992]; 560) terms a 'local cleansing' mechanism whereby a 'remedial question' is positioned after what was heard as a problematic turn. The positioning of such a mechanism is important because, if it did not occupy this position in the sequence (i.e. after the problematic turn), then the speaker may infer that what was said was heard and understood (Silverman, 1998; 122, citing Sacks 1971).

Possible breakdown points also occur when a speaker fails to identify or specify the referent under discussion as in the following examples:

Extract 6.12 AMHairDr2

	261.	Michael:	DON'T MIX UP more colour Jenny just I need a small amount o' that
	262.		[51-theme music from 'Friends' on radio]
->	263.	Amy:	an' they're all lookin' for wage rises
	264.	Michael:	( )
->	265.	Amy:	they're only given a hundred thousand per episode
->	266.	Michael:	who's this?

267. Amy: cast of 'Friends'
268. Michael: oh are they?
269. Amy: mmm

Extract 6.13 OMHairDr4

599. Michael: ==you know like it's hard to have the time to spend
-> 600. Olive: it is it's difficult [6] how is she herself?
-> 601. Michael: Ciara or Orla?
602. Olive: yeah Orla?
603. Michael: she's grand

In the first example given above, Amy uses the unspecified referent *they* on two occasions (lines 263 and 265), assuming that Michael has picked up on the environmental topic of the theme music from the TV show *Friends* which is playing on the radio. Michael's clarification request in line 266 is responded to, allowing the conversation to proceed and once again breakdown is avoided. The second example above, also illustrates how an unspecified referent (i.e., *she* in line 600) can potentially lead to breakdown if not repaired by the participants.

6.4.2 Other-initiated repairs

A final repair strategy, to be discussed in this context, is that of an other-initiated repair, exemplified by the following extract:

Extract 6.14 EMHairDr3

35. Elaine: GOD! She's looks as if she's only after coming out of = =
36. school[laughs]
37. Michael: = = I know
38. yeah
39. [10]
-> 40. Michael: Catherine another sister of yours (?) down recently thank you
-> 41. Elaine: Christina?==
42. Michael: ==yeah==
43. Elaine: ==yeah...oh well I can give you business I will we'll throw your way
44. we don't mind I hope I'm not pesterin' you [laughs]

Line 40 sees Michael misnaming Elaine's sister as 'Catherine', only to be corrected by Elaine in line 41, before the topic proceeds.

In the next extract, a somewhat different repair mechanism is in operation. Michael, in line 140, is unsure of the surname of another client (also Elaine's sister), his uncertainty marked by a rising intonation contour on the queried name:

Extract 6.15 EMHairDr3

134. Elaine: eh... no Mom just mentioned it to me last night she said that Marion
135. was you know tryin to make appointment to come an see you
136. Michael: yeah==
137. Elaine: ==and I said I'd mention it and Christina==
138. Michael: ==Marie Kelly==
139. Elaine: ==that's right
-> 140. Michael: Kelly?
-> 141. Elaine: ah Kelly-Henry==

142. Michael: ==Kelly-Henry. Yeah and her little fella = = she ( ) her little fella in
143. so
144. Elaine: = = that's right yes
145. Michael: she's takin' him in on Monday to me

Again, Elaine responds to this uncertainty by confirming that the name in question is *Kelly-Henry* (see line 141) which is subsequently repeated by Michael in line 142, before continuing with the conversation.

In many of the above extracts just discussed, it is not hard to see how participants align themselves to 'repair frames' as necessary. At each possible breakdown point, the participants take up footings to jointly 'fix' the talk before proceeding with the topic under discussion. It is also of note that, particularly in relation to requests for repetition and clarification, the data show that it is Michael who issues the majority of such repair requests. Perhaps this is a by-product of his power position or possibly, and more simply, it may be because he is more likely than the customer to become distracted in the conversation, as he works and talks at the same time.

6.5 Conflicting frames as potentials for conversational breakdown

The discussion of breakdown and repair thus far has largely dealt with the consequences of breakdown as manifest in conversational structures, that is how repair devices impact on the overall turntaking machinery of the interaction. Descriptive techniques drawn from conversational analysis methodology facilitated the discussion. However, the vulnerability of conversation to breakdown can also be considered from a framing perspective. How framing allows us to understand what is going on in interactions was discussed in Chapter 4. In that chapter, the notions of shifting frames and frames within frames were illustrated and supported by extracts from hairdressing data. Before putting such data to work again in the consideration of conflicting frames, an example from Tannen and Wallat (1993) sets the scene.

In Chapter 4, a *knowledge schema* was a concept which had, as an underlying force, the notion of *structures of expectation* (i.e., expectations which people have about objects, people, settings, events etc. which they bring to communicative situations). These expectations, which help us to interpret new situations, are constantly being revised and checked against previous experiences. Hence, knowledge schemas influence the framing process and it is this which is relevant to the present discussion of conflicting frames.

It was also illustrated in chapter 4, that movement across and within frames can be a fairly effortless, unconscious activity. However, as for any communication, it is only when something goes wrong that we realise how smooth the interaction had been up to then. Frames are characterised by ways of behaving and as such are in potential conflict with the demands of other frames (Tannen and Wallat, 1993). As referred to previously,

Tannen and Wallat analyse an interaction in a paediatric clinic, where the paediatrician is examining a child with cerebral palsy in the presence of the child's mother. The paediatrician is also being observed by a number of students, to whom she reports at regular intervals on the results of her examination. In framing terms, there are a number of frames in operation: a social encounter frame, an examination frame (including an outer frame of the videotaping of the session) and a consultation frame. It is when these frames come into conflict that the conversational interaction taking place is at risk of breaking down. The following extract from Tannen and Wallat's (1993) data, helps to illustrate this point. The potential breakdown occurs within the context of the child's mother being worried about a recently discovered 'arteriovenous malformation' in the child's brain, a worrying issue she wants to ask the paediatrician about:

Extract 6.16 (Tannen & Wallat 1993; 68)

Mother :	I often worry about the danger involved too
Doctor:	Yes.
Mother:	cause she's well I mean like right now, ...uh...in her present condition
Doctor	mhm
Mother:	I've often wondered about how dangerous they are to her right now
Doctor:	We:ll...um...the only danger would be from bleeding. ...From them. If there was any rupture, or anything like that. Which CAN happen...um...that would be the danger.
Mother:	mhm
Doctor:	...For that. But they're ...mm...not going to be something that will get worse as time goes on
Mother :	Oh I see.
Doctor:	But they're just there. Okay?

Tannen and Wallat's interpretation of the interaction is as follows: the mother's question about the condition invokes the consultation frame, whereupon the paediatrician has to put the examination frame (and the child) 'on hold'; while in the consultation frame, the doctor, in giving the mother medical information as to the nature of the condition, also has to remain aware of the impact of such news on the child's mother. In other words, the social encounter frame is also in operation, with the paediatrician's sensitivity marked in the discourse by numerous hesitations in her speech at this point. Thus, the demands on the paediatrician associated with all three frames 'are potentially in conflict and result in competing demands on the doctor's cognitive and social capacities' (Tannen and Wallat, 1993; 69). These conflicting demands, if not handled effectively, could result in the overall conversational interaction breaking down.

A piece of interaction from the hairdressing data shows remarkable similarities to the one just described (though the conversational content is obviously of a much less serious nature). However, this example again highlights the vulnerable nature of conversational interactions.

Extract 6. 17 AMHairDr2

	205.	Amy:	yeah she just reckons if you do that it comes back and rebounds on
	206.		you in the end you know==
	207.	Michael:	==yeah
->	208.		[18]
->	209.	Amy:	why do certain bits of your hair Michael go whiter quicker? like
	210.		HERE
	211.	Michael:	sorry don't (move) there's no = = I couldn't tell you
->	212.	Amy:	= = there's no. mhm just
->	213.		wondering...'cos it is usually over the years isn't it? ( ) ==
	214.	Michael:	= =yeah but it's usually around the (frame of) your face
	215.		like it's it's because your skin tone lightens as you get
	216.		older as well I think definitely might have something to do
	217.		with it ==
	218.	Amy:	==mmm
	219.		[5]
->	220.	Michael:	( ) as you can see. [6] that ready?

At the beginning of this extract, Amy and Michael are shifting from a relational frame to a business-of-the-day frame, following a long pause in line 208. Amy then poses a general question about her hair, (possibly) pointing and moving as she asks the question (line 209). Michael responds initially with an imperative (line 211: *sorry don't move*) before attempting to answer the question asked of him. Because Michael appears to be unable to give Amy an answer, Amy responds with the face saving act of *Mhm just wondering* in lines 212 and 213, followed by her own suggested solution. Michael makes a second attempt to answer the question before the topic closes in line 220, as he addresses one of his assistants (*that ready?*).

In framing terms, as for the medical consultation above, a conflict of frames occurs. As for the paediatrician, Michael is faced with the demands of a number of frames: the business-of-the-day frame (within which a consultation frame arises) and a socio-relational frame. Michael too has to put the task 'on hold' while he consults with the customer, triggered by the momentary lapse in co-operation, as the customer moves to point out the 'white hairs'. At this juncture, Michael is prevented from getting on with the task until the problem has been resolved. Obviously aware of the socio-relational frame in operation, Michael does not want to appear rude or abrupt and so ends the topic with the rather polite comment *as you can see*, following a pause in line 220. As in the case of the paediatrician, the frames are potentially in conflict and if handled ineffectively, may result in conversational breakdown.

6.6 Communication accommodation and conversational breakdown

The main principles of Communication Accommodation Theory (CAT), as put forward by N. Coupland et al. (1988) and N. Coupland et al. (1991) were discussed in chapter 2 (section 2.6). Accommodating to another's communication is seen as an often subconscious effort to engage in effective and successful communicative interaction with

that person. Being accommodative is realised through a number of discourse moves and strategies, all of which are interactive in nature and designed to achieve socio-relational results. If effective and socially successful communication is the main goal of accommodation, surely it can be inferred that accommodation plays a secondary role in the prevention of conversational breakdown. Accommodative practices may then be said to have a pervasive function in the promotion of trouble-free conversational interactions.

Extending communication accommodation therefore, to include its function as a preventive measure in conversational breakdown, places the notion of *discourse or communication attuning* central to the present discussion. Considering types of addressee focus, N. Coupland et al. (1988) propose a number of communication strategies pertinent to a model of communication accommodation. Along with the accommodative practices of *convergence*, *divergence* and *maintenance* (previously described in speech accommodation terms), N. Coupland et al. (1988) additionally propose: *interpretability strategies, discourse management strategies* and *interpersonal control strategies* (see figure 2.3 Chapter 2). An exploration of each of these groups of discourse attuning mechanisms renders a greater understanding of the function of accommodation, in general and its possible role in the prevention of conversational breakdown, in particular.

However, before looking at such strategies at work in the data, it is important to consider, within any discussion of communication accommodation, the dual roles of macro- and micro-level contextual factors affecting the strategies used (Ylänne-McEwen & N. Coupland, 2000). Macro-level contextual factors in the hairdressing context include the consideration of (institutional) roles in the interaction, already discussed in some detail in terms of power relations in Chapter 3. Micro-level contextual factors, such as speakers' and listeners' goals and beliefs, also need to be considered. In the hairdressing context, the means-ends goal of the nature of the business transaction cannot be overlooked, that is, the desire 'to keep the customer satisfied' at all costs so that he/she will return and continue to 'do business'. Likewise, for the customer, a desire 'to get on with' the provider of the service, at least superficially, so that the job is done well, may be a contextual factor in operation. Exploring the communication or discourse attuning strategies at work further clarifies these contextual factors.

6.6.1 Interpretability strategies

According to N. Coupland et al. (1988) the addressee focus of *interpretability strategies* is to attend to the interlocutor's *interpretive competence*, which essentially means modifying the complexity, clarity or explicitness of the message or discourse. This may mean making changes to paralinguistic features such as volume, or to linguistic features, such as adapting syntactic or lexical complexity to suit the hearer's needs. Examples from the data illustrate these strategies at work.

In the following extract, a non-hairdressing related topic, that of 'steering locks', arises, during a general discussion of the customer's new car:

Extract 6. 18 EMHairDr3

	186.	Elaine:	Ah Fiesta Ghia [6] an I bought this ahm...there was central locking
->	187.		my brother told me to get a = = lock
->	188.	Michael:	= = steering lock
	189.	Elaine:	a steering lock and he told me to get this big this type he was readin'
	190.		it in a magazine an I went an I got this one an it was huge an I
	191.		tried to put it on the steering wheel
	192.	Michael:	( ) yes Jenny [to assistant]
	193.	Elaine:	and it wouldn't go an I thought it was myself that was doin'
	194.		somethin==
	195.	Michael:	==see you Belinda [to another assistant who is leaving]
	196.	Elaine:	and I got my Dad and then I got my brother to check it out and it
	197.		wouldn't work so I had to bring it back to the ah==
->	198.	Michael:	==what kinda lock was it?
	199.	Elaine:	it was ahm lock some *Lock tite*
->	200.	Michael:	right==
	201.	Elaine:	==lock it was a you know big bar
->	202.	Michael:	right
	203.	Elaine:	but it was meant it dipped in the centre it went through the wheel
	204.		and = = back into
->	205.	Michael:	= = that's the one like I have==
	206.	Elaine:	==is it?
->	207.	Michael:	does the top grab the wheel? ==
	208.	Elaine:	==yes
->	209.	Michael:	and then a roundy key==
	210.	Elaine:	==yes==
	211.	Michael:	==like a bar key and the top just goes round one side of it
	212.		and then the bar goes in between
	213.	Elaine:	that's right yes... but whatever way the centre piece any time I tried
	214.		to put it on it hit off the ahm horn and the horn kept on going off==
->	215.	Michael:	==tut! oh yes yeah of course
	216.	Elaine:	so I had to bring it back and I've got this one now that just it kind of
	217.		catches the wheel up at the top and the part then goes on to the
	218.		dashboard
->	219.	Michael:	yeah

Working through the above extract, it is apparent that Elaine may be unclear as to the workings of the lock, as it was her brother who advised her to get it having 'read about it in a magazine'. In lines 187 and 188, we see the beginning of the accommodative sequence as Michael overlaps with Elaine, specifying that it is a *steering* lock she is talking about. Michael then subsequently helps Elaine through the description of the lock. In line 198, Michael requests specific detail on the lock in question, so that he may be more tuned into the forthcoming description. On hearing its specification (i.e. *Lock Tite*), and on realising it is one which is like his own (line 205), he takes over the problematic description of the lock. Of particular interest here, are lines 207 and 209, which see Michael using lexical items such as *roundy* and *grab* respectively to facilitate description and hence Elaine's comprehension of what he is talking about. In line 215, Michael's exclamation is by way of agreement with Elaine's description of the inherent problems with such a lock. Finally, Michael's back channelling in lines 200, 202 and 219

constitutes a discourse management strategy which attends to Elaine's conversational needs at that point in the interaction.

A similar accommodative sequence where Michael is attending to his customer's interpretive competence is illustrated in the following extract in the discussion of another car related topic.

Extract 6.19 EMHairDr3

	289.	Olive:	==oh I'm looking forward to it. I really I am because next week now
	290.		ahm the week after next I'm ah on night duty an the I'm off on ahm
	291.		on Monday and ah on Tuesday then we're going to The Phantom.
	292.		I'm REALLY looking forward to it. Michael do you know something
	293.		there's an awful noise coming out of my car
->	294.	Michael:	is there?
	295.	Olive:	yeah==
->	296.	Michael:	==like what? like?
	297.	Olive:	now ah first of all I I thought, it's coming from the back. And I
	298.		thought... it might have been the exhaust so I brought it up to the
	299.		gara- it's like a squeak. it's really then ah==
->	300.	Michael:	==the wheel isn't rubbing off the arch is it? or off the side of the car
->	301.	Olive:	what do you mean?
->	302.	Michael:	wheel wouldn't be loose?

Following a back-channelling question in line 294, Michael encourages Olive to describe the 'awful noise' coming from her car (line 296). Michael offers a possible interpretation (line 300) which is not understood by Olive (*what do you mean?* in line 301). Olive's non-comprehension causes Michael to revise his original formulation, simplifying it both syntactically and lexically to *wheel wouldn't be loose?* in line 302. Michael's interactionally achieved accommodation work prevents a conversational breakdown, thus allowing the conversation to proceed.

The above extracts cast Michael in the role of expert in the car-related topics under discussion. However, as we have seen in the discussion of power relations (Chapter 3), the customer too can become the 'powerful one' at times. The following extract is invoked again to explore accommodation strategies at work, where Olive in the powerful role of nurse (her occupation) is giving advice to Michael about his back ailment.

Extract 6.20 OMHairDr4

	147	Michael:	I was meant to have one or two but ==I cancelled it
	148.	Olive:	==were you?
->	149.	Michael:	'cos my back is sore
->	150.	Olive:	Is it?
	151.	Michael:	( ) = = ( )
->	152.	Olive:	= = how is your back?
	153.	Michael:	it's starting to get now with the weather ==getting cold
->	154.	Olive:	==yeah
	155.	Michael:	and it's starting to get nickety but I mean hopefully now it won't be
	156.		as bad ==as last time
->	157.	Olive:	==are you walking away?
	158.	Michael:	ha?==
->	159.	Olive:	==keep walking. = = walking is the best
	160.	Michael:	= = I don't do any walking actually
	161.	Olive:	Mi- Michael do you walk to work in the morning?

	162.	Michael:	walk as far as the car Olive
->	163.	Olive:	yeah you should really because walking is the best exercise for your
	164.		back if you have a bad back
	165.	Michael:	right
->	166.	Olive:	it's really is==
	167.	Michael:	==I start doin' it in the evenings ( ) = = with Allison
	168.	Olive:	= = yeah you know or even
	169.		walk to work in the morning
->	170.	Michael:	I couldn't sure I don't come not on this by myself I have things to
	171.		bring and stuff==
->	172.	Olive:	==oh right
	173.		[29]
	174.	Olive:	is Allison studying hard?

Following Michael's disclosure that his *back is sore* in line 149, Olive engages in back channelling behaviour in lines 150, 152 and 154 as Michael elaborates on his back ailment. Line 157 sees Olive introducing the notion of 'walking', a topic which is to occupy the next number of turns, as Olive stresses its importance as a form of exercise to relieve backache. Olive's comments in lines 159 and 161 gradually build up to a more explicit statement of its importance in line 163. The importance of 'walking', is further emphasised by Olive in line 166, with the recommendation in lines 168-169 that Michael should *walk to work in the morning*. Finally, Michael brings the 'walking' topic to a close in line 170 by stating that it would not be possible for him to walk to work, an assertion accepted by Olive in line 172.

The above sequence is taken up with Olive giving advice to Michael about coping with his back ailment. Olive's use of discourse-attuning strategies take the form of repetition of lexical forms (e.g., *walking, best exercise*) and various syntactic forms (e.g., statements *walking is the best exercise* and imperatives *keep walking, walk to work in the morning* etc.). The advice-giving sequence is characterised by these repetitive features which attend to Michael's interpretive competence. Olive is ensuring that she gets her message across by stating the proposition (*walking is good for backaches*) in a variety of ways, in the hope that Michael will 'get the message' so to speak.

6.6.2 Discourse management strategies

N. Coupland et al. (1991; 28) have drawn on Halliday's (1978) approach to the contextual variation in language, in suggesting a three-way classification for the consideration of discourse management strategies as follows (see also Figure 2.3, Chapter 2):

- *field*: relates to the building of the ideational/referential content of talk
  (e.g. topic-selection, topic-sharing)
- *tenor:* relates to the management of interpersonal positions, roles and faces
  (e.g. face-maintaining, back-channelling)
- *mode*: relates to the procedural/textual dimensions that structure the interaction.

(e.g. turn-taking, cohesion)

Any account of discourse management strategies must consider the above levels of contextual variation.

Reference in the above extracts to the use of the discourse management strategy of back-channelling, illustrated one way in which a speaker attends to the listener's conversational needs. Back channel behaviours facilitate the interlocutor to tell or elaborate upon their message. There are many other discourse management strategies at work in the data which illustrate the accommodative practice of discourse attuning. A selection of these will be exemplified below, according to the classification as referred to above.

- *Field*

Within the context of the building of ideational/referential content of talk in the realm of topic selection and sharing, it is not hard to see from the extracts discussed in this chapter and previous chapters, how topics chosen by interlocutors are tailored to the interactants' needs. For example, as the discussion of safe topics showed (in section 5.4.1), a certain small talk 'agenda' is worked through whereupon topics such as family, weather, 'being busy' and hobbies all recur with remarkable consistency across interactions. The *how are you?* (HAY?) type sequences discussed in section 5.4.4. are a case in point where enquiries are extended to family also. Of interest here too, is the reference by some of the interlocutors to previous conversations which were family-related. These examples illustrate a topic sharing across time, as in the following extract:

Extract 6.21 OMHairDr 4

->	563.	Olive:	yeah exactly it will. how's her hearing problem now and everything
	564.		like that?
	565.	Michael:	not a bother = = not a bother
	566.	Olive:	= = good
	567.	Michael:	that was just blockage in the ears with the = = grommets that time
	568.	Olive:	= = yeah
	569.	Michael:	but with the grommets in never looked back
	570.	Olive:	I'm delighted. that's great

Olive's request in line 563 *how's her hearing problem now and everything like that?* locates the topic as one previously shared and reinitiated in the present interaction.

Hobbies, as discussed previously, are another popular topic and one which is quite obviously shared and initiated by all participants as the following extracts show:

Extract 6.22 OMHairDr 4

	1.	Michael:	you off this week?
	2.	Olive:	no, no, not at all I was only off ahm yesterday and today
->	3.	Michael:	y'out golfin'?
	4.	Olive:	no I was yesterday it's very wild isn't it?
	5.	Michael:	= = it's crazy

Extract 6.23 AMHairDr2

	52.	Michael:	and Niamh Wednesday's her day off and Linda it's her day off as well
	53.		[5]
->	54.	Amy:	how's the golf?
	55.	Michael:	I'm not playing that much lately just haven't had time with one thing
	56.		or another. played on Sunday which I played very good golf but
	57.		putting was a nightmare [laughs]...couldn't putt to save my life I was
	58.		throwin' away (holes)
	59.	Amy:	that's called a Nick Faldo syndrome

Both of the above examples refer to background or shared knowledge of the interlocutors which facilitates topic initiation and sharing as illustrated.

Finally, another example of topic sharing within a discourse attuning context is exemplified in extract 6.18 above, where the topic of the *steering lock* is being discussed. Michael's comment in this extract (*that's the one like I have*) immediately allows the topic to be truly shared and developed upon by both interlocutors.

- *Tenor*

Taking account of role positions and faces in an interaction allows for an exploration of the tenor of the interaction. Discourse management strategies which warrant discussion in this context include face-maintaining and back-channelling behaviours (the latter already discussed above). Chapter 5 discussed in some detail politeness behaviour as it is manifest in discourse, employing the hairdressing data to illustrate key points. It was found that predominantly positive politeness prevailed in the social talk surrounding the hairdressing task at hand, as interlocutors were concerned with enhancing each other's positive face and employing a number of strategies to do so. Such strategies used conversationally included talk around *safe topics* in section 5.4.1 (see extracts 5.15-5.20), *presupposing shared knowledge* in section 5.4.3 (see extracts 5.23-5.24) and *joking and teasing behaviour* in section 5.4.6 (see extracts 5.32-5.34). Likewise, other than some bald on-record strategies addressed to assistants, negative politeness tended to prevail in task-related talk where the objective was 'to get the job done' (see section 5.3.2 and extracts 5.3 -5.8). In all of the above, significant discourse-attuning work was being achieved as participants were attending to each other's face-maintaining and conversational needs in the interaction.

- *Mode*

Taking account of the contextual feature of *mode* requires consideration of the procedural or textual dimensions which structure the interaction, including, for example, the turn-taking mechanism at work. We have seen from the data, already discussed in Chapter 3, that both participants contribute to turn management behaviour within the interaction. For example, in section 3.3.4. Michael's role in *opening and closing sequences* of talk along with his role in *off-line sequences* were explored. *Turn-uptake*

and topic change following inter-turn pausing was also examined and revealed a shared responsibility across interlocutors in this regard (see sections 3.3.4 & 3.5.3). The customer's role in turn and topic management was also explored and discussed in section 3.5. It was concluded that because of a power sharing of sorts, instances of joking or teasing and sarcasm characterised a jointly managed turn taking mechanism. It is not hard to see, therefore, how such individual and jointly constructed discourse attuning behaviour plays a significant role in attending to the interlocutor's conversational needs and hence to the prevention of conversational breakdown.

6.6.3 Interpersonal control strategies

N. Coupland et al.'s (1991) final process to be considered within a model of CAT is that of attending to role relations through the use of interpersonal control strategies. These strategies may entail the modification of the 'other's role-discretion'. In other words, within the interpersonal relationship within the discourse, attuning practices allow 'the other' freedom to play out interactional roles other than those predetermined by the context. N. Coupland et al. (1991; 28) state:

> When talk is attuned through the distribution of power and control, a psychologically convergent orientation will often mean allowing your partner a reasonable level of role discretion. Authoritarian stances in interaction will be realised by severely limiting your speaking-partners' opportunities to initiate or develop topics, to follow their own agenda and fulfil their specific goals.

N. Coupland et al. give the example of an institutional context where low attuning is in operation, whereupon nurses exercise 'excessive constraint and control' over patients 'denying them certain conversational rights' (N. Coupland et al., 1991; 28, 30).

From the discussion above, it is clear that the hairdressing context is characterised by a high level of discourse attuning behaviours, as significant socio-relational work is going on. The interactions are characterised by a certain freedom in the modification of the other's role-discretion. This 'freedom' can be exemplified in the discourse and operates bi-directionally, that is both participants are permitted to step out of their predetermined roles to take on other roles in the discourse. For example, as discussed in Chapter 3, the shifting nature of power permitted the customer (the 'apparently' disempowered in this context) to become a 'joke teller' (see section 3.5.4.) and an 'advice giver' (see section 3.5.5.), whilst also playing key roles in topic initiation and maintenance (see section 3.5.3). Likewise the 'powerful one' was not only cast in the role of expert where hairdressing issues were of concern (section 3.4.1), but also in relation to other issues (e.g. car related topics, such as mechanical trouble with cars and arranging payment of road tax). Implicit in the above freedom of roles is the facility for participants to initiate and develop topics of interest to them in an effort to fulfil their own socio-relational objectives in the interaction.

6.7 Summary and conclusions

This chapter began with a presentation of a sequence (extract 6.1), which illustrated a conversational breakdown. Analysis of this sequence allowed for a number of relevant issues to be raised in the exploration of breakdown and repair phenomena in conversational interactions. Avoiding conversational breakdown through the identification of potential breakdown points (e.g., overly long pauses and 'abrupt' topic shifts) was discussed. Linguistically marked repair strategies were then outlined, including requests for repetition and clarification, along with other-initiated repairs.

Looking at potential breakdown from a framing point of view allowed for a discussion of conflicting frames in medical and hairdressing contexts. It was shown how a conflict of frames puts greater demands on the participants, putting the smooth running of the conversational interaction at risk.

Finally, an examination of communication accommodation at work revealed discourse attuning strategies being perceived as playing a preventive role in avoiding conversational breakdown. Maintaining an addressee focus saw the use of interpretability strategies, discourse management strategies and interpersonal control strategies, all contributing to effective and (relatively) trouble-free conversations as outlined in previous chapters. It is suggested that a process of symmetric convergence is in operation, whereupon participants in the hairdressing contexts are accommodating to the other's communication needs. The possibility of CAT processes being key players in preventing or avoiding conversational breakdown is therefore highlighted.

Chapters 3 to 6 have introduced and applied a number of approaches to the analysis of the construction of social relations in talk. A compatibility across approaches is evident, particularly in relation to the analysis of socio-relational talk. In other words, a conversational sociability can be seen to emerge in jointly constructed conversational interactions as participants showed (i) an engagement in more equal, socio-relational talk, (ii) an interactional presence in socio-relational frames, and (iii) an orientation to the use of positive politeness strategies in talk, resulting in a reduction of social distance between interlocutors. Thus, from the integration of a number of complementary perspectives to analysis, a conversational sociability can be seen to emerge as a willingness to engage in talk characterised by friendliness and affability. The following chapter (Chapter 7) draws these analytic approaches together to form an analytic framework which will be implemented in the analysis of conversational interactions between people with chronic schizophrenia and healthcare professionals (Chapter 8-11).

CHAPTER 7
METHODOLOGY: THE TASK, THE MATERIALS AND THE TOOLS

7.1 The task, the material and the tools

If, as discussed in Chapter 1, a paradigm shift in the way we think about schizophrenic discourse is desirable, it needs to be systematically brought about and developed from sound methodological approaches to analysis. Schiffrin's (1994) analogy of 'cutting bread', referred to in Chapter 2, is a useful analogy to delineate the task at hand. Schiffrin explains that only by trying out different forms of analyses can we learn anything new about those analytic tools, while at the same time learning something new about the object of study. Therefore, the task, the material and the tools need to be specified at the outset.

As referred to above, attempting to bring about a paradigm shift in the way schizophrenic discourse is perceived is one of the aims of this thesis. Exposing ability, where heretofore disability has been described, is a corollary to this argument. The framework of inquiry for the analysis of conversational interactions with people with chronic schizophrenia stems from a number of apparently distinct but ultimately convergent approaches to discourse analysis, as introduced in the preceding chapters. What I want to uncover is what I have termed a *conversational sociability* emergent in the discourse (i.e. the *task).* Particular analytic approaches (i.e. the *tools*) are put to use to explore the rich intricacies of ordinary social conversation which permeates all interactions at one point or another. Conversations with people with chronic schizophrenia provide the *material* for analysis. Thus, it is intended that, by engaging in a systematic analysis of the data, we can learn more about: (i) the *task* to be accomplished: the exposure of a conversational sociability in schizophrenia; (ii) the *material* to be handled: conversations with people with chronic schizophrenia, and (iii) the *tools* to be used: the various analytic approaches employed.

7.2 The task: What it is, what it is not

As defined in Chapter 2, conversational sociability is closely related to the notions of social talk and phatic communion, known collectively as small talk on Holmes' (2000; 38) continuum of talk. Exposing conversational sociability is the task, constituting the object of study. Though conversational sociability is a process somewhat similar to Schneider's (1988) socio-pragmatic competence, this study is not concerned (as Schneider is) with identifying the forms, structures and topics indicative of such competence. Nor is it concerned with, what a lot of research in this area is preoccupied with, the emerging *identities* in talk. Rather, it is concerned with the gradual mapping in the unfolding talk, of an ability emergent in the discourse and co-constructed by participants. It is an attempt to locate such talk 'in the pragmatic space between and among the transactional and the

relational functions of talk' (Candlin, 2000; xv). The focus is on showing an ability among those with chronic schizophrenia to engage in conversational sociability with an interlocutor in and around task-oriented talk. Hence, the role of the interlocutor is not neglected (as has been the case in many other studies in this area). As for the hairdressing data, ongoing processes at work in the talk requiring exploration include the facility to (i) collaboratively engage in shifting frames of talk (with particular attention paid to socio-relational frames); (ii) conversationally avail of shifting power potentials for the promotion of socio-relational talk, and (iii) encode politeness and operate within politeness constraints, especially those concerned with the solidarity dimension of social interaction (i.e., positive politeness).

7.3 Data collection and the 'material ' under analysis

The material for analysis comprises transcripts of conversations which took place between four people with chronic schizophrenia, myself (a speech and language therapist (SLT)) and two SLT students. The four people with chronic schizophrenia involved in the study (hereafter termed 'the residents') were living in a high-support hostel at the time of data collection. I collected the data for this study within the context of the delivery of a speech and language therapy service to individuals with mental illness, who are resident in a high-support hostel in the local community. Before looking more specifically at the details of the data collection process, it is important to refer to some of the ethical issues which were addressed prior to collection of the data.

7.3.1 Ethical considerations and data collection

As referred to above, the conversations were recorded specifically for the purpose of this study. The then Professor of Psychiatry of my host institution, who was also Clinical Director of Psychiatric Services in the area, gave consent for the data collection to take place. Additionally, the consultants responsible for each resident were contacted and permission to involve each individual in the study was obtained. Having gained consent from the consultants, the Clinical Nurse Manager responsible for the running of the hostel and I set up a meeting with the residents to explain the purpose of the data collection. Each resident was given the opportunity to ask questions and discuss issues of concern. Following the discussion, every resident was invited to sign a letter giving consent for my conversations with them to be audio-recorded. All of the residents gave their consent. A separate meeting with the residents took place to obtain their permission to consult their clinical files for relevant personal information. Again all of the residents gave their written consent. (Sample consent letters are included in Appendix 3.) In addition to the consent obtained from the residents at the outset of the data collection

period, each individual was consulted at the start of every session as to their willingness for the interaction to be recorded.

7.3.2 The material under analysis

The conversational interactions for analysis were drawn from a pool of task-oriented, communication skills assessment sessions. Assessment sessions involved a resident being seen on a one-to-one basis by myself (the therapist/researcher) and two students. After some initial conversation to put the resident at ease, the resident was encouraged to participate in an assessment procedure (e.g., a language test or a communication task).

The recordings of the conversations and subsequent transcriptions were all undertaken by me. Some recordings were also transcribed by a second person to ensure reliability and accuracy of, in particular, pausing phenomena. From the collection of recordings, I selected a number of conversations which I felt (being familiar with the residents for approximately two to three years at the time of recording), were representative of typical conversations which took place between us. Smith and Leinonen (1992; 198) explain that typical performance portrays a person's 'usual', or 'habitual' communicative performance, and that typicality is best judged by those who know the person well. Hence, the Clinical Nurse Manager, to whom the residents were known for approximately ten years, verified the representative nature of my selection. It is important to state that, though the total recordings were collected over a protracted period of time, the conversational interactions analysed involving any one individual occurred within a three-month period. All of the recordings were transcribed within two days of recording.

Fourteen sessions of varying duration, ranging 10 to 45 minutes approximately, were analysed. As will be seen from the transcripts, particular attention was paid to the transcription of talk going on around the task. The recordings resulted in over 4,000 lines of transcript for analysis. For two of the residents, a total of four sessions each were analysed (i.e. Martin and Andrew). Five sessions were analysed involving a third resident (i.e. John) while one longer session, involving the fourth resident (i.e. Yvette) was also included in the analysis. Analysing a number of different transcripts involving the same participant provided the opportunity to consider conversational performance across interactions. However, as the analysis will show, many conversational performances by particular individuals proved similar over time, lending additional credence to the typicality of the interactions, as mentioned above.

Extracts from the transcripts are discussed in the following chapters. Having reviewed each transcript, certain extracts which highlighted socio-relational issues in talk according to the analytic approaches used in the hairdressing data, were chosen for exemplification of key features relevant to the object of study. That is, particular framing

moves, evidence of power being manifest (or shared) in talk, politeness strategies in use and communication accommodation strategies were considered. In general, these excerpts were predominantly drawn from the sequences of talk going on around the task or, at transition points, where, as the analysis will show, a shift from task-orientated talk to social talk (or vice versa) occurs. The transcripts from which the extracts are drawn are included in Appendix 4.

The conversations were transcribed according to the transcription conventions as outlined by Eggins and Slade (1997) (see Appendix 1). All transcripts were coded for ease of reference. For example, the code 'AQSZ11:97' can be detailed as follows: 'A' is the initial of the fictionalised christian name of one of the residents (i.e., Andrew); 'Q' stands for the initial of the (fictionalised) area in which the hostel was located; SZ is shorthand for schizophrenia; '11' indicates the month of recording and '97' indicates the year of recording (i.e., 1997). All lines in the transcripts were numbered for ease of reference. In the extracts cited in the following chapters, *only lines pertaining to the residents' talk* are marked with the symbol: ->. Other lines are indicated and referred to by line numbers in the main body of the text. Additionally in the following discussions, the person with chronic schizophrenia is referred to by his or her name (i.e., John, Andrew, Martin and Yvette) or collectively as 'the residents'. Likewise, the speech and language therapy students and I are also referred to by name (i.e., Irene, Derval and Paula) or collectively as 'the professionals'.

7.4. The setting

7.4.1 The hostel setting

As explained above, the sessions took place in a high-support hostel for people with chronic mental illness. The hostel, affiliated to a main city-based psychiatric hospital, provides 24 hour nursing care for chronically mentally ill people. The individuals concerned were discharged into the community following long periods of hospitalisation (i.e., anything from 6-10 years duration). At any one time there are approximately 8-10 residents living full-time in the hostel. Many of the residents go out to work in sheltered workshops each day, while others engage in group therapy activities run by various members of the multi-disciplinary team (e.g., nursing staff, occupational therapists etc.). All residents are expected to help out with daily living chores and look after their own needs to a certain extent (e.g., shopping, attending outpatient appointments, etc.).

The hostel in question was first opened in 1995[4]. One of the criteria for consideration for placement in the community hostel, is a persistence of symptoms and

[4] As in the UK in the late 1980s and early 1990s, 'Care in the Community' became an alternative for long stay hospitalised patients. Since 1995, a number of other hostels of its type, providing different levels of

subsequent hospitalisation without discharge for 'a year and a day' (Whelan, 2000). Potential candidates are evaluated over a period of time, to assess suitability for discharge from hospital into the care of a high-support hostel. Initial and ongoing assessment of the individual in care is facilitated through the use of the *Medical Research Council (MRC) Needs for Care Assessment* (Brewin et al., 1987). The assessment tool is an instrument which, according to Jackson and Goldberg (1996; 378) 'links an individualised assessment of need for each patient using standardised research instruments to a schedule which prescribes appropriate actions to be followed to meet each need'. The tool has both mental health and physical health-related components. The residents of the hostel are assessed at six-monthly intervals on the MRC Needs for Care Assessment to monitor progress, establish needs and plan therapeutic programmes. The overall aim of the assessment, which reflects the objective of the hostel placement, is to maintain the residents at their optimal mental state and level of functioning.

The majority of residents in the hostel have a diagnosis of chronic schizophrenia. The residents living in the hostel range in age from early twenties to late seventies. Both male and female residents live in the hostel, with the majority being male.

7.4.2 The conversational setting

The sessions took place in one of two adjoining sitting rooms in the hostel. The room used for the assessment sessions is the 'visitors' room'. The second sitting room is for the residents' own use, where they watch television or listen to music.

On entering the visitors' room for an assessment session, the resident was encouraged to sit beside the researcher on low, easy chairs. Any equipment required for the session was put on a coffee table in front of the chairs. The audio-recorder used was a Sony TCM-359V with a separate, unobtrusive, small, disc-shaped microphone. The recorder was usually placed on the floor, with the microphone placed on the arm of the chair between me (or the student) and the resident.

Though the overall aim of the sessions was to complete an assessment with the individual with schizophrenia, this did not take precedence over the concern to ensure the resident was relaxed and comfortable at all times throughout the interaction. One way of putting the resident at ease was to engage in informal conversation at the beginning of the meeting and at opportune moments throughout the interaction. This type of interaction had then the secondary aim of engineering trust and commitment on the part of the resident. It is from these informal interactions that the data for analysis are drawn.

The residents readily co-operated with me and the students. Due to my ongoing involvement with the hostel, I was a very familiar figure to the residents. The residents were also comfortable with the students' presence, as the residents had had time to

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support, have opened in Ireland. Such hostels provide much needed sheltered living accommodation for chronically mentally ill individuals.

become familiar with them prior to the assessment sessions. In all, this comfortable familiarity proved conducive to naturalistic conversational interactions taking place.

7.5 The participants

The four people involved in this study all met with the diagnostic criteria for schizophrenia, as set out in DSM-IV (APA, 1994) (see Chapter 1). The conversations for analysis were selected from a number of interactions with these residents, named for this study as: John, Andrew, Martin and Yvette. (Relevant bibliographic details of the individuals are given in Appendix 5). These four residents all complied with admission criteria for hostel placement. Throughout the period of data collection the mental health of all of the individuals was described as stable. In addition, all were regularly receiving varying levels of anti-psychotic and other medication. Though medication may have an effect on language performance in schizophrenia (see Goren, Tucker & Ginsberg, 1996), exact levels or type of medication were intentionally not determined prior to data collection; it was considered important to avoid making pre-conceived judgements in relation to effects of medication on the conversations to be analysed. The exact psychiatric description of presenting symptomatology of each individual was not determined for the same reason. However, in general terms, both John and Andrew could be described as exhibiting *predominantly* negative presentations of the illness (e.g. poverty of speech, poverty of content of speech and social withdrawal), while Martin and Yvette demonstrate *predominantly* positive presentations (e.g. perseveration of themes/ideas, auditory hallucinations, delusional thinking with however, no evidence of positive formal thought disorder). (See also care-staff's description of individual's communication presentations as outlined in Appendix 5.) Three of the four residents are in their forties, while Andrew is in his fifties. The residents reached various levels of education, with Martin reaching third-level education (university) and the remainder reaching second-level education (secondary school). All of the residents were in gainful employment before becoming ill.

7.5.1 Conversational partners as participants and the role of the participant observer

It is important not to neglect the fact that as conversational partners, the students and I are also deemed to be participants in the study. At the time of data collection for the study, I was accompanied to the sessions by student speech and language therapists who were gaining clinical experience as part of their undergraduate training. The students, though aware of the importance of conversational interactions for rapport building and putting the client at ease prior to and during an assessment session, were unaware of the purpose of the study.

As I was directly involved in all conversations that went to make up the data, my role as a participant observer warrants comment. It has already been mentioned that the residents were familiar with me and this familiarity proved conducive to conversational interactions taking place. Both Kitwood (1988) and Hamilton (1991, 1994) advocate the 'personal research approach' which may complement other more technical approaches to research. Though Kitwood's (1988, 1997) advocation stems from his social-psychological approach to dementia care and research (driven by his concept of 'personhood'), the personal research approach is equally applicable to conversational research in other domains (e.g., Hamilton's study of conversations between herself and *Elsie*, a person with Alzeimher's disease). Hamilton (1994; 32) cites Kitwood's (1988;176) description of the researcher's role in such studies, which has particular significance for the interactions studied in this piece of research:

> The key to a personal approach is that is does not 'stand outside', taking the position of a detached and unaffected observer. At its core it works interpretively and empathetically, going far beyond the measurement of indices or the codification of behaviour. In all of this the researcher takes a personal risk ... It is on the ground of our own experience in relationship that we can gain some inkling of what is happening to another.

Hamilton (1994; 31-32) concludes, that particularly in studies of communicative breakdown, it is 'legitimate if not imperative' for the researcher/ analyst to take on the role of participant-observer is such interactions.

7.6 The tools: Framework for the analysis of conversational interactions with people with chronic schizophrenia

Chapters 3 to 6 explored the application of a number of analytic approaches to discourse, arising from the sociological notions of *frame* (Bateson, 1954, Goffman, 1974) *face* (Goffman, 1955) and *power* (e.g., Fairclough, 1989). These analytic approaches, in addition to the application of the principles of Communication Accommodation Theory (N. Coupland et al., 1988; N. Coupland et al., 1991), were put to work in the analysis of ordinary everyday talk, to test their capability in identifying socio-relational talk. An integration of approaches ultimately exposes socio-relational work operating at a number of levels, thus ultimately contributing to an identification of a process of conversational sociability. Before employing these approaches to analyse the schizophrenia data, it is useful to theoretically ground them in an analytic framework, so that their compatibility may begin to be investigated more rigorously.

The process of conversational sociability was defined in Chapter 2. The process, as the definition implies, demands a consideration of how conversational sociability is manifest in discourse in terms of both *form* and *function*. As such, the methodology must reflect this dual concern being influenced by a number of perspectives.

As referred to above, Goffman's treatises on the *Frame analysis of behaviour* (1974) and *On Facework* (1955) contribute to the multi-theoretical analytical approach used. Practical applications of these concepts through the use of framing in the analysis of discourse (Tannen, 1993) and of the analysis of linguistic politeness, as developed by Brown and Levinson (1978 [1987]) are employed respectively. Framing moves and the identification of socio-relational frames of talk explore how conversational participants align themselves in the negotiation of relational talk. An analysis of framing in discourse is firmly rooted in an interactional sociolinguistics approach to discourse (Tannen, 1993; 4). This approach considers 'the reflexive relationship between context and verbal behaviour' (Verschueren, 1995; 336). First introduced by Gumperz (1982), this perspective 'seeks to develop interpretive sociolinguistic approaches to the analysis of real time processes in face-to-face encounters' (Gumperz, 1982; vii). It is concerned with the co-creation and negotiation of meaning in face-to-face interactions, allowing an analysis of language usage during interpersonal communication contexts. According to Verschueren, (1995; 337), it is an approach which is:

> thoroughly empirical, rigorously centered around observable phenomena, such as...choices of codes or register, certain lexical and syntactic options, formulaic expressions, as well as openings, closings and sequencing strategies.

The analysis of framing in discourse facilitates description of important, observable, socio-relational phenomena, as already illustrated in the hairdressing analysis. Framing is concerned with the identification of the jointly constructed activities of 'what is going on' in the discourse. It can be said that framing, as used in this study, is primarily concerned with *function* (i.e, in this context a socio-relational function), though the mere identification of frames within the discourse renders some information relevant to the *form* which socio-relational talk takes. In the following analysis, attention will be focused upon how the person with schizophrenia enters into the negotiation of frames of talk, with particular interest in those alignments taken up in socio-relational frames.

An analysis of politeness is concerned with the indexing of social relationships through talk (Brown & Levinson, 1987). A focus on how politeness is enacted in talk investigates how participants use politeness strategies to negotiate social relationships between speaker and hearer. Politeness theory, explained in Chapter 5, draws heavily on Austin's (1962) *Speech Act Theory* and Grice's (1975) *Co-operative Principle.* and as such constitutes a pragmatic approach to analysis, as it is concerned with language as used in a social context and particularly concerned with speaker meaning (Yule, 1996). (A pragmatic approach overlaps in many respects with the interactional sociolinguistic perpective as outlined above.) The analysis of politeness strategies in use in the hairdressing data rendered important socio-relational information. Similarly, the analysis

of the schizophrenia data will be specifically concerned with identifying the use of positive politeness strategies, as used conversationally in their role as social accelerators. Though applications of politeness theory are typically utterance (or speech act)-focused (i.e., certain utterances or acts are described as constituting positive or negative politeness strategies), the following analysis strives to approach politeness as a conversational process which performs significant socio-relational work as it permeates the talk at different points. An analysis of politeness, therefore, also addresses both form (i.e., politeness forms as used conversationally) and function (i.e., the socio-relational function it serves).

As discussed in Chapter 3, an exploration of power relations in talk necessitated a dual approach to analysis, incorporating both a conversational analysis methodology (CA) and a pragmatic approach. In the analysis of power relations, CA serves to identify how speaker roles are dictated in talk, that is, how talk itself provides the evidence for who dominates the interaction at any one point (see Fairclough, 1989). It follows therefore, that instances of more equal talk can be identified in the same way, as power recedes at different moments in the conversational interaction. In the hairdressing data analysis, CA was employed to examine how power is manifest in talk. The CA methodology used was *principally* concerned with CA's capacity to describe the 'powerful' structural mechanisms or discourse management strategies in talk. Therefore, as explained at the beginning of Chapter 3, I am utilising the descriptive techniques of CA, while not solely relying on CA's capacity to explain the social roles of participants as dictated in the talk. CA proves a useful tool to map turn-taking and topic management sequences in power relationships; it also provides descriptive techniques for explaining how repair work can be achieved in talk (as illustrated in Chapter 6, and to be discussed again in Chapter 11). However, as CA is only concerned with what is happening in, and what can be explained by, the talk itself, it avoids a consideration of wider contextual factors which might influence talk (e.g., the setting or personal attributes of the participants). Hence, the analysis of power in the hairdressing talk also drew on a pragmatic approach to analysis to account for the influence of the wider context of talk. A pragmatic interpretation facilitates an exploration of how power functions within talk, thus taking account of, rather than ignoring, social context, meaning and communication (Schiffrin, 1994). Hence, it permits explanations which can be interpreted according to the shared or background knowledge of participants and other aspects of the social context and participant roles. Therefore, as for the hairdressing conversations, a dual approach to the analysis of power relations in talk will also be taken in the schizophrenia data, with a CA methodology providing descriptive techniques for identification of structures within 'power' talk (and hence describing the structure of more 'equal' talk in the interests of socio-relational work being done) and a pragmatic approach, providing

explanations from the broader context of the spoken discourse, including, the social relations of the participants and their co-created meaning.

Finally, the principles of Communication Accommodation Theory (N. Coupland et al., 1988; N. Coupland et al., 1991) account for other influences at work in the data, as discussed in the hairdressing analysis (Chapter 6). CAT, with its addressee-focused perspective, puts relational processes to the fore and is particularly helpful in explaining processes in face-to-face interaction, which are concerned with achieving solidarity. Tied into this function is its role in the prevention of conversational breakdown, as was discussed in Chapter 6 and to be further discussed within the context of the schizophrenia data in Chapter 11.

Therefore, the identification of (i) framing moves, (ii) discourse management strategies (as influenced by power relations), and (iii) politeness strategies, coupled with (iv) an analysis of communication accommodation practices as realised conversationally (N. Coupland et al., 1988; N. Coupland et al., 1991), make up the analytic framework to be employed in this study. The approaches, having already proved sensitive enough to reveal socio-relational talk in everyday talk interactions, are applied to the conversations involving people with chronic schizophrenia. Integrating the findings from these perspectives will attempt to expose an ability (i.e., a conversational sociability) heretofore unexposed in conversational interactions with people with chronic schizophrenia.

Approaching the analysis from a number of different perspectives and attempting to implement an array of derived analytic tools may, at a glance seem over enthusiastic. Yet a multi-theoretical approach is not uncommon in the analysis of the type of data under scrutiny in this study. As N. Coupland and Jaworski (1997; 242) state, utilising such a multi-theoretical approach often necessitates:

> ...prioritising the utility and insightfulness of analytic concepts over their parsimony or coherence and therefore in one sense (giving) priority to application over theory. At the same time analyses of particular instances can help us see where and how different theoretical treatments can be compatible with each other and so how better theories, theories with more explanatory power over a wider range of social processes, might be developed in future.

Hence, a multi-theoretical approach to analysis allows for an in-depth and richer interpretation of the data under study, as will be demonstrated.

7.6.1 The analytical tools: A graphic representation as summary

Chapter 2 discussed different facets of talk within the context of phatic communion and closely associated terms (e.g., small talk and social talk) and within the context of a transactional/relational talk dialectic. Ways of examining what goes on in discourse and how social relationship work is enacted in interactional talk, can be described through framing (Tannen, 1993) and through facework (Brown & Levinson, 1987) with the pervasive influence of (potential) power relations affecting the interaction (Fairclough, 1989). Though the approach to analysis is eclectic, it is intended to be put to work in an integrated fashion in an effort to unify or at least display, overlapping phenomena, as they occur across the different levels of analysis. The results of this integrated analysis should begin to expose the process of conversational sociability in the schizophrenia data, the main concern of this thesis.

The apparently diverse selection of approaches can be construed as potentially holistic, if viewed metaphorically as constituting parts of 'an iceberg'. The iceberg analogy (see Figure 7.1) suggests a layering of levels, some being more readily apparent or 'visible' (in the discourse) than others.

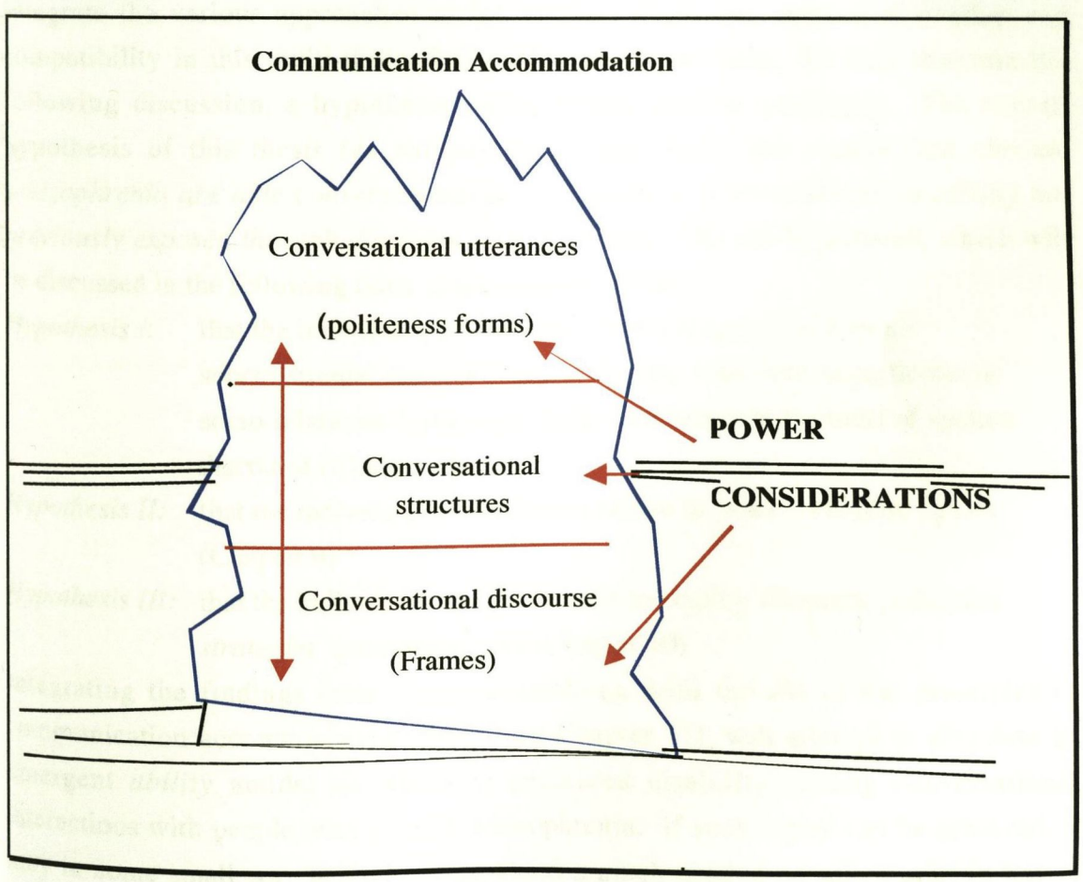


Figure 7.1: The layering of different levels of analysis for the exposure of conversational sociability.

Invoking the image of the iceberg sees framing in discourse positioned at its deepest level. Getting an overall sense of what is going on in the discourse is a necessary starting point, laying the foundation for the other levels of analysis. An analysis of framing in the schizophrenia data, helps explain what is happening in the discourse, while at the same time paying particular attention to the participation of the person with schizophrenia within these frames. What is going on in the discourse can be influenced by the power relations present, as some degree of power is present in many interactions. The negotiation and construction of power in an interaction can impact on conversational structure and role discretion, within and across frames. Power too can affect the level of politeness realised in interactions. Facework, as illustrated by politeness strategies in conversational use, is often the most apparent aspect of the interaction, whilst also being a key consideration within the frames of interaction and power relations. Finally, the influences of communication accommodation (N. Coupland et al., 1988; N. Coupland et al., 1991) and the particular role the interlocutor plays in the conversational interactions requires consideration.

Therefore, the analysis, presented over the next three chapters, will attempt to integrate the various approaches so far outlined, displaying degrees of overlap and compatibility in this multi-theoretical exploration of the data. To help structure the following discussion, a hypothesis testing format shall be employed. The overall hypothesis of this thesis (as outlined in Chapter 1) is, *that people with chronic schizophrenia are able conversationalists, possessing a conversational sociability not previously exposed through discourse analysis means*. The sub-hypotheses, which will be discussed in the following three chapters, are as follows:

Hypothesis I: that the individuals studied, who have a diagnosis of chronic schizophrenia, can participate in *framing* behaviour in particular in socio-relational frames and phatic-like frames at the level of spoken discourse (Chapter 8);

Hypothesis II: that the individuals studied are sensitive to *power relations* in talk (Chapter 9)

Hypothesis III: that the individuals studied are able to employ *linguistic politeness strategies* conversationally (Chapter 10)

Integrating the findings from these perspectives, with the aid of the principles of communication accommodation theory (see Chapter 11), will attempt to elucidate an emergent *ability* amidst an otherwise perceived disability, among conversational interactions with people with chronic schizophrenia. If such a goal can be achieved, it may in some small way begin to bring about a much needed paradigm shift in how a person with chronic schizophrenia is perceived in communication contexts.

CHAPTER 8
CONVERSATIONS WITH PEOPLE WITH CHRONIC SCHIZOPHRENIA I: FRAMING IN DISCOURSE

8.1 Framing and schizophrenic talk: Can the residents participate in socio-relational and phatic-like frames of talk?

The theoretical and analytical power of framing in discourse was illustrated in Chapter 4. Application to hairdressing data revealed a number of frames in operation in the interaction. Exploring what frames are operational in the schizophrenia data reveals interesting similarities to the data already explored within the hairdressing context.

As for the previous data explorations, identifying the main frames at work is useful before going on to examine other aspects of framing. Because of the nature of the schizophrenia interactions (that is, the researcher and student engaging in an assessment session with the person with schizophrenia), it is thought appropriate to call the main frame, an *institutional* frame. The relevance of this term will become more apparent when power relations are considered within this context. However, other significant frames, subsumed within the institutional frame, can again be named as they were for the hairdressing context: a business-of-the-day frame (BDF) and a socio-relational frame (SRF). Additional frames can be shown to be at work in the data and will be defined and explained as they become relevant to the discussion.

Identifying the main frames at work in the data is a relatively easy task, at least initially. The institutional frame is characterised by what is going on in the overall context of interaction. The students and I can be thought of as visiting professionals who have come to meet the residents to carry out assessments of language and communication skills. The residents have become familiar with the routine which takes place each Monday morning. They expect and are often waiting for our arrival. In other words, there are *structures of expectation* (Tannen & Wallat, 1993) underlying the interaction, which all parties bring to the communicative situation and which have a bearing on what unfolds thereafter.

As the institutional frame is defined by the subframes operating within it (i.e. the BDF frame concerned with the 'assessment' and the SRF which operates around and sometimes within the assessment task), the discussion begins with the identification of these most salient frames operating in the interaction. Following an overview of these frames, a closer look at the institutional frame and the other frames operating therein will be undertaken. Throughout the following discussion, particular attention will be paid to the part played by the people with schizophrenia as they orient themselves to the frames in question.

8.1.1 Business-of-the-day frames

As referred to above, initial description of the sub-frames operating within a main frame is a relatively easy task, once the contextualisation cues can be identified. The contextualisation cues which signal a BDF pertaining to the assessment procedure in this context are as follows:

(i) particular opening and closing sequences which mark the beginning and end of the task-related talk;

(ii) task-related lexical and syntactic forms (i.e. restricted lexical items specific to the language test being administered, along with imperatives or interrogatives, for example)

(iii) some formulaic expressions (i.e. those reinforcing the resident's test performance *that's good, well done* etc.), and

(iv) subtle style shifts where the author or student, and indeed the residents, all behave in a more formal manner during testing as reflected in the discourse.

As has been shown from previous discussions of framing, frames are often more easily defined by examining the shifts which mark them. An example of a typical BDF in this context is as follows:

Extract 8.1 JQSZ3: 98

	122.	Irene:	I think even the children will be quite SHOCKED because they love
	123.		Father Ted - children LOVE Father Ted==
	124.	Derval:	==yeah
	125.	Irene:	...I think everybody got a big fright [7] mmm
	126.		[6]
	127.	Derval :	[throat clearing]
	128.	Irene:	RIGHT==
	129.	Derval:	==we do A BIT of ==
	130.	Irene:	==LAST BIT OF WORK John
	131.	Derval:	REMEMBER WE DID - WE DID SOME OF THIS A COUPLE OF
	132.		WEEKS AGO?==
->	133.	John:	==I DO yeah==
	134.	Derval:	==yeah I was asking you to do things with all these OBJECTS ...ah
	135.		it's a heavy table [pulling table in closer to John]
->	136.	John:	[throat clearing]
	137.		[22]
	138.	Derval :	OK RIGHT so the first one is "PUT THE GREEN PENCIL
	139.		BESIDE THE BOOK" [7] well done [4] "PUT THE
	140.		BLUE KEYRING ON THE MATCHBOX"

The shift into this BDF frame is marked by how the participants establish their footings as the frame shifts and talk moves from the 'death of Dermot Morgan' to task-related issues. Pauses in the talk (lines 125, 126 and particularly line 137), coupled with throat clearing on the part of participants (lines 127 and line 136), signal an orientation to a BDF. In addition, the use of discourse markers such as *right* and *OK* (lines 128 and 138) also orient the participants to the frame. Also clear from the above extract is Irene and Derval's increase in volume and emphasis while introducing the task (lines 130-132) and

when delivering the first command of the 'test' (line 138 ff.). Lexical items in use (e.g., *green pencil, book, matchbox, put* etc.) and syntactic forms (e.g. imperatives) further mark the frame as a BDF, differentiating it from other talk going on in the interaction. John's orientation to the frame can be seen clearly in lines 133 where he states that he does remember the task from before, and line 136 where he clears his throat, readying himself to engage in the task.

Other examples show similar contextualisation cues at work, with the resident orienting to the BDF in a number of different ways. In the following examples we see the residents wasting no time in getting down to the task, readily aligning themselves to the BDF frame:

Extract 8.2 JQSZ1:98

	131.	Irene:	big heavy baby Emer says it looks like it's half reared she says it's
	132.		huge [laughs] over ten pound[7] good news I'm sure she'll bring
	133.		him in in time to show you... mm
	134.	Derval:	RIGHT ahm so I'll do a bit o work while we're ==here [laughs]
->	135.	John:	==okay
	136.	Irene:	[laughs]
	137.	Derval:	[laughs]ahm I'm just goin' to give you ahm a word and I want you to
	138.		put it into a sentence for me like if I say something like just say ahm
	139.		'dinner' you could say something ahm like 'I eat my dinner at five o
	140.		clock in the evening' you know? so I'll just give you a word and you
	141.		put it into a sentence for me okay?
->	142.	John:	mm
	143.	Derval:	right so the first one is 'movement'
	144.		[10]
->	145.	John:	the opera was on last night with Handel's first movement

In the above example, we see a shift in talk from the 'birth of a new baby' to the talk around the task of the day. Derval introduces the task in a negatively polite way (line 134), stating that *I'll do a bit of work while we're here* before going on to describe what John is required to do. Discourse markers such as *right* (with an increase in volume in line 134 and line 143) and *okay* (line 141) are in evidence, indicating the frame shift. John aligns himself to the BDF thus acquiescing to the task, as illustrated in lines 135, 142, and in giving his first response in line 145.

Similarly in the following example, it is interesting to note that Irene and Derval spend a number of turns orienting to the frame (lines 94-97) before Andrew establishes footing with Derval to engage in the testing procedure (see line 98). Andrew goes on to respond to the first two test items (lines 101 and 103), once the frame has been firmly established:

Extract 8.3 AQSZ2:98

	92.	Irene:	yeah. yeah. I brought some extra tissues anyhow if you need them
	93.	Andrew:	ah I don't need them I don't think I need them==
	94.	Irene:	==not today no... okay we'll just do a little bit= = with Derval today
	95.	Derval:	= = yeah
	96.	Irene:	maybe and then you can==
	97.	Derval:	==just a little bit ...just you've done these before haven't you?
->	98.	Andrew:	think so yeah.==

	99.	Derval:	==yeah yeah I did one o these before with you ( ) so ahm will you
	100.		tell me WHAT DAY OF THE WEEK IT IS TODAY
->	101.	Andrew:	Monday
	102.	Derval:	yeah and what's the date
->	103.	Andrew:	I think its the twenty-third

Other examples see the residents orienting to the frame simply through the use of back channel devices, as the following examples illustrate:

Extract 8.4 AQSZ11:97

	57.	Irene:	yeah does it bother you when you are speaking
	58.	Andrew:	sometimes yeah
	59.	Irene:	oh right... ok... right
	60.		[4]
	61.	Derval:	ok ? so do you mind if I start off anyway Andrew? on these
	62.		remember last week I started last week doing these with you
	63.		reading a bit em
->	64.	Andrew:	==yeah
	65.	Derval:	==of a story to you and asking questions about it afterwards
->	66.	Andrew:	yeah
	67.	Derval:	ok so start off with this one "Kevin has a girlfriend called Jane.....

Extract 8.5 MQSZ2:98a

	122.	Paula:	so you've any other news?
	123.	Martin:	no other news no
	124.	Paula:	that's it? Would you like to look at ahm a few pi-pictures here?
	125.	Martin:	okay.
	126.	Paula:	they're actually some of them they look a bit like cartoon pictures==
->	127.	Martin:	== mm==
	128.	Paula:	==but ah don't worry about that Derval has them there
	129.	Derval:	( )
	130.	Paula:	seventeen [referring to picture number in the manual]
	131.	Derval:	yeah seventeen
	132.	Paula:	I'm just gonna call out the sentence and you point to the picture
->	133.	Martin:	yeah==
	134.	Paula:	==that describes it okay?
->	135.	Martin:	yeah
	136.	Paula:	THE BOY IS NOT RUNNING
	137.	Martin:	here

As the above examples show, contextualisation cues such as pauses, changes in volume and emphasis, use of discourse markers and task related syntactic and lexical forms, all serve to orient the participants to the frame, marking the frame as a BDF and differentiating it from other talk or frames in operation in the interaction.

All of the above examples illustrate the opening sequences of BDF frames, where the task is introduced and gets under way. Once within a BDF, the testing continues over a number of turns, only to draw to a close with one of a number of evaluative comments (e.g. *well done*, *great* etc.) made by the test administrator(s). Evaluative comments, which can also be scattered through the interaction, constitute formulaic phrases common to many of the BDFs identified, so qualifying as contextualisation cues. For example, along with other typical features discussed above, evaluation comments (i.e. *that's grand*,

well done) figure in the following example (extract 8.6), marking the frame (see lines 40, 41 and 43). Andrew's orientation to the frame is marked by his naming of all the test items as they are positioned on the table in front of him and before the first test command is issued (lines 30, 32, 34 and 36):

Extract 8.6 AQSZ1:98b (R)

	14.	Irene:	==oh Emer bought it for you oh right
	15.	Andrew:	out me own money like
	16.	Irene:	outta your own money yeah that was nice then oh that was your
	17.		present under the tree was it? that was a good one ...okay?
	18.	Derval:	right?
	19.	Irene:	we're goin' to try something a bit different==
	20.	Derval:	==yeah==
	21.	Irene:	==today
	22.	Derval:	( )
	23.	Irene:	( ) bring it closer to you and Derval's goin' to give you some
	24.		instructions to see can you remember them and carry them out okay?
	25.		so you might need to sit forward Andrew
	26.	Andrew:	no I'll be alright
	27.	Irene:	you'll alright okay
	28.	Derval:	okay... so now I'm goin' to ask you to do just a few things with these
	29.		objects here in front of you alright?
->	30.	Andrew:	ah comb a ring [naming objects placed in front of him]
	31.	Derval:	yeah
->	32.	Andrew:	matches ten pence
	33.	Derval:	yeah
->	34.	Andrew:	pencil
	35.	Derval:	yeah that's a book
->	36.	Andrew:	a book
	37.	Derval:	and then just a piece of paper... right? okay so the first one is PUT
	38.		THE PENCIL UNDER THE PAPER
	39.	Andrew:	under the paper?
	40.	Derval:	yeah. [6] (right) that's grand
	41.	Irene:	well done? well done.
	42.	Derval:	next one now PUT THE BOOK ON THE COMB [9] ( )
	43.	Irene:	well done. well done.

It is not hard to see therefore that the residents orient to the BDFs (instigated by Irene or Derval) with ease, employing a number of conversational strategies to do so (e.g., responding to questions asked, use of back channel behaviours, and extralinguistic behaviours). In so doing, the residents shift from other talk to settle into the task (and talk) in hand.

8.1.2 Socio-relational frames

BDF frames, at least initially, can be easily identified and are characteristic of the main institutional frame. Within the institutional frame also, a socio-relational frame (SRF) is in operation. As was mentioned in the previous chapter, an overriding concern of the professionals within the interaction is the promotion of a feeling of trust and commitment on the part of the resident. Facilitating the resident to feel at ease and comfortable in the session, by attempting to engage the resident in casual conversation, is therefore an important part of the interaction. As for identifying the BDFs, demarcating

SRFs is facilitated by examining frame shifts and frames within frames. Of particular interest in the following discussion is how residents establish and maintain footings within these socio-relational frames.

Generally speaking, socio-relational frames are characterised by a diversity of topics, in turn typified by diverse lexical and syntactic choices. The conversational style is less formal with less structuring of turn-taking and topic management processes; some formulaic phrases (e.g. *how are you?* or *anything strange?*) are also common. The following could be considered a typical SRF in operation:

Extract 8.7 JQSZ3:98

1.	Irene :	it's DRIZZLING is it?
2.	John:	drizzling.
3.	Irene:	but it's not too COLD.
4.	John:	cold enough
5.	Derval:	is it?
6.	Irene:	wasn't it VERY cold the weekend?
7.	John:	it was.
8.	Derval:	terrible-absolutely terrible [3] so were you just down at the SHOP?

As the above example shows (as for the hairdressing data), the weather was often a popular topic within such opening socio-relational frames (see *safe topics* discussion in Chapter 5). The sequence begins with a pre-topic check followed by a topic-comment sequence, where all participants engage (to a greater of lesser extent) in such talk.

However, as for the BDFs, socio-relational frames are more clearly demarcated when a shift (e.g. from a BDF to a SRF) occurs, as in the following examples:

Extract 8.8 JQSZ3:98

	185.	Derval:	'put the yellow paper ON the small battery' [12] all done.
	186.	Irene:	...that's great ? [11] are they NEW JEANS you got John?
->	187.	John:	I have them ... a GOOD FEW MONTHS Irene==
	188.	Irene:	==since CHRISTMAS probably is it? ==
->	189.	John:	==since Christmas.
	190.	Irene:	they're nice black ...black denim.==
->	191.	John:	==ah yeah I like them
	192.	Irene:	do you LIKE them do you ?
->	193.	John:	I do yeah .
	194.	Irene:	mm ... nice and comfortable. ==
->	195.	John:	==they ARE comfortable ...I got them in Nutgrove
	196.	Irene:	what's that ?
->	197.	John:	I got them in NUTGROVE. ==
	198.	Irene:	==IN NUTGROVE oh yeah it's quite a GOOD SHOPPING
	199.		CENTRE UP THERE==
->	200.	John:	==it is

The SRF illustrated above follows a BDF, the end of which is marked by pausing (lines 185 and 186), an evaluative comment (line 186) and a move away from imperatives and restricted lexical usage. The participants then, through these 'shifting' processes, re-align themselves for other talk. John aligns himself to the talk by contributing to the topic initiated by Irene. The frame is characterised by John answering questions asked of him (lines 187 and 189 and 193), but also by John making further comments on the topic. For

example, in line 191, John makes a (latched) comment, stating that he likes his jeans, while in line 195, he agrees with Irene's suggestion that they 'are comfortable' explaining that he got them in a local shopping centre. The sequence rounds off with a response to a request for clarification in line 197 and an agreement that the local shopping centre is a good one (line 200). John's orientation to the above SRF is clearly marked by his active participation in the conversation, as evidenced by his additional comments and overall co-operativeness in the talk, as illustrated above.

The following is another example of a SRF identified by its 'shifting' features and resident's participation:

Extract 8.9 JQSZ1:98

	200.	Irene:	many's left? [addressing Derval in relation to test items]
	201.	Derval:	that's it now
	202.	Irene:	oh that's it. John speakin' of cars you didn't see the ahm article in the
	203.		paper about the new Beetle?
->	204.	John:	no ?
	205.	Irene:	the new Volkswagen Beetle?
->	206.	John:	from Germany?
	207.	Irene:	no ah -from Mexico
->	208.	John:	oh
	209.	Irene:	you know they're still makin' them in Mexico
->	210.	John:	oh yeah==
	211.	Irene:	==yeah well the new concept Beetle will be out later this year and
	214.		ah they had a picture of it and it's - it's not as nice as the original
	213.		Beetles but it has the bubble shape you seen it?
	214.	Paula:	yeah I've seen it I didn't like it
	215.	Irene:	I-I-no it's a bit space agey
->	216.	John:	yeah
	217.	Irene:	you know but the engine's in the front
->	218.	John:	[laughs]
	219.	Irene:	which is a big disappointment like and it's not air cooled any more so
	220.		you won't get that nice sound and ah it's supposed to be very simple
	221.		inside alright you know they tried to keep it as simple as possible but
	222.		it'll go up to ahm fifteen thousand pounds
	223.	Derval:	God!
	224.	Irene:	starts about eight==
	225.	John:	==( )==
	226.	Irene:	==nine or ten goes up to fifteen I must see if I still have it at home if
	227.		still have it the article at home = = I'll bring it in to you
->	228.	John:	= = oh great yeah thanks

In the above extract, the shift from the BDF to the SRF takes place at the opening lines of the sequence lines 200 and 201. Again, it is Irene who initiates the topic, in this case about cars, a topic she knows is of interest to John (i.e., directly invoking shared knowledge). John's response in line 204 (*No?* with a rising intonation) confirms his interest in the topic, which is further taken up by him in line 206. Given this establishment of shared interest, the topic unfolds with John predominantly using back channel responses (lines 208, 210 and 216) as Irene talks. These back-channel responses serve to signal John's orientation to the frame of talk. John's laughter (line 218) also serves this function and is of interest as it depends for interpretation on shared background knowledge between the interlocutors (i.e., that it is indeed unusual for a

Volkswagen Beetle to have its engine in the front of the car). Finally, this sequence draws to a close with John's acceptance of an offer from Irene to bring him a newspaper clipping pertaining to the topic just discussed. John's orientation to a SRF in this case is again clearly demarcated by his presence in the talk, marked by his relevant comments, use of back-channel devices and appropriate laughter.

A frame shift, marked predominantly by the use of discourse markers and evaluative comments, can be seen in the following example. In this sequence, Irene initiates a topic (which is related to the task just completed) about Martin's artistic ability. Martin orients himself to the frame by answering the question asked (line 154) and contributing further to the topic by repairing a potential breakdown in lines 156 and 158:

Extract 8.10 MQSZ 11:97

	150.	Irene:	yeah
	151.	Derval:	okay
	152.	Irene:	that it? well done. were you good at art Martin when you were in
	153.		school
->	154.	Martin:	no
	155.	Irene:	wasn't your strength==
->	156.	Martin:	didn't do art
	157.	Irene:	didn't do art
->	158.	Martin:	French and History

8.1.3 Frames within frames

Frames within frames further illustrate the dynamic shifting of frames within the interactions and the residents' facility in coping with such shifts. In the following extract, the BDF could be said to be shifting to a SRF in lines 166-168 (though whether it may be considered a strict SRF is open to question in this context, though relational goals are foregrounded). Both participants engage in what could be considered a side sequence, before the business-of-the-day resumes in lines 169 and 170:

Extract 8.11 JQSZ3:98

	160.	Derval:	that's THOSE ONES.
	161.		[3]
	162.	Irene:	EASY enough aren't they ?
->	163.	John :	quite easy.
	164.	Irene :	...you're CONCENTRATING well ...mm?
->	165.	John:	ehm pretty well
	166.	Irene:	you look a bit tired to day are you. did you ? SLEEP WELL last
	167.		night ?
->	168.	John:	not too bad.
	169.		[17]
	170.	Derval:	now we've got A BIG BATTERY AND A SMALL BATTERY .....

John's orientation to this frame (within a frame) is signalled by his agreement with Irene's suggestions (lines 163), that the test items are 'quite easy' and that he is 'concentrating well' (line 165). In addition, John's mitigated negative response (*not too bad* in line 168) further signals his orientation to a SRF. (Such responses, which serve to mitigate negativity, are further discussed in section 8.3.2.) The (momentary) SRF then comes to a

close with Derval's reinitiation of the test commands, preceded by the discourse marker *now* (line 170).

A similar occurrence is evident in the following example, which is taken from the same interaction as above:

Extract 8.12 JQSZ3:98

	230.	Derval:	PUT THE BIG BLUE SPONGE BESIDE THE SMALL YELLOW
	231.		TOOTHBRUSH [16] brilliant.
	232.	Irene:	WELL DONE JOHN you' re doing REALLY well. [4] you'll
	233.		need a cigarette after this WON'T YOU?
->	234.	John:	==I WILL yeah [smiles]
	235.	Derval:	==[laughs] PUT THE SMALL BLUE TOOTHBRUSH....

A side sequence also signals a shifting of alignment to a SRF in lines 232-233, an alignment which all participants take up momentarily (i.e., indicated by John smiling and responding in line 234 and Derval laughing in line 235) before the BDF resumes. These side sequences constituting frame shifts are similar to the 'sandwiching' of frames as discussed in the hairdressing data (Chapter 4). In addition, the consideration of power is an obvious one in the above examples, an issue which will be returned to in Chapter 9.

Further examples of frames within frames, and the residents' facility in coping with such shifts, are illustrated by the following examples taken from conversations with Andrew. In the following extract, it is Andrew who instigates a socio-relational frame within a BDF, as he enquires about one of the test objects:

Extract 8.13 AQSZ1:98b

	40.	Derval:	yeah. [6] (right) that's grand
	41.	Irene:	well done? well done.
	42.	Derval:	next one now PUT THE BOOK ON THE COMB [9] ( )
	43.	Irene:	well done. Well done.
->	44.	Andrew:	that's a nice comb isn't it?
	45.	Derval:	= = yeah it is
	46.	Irene:	= = isn't it? mhmm
	47.	Andrew:	who bought that?
	48.	Irene:	ha?==
->	49.	Andrew:	==who bought it?
	50.	Irene:	I bought that yeah
	51.	Derval:	right? PUT THE MATCH BOX ON THE COMB
	52.	Andrew:	wha?
	53.	Derval:	ON THE COMB==
	54.	Andrew:	==oh yeah
	55.	Irene:	well done.
	56.	Derval:	next one ... PUT THE KEYRING IN THE BOOK

Again, a side sequence occurs in lines 44 to 50 as Andrew sorts out the details pertaining to one of the test objects. Potential for movement out of a BDF is signalled by Irene's evaluative comments in line 43. Both Irene and Derval align themselves readily to the SRF instigated by Andrew, signalled by their responses to his comment in line 44 and to his question in line 49. Once the details have been sorted out all participants, including Andrew, re-orient themselves to a BDF (in lines 51ff).

Another interesting example also comes from a conversation with Andrew. In the following extract, Derval is assessing Andrew's comprehension of idioms. The BDF is seen to shift into a SRF in line 193, where a pause prompts Irene to initiate a topic related to the test item:

Extract 8.14 AQSZ2:98

	186.	Derval:	==yeah TURN OVER A NEW LEAF what d'you think that means?
	187.	Andrew:	givin' up something
	188.	Derval:	yeah? yeah give up something
	189.	Andrew:	cigarettes or sweets or==
	190.	Derval:	==well done==
	191.	Andrew:	==chocolates==
	192.	Derval:	==yeah? that'd be turning over a new leaf.
	193.		[4]
	194.	Irene:	yeah an tomorrow is tomorrow Lent? or Wednesday's Lent is it?
	195.	Derval:	Wednesday is Lent. yeah==
	196.	Irene:	==Wednesday is Lent?==
	197.	Derval:	==tomorrow is pancake Tuesday
	198.	Irene:	oh ?
->	199.	Andrew:	oh tomorrow is pancake Tuesday yeah.==
	200.	Derval:	==yeah==
->	201.	Andrew:	==we get our pancakes tomorrow
	202.	Derval:	yeah
	203.	Irene:	==we will==
	204.	Derval:	==d'you like them?
->	205.	Andrew:	huh?==
	206.	Derval:	==d'you like pancakes?
->	207.	Andrew:	yeah
	208.	Irene:	an' how how do you like them Andy? how d'you like to eat them?
	209.		with what?
->	210.	Andrew:	probably a bit o' butter or something
	211.	Irene:	bit o' butter?
	212.	Derval:	d'you like ahm lemon on them? or sugar
	213.	Andrew:	ah yeah.

As is illustrated in the above extract, Andrew establishes footing with both Derval and Irene in the SRF, in line 199, as he echoes Derval's comment about the following day being *Pancake Tuesday* and further elaborating on the pancake topic in line 201. The topic then drifts to the 'eating of pancakes' and 'how people like to eat them'. Andrew responds to Derval's questions on the topic in lines 205 and 207, finally adding information in line 210 as to how he likes to eat them (*probably a bit o' butter or something*). Again, Andrew shows his presence in the talk by orienting to the frame in the ways outlined above. It is also interesting to note that this sequence of talk continues with drifts to other topics, until line 230 in the transcript where the BDF is re-instigated by Derval and responded to (though with a negative response) by Andrew as follows:

Extract 8.15 AQSZ2:98

	230.	Derval:	have a go at another couple o' these ahm SEE EYE TO EYE what
	231.		does that mean?
->	232.	Andrew:	don't know

Martin also copes with the shifting nature of frames within frames, as the following short extract illustrates:

Extract 8.16 MQSZ1:98

	320.	Paula:	'faster'
->	321.	Martin:	'faster' ( ) I'm faster 'an a two year old [laughs]
	322.	Paula:	should hope so
->	323.	Martin:	boy of two can't run I've nephew three he can't run either ...hmm
	324.		Mawkin he calls me [laughs]
	325.	Paula:	'quickly'
	326.	Martin:	ahm ('quickly') ... I sit down at the table [kw] quickly

This interaction occurs while Paula is engaged in testing, when she is asking Martin to put words into sentences. Martin responds to the test item in line 321, ending his response with laughter. It is his laughing that triggers a SRF which is taken up by Paula in her comment (*should hope so* in line 322). This alignment prompts Martin to talk about his nephew, maintaining the alignment to the SRF. However, line 325 sees a return to a BDF, as Paula issues the next word from the test, to which Martin responds. As in extract 8.13 above, it is Martin who instigates the SRF to which Paula responds, if somewhat momentarily.

A final example of a frame within a frame and a resident's facility in responding to such shifting alignments, is illustrated by the following extract from a conversation with Yvette:

Extract 8.17 YQSZ6:96

	460.	Irene:	but you're still speaking very fast
->	461.	Yvette:	AM I !
	462.	Irene:	NOT NOW [laughs]
->	463.	Yvette:	[laughs loudly]
	464.	Irene:	but you were earlier but now you've slowed down a good bit
->	465.	Yvette:	==have I
	466.	Irene:	==because you know you're in this situation which is good ... you see
	467.		you've got such good insight Yvette that you should be able to
	468.		monitor your speech a lot better

This interaction is characterised by a BDF which centres around a conversation with Yvette about the rate of her speech (not a 'testing session' *per se,* as in the other examples cited so far). Irene's comment about Yvette's fast rate (in line 460) causes Yvette to loudly exclaim (in line 461) *am I?* to which Irene responds equally emphatically and loudly with *not now,* followed by laughter. It is at this juncture that we can identify a frame shift from a BDF to a SRF. Yvette's laughter in line 463 signals her alignment to the SRF, as instigated by Irene in the previous turn. However, the SRF is short lived and a return to a BDF is signalled in line 464 by the discourse marker *but* and by Yvette's response in line 465.

8.2 Socio-relational frames and socio-relational talk

Having identified socio-relational frames and the residents' facility in attending to and coping with frame shifts and frames within frames, a closer look at other sequences of talk illustrate the residents' active alignments and ongoing participation in such frames.

Active alignments illustrate the residents' *presence* in talk as referred to above, a presence which is a significant feature of successful conversational interactions. Taking a closer look at socio-relational frames, illustrated in longer extracts of talk, facilitates further examination of the residents' ongoing alignment to, and participation in, the frame.

8.2.1 Socio-relational frames of talk: A conversation with *John*

Analysing a longer sequence of talk provides an opportunity to explore how participants *maintain* alignments (or footings) in talk, particularly within the socio-relational frames under study. The following extract from a conversation with John, illustrates a number of features which show how he is 'alive to' the ongoing talk within the frame. Prior to the sequence cited, talk about a charity concert for Princess Diana had begun, and of the musicians involved. Lines referring to John's participation are highlighted and discussed below under a number of headings.

Extract 8.18 JQSZ3:98

	68.	Irene:	==I don't like - I DON'T LIKE Cliff Richard actually...he's too
	69.		squeaky clean ...isn't he ? though he was a very GOOD musician in
	70.		his day ==wasn't he
->	71.	John:	==yeah that's right he was
	72.	Irene:	he WAS indeed
	73.	Derval:	he used to be (real cool)
	74.		[5]
	75.	Irene:	now if it was James Taylor or Cat Stevens I would pay ...would you?
->	76.	John :	mmm
	77.	Irene :	I'd pay FIFTY pounds to go see the two of them
	78.		[7]
	79.	Derval :	( ) a Muslim isn't it?
->	80.	John:	...I think he was a MONK for a while - I'm not too sure
	81.	Irene :	and Leonard Cohen has become a monk as well==
	82.	Derval:	==oh
	83.	Irene :	I'd pay a hundred pound ==to see him
	84.	John:	==( ) ==
	85.	Derval:	== I'd pay it too
	86.	Irene:	would you? [3] do you like Leonard Cohen John?
->	87.	John:	I do yeah
	88.	Irene:	yeah ...wonderful ...but he's become a monk in em- AMSTERDAM
	89.		...mm a recluse[5] and did you hear about DERMOT
	90.		MORGAN?
->	91.	John:	it was very SAD .very SUDDEN?
	92.	Irene:	gosh! yeah VERY sad .very sudden. ==
	93.	Derval:	==did you used to watch FATHER TED?
->	94.	John:	I used to - well I used to ...bits of it ==
	95.	Derval:	==yeah==
->	96.	John:	==it was very good.
	97.	Derval:	( )[7]did you ever hear him doing any of his em comedy acts on
	98.		RTE ?
	99.		[7]
->	100.	John:	just Father Ted that's all. ==
	101.	Derval:	== yeah
	102.	Irene:	did you see they have to consult with the family about whether they
	103.		are going to let the next SERIES BE SHOWN because it was to start
	104.		next Friday ?
->	105.	John:	oh right? yeah
	106.	Irene:	yeah I'm sure the family will let it ==go on

-> 107. John: ==mm
108. Irene: it's his LAST series -of Father Ted [3] terribly sudden
109. [7]
-> 110. John: are the ARRANGEMENTS here ?
111. Irene: they said on the radio this morning that eh the arrangements would
112. be known later in the week so they're doing a post mortem today
113. actually ..so I'd say it'll be later in the week I would- I don't know
114. whether he'll be buried HERE OR LONDON...what do you think ?
-> 115. John: probably here
116. Irene: probably here. where's he FROM ? do you know where he's FROM
117. John? I don't. [5] is he a DUBLINER ?==
-> 118. Irene: ==I think he's a Dubliner
119. Derval: ==yeah
120. Irene: is he?.. .that'll be a big funeral won't it ?
-> 121. John: it sure will

- *Back-channel devices*

John's presence in talk is illustrated by a number of features in the above extract, including the use of back channel devices. Back-channel devices signal an interest in the ongoing talk by responding to the speaker, without adding any further information to the proposition expressed. John's use of these devices can be seen in lines 71, 105 and 107. In line 71 and line 107, it is interesting to note that John's back channelling overlaps with the previous turn (in the case of line 71 overlapping with a tag question), a common phenomenon and one which does not (usually) result in conversational breakdown or one speaker having to yield the floor.

- *Adjacency pairs: Question-answer sequences*

Another feature of the talk is the number of question-answer sequences in the above extract. As was mentioned previously, and as will be seen when the discussion moves to power relations in talk, one of the goals of interaction on the part of Irene and Derval is to encourage the resident to engage in a 'state of talk'. This goal is more explicitly obvious in some extracts rather than others. In the extract under discussion, question answer sequences can be seen in lines 75-76, 86-87, 93-94, 97-100 and 117-118. John's responses to those topically-related questions further signify his participation in and orientation to the talk.

- *Topic-maintenance*

Topic-comment sequences serve to maintain the topic and a number of such sequences are evident in the above extract. In line 88, Irene's enquiry as to whether John heard about Dermot Morgan's death is responded to by John with the comment *it was very sad very sudden* in line 91, a sentiment repeated by Irene in line 92. Overlapping with Derval's back channel response in line 95, John elaborates on his previous comment about watching Father Ted (*it was very good* in line 96). A third example, in line 121, sees John agreeing with Irene's proposition that the funeral will be 'big'. John also plays

an instrumental role in maintaining the topic, as illustrated particularly in lines 80 and 110. Line 80 sees John using a repair strategy, as he responds to Derval's tag question (*a Muslim, isn't it?*) with a hedged clarification (*I think he was a monk for a while-I'm not sure*). Of greater interest is John's question in line 110 which follows a relatively long pause within the conversation. Here we see John attempting to keep the topic going by asking a relevant question which is responded to by Irene, thus successfully keeping the topic going over a further number of turns.

It is clear, therefore, that although Irene and Derval's goal is to keep the talk going, evidenced in part by the use of tags and the question-answer sequences above, John is well able to participate in and contribute to the ongoing conversation. John's alignments to the socio-relational frame of talk see him using a number of strategies including, back channel devices, topic maintenance techniques and responding to adjacency pairs. In using such strategies, John indicates he is 'alive to' the ongoing talk, co-operating successfully in the conversational interaction.

8.2.2 Socio-relational frames of talk: A conversation with *Andrew*

In the following extract, Andrew too shows how he is able to maintain a presence in talk by employing a number of discourse strategies, maintaining his alignment to the socio-relational frame in operation. The sequence begins following Andrew's earlier reference to *Elvis Presley*. The opening line (line 126) in this sequence therefore, is one which is related to this topic, as the tapes referred to are Elvis recordings. The conversation unfolds as follows:

Extract 8.19 AQSZ11:97

->	126.	Andrew:	I still have them two tapes
	127.	Irene:	have you
->	128.	Andrew:	yeah==
	129.	Irene:	==the red one isn't it the red album?
->	130.	Andrew:	yeah
	131.	Irene:	you were telling me about that
->	132.	Andrew:	one of the one of the case broke one of the glasses broke on it
	133.	Irene:	one of the glasses? one of the oh the?
->	134.	Andrew:	you know at the back==
	135.	Irene:	==the case
->	136.	Andrew:	==the case
	137.	Irene:	==was it broke on it
->	138.	Andrew:	so I've just left it there you know. no one asks to play it now they
	139.		used to go mad to play Elvis you know
	140.	Irene:	==yeah
->	141.	Andrew:	==on a Saturday morning
	142.	Irene:	Saturday morning ==was the Elvis morning
->	143.	Andrew:	==Sunday morning you know
	144.	Irene:	yeah .
->	145.	Andrew:	that's the only good day? you could play it
	146.	Irene:	that's the only day and do you do you eh you love Elvis don't you?
->	147.	Andrew:	yeah
	148.	Irene:	do you know all the songs?
->	149.	Andrew:	yeah
	150.	Irene:	and could you date them? would you be able to say about what date

	151.		they were released?
->	152.	Andrew:	ah about some of them going back eight year
	153.	Irene:	EIGHT years
->	154.	Andrew:	that Elvis one going back about eight year
	155.	Irene:	yeah... yeah but the song themselves?
->	156.	Andrew:	*The Wonder of You* going back about ten year
	157.	Irene:	yeah that's lovely isn't it *The Wonder of You* that's a lovely song
	158.		are you able to sing Andrew?
->	159.	Andrew:	I don't know.
	160.	Irene:	huh did you ever try?
->	161.	Andrew:	I did a bit of singing
	162.	Irene:	did you?
->	163.	Andrew:	I used to do
	164.	Irene:	yeah I can't sing I'd love to be able to sing

- *Adjacency pairs: Question-answer sequences*

As for the Extract 8.18 above, this sequence has a number of question-answer adjacency pairs as a feature of the interaction. Lines 129-130, 148-149, 150-152, 155-156, 157-159 and lines 160-161 all structure the interaction, with Andrew responding to all questions asked of him, thus serving to maintain the flow of the topic and the conversation. In addition, a number of back-channel-like questions maintain the talk as Andrew responds to same (see lines 127-128 and 162-163).

- *Topic maintenance*

Because Andrew has a keen interest in *Elvis* and his music, he is interested in maintaining the topic. In line 132, following a comment by Irene pertaining to the *red album,* Andrew elaborates on the state of his tapes. Andrew's rather unclear formulation in line 132 prompts Irene to request clarification, to which Andrew responds (line 134), leading to overlapping turns (lines 136 and 137). Because of the overlap, Andrew may not have heard Irene's additional enquiry (line 137). Andrew proceeds with the topic in line 138 and ends his turn with the discourse marker *you know,* thereby addressing and involving the listener in the talk. Lines 141, 143 and 145 see Andrew further elaborating on the topic of being able to play his tapes in the hostel at the weekend. Line 143 sees Andrew's turn functioning both as a self- and an other-initiated repair, as he realises that 'Sunday' (not 'Saturday' as was mentioned in the previous two turns) is the day in question. The topic then drifts to being able to 'date the Elvis recordings' (lines 150 ff.) and 'being able to sing' (lines 157 ff.), both topics initiated by Irene but responded to by Andrew accordingly.

As for John in extract 8.18, Andrew too aligns himself to the socio-relational frame of talk. In answering questions asked of him, elaborating on the topic, moving with the topic drift and using repair strategies when necessary, Andrew is seen to actively contribute and participate in the conversation as it collaboratively unfolds.

8.2.3 Socio-relational frames of talk: A conversation with *Martin*

Finally, the following extract is taken from a conversation with Martin on the topic of *rugby*, a particular interest of his. Though initiated by Paula, it is not hard to see how Martin too is active in maintaining the topic (and thus his alignment to the frame) within the conversation:

Extract 8.20 MQSZ2:98a

	10.	Paula:	d'you go to the rugby?
->	11.	Martin:	I did watched ehm Peter's house
	12.	Paula:	( )
	13.	Martin:	my brother's house
	14.	Paula:	oh your brother's house. did you watch it in your brother's house?==
	15.	Martin:	==yes mm
	16.	Paula:	what d'you think?
->	17.	Martin:	it was it wasn't a good match
	18.	Paula:	I didn't watch it myself==
->	19.	Martin:	==they shoulda won by more
	20.	Paula:	what did they win by?
->	21.	Martin:	seventeen sixteen
	22.	Paula:	oh just by the one point
->	23.	Martin:	yeah they they missed three penalties Scotland did
	24.	Paula:	oh I see....did you like did you enjoy it?
->	25.	Martin:	did yeah
	26.	Paula:	yeah see all the men in their kilts
	27.	Irene:	[laughs]
	28.	Paula:	and their long socks
->	29.	Martin:	I was with my nephew there he was jumping up and down
	30.	Paula:	what age is your nephew?
->	31.	Martin:	three
	32.	Paula:	is he a rugby fan = = as well?
->	33.	Martin:	= = only little kid only little kid
	34.	Paula:	growin' up
	35.	Martin:	[sniffs]
	36.	Paula:	in his father's and his uncle's = = footsteps

- *Adjacency pairs: Question-answer sequences*

As for the other extracts cited, the above sequence is also characterised by a number of question-answer sequences (lines 10-11, lines 16-17, lines 20-21 lines 24-25, lines 30-31 and lines 32-33). Martin, like John and Andrew, responds to all questions asked of him, elaborating on some and thus maintaining the topic appropriately

- *Topic maintenance*

In the opening lines of the sequence, Martin having said he had watched the match in 'Peter's house,' goes on to explain to Paula who Peter is (i.e., his brother - see line 13). Establishing shared knowledge before the talk proceeds is conducive to a trouble-free conversation. Martin's clarification in line 13 may have been in response to a clarification request by Paula in line 12 (but it is hard to say, as Paula's utterance was untranscribable). In addition to Martin's elaboration of the topic through responses within the adjacency pairs mentioned above, he also elaborates following Paula's comments in line 19 (*they shoulda won by more*) and line 23 (*yeah they missed three penalties*

Scotland did). Line 29 sees a further elaboration of the topic, as it drifts to Martin's nephew's reaction to the match, culminating in the comment that he is *only little kid* (line 33).

8.2.4 Socio-relational frames: A summary

It can be concluded from the above discussion that the residents establish and re-establish footings according to the frames operating in the talk. Their facility in shifting alignments in talk sees them both successfully responding to and instigating frame shifts. The residents' facility in this regard results in co-operative interactions which allow the business-of-the day to proceed, helped in no small way by the significant socio-relational work being done simultaneously. Taking a closer look at alignments in socio-relational frames, reveals a number of strategies employed by the residents, marking their interactional presence in the collaboratively built ongoing talk.

8.3 The institutional frame: A closer look

Business-of-the-day frames and socio-relational frames have been identified as operating within the institutional frame, but this is by no means the full story. A closer look at what is going on in the main institutional frame reveals a number of other frames at work in the interactions.

As discussed previously, both BDFs and SRFs can also be viewed in the light of the goals of the discourse inherent in the interaction. As was shown, the BDF is characterised by talk around 'administering an assessment', while the SRF is concerned with talk which 'put all at ease in the interaction'. Straddling these frames are other frames in operation which also define the larger institutional frame. What may be termed a 'troubles telling' frame (TTF) is evident in the data, in addition to phatic-like frames (PLFs) of talk. A 'troubles telling' frame (TTF), where the resident engages in talk about health and other issues of concern to him/her, casts the researcher/therapist and students into the role of 'counsellor,' so to speak. In so doing, the frame's contextualisation cues bring into focus the consequent asymmetric power relations present in the interaction (discussed further in Chapter 9). Phatic-like frames of talk (PLFs), where talk is for talk's sake (yet is simultaneously doing important relational work), are also evident in the data. Both types of frames require consideration here, as they permeate and further define other frames already described. They are also relevant to an exposure of the process of conversational sociability. Residents' participation in phatic-like frames will be considered, before exploring how such frames emerge from within the residents' troubles telling talk.

8.3.1 Phatic-like frames of talk: Talk for talk's sake?

As referred to earlier, environmental topics often 'kick-start' an interaction. Environmental topics are topics which are prompted by, and refer to something within, the immediate shared environment of (and apparent to) all the interlocutors. Environmental topics were shown to occur in the hairdressing data and are likely to occur in many other contexts and interactions (e.g., prompting such comments as *nice weather isn't it ? Lovely garden you have there!* etc.). Why they are of particular significance to the present context under study, stems from the fact that because the residents have relatively limited daily experiences, the 'topic pool' is restricted, so to speak, which in turn curtails what can be talked about. It must be remembered that in the hostel setting, aside from topics pertaining to the daily routine, television programmes, the residents' general well-being and visits to home/ hospital or day centres, opportunities for talk on other topics is limited. Hence, talk is necessarily 'localised', a consideration which must be kept in mind when considering talk in this context. For example, the following opening sequences illustrate environmental topics clearly, as the subjects of a John's recent 'haircut', Andrew's 'teeth', the 'weather' and 'new sweaters' open the interactions:

Extract 8.21 JQSZ 2:98

1.	Irene :	you look very well. where did you get it cut down in em
2.	John:	( )
3.	Irene	in eh Terenure?
4.	John:	yeah

Extract 8.22 AQSZ11:97

1.	Andrew:	the tops got done you know?
2.	Derval:	right
3.	Irene:	oh the tops of them done ?
4.	Andrew:	( ) bits and pieces
5.	Irene:	ah you've bits and pieces of teeth have you (tut)you've got a job done
6.		...I'm turning that on Andy is that ok? [referring to recorder]
7.	Andrew:	yeah.

Extract 8.23 JQSZ3:98

1.	Irene :	it's DRIZZLING is it?
2.	John:	drizzling.
3.	Irene:	but it's not too COLD.
4.	John:	cold enough
5.	Derval:	is it?
6.	Irene:	wasn't it VERY cold the weekend?
7.	John:	it was.

Extract 8.24 JQSZ2:98b

1.	Irene:	is that a new sweater you have ?
2.	John:	( ) for Christmas
3.	Irene:	it's lovely. I think it's that chenille stuff is it?
4.	John:	think so
5.	Irene:	mm soft

Extract 8.25 AQSZ1:98b

1.	Irene:	he's not on today though is he? [referring to a nurse]
2.	Andrew:	no
3.	Irene:	Nora Nora's on (today)... is that a new jumper for Christmas?
4.	Andrew:	yeah
5.	Irene:	it's lovely==
6.	Derval:	==it's really nice
7.	Irene:	looks really cosy and warm. so have you played your *Casablanca*
8.		then?

Environmental topics such as those illustrated above, though initiated by Irene (with the exception of extract 8.22), orient the participants to a state of talk. It can be seen also that the residents readily take up the alignment to this talk and so the conversational interaction begins.

As the conversational interaction progresses a number of the residents are encouraged to further engage in talk and so 'conversational prompters' are issued by the professionals where appropriate. These prompters take the form of formulaic phrases such as: *any news?* or *anything strange?* (also common in the hairdressing data). In addition, contextually relevant questions like *how was your weekend?* are also issued (as such interactions always occurred on Monday mornings in the hostel). The following are some examples of these interactions taking place, with conversational prompters occurring in the opening lines of each extract:

Extract 8.26 AQSZ2:98

31.	Derval:	so how was the weekend for you?
32.	Andrew:	a'right. television you know I wasn't watchin' much of it
33.	Derval :	yeah there's lots on isn't there though?
34.	Andrew:	*One Foot in the Grave* an' all==
35.	Derval:	==yeah yeah well on Friday night there was that big ah did you see
36.		any of it? the big *Childline* thing?
37.	Andrew:	the wha?
38.	Derval:	you know there was a big concert on in Dublin
39.	Andrew:	ah yeah
40.	Derval:	did you see any o' that?
41.	Andrew:	saw some o' that yeah==
42.	Derval:	==yeah
43.	Irene:	was it good?
44.	Andrew:	it was good yeah.

Extract 8.27 JQSZ2:98

30.	Derval:	and did you get up to an'thin the weekend did you go see your Mum
31.	John:	I was just home for a few hours
32.	Derval:	what day was that ?
33.	John:	eh ...Saturday
34.	Derval:	just home for your tea?
35.	John:	yeah.
36.	Derval:	and did you get the bus back here then yeah==
37.	John:	==I walked back==
38.	Derval:	==ah you walked
39.	Irene	how long did it take you to walk?
40.	John:	about fifty minutes
41.	Irene	FIFTY that's a ==good bit of exercise isn't it
42.	Derval:	== mm
43.	John:	yeah

44. Derval: and it was so WARM at the weekend wasn't it
45. John: very warm

Extract 8.28 MQSZ11:97

1. Irene : everybody's voice is important isn't it [4] ah sure I'll leave
2. it there for us ok I'll leave it there it won't bother us Derval has
3. a few things she wants to do with you but tell us did you do
4. anything the weekend
-> 5. Martin: no. sat in over the weekend
6. Irene: pardon
-> 7. Martin: I sat in over the weekend (sniffles)
8. Irene: you sat in did you yeah like myself==

Extract 8.29 MQSZ2:98a

38. Paula: so what else did you do over the weekend?
39. Martin: I stayed in yesterday my sister didn't take me out
40. Paula: ( ) you were here?
41. Martin: yeah
42. Paula: and did you watch telly or?
43. Martin: ah bit [4] readin' all about the trouble in Kuwait
44. Paula: wh-what's happening = = in Kuwait?
45. Martin: = = ah Hussein won't let the Americans land
46. Paula: oh yeah
47. Martin: in Jordan

The opening lines of each of the extracts above, contain the formulaic type questions issued by the professionals. Conversational prompters invoke a number of topics raised by the residents, including television programmes, current affairs or family visits. All topics are relevant to such talk and all participants orient themselves to this phatic-like frame, a frame which is characterised by talk for talk's sake. Although the dominant conversational structure in the interactions is that of question-answer adjacency pairs, the residents are seen to respond to these using a number of strategies to stay with the talk including, back-channel devices, repair strategies (see particularly extract 8.28 lines 5-7) and other topic maintenance devices (e.g. topic elaboration).

The following example of another phatic-like frame sees John responding to the formulaic phrase *how's the weekend?* with a common phatic utterance *wasn't too bad* (line 22). A similar utterance type is again used by John in response to an enquiry as to the well-being of his mother (line 30). Phatic utterances like these, which serve to mitigate the potential negativity of a response, perform a face saving function and play a particularly significant role in troubles telling frames (as will discussed below). This extract further exemplifies the phatic orientation taken up by residents in such interactions:

Extract 8.30 JQSZ3:98

20. Derval: for the early birds [4] how's the weekend ?
21. [4]
-> 22. John: eh [3] wasn't too bad
23. [4]

	24.	Derval:	did you stay in or go out ?
	25.		[5]
	26.	John:	I was at home for a few hours... THE USUAL ==
	27.	Derval:	==is that the usual for a Saturday [5] for your dinner is it ?
	28.	John:	yeah for my dinner
	29.	Irene:	is your Mum well?
->	30.	John:	she's not too bad Irene

8.3.2 Troubles telling frames and *How are you?* sequences

Another formulaic phrase common to the interactions under study, is the *How are you* ? (HAY?) type structure. HAY? sequences often occur after an initial 'settling down' period, where environmental topics have been invoked and an orientation to talk is established (cf. the hairdressing data analysis). HAY? in the schizophrenia context often triggers what can be described as a troubles telling frame (TTF).

A typical HAY? sequence is exemplified by the following extract from an interaction with John:

Extract 8.31 JQSZ 2:98

	5.	Irene	it looks well it's lovely...well how are you today?
->	6.	John:	ah I'm not too not too bad
	7.	Irene	that's good [4] that's good were you out already?
->	8.	John:	I had an argument with Martin.
	9.	Irene	had you ?
	10.	John:	I think it's blown over now.

Line 6 above sees John responding to Irene's HAY? with the common formulaic phrase *not too bad,* a phrase which is typically used by way of response to HAY? type requests/greetings. This use of a *qualified initial negative appraisal* (J. Coupland, Coupland & Robinson, 1992; 223) in this context may be said to function to 'orient to a negative appraisal or circumstance but deny its full force to varying extents'. This interpretation is particularly pertinent when one considers what follows in the above sequence (i.e., a troubles-telling of sorts in line 8 *I had an argument with Martin*) and in other sequences, as discussed below. As referred to above, the *not too bad/ alright* responses in the above example, also serves an important positive politeness function, that of avoiding bald on-record appraisals (Brown and Levinson, 1987) and in doing so mitigates any possible negativity (J. Coupland et al., 1994) .

When we look at the role of the initial responses to HAY? type format, with regard to troubles telling, we see that the qualified negative appraisal illustrates, in Jefferson's (1985) terms, the difficulties in balancing attention to both 'troubles' and to 'business as usual'. It is clearly evident from the data that although the initial responses to HAY? type requests mitigate negativity, at least at the outset, troubles telling is apparent at later stages in the interactions. Jefferson's (1985) analysis of how troubles tellers 'unpackage' their troubles (as discussed by J. Coupland et al., 1994) is therefore applicable here. Jefferson describes how troubles tellers provide initial glosses (which

may be of the above form and usually positive) and subsequently 'unpackage' the troubles through a second more negative gloss, at various stages in the ensuing interaction. This notion is akin to the *good-news/bad news formats*, as discussed by J. Coupland et al. (1994; 112) and described as 'beginning with a relatively positive formulation then proceeding to detail specific difficulties or discomfort'. The period between the initial gloss and the subsequent unpackaging of the troubles varies from context to context and the following examples illustrate this pattern well:

Example 8.1: Initial gloss (i.e. line 22)

Extract 8.32 JQSZ3:98

	18.	John:	they open at ten or half ten ==
	19.	Irene:	==do they?
	20.	Derval:	for the early birds [4] how's the weekend?
	21.		[4]
->	22.	John:	eh [3] wasn't too bad
	23.		[4]
	24.	Derval:	did you stay in or go out?
	25.		[5]
	26.	John:	I was at home for a few hours... THE USUAL ==

Example 8.2: Subsequent gloss (i.e., line 278; unpackaging of troubles-telling following a period of language testing and occurring many turns later):

Extract 8.33 JQSZ3:98

	277.	Irene:	ha? all those FIDDLY bits of things==
->	278.	John:	==I was going to SIGN MYSELF INTO HOSPITAL.
	279.	Irene:	were you ?
->	280.	John:	yeah I feel a bit better now
	281.	Irene:	WHEN were you going to sign yourself into hospital?
	282.	John:	...I was going to mention it to YOU Irene==
	283.	Irene:	==were you?
	284.	John:	yeah
	285.	Irene:	THIS MORNING ?==

The initial gloss sees the 'not too bad' type utterance occurring in line 22, with the subsequent unpackaging of troubles many lines later in the transcript (line 278). However, it can be seen from the above example that the troubles telling is followed up by the more positive statement in line 280, thereby reducing the negative impact of troubles telling. A similar pattern is illustrated by the following example:

Example 8.3: Initial gloss (i.e., line 6)

Extract 8.34 JQSZ2:98

	5.	Irene	it looks well it's lovely...well how are you today?
->	6.	John:	ah I'm not too not too bad

Example 8.4 : Subsequent gloss (i.e. line 8)

Extract 8.35 JQSZ2:98

	6.	John:	ah I'm not too not too bad
	7.	Irene	that's good [4] that's good were you out already ?
->	8.	John:	I had an argument with Martin.
	9.	Irene	had you ?
->	10.	John:	I think it's blown over now.
	11.	Irene	ah right [3] did he annoy you
	12.		[6]
->	13.	John:	yeah he was a bit yeah

The unpackaging occurs rather more quickly in this example as John almost immediately discloses the 'troubles' information. Again, John mitigates the negativity of the trouble telling by following it up with *I think it's blown over now* in line 10, with further minimising of the incident in line 13 (i.e., Martin annoyed John 'a bit').

In the extracts above, the pattern of delayed troubles-telling is significant in the consideration of socio-relational concerns. John's holding back of the 'bad news' can be considered a phatically oriented discourse process taking his listener into account relationally. This process is discussed by J. Coupland et al. (1992; 222) when they state:

> In our terms, the extent to which the initial gloss is at odds with subsequent disclosure is some measure of how much the initial response shows *suspension* (of commitment, veracity, etc.) and hence a degree of phaticity.

A further example of this pattern of 'unpackaging troubles telling' can be seen in the following extract where Andrew is involved:

Example 8.5: Initial gloss (i.e., line 35)

Extract 8.36 AQSZ11:97

	32.	Derval:	==so how was your weekend anyway?
	33.	Andrew:	what ?
	34.	Derval:	how was your weekend?
->	35.	Andrew:	alright.
	36.	Derval:	alright did you get out an about ?
	37.	Andrew:	no.
	38.	Derval:	you didn't ...so you're trying to nurse your cold?
->	39.	Andrew:	I've a terrible cold (sniffles)
	40.	Derval:	mm yeah
	41.	Irene :	yeah miserable

In line 39, Andy provides the subsequent gloss to line 35 (*alright*) and elaborates on his response a few lines later: *I've a terrible cold.* Andy continues to engage in troubles-telling within the same interaction, in line 178 and line 182 (Extract 8.37), with still further 'unpackaging' as in line 230 (Extract 8.38) below:

Extract 8.37 AQSZ11:97

->	178.	Andrew:	I feel a bit sort of tired and lousy though you know get me up in the
	179.		morning at half eight only getting out of bed I was changing into me
	180.		gear I was when Mary called me you know Mary?
	181.	Irene:	I know Mary yeah
->	182.	Andrew:	the old nose is giving me trouble this morning (sniffles)

Extract 8.38 AQSZ11:97

->	230.	Andrew:	haven't I a bad cold on me?
	231.	Irene:	have you?
	232.	Andrew:	me?
	233.	Irene:	yeah
	234.	Andrew:	does it look bad does it?
	235.	Irene:	we all have Derval has one too I have one as well
->	236.	Andrew:	they're all losing their voices out there (laughs)
	237.	Derval:	==[laughs]
	238.	Irene:	==[laughs]
	239.	Andrew:	even eh Martin em D. what's his name eh? Martin D. or
	240.		something
	241.	Irene:	Martin D. he's losing his voice too he's losing his voice too
	242.	Derval	yeah he is

In the above extract, as in the case of John above, there is some attempt at minimising the trouble (line 236), as Andrew explains that *they're all losing their voice in there,* referring to his fellow residents in the next room. Derval and Irene join with Andrew's laughter at his comment, momentarily suspending the troubles-telling, (see below for further discussion of the role of laughter in troubles-telling). In addition, such 'trouble sharing,' as indicated by Andrew's comment (i.e., that the others are unwell too), may have been prompted by Irene's comment in line 235, where she explains that she and Derval also have colds, thus lessening the overall impact of Andrew's troubles telling.

8.3.3 Joking, laughter and troubles telling

Joking and laughter and their relational effects on interaction were discussed as occurring in the hairdressing data in Chapter 4. The twin processes of *suspension* and *relational foregrounding* central to defining phatic talk (J. Coupland et al., 1992) are clearly illustrated in the following examples as the role of laughter and joking is explored. In addition to talking about his *terrible cold,* Andrew also talks about the trouble he is having with his 'teeth'. As in previous examples, the 'trouble' is gradually unpackaged as follows:

Extract 8.39 AQSZ11:97
Initial gloss (i.e. line 54)

	53.	Irene:	we'll do that at half eleven==
->	54.	Andrew:	== I need me I need me teeth done badly you know
	55.	Irene:	yeah that's what that bothers you does it?==
	56.	Andrew:	==yeah
	57.	Irene:	yeah does it bother you when you are speaking
	58.	Andrew:	sometimes yeah
	59.	Irene:	oh right... ok... right

Following a period of language assessment, Andrew continues talking about his 'teeth' which are obviously a source of concern to him:

Extract 8.40 AQSZ11:97

	111.	Irene:	just wipe your nose there its' dribbling ...that was very good you
	112.		attended you really concentrated for that last one didn't you ?(yeah
	113.		give it another wipe)
->	114.	Andrew:	when I get me teeth done I'll be better (sniffles)
	115.	Derval:	yeah
	116.	Irene:	you will ==
->	117.	Andrew:	==I'll feel better anyway feel better I feel lousy

As can be seen in line 114 and the initial part of line 117 Andrew tries to lessen the impact of the negativity by being optimistic and saying *I'll be better/I'll feel better anyway.* Andrew then continues to talk about *feeling lousy* (see lines 117 and 119 in the extract below). What is of interest here, is the shift within the troubles telling frame to joking and laughter in line 121:

Extract 8.41 AQSZ11:97

->	117.	Andrew:	==I'll feel better anyway feel better I feel lousy
	118.	Irene:	do you feel lousy?==
->	119.	Andrew:	==I don't feel so good that's why I'm not concentrating
	120.	Irene:	yeah==
->	121.	Andrew:	==I'm all shook up ( ) Elvis Presley (laughs)
	122.	Irene:	(laughs) all shook up all shook up like Elvis Presley are you?
	123.	Derval:	(laughs)
	124.	Irene:	all shook up(laughs)
	125.	Derval:	(laughs)

Line 121 sees Andrew comparing himself to Elvis being *all shook up,* thus leaving behind the troubles telling and invoking a phatic-like frame, to which all participants align (see lines 122 ff.). Joking (a positive politeness strategy) and laughter, in this case, lessen the negativity of the troubles-telling gone before. (It is also worth mentioning that having compared himself to Elvis, Andrew elaborates on the Elvis topic going on to sing a verse of an Elvis song later in the interaction, which provoked further laughter and jocularity among the participants). Laughter during troubles-telling, as interpreted by Jefferson (1985), indicates 'troubles resistivity' where the teller communicates that he/she is able to cope with the troubles in question. The joking and subsequent laughter thereafter result in what J. Coupland et al. (1992; 225) describe as a 'momentary suspension from the impact of troublesome life circumstances' and so 'it is by one criterion phatic.'

Another example of this type occurs in the excerpt taken from an interaction with John (see extract 8.42). This sequence of the conversation follows John's disclosure that he had wanted to sign himself back into hospital, as he had been feeling unwell the weekend before the interaction took place. He was concerned that he was out of hospital *for three years* and usually did not *stay out that long.* The following excerpt sees Irene trying to reassure John as to how well he had been doing in general:

Extract 8.42 JQSZ3:98

	286.	John:	==I've been out THREE YEARS you know I usually don't stay out
	287.		that long
	288.	Irene:	right? I think that's 'cos you've been doing SO WELL?
	289.	John:	... ah I don't think I've been doing (well).
	290.	Irene:	do you not?==
	291.	John:	==well I SUPPOSE I AM. I have to be
	292.	Irene:	I think you've been doing VERY WELL I think EMER thinks
	293.		you've been doing very well ==
	294.	John:	==DOES SHE ?
	295.	Irene:	she was VERY IMPRESSED with you last week... in the group last
	296.		week she said it to me afterwards ...and she also said you're one of
	297.		the few people who can actually USE what you've been learning with
	298.		us on an everyday basis... the way you are able to GREET if you
	299.		meet the girls on the road or ask E. how her weekend was or ask
	300.		how other people are and you've been doing ALL OF THAT ...she
	301.		thinks you are doing VERY WELL yeah? so you didn't feel so well
	302.		so ...you were thinking of signing yourself back in.
->	303.	John:	I 've an awful lot of ENERGY ENERGY and maybe I take up A
->	304.		SMALL BIT OF JOGGING in the spr- in the summer==
	305.	Irene:	==OH RIGHT? that might be an idea would you LIKE-would you
	306.		ENJOY that
->	307.	John:	..I wouldn't say I'd ENJOY it mind you
	308.	Irene:	[laughs]
	309.	John:	[smiles]
	310.	Derval:	[laughs]
	311.	Derval:	it'd be GOOD for you.
	312.	Irene:	[laughing] but IT would get you out and about
	313.	John:	yeah

Though not starting out as such, this sequence becomes a particularly humorous interchange where in line 307, John contradicts in a humorous way, the suggestion in line 305 that he might enjoy the 'small bit of jogging' mentioned by him in line 303/304. John's use of the discourse marker '*mind you*' is particularly interesting and seems to function here as a marker of emphasis. What follows is laughter from Derval and Irene, who have taken up the relaxed footing instigated by John. (From field notes, it was apparent that John was grinning/smiling, though not audibly laughing at this juncture). The laughter and humour that was characteristic of the alignments in this frame, certainly achieved a state of suspension from troubles telling and in turn, resulted in relational foregrounding, rendering it a phatic-like interchange (or PLF). Finally, the marking of varied intonation in utterances (e.g., lines 303, 304 and 307) is unusual in this sample when John is speaking; his tone in general tends to be monotonous with little marked variation (see individuals' profiles in Appendix 5). John's use of varied intonation is also evidence of a phatic realignment or at least entering into a phatic-like frame.

8.4 Framing and schizophrenic talk: A summary

This chapter describes a number of frames occurring within the overall institutional frame of interaction. Frames include business-of-the-day frames (BDFs), socio-relational frames (SRFs), troubles telling frames (TTFs) and phatic-like frames (PLFs). It was shown that these frames are in constant flux, overlapping and

interweaving as the talk proceeds (see Figure 8.1). From the extracts cited, it is not hard to see how the residents cope with the ever-changing alignments required for frame shifting, as they occur within the overall institutional frame. This capability has been demonstrated by their facility in instigating and participating in framing in the ongoing interaction. A significant factor in the emergence of this capability however, is the conducive nature of the talk which sees the professionals aligning themselves readily to shifts of frames instigated by the residents. In other words, the capability emerges but is facilitated by the professionals' willingness to join 'the dance', following the lead from the residents at particular moments in the discourse. Additionally, the professionals often used 'conversational prompters' to maintain the flow of talk, thus encouraging the resident to continually and actively participate in the ongoing talk within socio-relational frames. Nevertheless, the residents show by their talk behaviour that, along with the other participants, they too are responsive to framing demands within the interaction. The first (sub)hypothesis has therefore been supported, that is: the individuals studied can participate in *framing* behaviour in particular in socio-relational frames and phatic-like frames at the level of spoken discourse.

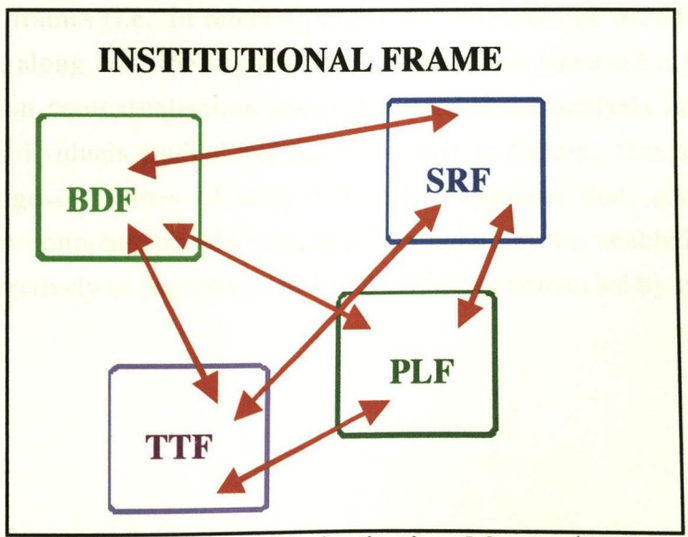


Figure 8.1: Frames in operation within institutional frame (BDF: business-of-the-day frame; SRF: socio-relational frame; TTF: troubles-telling frame; PLF: phatic-like frame).

Of particular interest however, is the ease with which residents align themselves to (and maintain alignments within) socio-relational and phatic-like frames, as illustrated by their alignments to environmental topics in opening sequences and their responses to conversational prompters. Establishing such footings demonstrate an interactional presence in talk within such frames. Likewise, phatic alignments emerge in troubles-telling frames through the momentary suspension of troubles-telling, allowing for a

foregrounding of relational concerns. These alignments result in *instances* of phaticity which are themselves frames. The use of qualified negative appraisals followed by the gradual unpackaging of troubles telling, in addition to the joking and laughter permeating troubles reports, characterises these frames. In turn, the occurrence of these frames signify that the residents, at various moments of talk, suspend the business-of-the-day to foreground relational concerns. As J. Coupland et al. state (1992; 207), participants allow their 'relational goals to supersede their commitment to factuality and instrumentality', and in so doing engage in phatic-like or relational talk. As relational goals are foregrounded, facework is enacted to mitigate the inherent negativity of the troubles telling; laughter and joking behaviour, emergent in the discourse, are seen to play a key role in keeping negativity at bay and in the overall sociability of the interaction.

Finally, being able to engage in framing behaviour with ease is a significant observation in relation to those described has having schizophrenia. Chapter 1 outlined the cognitive processes which may be impaired in schizophrenia, including attention, memory, and inferencing (particularly discussed within *theory of mind* studies e.g., Corcoran et al., 1995; Corcoran & Frith, 1996; Sarfati & Hardy-Baylé, 1999; Sarfati et al., 1999). Additionally, in the introduction to framing in discourse, the discussion in Chapter 4 referred to the importance of these cognitive functions in the interpretation of, and behaviour in, frames (i.e., in referring to previous experiences stored in long term episodic memory, along with the need to making inferences about what frames are in operation, based on contextualisation cues). Given that the analysis in this chapter showed that the individuals studied had little difficulty in aligning themselves to, and instigating, a range of frames of talk, it may be suggested that, given the right conversational environment, people with schizophrenia may be enabled to use such functions more effectively in the active, 'on-line' functioning demanded by conversational participation.

CHAPTER 9
CONVERSATIONS WITH PEOPLE WITH CHRONIC SCHIZOPHRENIA II: SENSITIVITY TO POWER RELATIONS IN TALK

9.1 Power and schizophrenic talk

Power can be an all pervasive force in communication situations. How power is manifest in everyday talk was explored through the analysis of hairdressing data in Chapter 3. The discussion showed that power relations permeate talk at a number of levels, leading to the conclusion that power is a shifting potential in the hands of neither participant, but negotiated by them on a moment-by-moment basis.

To examine the second hypothesis proposed at the end of Chapter 7, it proves useful to look at how power is manifest in talk on two levels. Looking at power on a macro-level requires examination of the roles taken by the interlocutors in the interaction (section 9.2). At first glance, predetermined roles dictated by the context show the professionals in the interaction wielding the power. Only by exemplifying these 'given' roles can we appreciate the 'power-flip' or role reversal when it occurs. As for the hairdressing data, the consequences of shifting power potentials require discussion, as the residents take on roles other than 'the patient' in the interaction. Micro-level exploration of power in discourse allows for an examination of how talk is conversationally managed (in structural terms) by participants (section 9.3). Thus, as in the hairdressing data, a dual approach to the analysis is warranted, incorporating both the descriptive techniques of conversational analysis, to account for how power is manifest within the structure of the talk activity and a consideration of the contextual concerns of the talk, and those involved in the talk, as accounted for by a pragmatic perspective. An understanding of power relations on both macro- and micro-levels is central to the consideration of the second hypothesis which stated *that the individuals studied are sensitive to power relations in talk*.

9.2 A macro-level exploration of power: Powerful roles in discourse

As discussed previously, the professionals (i.e., the therapist and the students) are presumed to take the powerful role in interactions such as those described in this study. There is enough evidence in the data to support such an presumption. For example, Irene not only takes control of talk around speech/communication issues but also around issues related to the residents' behaviour. Though there are many examples in the data, only a selection are presented here, as the discussion is more concerned with how residents exert control in the unfolding talk.

Firstly, as expected, Irene (in her role as therapist) exerts control over speech/communication related issues. This control is illustrated by the following extract:

Extract 9.1 YQSZ6:96

	482.	Irene:	as I said I do think I 'm not so sure that we can help the other part of
	483.		you blurting out things but I do think that it's tied into your speech
	484.		and how rushed your speech comes out and how unclear your
	485.		speech comes out sometimes
->	486.	Yvette:	yeah
	487.	Irene:	I do think it's tied into that
->	488.	Yvette:	yeah
	489.	Irene:	so if we can work on the clarity
	490.	Yvette:	right
	491.	Irene:	and the speed or the rate==
->	492.	Yvette:	==right
	493.	Irene:	that might help the other
->	494.	Yvette:	yeah it might
	495.	Irene:	well it might we can only try but you'll have to work very hard to be
	496.		more conscious of your speech and slow down - even the girls do
	497.		you remember you said to me the first part of the video you said "oh
	498.		Irene I can't understand what they're saying " and then you got into it
	499.		didn't you?
->	500.	Yvette:	yeah

The context of this extract is talk around Yvette's concern in relation to her tendency to blurt out inappropriate (often obscene) comments, a tendency she feels she has no control over.[5] In the above extract, Irene takes control in the talk about Yvette's speech rate, outlining possible causes of and suggesting solutions to the reported difficulty (lines 482-485 and lines 495-499). Meanwhile, Yvette uses a number of back-channel devices to maintain her presence in talk (lines 486, 488, 492, 494 and 500).

An example from an interaction with John also illustrates how Irene takes control on speech/communication issues. In this extract, we see Irene reassuring John about how well he is doing in general, and in relation to his communication skills in particular (lines 295-302):

Extract 9.2 JQSZ3:98

292.	Irene:	I think you've been doing VERY WELL I think EMER thinks
293.		you've been doing very well ==
294.	John:	==DOES SHE?
295.	Irene:	she was VERY IMPRESSED with you last week... in the group last
296.		week she said it to me afterwards ...and she also said you're one of
297.		the few people who can actually USE what you've been learning with
298.		us on an everyday basis... the way you are able to GREET if you
299.		meet the girls on the road or ask E. how her weekend was or ask
300.		how other people are and you've been doing ALL OF THAT ...she
301.		thinks you are doing VERY WELL yeah? so you didn't feel so well
302.		so ...you were thinking of signing yourself back in.

[5] As can be seen from the transcripts of Yvette's conversational interactions in Appendix 4, this tendency to blurt out inappropriate comments did not materialise in our conversations at the time of recording, though references to when it did occur in conversation with me approximately one year previously are made (e.g., see lines 290ff). However, Yvette does make reference in our conversation to this behaviour occurring with other people, more usually male conversational partners (e.g., see lines 208ff, 359ff). As the blurting out of inappropraite comments did not occur in the interaction under analysis, it is not possible to analyse this phenomenon in talk in the present context. Nevertheless, it is not hard to predict the negative effect it may have on conversational interactions in other contexts.

A final example sees Irene wielding power *as the talk proceeds*. The following extract is taken from an interaction with Martin:

Extract 9.3 MQSZ2:98b

	224.	Irene:	I'll tell you I'm drawing I'm driving I'm driving a Honda Civic
	225.	Martin:	Honda yeah==
	226.	Irene:	==nineteen eighty-five
->	227.	Martin:	I shouldn't have asked you I was just thinkin'
	228.	Irene:	no that's alright==
	229.	Martin:	==I'm curious
	230.	Irene:	it's okay but sometimes you know when you = = switch topic
->	231.	Martin:	= = sorry
	232.	Irene:	like that
->	233.	Martin:	actually ( ) stupid of mine
	234.	Irene:	it's kind of hard to follow you ==
->	235.	Martin:	==yeah I should I should follow conversation
	236.	Irene:	no you're doin' okay==
	237.	Martin:	==yeah
	238.	Irene:	you're doin' okay yeah so what what did you do the weekend did you
	239.		say?

In this extract Martin has abruptly shifted topic, enquiring as to what kind of car Irene drives. Though Irene answers the question (lines 224/226), she brings the sudden topic shift to Martin's attention thus overtly taking control of the talk. In doing so, Irene is behaving as 'expert' in this regard, causing Martin to 'apologise' over a number of turns for the abrupt topic shift (lines 227, 231, 233 and 235).

However, it is not only with regard to speech/communication related terms where Irene is seen to exercise power in the interaction. In addition, Irene often takes control of the resident's behaviour, as the following examples illustrate from interactions with Martin:

Extract 9.4 MQSZ2:98a

1.	Irene:	come in?
2.	Martin:	(hi)
3.	Irene:	hi Martin
4.	Derval:	how're things?
5.	Irene:	I think Martin if you sit over here?==
6.	Paula:	==d'you want sit over here? [laughs]
7.	Irene:	yeah
8.	Paula:	that's a little bit far away

Extract 9.5 MQSZ2:98a

	160.	Paula:	THE SHOE IS BIGGER THAN THE BIRD
	161.	Martin:	yeah yeah ( ) I go toilet for a second ...just be a minute. I'll be back
	162.	Irene:	okay.
	163.	Martin:	(Have a cup of tea)
	164.	Irene:	come straight back
->	165.	Martin:	come straight back okay thanks
	166.	Irene:	okay
	167.		[106] [Martin leaves the room]
	168.	Martin:	( )
	169.	Paula:	okay?
	170.		[8]
	171.	Paula:	okay just continue on with these
->	172.	Martin:	mm

In Extract 9.4, Irene and Paula exert control over where Martin sits in the room. Extract 9.5 illustrates even more explicit control in operation, arising out of Irene's response to Martin's behavioural tendency to wander off and not return to the session once he has left the room. Martin's compliance with Irene and Paula's direct commands can be seen in lines 165 and 172.

An example from an interaction with Andrew further illustrates Irene exercising control through talk in relation to behavioural issues:

Extract 9.6 AQSZ11:97

	106.	Irene:	here's a hankie for your nose Andrew
->	107.	Andrew:	oh thanks very much==
	108.	Irene:	==ok
	109.	Andrew:	I have one here but its no use ( )
	110.	Irene:	eh well no no throw it down the loo when you go down to the loo
	111.		just wipe your nose there its' dribbling ...that was very good you
	112.		attended you really concentrated for that last one didn't you ? (yeah
	113.		give it another wipe)
->	114.	Andrew:	when I get me teeth done I'll be better (sniffles)
	115.	Derval:	yeah
	116.	Irene:	you will ==
	117.	Andrew:	==I'll feel better anyway feel better I feel lousy

This example sees Irene not only offering Andy a handkerchief for his nose, but also instructing him to '*wipe your nose there it's dribbling*' in line 111. Again, Andy's compliance is directly evident in line 107, and more indirectly in line 114.

The above examples illustrate, the expected direction of power (with the residents' compliance to same), in a context such as is described in this study. In the above examples, Irene is not only seen as the expert on speech/communication-related matters but she also takes very direct control of other behavioural matters as they arise in the interactions. Irene, therefore, is fulfilling the role of the powerful one in these interactions. However, shifting power potentials as discussed in Chapter 3, predict a 'power-flip' or role reversal of sorts. A macro-level analysis of power relations sees shifting power potentials permitting the 'perceived powerless' to take on roles, other than those expected of them (i.e. the patient role). The data show that this is indeed the case, as residents take on the role of 'expert' on a number of different issues.

9.2.1 Powerful roles and the disempowered

One such issue, where the resident is cast in the role of expert, is in relation to the nature of the illness. Both Yvette and Martin take on such roles, the former describing the associated speech/communication difficulties, the latter explaining the term used to describe his illness. The following excerpt, taken from an interaction with Yvette, shows her explaining to Irene the nature of her speech/communication difficulty (lines 9-12, 14-15 and line 19).

Extract 9.7 YQSZ6:96

	6.	Irene:	about your rate
	7.	Yvette:	right
	8.	Irene :	you'd been thinking about it= =
->	9.	Yvette:	= =I found that I say certain things which are out of context and em -I
	10.		find that everything I wanted to say I say it out before anything
	11.		else could happen I say it out and I find that this is the reason - that
	12.		this is one of the ways why I say those things I 'm thinking too fast
	13.	Irene:	yeah and it has to come straight out ==
->	14.	Yvette:	= =it has to come straight out and this is what makes me say things
->	15.		that are corrupt ( ) and I have no control of
	16.	Irene:	yeah and = =
->	17.	Yvette:	= =some of the things I say I do not have control of
	18.	Irene:	= =any control of yeah right and you 're sure about that
->	19.	Yvette:	I'm positive... it's not something that I want to say
	20.	Irene:	right right - and have your any ideas of how you can help that
->	21.	Yvette:	( ) I'd say by speaking slowly

As Yvette describes her difficulties, it is Irene's turn to be informed, indicating her interest in the talk through the use of back-channel devices (lines 13, 16, 18 and 20). Yvette's description of her problem culminates in a suggestion (prompted by Irene's question in line 20), that if she 'slowed down her rate' things might improve. Therefore, Yvette holds power up until line 18, whereupon Irene re-establishes control by requesting confirmation of the account just given (line 18) and asking for suggested solutions to the problem (line 20). The notion that Yvette may be perceived as the expert in relation to the description of her difficulties, is overtly referred to in the following extract from the same interaction:

Extract 9.8 YQSZ6:96

	133.	Irene:	but you were saying to me the last day that those things are related
	134.		you were explaining to me and you know best you're the expert on
	135.		this not me- you' re the expert that when your rate speeds up you're
	136.		more inclined to blurt out those things
	137.	Yvette:	yeah
	138.	Irene:	isn't that ==what you explained to me
	139.	Yvette:	= =that is true that is true
	140.	Irene:	so it makes sense then if you try and slow your rate down
->	141.	Yvette:	because I'll tell you what it's so fast it comes out so fast I haven't it in
	142.		my mind to think about it first you know...
	143.	Irene:	mm (...)
->	144.	Yvette:	you know when you are going to say something you say it in your
	145.		mind = =
	146.	Irene:	= =yes you do ==
->	147.	Yvette:	= well this you don't say it in your mind it just comes out ==
	148.	Irene:	==it just comes out without any warning ==
	149.	Yvette:	= =no no warning nothing
	150.	Irene:	so there's kind of no rehearsal
->	151.	Yvette:	nothing [laughs] I could write a science book
	152.	Irene:	you could what?
->	153.	Yvette:	I could write a science book [laughs]
	154.	Irene:	you could write science books [laughs]
->	155.	Yvette:	the Guinness Book of Records
	156.	Irene:	the Guinness Book of Records
	157.	Yvette:	[laughs]

The shifting nature of power is particularly obvious in this extract. Lines 133-136, 138 and 140 see Irene very much in control of the talk, only to relinquish control to Yvette by line 141 ff. (*because I'll tell you what...*). Having given Irene further detailed information as to the nature of her difficulty, Yvette concludes, jokingly, that in the context of her knowing so much about her difficulties, she *could write a science book* or go into the *Guinness Book of Records*. Aware of her ability to describe her difficulty in such detail, Yvette is casting herself into the role of expert, with the subsequent humorous reference to being able to write a book about it.

Martin's talk about his illness also temporarily casts him in the expert role in the interaction. Martin's description of his illness is triggered by his own report of delusional thoughts, which he had experienced the day before (see lines 17, 19 and 21). The interaction unfolds as follows:

Extract 9.9 MQSZ11:97

	14.	Irene:	did you watch any telly?
	15.	Martin:	a bit yeah ( ) I was in bad form yesterday (sniffles)
	16.	Irene:	were you in bad form-what had you in bad form ... the cold?
->	17.	Martin:	I thought I set the place on fire
	18.	Irene :	you wanted to set - WHAT ?
->	19.	Martin:	I thought I set the place on fire==
	20.	Irene:	==you THOUGHT you set it on fire
->	21.	Martin:	(matches on the floor) I didn't
	22.	Irene :	you didn't .
->	23.	Martin:	a bit paranoid==
	24.	Irene:	==you were paranoid were you
->	25.	Martin:	a stupid disease
	26.	Irene:	what's that?
->	27.	Martin:	it's a stupid disease
	28.	Irene:	it's a stupid disease what makes it stupid?
	29.	Martin:	it's a disease you think you've done something bad but you
	30.		haven't
	31.	Irene:	yeah
->	32.	Martin:	it's a disease I'm a paranoid schizophrenic that's my name my
	33.		illness is
	34.	Irene:	that's your?
->	35.	Martin:	the name of my illness is paranoid schizophrenia
	36.	Irene:	that's right yeah yeah and it makes you think you've done
	37.		things and you haven't done them ==
	38.	Martin:	== yeah
	39.	Irene:	that must be very ==
->	40.	Martin	==it's a funny disease
	41.	Irene:	==upsetting yeah so are you in better form today yeah except
	42.		for the old cold yeah. OK? right Derval is going to do a few
	43.		things with you today you've probably done this before I
	44.		think but she is going to ask you a few questions

Once Martin has explained his delusional thoughts and his feelings of paranoia (line 23), he goes on to describe his condition as *a stupid disease* (lines 25 and 27), before giving it its medical term in lines 32 and 35 (*paranoid schizophrenia*). In line 36, however, we see Irene momentarily retrieving the power, by elaborating on what being a paranoid schizophrenic means (possibly for the sake of the students present). However, it is

Martin who introduces the topic, describing his experiences before labelling it. Finally, Martin refers to the puzzling nature of schizophrenia in line 40 (*it's a funny disease*).

John too is seen temporarily to hold power in the talk around his illness, as illustrated in the following extract:

Extract 9.10 JQSZ3:98

	278.	John:	==I was going to SIGN MYSELF INTO HOSPITAL.
	279.	Irene:	were you?
	280.	John:	yeah I feel a bit better now
	281.	Irene:	WHEN were you going to sign yourself into hospital?
	282.	John:	...I was going to mention it to YOU Irene==
	283.	Irene:	==were you ?
	284.	John:	yeah
	285.	Irene:	THIS MORNING?==
->	286.	John:	==I've been out THREE YEARS you know I usually don't stay out
	287.		that long
	288.	Irene:	right? I think that's 'cos you've been doing SO WELL?

In line 286, John informs Irene about the trajectory of his illness, explaining that he usually is not out of hospital for periods as long as three years. Again, power is retrieved by Irene in line 288, as she begins to offer possible reasons for John's non-hospitalisation.

There are many other examples in the data which illustrate how the residents can hold power, assuming different roles, thus allowing them to (even momentarily) step out of the predetermined role of 'patient'. The above examples have shown how the residents take on the expert role in talk about their illness or illness related matters. The data also show how residents can assume power positions in talk on a number of topics, usually topics which are of a particular interest to them. Andrew's interest in Elvis and Martin's keen interest in rugby have already being alluded to. In the following examples, both Andrew and Martin display their expertise on these topics as follows:

Extract 9.11 AQSZ11:97

	146.	Irene:	that's the only day and do you do you eh you love Elvis don't you?
	147.	Andrew:	yeah
	148.	Irene:	do you know all the songs?
	149.	Andrew:	yeah
	150.	Irene:	and could you date them? would you be able to say about what date
	151.		they were released?
->	152.	Andrew:	ah about some of them going back eight year
	153.	Irene:	EIGHT years
->	154.	Andrew:	that Elvis one going back about eight year
	155.	Irene:	yeah... yeah but the song themselves?
->	156.	Andrew:	*The Wonder of You* going back about ten year

Lines 152, 154 and 156 show Andrew putting dates on different Elvis' recordings. Knowledge of dates also comes into play as Martin shows off his expertise on the subject of rugby and forthcoming rugby schedules:

Extract 9.12 MQSZ1:98

81.	Martin:	played down in Dungannon the weekend before last
82.	Paula:	did they? I have never seen a rugby match
83.	Irene:	hmm

	84.	Martin:	like ==
	85.	Paula:	==so like I'd be useless
->	86.	Martin:	actually it's easy
	87.	Paula:	I'm I ( )
	88.		[8]
->	89.	Martin:	sh the rugby match on the seventh of February Ireland are playing
	90.		Scotland
	91.	Irene:	oh yeah? that should be good
->	92.	Martin:	seventh of February eh France are playin' England
	93.	Irene:	oh right? in Twickenham?
->	94.	Martin:	the second of March Ireland are playing-are playing France
	95.	Irene:	you have all the dates ready lined up have you?
->	96.	Martin:	and the first of March Ireland is playin' Wales
	97.	Irene:	oh goodness it's a busy season==
->	98.	Martin:	==and the seventh of April Ireland are playin' England
	99.	Paula:	you'll be busy. are they all playin' in Ireland?
->	100.	Martin:	well some of them two matches are two matches away- England
	101.		Scotland at home
	102.	Paula:	you won't you won't go away to see them will you?
->	103.	Martin:	I won't no- England and Scotland at home

Martin outlines the forthcoming rugby match timetable (in lines 89, 92, 94, 96 and 98), in addition to explaining whether they are 'home' or 'away' matches (lines 100 and 103). As Martin is doing so, Irene provides the back-channel behaviours which encourage Martin to continue. Also of interest in this excerpt is Martin's 'expert' response to Paula in line 86 (*actually it's easy*), following her declaration that she would be 'useless' at rugby.

Finally, Martin also takes on the role of expert in current affairs. In the following extract, Martin tells Paula about the 'trouble in Kuwait', a topic he himself raises following a conversational prompter by Paula in the opening line of the sequence:

Extract 9.13 MQSZ2:98a

	42.	Paula:	and did you watch telly or?
->	43.	Martin:	ah bit [4] readin' all about the trouble in Kuwait
	44.	Paula:	wh-what's happening = = in Kuwait?
->	45.	Martin:	= = ah Hussein won't let the Americans land
	46.	Paula:	oh yeah
	47.	Martin:	in Jordan
	48.	Paula:	d'you reckon there'll be = = war?
->	49.	Martin:	= = in Saudi Arabia. I don't know there may
	50.		or may not be you wouldn't know
	51.	Paula:	( )
->	52.	Martin:	America -or France and Russia don't want America to attack
	53.	Paula:	they want America = =
->	54.	Martin:	= = they DON'T want America to attack and
	55.		Britain and America want to attack
	56.	Paula:	it's hard to know
	57.	Martin:	mm
	58.	Paula:	Sadam Hussein apparently has lots of weapons and stuff ( )
->	59.	Martin:	he's not to be underestimated
	60.	Paula:	no
->	61.	Martin:	and they're bringin' in a human shield and they're puttin' in lots of
	62.		people into the houses where where the arsenal is where the guns are
	63.	Paula:	really?==
->	64.	Martin:	==so if there's an attack it'll mean lots of murder and turn ah turn
	65.		public opinion against America d'you understand?
	66.	Paula:	yeah I do yeah
->	67.	Martin:	the human shield that's what the call it [sniffs]

There is little doubt on reading this excerpt that Martin has assumed the power position in talk, as he explains to Paula the details about the 'trouble in Kuwait', as he understands it. The majority of Martin's contributions to the interaction are in the form of statements, informing Paula of various aspects of the trouble. Though still remaining in the talk, it is Paula's turn to take the 'back seat' which is demonstrated by her use of back channel responses (in lines 46, 56, 60, 63 and 66) and relevant questions (lines 44 and 48). Of particular interest in this sequence is when Martin asks Paula (line 65) whether she understands what he has been explaining to her (*d'you understand?*). Likewise, in line 67, we see Martin explicitly referring back to the term *human shield,* which he initially mentioned in line 61, ensuring that Paula knows what he means by it.

From the above examples it is not hard to see how shifting power potentials in an interaction can result in a 'power-flip'. The resultant 'power- flip' allows the perceived disempowered participant to assume the role of the powerful, as he/she takes on the role of expert in a number of different ways. Assuming the expert role results from the negotiation of power through the discourse, permitting the residents to step outside their role as 'patient' at certain opportunities throughout the interactions.

9.3 A micro-level exploration of power

If a macro-level analysis of power in talk can reveal power shifts in terms of role discretion, can such shifting power also manifest itself at the level of discourse, in terms of discourse management strategies and conversational structure? Again, to appreciate such power shifts in discourse it is necessary to examine how the expected direction of power (where the professionals are in the power position) is manifest in discourse management strategies.

9.3.1 Power and discourse management strategies

As discussed in section 8.2.1, evaluation comments are key features of business-of-the-day frames (BDFs). Evaluation comments used by the professionals emphasise the asymmetric power direction in such instances (cf. doctor-patient and teacher-pupil contexts of talk, as discussed in chapter 3). The professionals' interactions with the residents in this study for the most part echo the discourse pattern of doctor-patient interactions. Many of the BDFs discussed earlier demonstrate the three-stage assessment sequence, reinforcing the notion of such sequences operating within an overall institutional frame. The following extracts are taken from interactions with Yvette and illustrate the three-stage assessment type of sequence well:

Example 9.1 : 3 stage assessment

Extract 9.14 YQSZ6:96

8.	Irene :	you'd been thinking about it= =	**(Elicitation)**
9.	Yvette:	= =I found that I say certain things which are out of context and em	
10.		-I find that everything I wanted to say I say it out before anything	
11.		else could happen I say it out and I find that this is the reason - that	
12.		this is one of the ways why I say those things I 'm thinking too fast	**(Response)**
13.	Irene:	yeah and it has to come straight out ==	**(Follow-up/assessment)**

Example 9.2: 3 stage assessment

Extract 9.15 YQSZ6:96

104.	Irene:	and does it happen?	**(Question)**
105.	Yvette:	it ( ) in the crowd	**(Answer)**
106.	Irene:	in where	**(Request for clarification)**
107.	Yvette:	in the crowd	**(Response)**
108.	Irene:	in the crowd yeah yeah ... its almost involuntary isn't it	**(Assessment)**

As discussed previously, the interaction with Yvette is characterised by questions about her concerns in relation to her speech, which structure (and manage) talk within the BDF. Many of the BDFs described in Chapter 8 also illustrate this question/answer/evaluation 'power talk', as seen overtly in the administration of test items. However, it is interesting to note that this type of power talk also permeates socio-relational frames (SRFs) as they occur within the overall institutional frame. Hence, similar doctor-patient-like discourse sequences can be seen to be in operation within these frames also, as the following examples illustrate:

Extract 9.16 JQSZ3: 98

49.	Irene:	do you remember how much the tickets were?
50.	John:	thirty nine fifty ==
51.	Irene:	==that's right plus one or two pounds booking fee or something.
52.	Derval:	that's SOME PRICE for a concert ticket
53.	John:	mmm

Extract 9.17 JQSZ3: 98

68.	Irene:	==I don't like - I DON'T LIKE Cliff Richard actually...he's too
69.		squeaky clean ...isn't he? though he was a very GOOD musician in
70.		his day ==wasn't he
71.	John:	==yeah that's right he was
72.	Irene:	he WAS indeed
73.	Derval:	he used to be (real cool)

The above extracts mirror the three-stage assessment sequences so common to doctor-patient interaction. Lines 51 and 72 respectively, in the above extracts, may be considered equivalent to the assessment stage of the three-part doctor-patient sequence. However, they are seen as conversational continuers in the above contexts, given the nature of frame. In addition, topic initiation/management strategies are also at work within these socio-relational frames, some more explicit than others. For example, in extract 9.16 above, it is obvious, by Irene's response in line 51, that she already knew the 'price of the tickets', so posing the question to John was merely a means of encouraging

him to engage in conversation. The following example also illustrates this point, where Irene is very obviously trying to get John to engage in a 'state of talk' (see line 31):

Extract 9.18 JQSZ3:98

31.	Irene:	good that's great! is there anything in the news over the weekend
32.		that you-caught your interest?
33.		[22]
34.	John:	it's great they had THAT CONCERT for Princess Di near her- near
35.		the palace in England over the weekend.

As referred to in the discussion of socio-relational frames (Chapter 8), the adjacency pairs and use of tag questions used by the professionals were seen to function as topic management devices in many of the interactions. Use of such devices by a participant exerts control over the talk, as can be seen in the following examples where Derval is in the power position:

Extract 9.19 JQSZ3:98

11.	Derval:	= =oh right ... where where's Coman's House em?==
12.	John:	==just in Rathgar
13.	Derval:	right ...it's a PUB is it?
14.	John:	yeah

Extract 9.20 JQSZ3:98

24.	Derval:	did you stay in or go out?
25.		[5]
26.	John:	I was at home for a few hours... THE USUAL ==
27.	Derval:	==is that the usual for a Saturday [5] for your dinner is it?
28.	John:	yeah for my dinner

9.3.2 Power to the disempowered: Discourse management strategies

What is interesting about the above examples (and those cited earlier) is that question-answer sequences and tag questions are predominantly used by the professionals (i.e., Irene and Derval) and not by the residents in the interactions. This is to be expected if the typical context of asymmetric relations is upheld. However, there are examples in the data which serve to contradict this argument. The following examples see John contributing to the ongoing conversation, by asking Irene and Derval relevant questions :

Extract 9.21 JQSZ2:98a

	46.	Irene:	Derval was down in Galway
	47.	Derval:	mm... I went home for the weekend
->	48.	John:	are your parents from Galway?
	49.	Derval:	yeah my parents are from Galway[5] I went home for some nice
	50.		dinners
	51.	Irene	== [laughs]
	52.	Derval:	==and nice food
	53.	Irene :	what we all go home for
	54.	Derval:	yeah

Extract 9.22 JQSZ1:98b

3.	Irene:	in their fourth year and Derval was just talking about the traveller
4.		children in==
5.	Derval:	==(in Tuam)==

	6.	Irene:	==in Tuam==
	7.	John:	==oh yeah
	8.	Irene:	mm and the they how they're all the families are intermarrying and
	9.		as a result a lot of the children have speech and language difficulties
	10.	John:	mm
	11.	Irene:	yeah it's interesting isn't it?
	12.	John:	it is
	13.	Irene:	yeah ... so you've any news = = for us?
->	14.	John:	= = do they s-
	15.	Irene:	sorry go on
->	16.	John:	do they suffer a lot with speech (difficulties) ( )
	17.	Irene:	I think Derval = = was saying that
	18.	Derval:	= = yeah they do yeah a lot o' them have (speech
	19.		problems) [3] 'cos their parents might be cousins an==
	20.	John:	==oh yeah

In extract 9.22, although Irene was about to move on from the topic of 'travellers in Tuam' (line 13), John wanted to ask a question about this topic, thereby contributing to it so that the topic was continued over a further number of turns. Andrew also uses questions and tag questions to continue the topic of his 'cold' (a topic discussed earlier in the interaction, from which the following extract is taken):

Extract 9.23 AQSZ11:97

->	230.	Andrew:	haven't I a bad cold on me?
	231.	Irene:	have you?
	232.	Andrew:	me?
	233.	Irene:	yeah
->	234.	Andrew:	does it look bad does it?
	235.	Irene:	we all have Derval has one too I have one as well
->	236.	Andrew:	they're all losing their voices out there (laughs)
	237.	Derval:	==[laughs]
	238.	Irene:	==[laughs]
	239.	Andrew:	even eh Martin em D. what's his name eh? Martin D. or
	240.		something
	241.	Irene:	Martin D. he's losing his voice too he's losing his voice too
	242.	Derval	yeah he is
	243.	Irene :	yeah I thought that this morning

Andrew's question in line 230, followed by the use of a tag question in line 234, ensures the topic is maintained and elaborated upon further, as Andrew refers to his fellow residents also suffering from colds (line 236).

Another more explicit example of a resident taking control of the talk through discourse management strategies (e.g. through the use of question-answer sequences and tag questions), can be seen in the following extract from an interaction with Martin:

Extract 9.24 MQSZ1:98

->	125.	Martin:	were you in family's p-parents house Christmas?
	126.	Irene:	for a short time = = I was
->	127.	Martin:	= = short time. you weren't Christmas day were you?==
	128.	Irene:	==yeah for a little little while
->	129.	Martin:	just visitin'
	130.	Irene:	yeah but I cooked I cooked Christmas dinner = = myself
->	131.	Martin:	= = for them?
	132.	Irene:	no
	133.	Martin:	for my yourself==

134. Irene: ==my husband's family
135. Martin: your husband's family

Martin is clearly in control of the above conversational sequence as he uses questions (lines 125, 129 and 131) and tag questions (line 127) to engage Irene in talk about Christmas. Martin continues to take control in the following sequences through the use of the *how are you?* sequence, predominantly the prerogative of the professionals in the extracts cited previously:

Extract 9.25 MQSZ1:98

-> 18. Martin: how are you?
19. Irene: I'm very well very well thanks yeah yeah so you got some new
20. clothes did = = you?

Extract 9.26 MQSZ2:98a

4. Irene: how are you?
-> 5. Martin: not too bad. how are you? d'you have a = = good weekend?
6. Irene: = = I'm not too bad. did
7. I've a good weekend? I did actually yeah?==
-> 8. Martin: ==d'you do anything exciting?
9. Irene: did I do anything exciting? actually I did I went to a concert last
10. night

The second extract above sees Martin reciprocally asking *how are you?* and going on to inquire further about Irene's weekend.

Finally, other examples see the residents tipping the asymmetric power imbalance by initiating topics, only some of which are taken up by Irene or Derval. In the next example, Martin enquires if Derval is 'feeling cold' (an enquiry which follows a brief discussion about Martin himself staying indoors over the weekend as he had caught a cold). However, it is an enquiry to which he gets no response from Irene or Derval:

Extract 9.27 MQSZ11:97

7. Martin: I sat in over the weekend (sniffles)
8. Irene: you sat in did you yeah like myself==
-> 9. Martin: == are you cold ?[to Derval]
10. Irene: so you went nowhere
11. Derval: no point in going outside and making it worse

Andrew, in the following extracts, also initiates topics by asking the following questions (see lines 46 and 255 respectively):

Extract 9.28 AQSZ11:97

42. Derval: are you taking anything for it?
43. Andrew: what?==
44. Derval: ==Lemsips or something to keep you warm
45. [6]
-> 46. Andrew: what are yous going to do this morning?
47. Irene: ah we'll see well Derval is going to do a few things with you first and
48. then we are going to do the group again? like last week did you enjoy
49. that last week ?==

Extract 9.29 AQSZ11:97

-> 255. Andrew: did you get your hair done?
256. Irene: no

257. Andrew: I got mine done recently
258. Irene: it looks very well you got a good cut ?==
259. Andrew: ==ten quid

Line 46 in extract 9.28 above, not only sees Andrew initiating a topic after a pause (line 45) but also instigating a business-of-the-day frame. Andrew's enquiry in line 255 (extract 9.29) *did you get your hair done?* while functioning as a topic initiator, allows Andrew to mention the fact that he had been to the hairdresser.

Therefore, tipping the asymmetric power imbalance, by asking questions or initiating topics sees the residents momentarily controlling the flow of talk. Subsequent power shifts resulting in a suspension of power or 'power share' in turn allows for talk to proceed more 'equally'. This finding is comparable to that which was evidenced in the hairdressing data (as discussed in Chapter 5), where a readiness to engage in sociable talk was apparent.

9.4 Power relations and joking in talk

A form of power-sharing could also be said to be temporarily in operation in the joking sequences within the context of troubles telling, as outlined in the previous chapter. It can be suggested that the cited extracts show that laughter and joking result in power constraints being momentarily suspended or shared while participants align themselves to a joking frame as it occurs within other frames.

Other examples, outside of troubles-telling frames, further reinforce this point. In extract 9.30, joking is overtly referred to, where Martin offers to tell some jokes:

Extract 9.30 MQSZ 1:98

136. Irene: mhmm yeah so we'd a grand day I didn't burn the turkey this year
137. (good it's cooked)
138. [6]
-> 139. Martin: did I tell you the joke about the parrot did I?
140. Irene: joke about the parrot?==
141. Martin: ==yeh
142. Irene: I think you did actually==
143. Martin: ==good joke that
144. Irene: yeah
-> 145. Martin: and what's black and red what's black and white and red all over a
146. nurse-a nun with a knife in her back [laughs]
147. Irene: a nun with a knife [laughs]
148. Paula: in her back?
149. Irene: ==[laughs]
150. Paula: ==[laughs]
151. Derval ==[laughs]
152. Martin: my aunt is a nun==
153. Irene: ==where did you hear THAT one now?
154. Martin: joke -someone told me my aunt is a nun she's very good ( )
155. Irene: [laughs]
156. Martin: in St---------Convent
157. Irene: oh dear.
158. Paula: or a zebra with a sunburn ( )
159. Martin: what's that?
160. Paula: black and white and red all over

161. Martin: that's good. Yeah
162. Paula: ( )
163. Irene: that's good too
164. Paula: I find it really hard to remember jokes
165. Martin: yeah
166. Irene: yeah very hard to remember

Martin initiates the joke sequences after a pause in line 138. It is easy to see how all participants readily align themselves to the joking frame (as indicated, for example, by simultaneous laughter in lines 149-151). Joint laughter temporarily suspends the business-of-the-day, relinquishing power to Martin to tell the joke and subsequently to enter a 'power-share' of sorts.

Other times, power sharing emerges more indirectly from the data, as the following extract from an interaction with Andrew demonstrates. The extract follows a BDF, in which Derval instructs Andrew not to respond to the test command until she says 'go'. This type of highly structured interaction prompts Andrew to compare Irene and Derval to *The Gladiators*, a popular television game show where contestants compete against each over a range of sporting activities. The sequence unfolds as follows:

Extract 9.31 AQSZ 1:98b

59. Irene: well done ... sorry not paying attention[addressed to Derval] = =
-> 60. Andrew: = = we're like the-we're like *The Gladiators*
61. Irene: oh like==
-> 62. Andrew: ==(eh ever) watch *The Gladiators* ?==
63. Irene: ==yeah
64. Derval: yeah
-> 65. Andrew: well ( ) first ( )[in a sing-song voice][laughs]
66. Irene: we're like *The Gladiators* are we? [laughs]
67. Derval: [laughs] ( )
68. Irene: we've been called many things in our time
69. Derval: [laughs]
70. Irene: but a *Gladiator* is huh? okay.
71. Derval: ( ) [laughs]
72. Irene: [laughs]

Andrew's reference to the comparison with *The Gladiators* (in lines 60, 62 and 65) triggers a joking frame, where again unilateral power has been momentarily suspended and consequently shared as all participants enjoy the joke.

9.5 Summary and conclusions

This chapter approached the exploration of power in the schizophrenia data from two perspectives: a macro-level analysis of role relations and a micro-level analysis which examined discourse management strategies in use by participants. A macro-level exploration of power in discourse yielded interesting information as to the shifting of power roles as negotiated by participants. The residents assumed expert roles across a number of topics, including the nature of their illness and associated factors. Expert roles

were also assumed when residents engaged in talk about particular interests of theirs, casting their interlocutors into more passive roles in the discourse.

The use of discourse management strategies were the concern of the micro-explorations of power in talk. Having outlined typical strategies used by the professionals in this context, it was revealed that the residents could also employ such strategies, exercising a more powerful influence on the flow of talk. Revisiting joking in this context of power relations, exhibits a power-share in operation, in which talk proceeds in a more equal manner. Power-sharing in talk is conducive to more sociable talk where the residents display an eagerness to engage in conversation. However, the fact that power sharing even occurs in the context of the interaction, could be said to be due to the professionals' willingness to relinquish power at different points in the discourse, as evidenced by the talk activity itself and by the professionals' desire to keep the resident engaged in a 'state of talk', considerations which will be returned to in later chapters of this thesis.

To conclude, therefore, the second hypothesis proposed *that residents are sensitive to power relations in discourse* is upheld, demonstrated not only by their response to power but by their own exertion of control conversationally and their active participation in situations of power sharing.

CHAPTER 10
CONVERSATIONS WITH PEOPLE WITH CHRONIC SCHIZOPHRENIA III: POLITENESS CONSIDERATIONS

10.1 Politeness at work in schizophrenia data

Previous chapters have referred to the idea that all communication is inherently face threatening. Co-operative conversations are therefore characterised by both speaker and hearer engaging in facework to maintain each other's face. The discussion in Chapter 5 demonstrated how linguistic politeness is seen to function *conversationally* in everyday talk; it is this function of politeness which again comes into focus in this chapter, as the schizophrenia data are explored further. Because of their social accelerating properties, demonstrating the residents' conversational use of positive politeness strategies should contribute to the emergence of a conversational sociability in the talk, the main concern of this thesis. The following discussion addresses the third hypothesis stated at the end of Chapter 7:*that residents are able to employ linguistic politeness strategies conversationally.*

As for the hairdressing context discussed in previous chapters, an assessment session is in itself a face threatening interaction for all concerned. For the professionals, there is the desire to be accepted by the residents as people they can trust; the professionals want to 'get on' with the residents in order to ultimately establish a positive therapeutic relationship with them. The residents, on the other hand, are up against the face threatening act of initiating and maintaining the encounter with relative 'strangers'. Face wants therefore impinge on the interaction in a number of ways, some of which are outlined below.

In any interaction, facework requires the fine balancing act of maintaining each other's face in the interaction. Therefore, the social accelerating properties of positive politeness strategies in use are in a complementary relationship with negative politeness strategies, those concerned with social distancing. The complex interplay of strategies realised in conversational interactions can render those interactions as 'predominantly positive' or 'predominantly negative' in politeness terms. (In fact, whole cultures have been described in such terms (see Sifianou, 1992)). For example, as was shown in the hairdressing data, the business-of-the-day frames were characterised in the main, by negative politeness strategies and bald-on-record strategies, with differing levels of mitigation in operation; a suspension of some politeness considerations was acceptable in the hairdressing context because of the (apparent) asymmetric power relationship present. The socio-relational frames were thus characterised as being predominantly positively polite, illustrating a tendency (or desire) between interlocutors to reduce social distance between speaker and hearer. It is therefore politeness, as it functions within socio-relational frames, which is the main concern of the following discussion. However, to set

the argument in context, it is useful to briefly explore linguistic politeness as it emerges in other frames also.

10.2 Politeness and business-of-the-day frames

Within the schizophrenia data, similar patterns of politeness to that of the hairdressing data emerge across frames and the conversational interaction in general. BDFs are illustrated in this context by the use of a mixture of negative politeness strategies and direct or bald on-record strategies (particularly, and to be expected in, the actual language testing interactions). Some examples of negative politeness at work can be illustrated by the following examples, where Irene attempts to reduce the impact of the face threatening act (FTA) of eliciting co-operation from the residents for language testing:

Extract 10.1 AQSZ11:97

46.	Andrew:	what are yous going to do this morning?
47.	Irene:	ah we'll see well Derval is going to do a few things with you first and
48.		then we are going to do the group again? like last week did you enjoy
49.		that last week?==
50.	Andrew:	==yeah==
51.	Irene:	==did you==
52.	Andrew:	==yeah

In the above example, Irene mitigates the FTA by referring to the language testing procedures as *a few things*, having further mitigated the FTA at the outset by saying rather vaguely, *ah we'll see* (what we will do) in line 47. These strategies attend to Andrew's face want of not being disturbed or imposed upon by the professionals. Similarly, in the following examples, Irene and Derval are trying to minimise the imposition on John, by referring to the task in the first example as a *bit of work* (see line 130/131) and referring to the test equipment in the second example (line 277) as *all those fiddly bits of things:*

Extract 10.2 JQSZ3:98

128.	Irene:	RIGHT==
129.	Derval:	==we do A BIT of ==
130.	Irene:	==LAST BIT OF WORK John
131.	Derval:	REMEMBER WE DID - WE DID SOME OF THIS A COUPLE OF
132.		WEEKS AGO?==
133.	John:	==I DO yeah==

Extract 10.3 JQSZ3:98

270.	Derval:	this is the last one now after this [3] PUT THE SMALL
271.		BLUE SPONGE BESIDE THE BIG YELLOW TOOTHBRUSH
272.		[10] BRILLIANT! THAT'S IT WELL DONE!
273.	Irene:	MY GOODNESS
274.	Derval:	==that's a difficult one
275.	Irene:	==heavy going
276.	Derval:	yeah
277.	Irene:	ha? all those FIDDLY bits of things==

The direct bald on-record commands inherent in testing procedures are also illustrated in the above example (lines 270/271). There are many more examples in the data illustrating such negative politeness strategies at work when introducing the task to be done. As these negative politeness forms occur around the business-of-the day-talk, it is not hard to see how such strategies may also function within socio-relational frames. After all, the goal is to 'get on' with the resident and one way of doing so is not to appear to impinge too much on the other's freedom.

10.3 Politeness and socio-relational frames

Socio-relational frames see lots of other politeness strategies at work. What is of primary concern is how the residents use positive politeness strategies *conversationally*, to reduce social distance between themselves and the professionals, within the face threatening nature of the session. One of the most efficient ways of discussing positive politeness as emerging conversationally, is to look at what is going on in specific excerpts of interaction with particular residents. Some of the following excerpts have already been exemplified in previous chapters, to illustrate aspects of framing or power considerations. In this way, analyses of the same excerpts from a number of perspectives, reflect the multi-theoretical basis of the analytic framework, while at the same time illustrating a compatibility across approaches in highlighting key conversational issues. Exploring specific and longer extracts of conversation as occurring with a particular individual, allows for each excerpt to illustrate different politeness strategies as they are used conversationally by the residents in the study.

10.3.1 Politeness and socio-relational frames I: Conversations with *Andrew*

The first few excerpts for discussion are taken from interactions with Andrew.

Excerpt 1 " *all shook up!* "
Extract 10.4 AQSZ11:97

->	119.	Andrew:	==I don't feel so good that's why I'm not concentrating
	120.	Irene:	yeah==
->	121.	Andrew:	==I'm all shook up ( ) Elvis Presley (laughs)
	122.	Irene:	(laughs) all shook up all shook up like Elvis Presley are you?
	123.	Derval:	(laughs)
	124.	Irene:	all shook up (laughs)
	125.	Derval:	(laughs)
->	126.	Andrew:	I still have them two tapes
	127.	Irene:	have you
	128.	Andrew:	yeah==
	129.	Irene:	==the red one isn't it the red album?

In the above excerpt, following a (hedged) troubles telling in line 119 (*I don't feel so good)*, the topic of *Elvis* is introduced by Andrew in line 121. This topic is maintained by Andrew's contribution in line 126 *(I still have them two tapes)* where he alludes to two

Elvis albums referred to in an earlier conversation. The *Elvis* topic is unrelated to 'testing' or 'troubles telling' engaged in earlier in the interaction. This strategy of claiming common knowledge through the raising of a *safe topic*, serves to redress the face threatening act (FTA) of complaining or engaging in troubles-telling, by talking for a while about unrelated issues. The other participants in the interaction are quick to align themselves to this type of talk and so respond to the positive politeness at work (with Irene quite obviously doing so, by repeating verbatim the phrase 'all shook up' in line 124).

Returning to the hedged troubles-telling in line 119, we see an additional positive politeness strategy in use, whereupon Andrew gives the reason for not concentrating (i.e., *I don't feel so good*). In doing so, Andrew is assuming co-operation with the other participants. The other participants, therefore, are led to see the 'reasonableness' of Andrew's FTA (i.e., complaining or admitting that he was 'not doing as well as (he) should be in the interaction').

In line 121, Andrew uses another positive politeness strategy, joking, which lessens the impact of his complaint in line 119, while at the same time presupposing shared knowledge with his interlocutors. That is, Andrew is presupposing that Derval and Irene 'get' the joke, when he describes his troubles in the words of an *Elvis* song *All shook up*. As Brown and Levinson (1987; 124) point out

> Since jokes are based on mutual shared background knowledge and values, jokes may be used to stress that shared background or those values. Joking is a positive politeness technique for putting H at ease.

Further positive politeness work is achieved when Andrew, in line 126, refers to *them two tapes*, again presupposing shared knowledge with his interlocutors. (Andrew had talked about Elvis' albums in previous conversations with Irene.) Excerpt 1 therefore illustrates how utterances can satisfy a number of politeness strategies at once and how Andrew uses them conversationally. The excerpt also shows how Andrew pays attention to the face wants of his interlocutors. In turn, Irene and Derval are attending to Andrew's face wants by engaging in and maintaining 'safe topic talk' .

Excerpt 2: "doing Elvis"

Following the above interaction (Extract 10.4) the *Elvis* topic is maintained over a number of turns as the talk drifts to: 'the songs of Elvis', 'being able to sing', 'singing in the shower' and eventually to the following:

Extract 10.5 AQSZ 11:97

->	178.	Andrew:	I feel a bit sort of tired and lousy though you know get me up in the
	179.		morning at half eight only getting out of bed. I was changing into me
	180.		gear I was when Mary called me you know Mary?
	181.	Irene:	I know Mary yeah
->	182.	Andrew:	the old nose is giving me trouble this morning (sniffles)
	183.	Irene:	the old nose is yeah [3] what will we do with you at all huh?
->	184.	Andrew:	I used to do a bit of singing... in the flat
	185.	Irene:	a bit of singing in the flat?==
	186.	Andrew:	==on me own
	187.	Irene:	on your own did you? did you have a guitar?
	188.	Andrew:	no==
	189.	Irene:	==you just sang yourself do you sing in the shower?
	190.	Andrew:	me and Paddy were doing Elvis there last Friday
	191.	Irene:	[laughs] you and Paddy
	192.	Derval:	[laughs]
	193.	Andrew:	you know Paddy the nurse?==
	194.	Irene:	==oh yeah ==
->	195.	Andrew:	==me and him were doing Elvis
	196.	Irene:	[laughs] were you ?
->	197.	Andrew:	says he to me says he to me "did you ever get the Beatles records"
->	198.		says I "no I never thought of it" (sniffles) my nose is giving me
->	199.		terrible trouble this morning with that spray

A number of utterances from this excerpt have been singled out for discussion below:

(i) *a bit sort of tired and lousy ....*

Andy's comment in line 178 that he feels *a bit sort of tired and lousy,* is an example of an expression of a hedged opinion. Andrew hedges his opinion in an attempt to reduce the impact of an FTA of complaining, while at the same time avoiding precise communication of his true feelings within the context of troubles-telling. The use of this hedge therefore, assumes some degree of common ground between Andrew and his interlocutors. In other words, Andrew calls upon his interlocutors to use their common knowledge to interpret his attitude (i.e., what it feels like to be *sort of tired and lousy*) and therefore employs a positive politeness strategy. However, by virtue of the fact that the hedge serves to minimise the imposition on Irene and Derval (i.e., defusing the FTA), Andrew indicates that 'the intrinsic seriousness of the imposition is not in itself great' (Brown & Levinson, 1987; 176). The use of such a hedge in this context, therefore, seems to satisfy both positive and negative politeness face wants at once.

(ii) Andrew's use of *the old nose ...*

Andrew's use of the phrase *the old nose* (line 182) is of interest also. Firstly, Andrew is very aware of the fact that his nose is visibly 'running' and he is having difficulty controlling this (a side effect of his medication). By depersonalising ownership and avoiding use of the possessive pronoun (i.e., using *the old nose* not *my old nose*), Andrew minimises the FTA of complaining about his problem. In Brown and Levinson's (1987; 190) terms :

> phrasing the FTA as if the agent were other than S or at least possibly not S or S alone and the addressee were other than H or only inclusive of H. This results in a variety of ways of avoiding pronouns.

Thus, Andrew is using a negative politeness device to communicate his want not to in any way impinge on his hearer. Irene's repetition of the same phrase *the old nose* (line 183), serves to stress agreement with Andrew, a positive politeness strategy.

(iii) *a bit of singing in the flat*

In line 184, Andrew uses the hedged phrase *a bit of singing* as a negative politeness strategy to possibly minimise boasting. In doing so, Andrew communicates his wish not to appear to be 'boasting about himself' and does so by trivialising his ability to sing. In other words, using the hedging device *a bit of* ... serves to mitigate the assumption that may be made on the part of Irene/Derval (i.e., that Andrew is able to sing); the use of the hedge may also communicate that such a proposition is only partially true. Irene's repetition of Andrew's phrase *a bit of singing in the flat* is a positive politeness device indicating her interest in what has just been said.

(iv) ...*doing Elvis*

In positive politeness terms, lines 195 and 197-198 illustrate Andrew's attempt at increasing the interest to his hearer by 'making a good story' and so intensifying his own contributions to the conversation. As also found in the hairdressing data, making a good story is marked by the use of the vivid present which, according to Brown and Levinson (1987; 106), 'pulls H right into the middle of the events being discussed, metaphorically at any rate, thereby increasing their intrinsic interest to him'. In lines 197 and 198 Andrew uses directly quoted speech and the use of the vivid present, both features of this strategy used conversationally.

10.3.2 Other politeness features at work: *Andrew*

With Andrew's reference to *doing Elvis* in the above excerpt, he makes the assumption that Irene and Derval know what 'doing Elvis' entails and indeed who *Elvis* is. Later in the interaction, Andrew's reference to *the Beatles* also assumes shared knowledge, suggesting a positive politeness device where Andrew, as speaker, is presupposing common ground or knowledge with his hearers. Akin to this feature is the fact that in general (in excerpt 2 given above), a number of topics are covered which could be described as *safe topics* or small talk (e.g., talk about *Elvis, the Beatles, singing in the shower* etc.). In politeness terms, safe topics are often used to redress an FTA, which in Andrew's case may be troubles telling (as Andrew drifts back to troubles-telling in lines 198 and 199). In the professionals' case, talk about safe topics may function to soften the FTA of the assessment session, and the inherent direct questioning to follow.

There are many examples of small talk through safe topics being initiated by Irene or Derval in the sample, with the various residents joining in. There are also some examples of such instances of small talk being initiated or maintained by the residents. In these examples, as referred to in previous chapters, the residents' effort in engaging in small talk can be seen as illustrating their general interest in their hearers and not just in the business-of-the-day (i.e., language testing or troubles-telling).

Finally, another feature of note in excerpts 1 and 2 is how Irene 'follows' Andrew's topics without question. Irene frequently employs the positive politeness strategy of *repetition* (see lines 121-122 in excerpt 1, and 182-183 and 184-185 in excerpt 2), even when Andrew abruptly changes the topic. In other circumstances, such abrupt topic shifts would prompt the hearer to issue a clarification request; this does not happen in the context under study. Following topic shifts in this way is a characteristic of some of the interactions in the schizophrenia data, a characteristic which will be further discussed in Chapter 11.

Excerpt 3 " *did you get your hair done ?* "

The following extract was discussed in the last chapter in the context of shifting power relations, in which the utterance *did you get your hair cut?* was seen as a topic initiator. The example is invoked again for consideration from a politeness perspective.

Extract 10.6 AQSZ11:97

->	255.	Andrew:	did you get your hair done?
	256.	Irene:	no
->	257.	Andrew:	I got mine done recently
	258.	Irene:	it looks very well you got a good cut ?==
->	259.	Andrew:	==ten quid!
	260.	Irene:	ten quid is it TEN QUID
->	261.	Andrew:	I think they charged eh Ciara ten quid
	262.	Irene:	that's a lot isn't it?
->	263.	Andrew:	they must have charged me ten quid too==
	264.	Irene:	==it's a lot for a man's haircut
	265.	Andrew:	I don't know

In the above excerpt, Andrew's utterance in line 255 initially looks like a positive politeness strategy in use, that is, he is taking notice of his interlocutor in the interaction. However, on closer examination the utterance constitutes a direct question and so could be considered an FTA, issued using a bald-on-record strategy. (It could also be interpreted as a compliment, depending on the context in which it is spoken). Yet, if it is considered as a face-threatening intention (FTI) (i.e., what is happening across utterances), we see that in line 257 Andrew redresses the (possible) FTA by continuing with the topic of 'hair cuts'. In other words, Andrew softens the FTA by allowing Irene to realise that the FTA was issued as a way of raising common ground through small talk

about haircuts; it therefore functions, as stated previously, as a topic initiator. Andrew then elaborates on the topic as it drifts towards a brief discussion of the cost of haircuts.

In politeness terms, the topic of haircuts, and particularly the initiation and maintenance of the topic through a discussion of the cost of same, may be considered a *safe topic,* where Andrew is seeking agreement with his interlocutors. The exclamation in line 259 (*ten quid!*), pertaining to the cost of the haircut, invites a response from Irene. Irene responds over the next couple of turns (see lines 260 and 264) by agreeing with Andrew on how expensive it is for a man's haircut.

In excerpt 3 we also see Andrew using a positive politeness strategy by claiming in-group membership with his hearers, through the use of in-group identity markers. Features of this strategy include the use of jargon and slang, as a marker of in-group membership (Brown & Levinson, 1987). In the above excerpt, Andrew uses the slang word for pounds (i.e., *quid* in lines 259, 261 and 263) which is also used by Irene (in line 260). Here, Irene is again using a positive politeness strategy by repeating the same words initially used by Andrew. The positive politeness strategy of claiming in group membership is also manifest in talk through the use of contraction and ellipsis. Andrew uses the contracted form *ten quid* instead of '*it cost ten quid*' or '*I paid ten quid for it*'. As Brown and Levinson (1987; 111) state:

> Because of the reliance on shared mutual knowledge to make ellipsis comprehensible, there is an inevitable association between the use of ellipsis and the existence of in-group shared knowledge ...S and H must share some knowledge about the context that makes the utterance understandable... It is perhaps for this reason that the use of ellipsis and contraction is associated with positive politeness and therefore the presence of ellipsis may mark an utterance as being positively polite.

The context which makes the utterance 'ten quid' understandable in this example is the shared knowledge between the interlocutors that 'haircuts cost money and we have to pay for them.'

From the above excerpts of conversations with Andrew, it is clear that he puts a number of positive politeness strategies to use conversationally, thus contributing to the sociability of the overall interaction. Andrew's engagement in facework sees many strategies functioning in both positive and negative politeness capacities, as the fine balance between social accelerating and social distancing in talk is monitored by the speaker.

10.4 Politeness and socio-relational frames II: Conversations with *John*

Further examples of politeness strategies used conversationally are evident from interactions with another resident, John. As referred to in Chapter 8, the following piece of interaction can be described as illustrating delayed troubles-telling, occurring towards the end of an assessment session. As in the case of Andrew discussed above, it is useful

to revisit the excerpt and examine it from a politeness perspective, to explore how John puts politeness strategies to work conversationally. Again, particular utterances are singled out for consideration.

Excerpt 4 "*...sign myself into hospital*"

Extract 10.7 JQSZ3:98

	270.	Derval:	this is the last one now after this [3] PUT THE SMALL
	271.		BLUE SPONGE BESIDE THE BIG YELLOW TOOTHBRUSH
	272.		[10] BRILLIANT! THAT'S IT WELL DONE!
	273.	Irene:	MY GOODNESS
	274.	Derval:	==that' s a difficult one
	275.	Irene:	==heavy going
	276.	Derval:	yeah
	277.	Irene:	ha? all those FIDDLY bits of things==
->	278.	John:	==I was going to SIGN MYSELF INTO HOSPITAL.
	279.	Irene:	were you?
	280.	John:	yeah I feel a bit better now
	281.	Irene:	WHEN were you going to sign yourself into hospital?
->	282.	John:	...I was going to mention it to YOU Irene==
	283.	Irene:	==were you ?
	284.	John:	yeah
	285.	Irene:	THIS MORNING?==
	286.	John:	==I've been out THREE YEARS you know I usually don't stay out
	287.		that long
	288.	Irene:	right? I think that's 'cos you've been doing SO WELL?
->	289.	John:	... ah I don't think I've been doing (well).
	290.	Irene:	do you not?==
->	291.	John:	==well I SUPPOSE I AM. I have to be
	292.	Irene:	I think you've been doing VERY WELL I think EMER thinks
	293.		you've been doing very well ==
	294.	John:	==DOES SHE?
	295.	Irene:	she was VERY IMPRESSED with you last week... in the group last
	296.		week she said it to me afterwards ...and she also said you're one of
	297.		the few people who can actually USE what you've been learning with
	298.		us on an everyday basis... the way you are able to GREET if you
	299.		meet the girls on the road or ask E. how her weekend was or ask
	300.		how other people are and you've been doing ALL OF THAT ...she
	301.		thinks you are doing VERY WELL yeah? so you didn't feel so well
	302.		so ...you were thinking of signing yourself back in.
->	303.	John:	I 've an awful lot of ENERGY ENERGY and maybe I take up A
->	304.		SMALL BIT OF JOGGING in the spr- in the summer==
	305.	Irene:	==OH RIGHT? that might be an idea would you LIKE-would you
	306.		ENJOY that
->	307.	John:	..I wouldn't say I'd ENJOY it mind you
	308.	Irene:	[laughs]
	309.	John:	[smiles]
	310.	Derval:	[laughs]
	311.	Derval:	it'd be GOOD for you.
	312.	Irene:	[laughing] but IT would get you out and about
	313.	John:	yeah

(i) *I was going to mention it to you, Irene...*

An interesting use of a *relevance hedge*, which satisfies a number of negative politeness considerations, is illustrated in line 282 (i.e. *I was going to mention it to you Irene).* That line 282 can be interpreted as a relevance hedge, requires one to backtrack to

line 278, when John, following business-of-the-day talk, utters this comment almost 'out of the blue'. John, in using this relevance hedge, may be accounting for this sudden shift in topic in line 282 (i.e. *I was going to mention (but I didn't until now / but I didn't want to)*). Line 278, as an FTA, may have been a threat to co-operative intention by its sudden introduction. Line 282 then eases the potential imposition and softens the FTA for reasons of face, therefore functioning as a negative politeness device in this context. This negative politeness strategy may also be interpreted as an example of what Brown and Levinson (1987) term *point of view distancing*. In other words, in this context John is seen to distance himself from the particular FTA and loss of face by manipulating tense, thus providing distancing in time (e.g., *I <u>was</u> going to sign myself into hospital* and *I <u>was</u> going to mention it to you ...*).

(ii) *I've been out three years you know ...*

The next example for discussion illustrates the politeness strategy of giving (or asking for) reasons, a politeness strategy which indicates that the speaker and hearer are co-operators, thereby lessening the impact of the FTA (also seen in examples from interactions with Andrew). As Brown and Levinson (1987; 128) state

> Another aspect of including H in the activity is for S to give reasons as to why he wants what he wants. By including H thus in his practical reasoning and assuming reflexivity (H wants S's wants) H is thereby led to see the reasonableness of S's FTA (or so S hopes). In other words, giving reasons is a way of implying "I can help" or "you can help me" and assuming co-operation, a way of showing that help is needed.

In line 286, John gives his reason for the FTA of telling Irene that he had wanted to sign himself into hospital (i.e., *I've been out three years you know I usually don't stay out that long)*. Giving the reason, according to the politeness strategy employed, implies that John is assuming co-operation will be given by Irene in understanding this interpretation. This assumption of co-operation is further confirmed in line 282, where John explains that he was going to mention it to Irene.

(iii) *well I suppose I am , I have to be*

In this example, John, having initially disagreed with Irene in line 289 (*ah I don't think I've been doing (well))*, avoids further disagreement by hedging an agreement in line 291(*well I suppose I am, I have to be*). In doing so, John is using a positive politeness strategy to eventually claim a common point of view. This example also illustrates John's attempt to soften the FTA of complaining in line 289, through using the hedge *well I suppose I am ...* and thus avoiding a precise communication of his attitude towards his current mental health. The use of the hedge *well I suppose...* may also serve to assume

some degree of common ground between himself and Irene 'in that S calls upon H to use his common knowledge to interpret S's attitude' (Brown & Levinson, 1987; 146).

(iv) *a small bit of jogging*

John's use of the phrase *a small bit of jogging* (lines 304-305) functions as a hedge in this context, where the FTA may be a statement of what he would like to do within the context of his care arrangements (i.e., resident in a high-support hostel). Saying this to Irene (perceived as a member of the care team) carries some weight, if power relations are taken into account. In using the hedge, John is attempting to minimise the imposition of the FTA. In other words, one way of defusing the FTA is to indicate that the weight or the seriousness of the imposition is not in itself great (Brown & Levinson, 1987); mitigating the force of the imposition is further achieved by using the lexical item 'maybe' (line 303) as a marker of uncertainty.

(v) *I wouldn't say I'd enjoy it mind you*

John's response (in line 307) to Irene's question (in line 305) of whether he might enjoy 'jogging' is of particular interest. John's emphasis on *enjoy* and the use of *mind you* as an intensifier or parenthetical hedge, suggests a humorous (or sarcastic) tone in this response; as such it qualifies as a positive politeness strategy in this context. In addition, in not wanting to disagree, John may be using a token agreement, that is *I wouldn't say I'd enjoy it but I might like it*. Such an agreement may also be considered a positive politeness strategy, again used conversationally.

10.4.1 Other politeness features at work: *John*

As was shown in the hairdressing data, the strategy of presupposing common ground is considered a positive politeness device addressed to the hearer's positive face (Brown & Levinson, 1987). Claiming common ground functions to reduce social distance between speaker and hearer. In the following extract, John presupposes (incorrectly) that Derval knows 'where' and 'what kind' of establishment 'Coman's' is (line 9):

Extract 10.8 JQSZ3:98

	8.	Derval:	terrible-absolutely terrible [3] so were you just down at the SHOP?
->	9.	John:	just at the shop. [4] went towards Coman's then... I I didn't have a
	10.		drink I just walked down towards it ==
	11.	Derval:	= =oh right ... where where's Coman's House em ?==
->	12.	John:	==just in Rathgar
	13.	Derval:	right ...it's a PUB is it ?
->	14.	John:	yeah

Derval's requests for clarification in lines 11 and 13 are responded to by John in lines 12 and 14. The fact that John presumes Derval knows where Coman's is located can be seen

as an exploitation of a positive politeness device used conversationally. Other examples see John presupposing common ground as follows:

Extract 10.9 JQSZ 3:98

	55.	Derval:	==and who was supposed to be playing==
	56.	Irene:	==yeah they weren't terribly interesting names.
->	57.	John:	...Chris de Burgh.
	58.	Irene:	yeah ...and ..Cliff Richard==
	59.	Derval:	==OH GOD [laughs]
	60.	John:	a famous few names==

Extract 10.10 JQSZ 3:98

	192.	Irene:	do you LIKE them do you?
	193.	John:	I do yeah.
	194.	Irene:	mm ... nice and comfortable. ==
	195.	John:	==they ARE comfortable ...I got them in Nutgrove
	196.	Irene:	what's that?
->	197.	John:	I got them in NUTGROVE. ==
	198.	Irene:	==IN NUTGROVE oh yeah it's quite a GOOD SHOPPING
	199.		CENTRE UP THERE==
	200.	John:	==it is

In the above extracts John assumes (this time correctly) that both *Chris de Burgh* in the first example (line 57) and *Nutgrove* in the second example (line 197) are familiar referents to his interlocutors.

Other politeness features used by John can also be seen to be functioning conversationally. Many casual conversations are characterised by a tendency for the interlocutors to agree, or at least feign agreement, so as to avoid a risk to face. As for the hairdressing data, hedging opinions is a strategy in use in the schizophrenia data also, as the following example shows:

Extract 10.11 JQSZ3:98

->	34.	John:	it's great they had THAT CONCERT for Princess Di near her- near
	35.		the palace in England over the weekend.
	36.	Irene:	oh did they HAVE IT? ==
	37.	John:	==they had a concert ==
	38.	Irene:	==they HAD the concert...oh right I thought they were just selling
	39.		the tickets were they not?
->	40.	John:	...I -I thought it was on over the weekend
	41.	Irene:	==oh?
->	42.	John:	== I saw it I think

The above extract begins with an assertion by John (line 34) about the staging of a concert over the previous weekend. However, following Irene's expression of doubt in lines 36 and 38, as to the actual timing of the concert, John hedges his opinions (lines 40 and 42), thus backtracking on his original assertion. By hedging, John avoids disagreement, thus invoking a positive politeness strategy. However, on closer examination, because of the use of a quality hedge in line 40 (*I thought it was on over the weekend)*, John could also be invoking a negative politeness device. In other words, John, as speaker, is not taking full responsibility for the truth of his utterance. The use of this hedge, therefore, modifies the force of the FTA, thus avoiding potential breakdown

in the conversation and a potential threat to co-operative interaction by disagreeing. The quality hedge serves to soften the FTA of disagreeing for reasons of face and so functions as both a positive and negative politeness strategy at once. The following extract also exemplifies this point:

Extract 10.12 JQSZ3:98

	93.	Derval:	==did you used to watch FATHER TED?
->	94.	John:	I used to - well I used to ...bits of it ==
	95.	Derval:	==yeah==
	96.	John:	it was very good.

Again, we can see the use of hedges in this example (line 94), as John is seeking to agree or give a positive response to the question asked of him. Therefore, rather than saying that he does *not* watch the programme, John eventually responds by saying he only watched *bits of it* (line 94).

Finally, *repetition* is yet another positive politeness device which functions conversationally in the data as another form of agreement, as the following examples show:

Example 10. 1:
Extract 10.13 JQSZ3:98

	1.	Irene :	it's DRIZZLING is it ?
->	2.	John:	drizzling.

Example 10. 2
Extract 10.14 JQSZ3:98

	8.	Derval:	terrible-absolutely terrible [3] so were you just down at the SHOP?
->	9.	John:	just at the shop. [4] went towards Coman's then... I I didn't have a
	10.		drink I just walked down towards it ==

Example 10. 3
Extract 10.15 JQSZ3:98

	43.	Irene:	a concert for princess Diana's ==
	44.	Derval:	==oh yeah ==
	45.	Irene:	==em I...CHARITY wasn't it
->	46.	John:	==charity
	47.	Irene:	==charity concert
->	48.	John:	==charity...charity

Example 10. 4
Extract 10.16 JQSZ3:98

	192.	Irene:	do you LIKE them do you ?
	193.	John:	I do yeah.
	194.	Irene:	mm ... nice and comfortable. ==
->	195.	John:	==they ARE comfortable ...I got them in Nutgrove

Agreement is therefore stressed by repeating all, or some, of what the previous speaker has said and in this way functions conversationally as a positive politeness strategy, to indicate and stress interest in what is being said.

As for Andrew, the above examples show that John too is able to invoke a number of politeness strategies conversationally. The examples show that John skilfully engages in facework which results in co-operative and successful interactions.

10.5 Politeness and socio-relational frames III: In conversation with *Martin*

The following excerpt highlights a number of positive politeness strategies used conversationally by Martin. The excerpt also allows a closer examination of joking, as interpreted from a politeness perspective.

Excerpt 10.17 MQSZ1:98

->	123.	Martin:	how are you?
	124.	Irene:	I'm grand thanks
->	125.	Martin:	were you in family's p-parents house Christmas?
	126.	Irene:	for a short time = = I was
->	127.	Martin:	= = short time. You weren't Christmas day were you==?
	128.	Irene:	==yeah for a little little while
->	129.	Martin:	just visitin"
	130.	Irene:	yeah but I cooked I cooked Christmas dinner = = myself
->	131.	Martin:	= = for them?
	132.	Irene:	no
	133.	Martin:	for my yourself==
	134.	Irene:	==my husband's family
->	135.	Martin:	your husband's family
	136.	Irene:	mhmm yeah so we'd a grand day I didn't burn the turkey this year
	137.		(good it's cooked)
	138.		[6]
->	139.	Martin:	did I tell you the joke about the parrot did I?
	140.	Irene:	joke about the parrot?==
	141.	Martin:	==yeh
	142.	Irene:	I think you did actually==
->	143.	Martin:	==good joke that
	144.	Irene:	yeah
->	145.	Martin:	and what's black and red what's black and white and red all over a
	146.		nurse-a nun with a knife in her back [laughs]
	147.	Irene:	a nun with a knife [laughs]
	148.	Paula:	in her back?
	149.	Irene:	==[laughs]
	150.	Paula:	==[laughs]
	151.	Derval	==[laughs]
->	152.	Martin:	my aunt is a nun==
	153.	Irene:	==where did you hear THAT one now?
->	154.	Martin:	joke -someone told me my aunt is a nun she's very good ( )
	155.	Irene:	[laughs]
	156.	Martin:	in St---------Convent
	157.	Irene:	oh dear.
	158.	Paula:	or a zebra with a sunburn ( )
->	159.	Martin:	what's that?
	160.	Paula:	black and white and red all over
->	161.	Martin:	that's good. yeah
	162.	Paula:	( )
	163.	Irene:	that's good too
	164.	Paula:	I find it really hard to remember jokes
	165.	Martin:	yeah
	166.	Irene:	yeah very hard to remember

Excerpt 10.17 for discussion purposes, can be described as falling into two sequences: that which occurs before the pause in line 138 and that which occurs after the pause (i.e. the joking sequence). However, before looking at the joking sequence in some detail, the earlier lines of the interaction warrant comment.

(i) how are you?

As was discussed in the previous chapter, initiating the *how are you*? (HAY?) sequence is usually the prerogative of the powerful one in the discourse. However, as was demonstrated, this tendency is not always the case. In this excerpt (line 123), we see Martin asking Irene *how are you?*, only to be quickly followed through (line 125) by a further question related to Irene's family. There is little doubt that this may be seen as a 'power-flip' of sorts as referred to in the previous chapter.

What is also of interest is the location of this sequence within the overall interaction. The HAY? sequence occurs well in to the interaction and follows some talk about what Martin himself was doing over the Christmas period (in which Paula and Irene probed Martin for information). The position of the HAY? within the sequence, helps to explain Martin's enquiry about Irene's activities over the Christmas period (line 125). In other words, Martin is reciprocating the interest shown to him, so to speak, and, though unusual in the context studied (particularly with regard to the positioning of the HAY? well into the interaction), he can be seen to be operating within positive politeness constraints. Showing or attending to the interests of your interlocutor can be said to constitute a positive politeness strategy which in this case is used conversationally by Martin in its social accelerating function. Showing interest in the interlocutor is further exemplified as the talk unfolds and Martin continues to ask Irene about visiting arrangements over Christmas (see lines 127 and 131).

An additional positive politeness device is also used conversationally by Martin in this sequence. As has been shown in previous examples, agreeing with what your interlocutor has said, by repeating all or part of his/her utterance, demonstrates an interest in the ongoing talk. Lines 127 and 135 show Martin repeating parts of Irene's previous utterances (*short time* and *husband's family*, respectively).

Finally, of interest in this piece of interaction is Martin's use of ellipsis and contraction in line 129 (*just visitin'*). Line 129 is essentially a gloss which Martin has put upon Irene's previous utterance in line 128 (*yeah for a little while*). In so doing, Martin is interpreting Irene's actions from a shared background knowledge point of view (i.e., if you stayed for just a short while you were '*just visiting*').

(ii) did I tell you the joke about the parrot did I?

Though joke telling is in itself a face threatening act, telling jokes to put your interlocutor at ease is seen to function as a positive politeness device conversationally.

Joking in turn then mitigates the face threatening nature of the conversational interaction in general. Once again, power considerations are pertinent here, as it is unusual for the apparently disempowered to instigate joking behaviour. However, as we have seen from discussions of framing, the other participants in this interaction are quick to align themselves to the joking frame and hence the sequence continues.

As joking is based on mutual values and shared background knowledge, jokes may be used to stress those values and the shared background knowledge between interlocutors (Brown and Levinson, 1987; 124). *Did I tell you that joke about the parrot did I?* (line 139), functions as a pre-topic check before Martin proceeds. Irene's answer is possibly a dispreferred one (i.e., *I think you did actually)* which, in other words, could mean *and we don't want to hear it again.* Martin, however, is unperturbed by this response; he proceeds to save face by stating it was *a good joke that* in line 143, with which Irene agrees (line 144), clearing the way for Martin to tell yet another joke (line 145-146).

As referred to above, joke telling is in itself a face threatening act which may or may not damage the teller's positive face, depending on how it is received (see joke telling example in hairdressing data). Though Martin's joke is met with laughter by all concerned, the face threatening nature of a joke about 'a nun' (in addition to a joke involving violence), does not go unnoticed by Martin as he 'justifies' the reason or relevancy for his joke in line 152 (*my aunt is a nun*). The sequence continues in line 153 where Irene, rather surprised at the joke, asks *where did you get that one now?* Martin responds, disowning the joke somewhat in line 154 *(someone told me),* while at the same time moving on to state that his aunt who is a nun *is very good.* Finally, as Paula refers to a similar joke in line 158, Martin reciprocally agrees that it too is a good one (line 161).

It is clear, therefore, that there is significant face-saving behaviour at work in this interaction on Martin's part. Though engaging in the face-threatening act of telling a joke, using it as a positive politeness conversational strategy, he is aware of the risks to his positive face, which he compensates for in a number of ways as discussed above.

10. 6 Summary and conclusions

The above discussion has demonstrated how the use of politeness strategies have a role to play in successful conversational interactions. Not surprisingly, as for the hairdressing data, the business-of-the-day frames are characterised predominantly by bald-on-record strategies and negative politeness forms. However, what is of particular interest is the conversational use of positive politeness strategies by the residents to promote and maintain social relations among interlocutors, thus fulfilling their role as social accelerators. Politeness strategies such as invoking safe topics for small talk, seeking agreement through repetition, avoiding disagreement through hedging, presupposing shared background knowledge, joking and attending to the interests of the

interlocutors were all strategies used by the residents in their conversational interactions. with the professionals. It could be said that because the professionals were also predominantly using positive politeness strategies in the interest of building and maintaining rapport (e.g., engaging talk around *safe topics*), a positive politeness conversational climate was being created, thereby facilitating the residents to engage in such 'social accelerating' talk. Regardless of the positive orientation of the professionals, significant relational work, through the use of positive and negative politeness strategies, was being done in the interactions by *all* concerned. Therefore, finely balanced facework could be said to be in evidence in many of the interactions cited, supporting the hypothesis *that residents could employ linguistic politeness strategies for conversational use.* In particular, the use of the social accelerating positive politeness strategies by the residents contributes to the overall conversational sociability of the interactions under study.

Finally, the observation that people with schizophrenia were able to encode politeness strategies in the interest of social relations is of particular interest, given the frequently cited impaired ability of this group to make inferences about others' mental states in communication (cf. the discussion of inferencing as required in *theory of mind* tasks in Chapter 1 of this thesis). Encoding linguistic politeness, whether it be positive or negative politeness, naturally requires making some inferences about the effect of what is said on the listener. Can it be, therefore, that as for the example of frame behaviour in schizophrenia (discussed in Chapter 8), active or 'on-line mentalising' such as that required for linguistic politeness is revealed as an ability in conversation in people with chronic schizophrenia and therefore may be more accurately and realistically explored in other presentations of schizophrenia *as it occurs* in conversational interactions?

CHAPTER 11
CONVERSATIONAL BREAKDOWN IN SCHIZOPHRENIA: REPAIR AND PREVENTION

11.1 Introduction

Chapters 8 to 10 analysed conversational interactions between people with chronic schizophrenia and professionals from a number of perspectives. Each analytic approach was concerned with how the negotiation and construction of social relations in talk could be revealed. Revealing how social relations are negotiated through talk contributes to the exposure of a process of conversational sociability. A compatibility across analytic approaches was illustrated through discussion of conversational excerpts.

The explorations of the schizophrenia data thus far, reveal how the residents, in general, are found to cope well conversationally on a number of different levels. However, as was shown in Chapter 6, conversational breakdown (and avoidance of same) is a normal occurrence in interactions, requiring repair by one or other of the interlocutors. Discussions of hairdressing data also pointed to the possible 'prevention of breakdown' work being done by participants, as conversation proceeds. The occurrence of conversational breakdown in the schizophrenia data, largely ignored so far in this study, is the focus for discussion in this chapter. Hence, some excerpts from the interactions, which illustrate the residents getting into some 'conversational difficulty' (i.e. some negative data) will be discussed.

As was shown in Chapter 1, communication breakdown in schizophrenia has been widely discussed. It was also noted that in discussions of such breakdown, little attention is paid to the interlocutor's role. Explorations of conversational breakdown in schizophrenia, however, necessitate consideration of the interlocutor's role in repair and prevention. Conversational interactions, such as those described in the previous chapters, allow for an examination of how repair can be interactionally achieved. This chapter therefore, begins with an exploration of breakdown and subsequent repair work being done in conversational interactions within the context studied (section 11. 2).

The tendency of the professionals to follow the lead of the person with schizophrenia, in terms of alignments and topic management issues, was noted in previous chapters. This tendency warrants further discussion within the context of the application of *Communication Accommodation Theory* (N. Coupland et al., 1988; N. Coupland et al., 1991; as outlined in Chapter 2 and as applied to hairdressing data in chapter 6). It is proposed that this tendency to accommodate (to varying degrees) to the conversation of the person with schizophrenia functions to prevent breakdown, while at the same time allowing a conversational sociability to emerge.

11.2 Conversational breakdown and repair in the schizophrenia data

Traditionally, in communicative interactions with people with schizophrenia, the blame for conversational breakdown, should it occur, is usually placed on the person perceived as having the communication disorder or disability (i.e. the person with schizophrenia). Exploring conversational interactions allows for an examination of how repair to conversational breakdowns can be interactionally achieved, that is, by interlocutors collaboratively working to avoid breakdown. The following discussion begins with some obvious examples of breakdown as they occur in the data (11.2.1) and how such breakdowns are repaired by participants (11.2.2). As for the hairdressing data, so-called 'abrupt' topic shifts, which sometimes put the conversation at risk for breakdown, also come under scrutiny as a feature most often implicated in disordered schizophrenic communication (11.2.3). Finally, what I term 'illness related-breakdowns' will be discussed, before ultimately moving to a broader interpretation of breakdown prevention, from a communication accommodation point of view (11.3). Breakdowns in the schizophrenia interactions put the success of the conversation at risk, at times also negatively affecting the emergence of socio-relational talk, as will be demonstrated.

11.2.1 Conversational breakdowns

It was noted in Chapter 6 that failing to take up alignments in talk can lead to a conversational breakdown. The following example from an interaction with Andrew, exemplifies this feature further:

Extract 11.1 AQSZ 1:98a

	35.	Paula:	so you've any other news?
->	36.	Andrew:	no.
	37.	Paula:	not a lot. did you have a shower this morning?
->	38.	Andrew:	no
	39.	Paula:	no still waiting [6] think you'll have it later on?
	40.	Andrew:	yes
	41.	Paula:	yeah ( ) [7] so you've nothin' else then? (happened) exciting
	42.		over the weekend?
->	43.	Andrew:	no.
	44.	Paula:	no.
	45.		[6]
	46.	Paula:	d'you want to try out a few of these Andy? [7] yeah?
	47.	Andrew:	(uh)
	48.	Paula:	I'm goin' to give you some sayings that people say to mean
	49.		diff'rent things. so if I give you the sentence will you tell me what it means?

This extract is part of a typical opening sequence of an interaction where participants had been engaged in talk about television programmes they had recently seen. All participants have initially aligned themselves to the socio-relational frame of talk. However, as the talk proceeds and as Paula tries to maintain the *anything strange?* type sequence for a while longer (lines 35 and 41-42), she is met with negative responses from

Andrew (lines 36, 38 and 43). Andrew's repeated negative responses bring the 'weekend' topic to a close while simultaneously causing a shift in frames. The frame shift, from a socio-relational frame to a business-of-the-day frame, is instigated by Paula in line 46 and 48. However, what follows is of particular interest where framing is concerned. A continuation of the above sequence is given below for further discussion:

Extract 11.2 AQSZ 1:98a

	47.	Paula:	d'you want to try out a few of these Andy? [7] yeah?
	48.	Andrew:	(uh)
	49.	Paula:	I'm goin' to give you some sayings that people say to mean diff'rent
	50.		things. so if I give you the sentence will you tell me what it means?
->	51.	Andrew:	oh I was watchin' a prog- *Gentlemen Prefer Blondes* I saw it before
	52.		==years ago
	53.	Paula:	==OH YEAH with Marilyn Monroe?==
	54.	Andrew:	==yeah
	55.	Paula:	I didn't see that. was it good?
	56.	Andrew:	it was good yeah
	57.		[4]
	58.	Irene:	was that on yesterday?
	59.	Andrew:	was on yesterday yeah
	60.	Irene:	oh
	61.	Paula:	who else is in it? Marilyn Monroe any anybody else?==
	62.	Andrew:	==Jane Russell
	63.	Paula:	who?
	64.	Andrew:	Jane Russell
	65.	Irene:	oh right.
	66.	Paula:	is it black and white?
	67.	Andrew:	yeah.
	68.	Paula:	d'you watch a good bit of T.V. (here then)?... okay I'm goin' to
	69.		give you these ahm sentences an you can tell me what they mean
	70.		okay? we'll start off with PULL THE WOOL OVER YER EYES
	71.		[6]
->	72.	Andrew:	pull the wool
	73.	Paula:	yeah what what does it mean to PULL THE WOOL OVER
	74.		SOMEONE'S EYES?
->	75.	Andrew:	they're lyin'
	76.	Paula:	yeah ... the next one PUT THE CART BEFORE THE HORSE

Though Paula attempts to instigate a BDF in lines 47 and 49, as mentioned above, it is clear that Andrew does not take up this alignment. Instead, Andrew reinstigates the socio-relational frame by continuing to talk about television programmes and films, the subject of earlier talk in the sequence. Irene and Derval re-establish footing around this frame as they prompt Andrew to elaborate further on the topic until it, in turn, comes to a close in line 68. The socio-relational frame then shifts back to a BDF, to which Andrew readily aligns himself (lines 72 and 75).

It can be suggested, therefore, that there are two potential breakdown points occurring in this sequence. The first occurs as Andrew repeatedly responds negatively to Paula's encouragement to engage in further talk about the weekend. This breakdown causes a shift in framing, instigated by Paula but not taken up by Andrew. This misalignment in framing is the second potential breakdown point in the interaction (compare the misalignment to the joking frame within the hairdressing data discussed in

Chapter 6, Extract 6.1). However, it is not hard to see how potential breakdowns are avoided and compensated for by the negotiated actions of the other participants in the interaction.

Another example taken from an interaction with Martin also illustrates how repeated negative responses putting the conversation at risk for breakdown:

Extract 11.3 MQSZ11:97

	152.	Irene:	that it? well done. were you good at art Martin when you were in
	153.		school
->	154.	Martin:	no
	155.	Irene:	wasn't your strength==
->	156.	Martin:	didn't do art
	157.	Irene:	didn't do art
	158.	Martin:	French and History
	159.	Irene:	oh French and History you were good at those - yeah... yeah so no
	160.		other news for us today
->	161.	Martin:	no==
	162.	Irene:	==you're not the best today are you
->	163.	Martin:	not the best no.
	164.	Irene	we're going to get into a group at about half eleven would you join
	165		us? yeah OK.

This sequence occurs towards the end of an interaction (following a BDF). In fact, Martin's negative responses in lines 154, 161 and 163 are instrumental in bringing the interaction to a close, despite Irene's attempt (line 159) to keep the talk going. Martin's repeated negative responses lead Irene to suggest to Martin that he is *not the best today* (line 162) and so the conversational interaction is brought to a close by the suggestion that Martin might join a group session later in the morning. The above sequence illustrates that Martin, at this stage in the conversation, no longer wishes to engage in socio-relational talk, clearly opting out of the interaction.

The above examples illustrate how conversations may be at risk for breakdown for a number of reasons. Bringing a topic to a close does not automatically imply a conversational breakdown. However, what brings the conversational topics to a close in the above examples are the repeated negative responses from the residents, in other words a resistance to further engage in talk. This resistance may be considered to contribute to conversational breakdown, within the context under study. Also of interest is the shifting of frames precipitated by such negative responses.

11.2.2 Conversational breakdown: Interactionally achieved repair work

The conversational breakdowns discussed above were largely related to topic management issues, that is, the residents were resistant to, or not interested in, engaging in further talk. However, as talk proceeds, repair work may be needed at different points to ensure the smooth running of the conversation. For example, breakdowns may require the hearer to request clarification of the speaker before the talk continues (i.e. other-initiated repair) or the speaker himself may revise his or her own utterance (i.e. self-

repair). Thus, being able to respond to repair requests and being able to repair one's own utterances are key conversational skills which contribute to successful and effective interactions. An exploration of such repair strategies as used by the residents in the data follows.

- *Responses to repair requests: Other-initiated repairs*

As discussed previously, breakdowns can occur for a number of reasons, including when one interlocutor simply fails to hear correctly what the other has said. The following examples all illustrate mishearings on Irene's part, resulting in requests for repair. Repair requests in the following examples take the form of Irene repeating what she thought she heard with a rising intonation, thus checking whether it was correct or not. The residents' *responses* to such requests are highlighted in each extract.

Extract 11.4 AQSZ11: 97

	8.	Irene:	em you're going to Loughlinstown will you be out there for a few
	9.		days?
	10.	Andrew:	two days.
	11.	Irene:	ah that'll be a break? a rest huh? nice out there = =
	12.	Andrew:	= =will they (give) me a bed out there?
	13.	Irene:	give you a bed?
->	14.	Andrew:	will they LEAVE me in bed?
	15.	Irene:	leave you in bed? I'd imagine so in hospital I'd imagine they 'll
	16.		leave you in bed would you like that?

Extract 11.5 AQSZ 2:98

	322.	Derval:	done enough work for one day?
	323.	Irene:	you might join us for the group?
	324.	Andrew:	yeah==
	325.	Irene:	==Declan is there he might give you a shower why don't you ask
	326.		him?
	327.	Andrew:	(I'm) too busy
	328.	Irene:	you're too busy?
->	329.	Andrew:	THEY'RE busy
	330.	Irene:	well you could ask Declan he might be able to look after you huh?
	331.		y'okay? y'alright?
	332.	Andrew:	(yeah)

Extract 11.6 YQSZ6:96

	453.	Irene:	because it some days it's really good Yvette and really clear and
	454.		it's really lovely to listen to you and other days==
	455.	Yvette:	==(I'm tired standing on my feet)
	456.	Irene:	you're tired are you
->	457.	Yvette:	no I said I'm not tired to day ==
	458.	Irene:	==you're not
	459.	Yvette:	I'm not standing on my feet you see

The first two examples above see Andrew emphasising the misheard word in his response, thus successfully repairing the breakdown (lines 14 and 329 respectively). Extract 11.6, taken from an interaction with Yvette, sees her overtly correcting Irene, her repair taking the form of *no I said X....* in line 457.

The data also show how the residents repair their utterances following explicit requests to do so from Irene, as illustrated in the following examples. Again, the residents' *responses to such requests* are highlighted in the following sequences.

Extract 11.7 YQSZ6:96

	341.	Irene:	Geraldine ...oh did you meet Terence?
	342.	Yvette:	oh I did we had to ( )
	343.	Irene:	say that again Yvette
->	344.	Yvette:	oh sorry WE HAD TO APPLY AGAIN FOR THE VHI
	345.	Irene:	oh right ==
	346.	Yvette:	==or for the DPMA
	347.	Irene:	oh right and did Terence meet with you did he and how did that go
	348.	Yvette:	great
	349.	Irene:	good

Extract 11.8 YQSZ6:96

	528.	Irene:	yes I think you have... you summed up that video in one sentence
	529.		inside
	530.	Yvette:	( )
	531.	Irene:	now what was that?
->	532.	Yvette:	LISTENING TO ABBA do you think that's good? [laughs loudly]
	533.	Irene:	I wouldn't deprive you of listening to your ABBA tapes [laughs]

In extracts 11.7 and 11.8, Yvette increases her volume and puts more emphasis on the most salient portion of the utterance for Irene's benefit. However, there are other times when repair work occurs across a number of turns, that is, when it is not only confined to the immediate next turn after the repair request. The following extract illustrates such a repair sequence:

Extract 11.9 MQSZ1:98

	1.	Martin:	Mawkin my nephew calls me Mawkin
	2.	Irene:	Mawkin [laughs]
	3.	Martin:	and my other nephew calls me my my my my niece my nephew
	4.		calls me Dubabby Dubabby he says Dubabby
	5.	Paula:	what's that?
->	6.	Martin:	he say Dubabby instead of Dubarry
	7.	Irene:	Dubabby?
->	8.	Martin:	his his proper name is ( ) Dubarry ( )
	9.	Irene:	oh right
->	10.	Martin:	( ) Dubarry is his name Dubarry
	11.	Irene:	right
->	12.	Martin:	but he used to call me the little kid Dubabby
	13.	Irene:	oh Dubabby
->	14.	Martin:	'cos he couldn't know the words

The above extract sees Martin talking about his nephew's unusual pronunciation of the family name. Paula and Irene have some difficulty following what Martin is saying. Therefore, following their respective requests for repair (lines 5 and 7), Martin in lines 6, 8, 10, and 12 proceeds to explain the mishearing in line 5 and query in line 7. Irene's use of back-channel devices facilitates the repair work to progress. Finally, in line 14 Martin gives the reason for his nephew's unusual pronunciation of his name, the original cause of

the breakdown. Repair sequences such as that illustrated above demonstrate how repair work can be interactionally achieved across a number of turns.

- *Self-initiated self-repairs*

As well as responding to other initiated repairs, it is evident from the data that residents are able to repair their own utterances before a breakdown occurs. These self-repairs fall into two categories, examples of which can be seen below:

(i) within turn repairs where the resident corrects his own utterance within his turn

Extract 11.10 MQSZ11:97

	54.	Derval:	and what's the year ?
->	55.	Martin:	1998- 1997

Extract 11.11 MQSZ2:98b

	385.	Irene:	what date was that?
->	386.	Martin:	the fourteenth -the thirteenth of the twelfth nineteen ninety one
	387.	Irene:	thirteenth of the twelfth = = nineteen ninety one
	388.	Martin:	= = yeah nineteen ninety-one
	389.	Irene:	just before Christmas = = was it?
	390.	Martin:	= = yeah yeah

Extract 11.12 JQSZ3:98

	303.	John:	I 've an awful lot of ENERGY ENERGY and maybe I take up A
->	304.		SMALL BIT OF JOGGING in the spr- in the summer ==
	305.	Irene:	==OH RIGHT? that might be an idea would you LIKE-would you
	306.		ENJOY that

(ii) across turn repairs where the resident corrects what he has said in an earlier turn

Extract 11.13 AQSZ11:97

	138.	Andrew:	so I've just left it there you know. no one asks to play it now they
	139.		used to go mad to play Elvis you know
	140.	Irene:	==yeah
->	141.	Andrew:	==on a Saturday morning
	142.	Irene:	Saturday morning == was the Elvis morning
->	143.	Andrew:	== Sunday morning you know
	144.	Irene:	yeah.

Extract 11.14 MQSZ2:98b

->	659.	Martin:	they were playing England
	660.	Irene:	oh wait now who did I see = = scoring all the tries
->	661.	Martin:	= = they were playing Wales Wales
	662.	Irene:	they were playing = = Wales
	663.	Martin:	= = Wales
	664.	Irene:	yeah and he scored a loada tries didn't he?
	665.	Martin:	yeah great [sniffs]

Finally, a sequence taken from an interaction with Martin not only shows how repair work may be interactionally achieved, but displays a number of different types of repair strategies in use:

Extract 11.15 MQSZ2: 98b

	623.	Paula:	yeah exactly. Yvette has the videos an stuff hasn't she?
	624.	Martin:	she has [5] I'm lookin' forward to the (Scottish) match next
	625.		Saturday week
	626.	Irene:	say that again?
->	627.	Martin:	lookin' forward to the Welsh match next Saturday week
	628.	Irene:	oh is it here?
	629.	Martin:	it's in it's in ==
	630.	Irene:	==Landsdowne?
	631.	Martin:	( ) it's away
	632.	Irene:	oh it's away==
	633.	Martin:	==Ireland and France match on the seventh
	634.	Irene:	now you you've lost me Martin- hold on
->	635.	Martin:	March the seventh
	636.	Irene:	yeah?
	637.	Martin:	Ireland are playin France
	638.	Irene:	Ireland are playing France HERE?
->	639.	Martin:	no away
	640.	Irene:	oh right okay and then?
->	641.	Martin:	England are playing -Ireland are playing England on the twenty
	642.		first they're playing Wales on the twenty first -twenty first of
	643		March Ireland are playing Wales
	644.	Irene:	here?==
->	645.	Martin:	==at home
	646.	Irene:	yeah right
	647.	Martin:	and England on the fourth of April playing Wales
	648.	Irene:	eh believe England had a great win on Saturday

Following Irene's request for repetition in line 626, Martin repeats his utterance, possibly revising it in doing so (line 627). As Martin proceeds to list the rugby fixtures, Irene becomes confused, issuing a very explicit repair request in line 634. Martin again repairs the breakdown over the next number of turns, by working through the fixtures gradually to facilitate Irene's comprehension . Finally, in line 641, Martin uses a self-repair before responding to yet another repair request by Irene in line 645.

As can be seen from the above extracts, the residents are responsive to repair requests following mishearings and explicit requests for repair. In addition, the residents have been shown to repair their own utterances both within and across turns, thus avoiding conversational breakdown. Conversational repair, therefore, is a negotiated development interactionally achieved by all participants.

11.2.3 'Abrupt' topic shifts and repair

Abrupt topic shifts are often implicated in descriptions of disordered discourse skills in schizophrenia. However, as was indicated by examples from the hairdressing data, so-called 'abrupt' topic shifts occur for a number of reasons. Take the following long extract for example, excerpts of which have been discussed elsewhere in this thesis. In this sequence numerous topic shifts occur, all initiated by Andrew:

Extract 11.16 AQSZ11:97

	228.	Andrew	I came from eh Marcher's
	229.	Irene:	from Marcher's.
->	230.	Andrew:	haven't I a bad cold on me?
	231.	Irene:	have you?
	232.	Andrew:	me?
	233.	Irene:	yeah
	234.	Andrew:	does it look bad does it?
	235.	Irene:	we all have Derval has one too I have one as well
	236.	Andrew:	they're all losing their voices out there (laughs)
	237.	Derval:	==[laughs]
	238.	Irene:	==[laughs]
	239.	Andrew:	even eh Martin em D. what's his name eh? Martin D. or
	240.		something
	241.	Irene:	Martin D. he's losing his voice too he's losing his voice too
	242.	Derval	yeah he is
	243.	Irene :	yeah I thought that this morning
->	244.	Andrew:	had two mugs of tea
	245.	Irene:	you had two mugs of tea had you
	246.	Andrew:	yeah
	247.	Irene:	keep you going huh?
	248.	Andrew:	been running to the toilet too much then after that the worst bit
	249.	Andrew:	yeah before I go to bed I go to the toilet you know?
	250.	Irene:	yeah
	251.	Andrew:	and the next morning you're dying to get up to go==
	252.	Irene:	==yeah ==
	253.	Andrew:	==about six in the morning
	254.	Irene:	yeah and it's cold and you don't want to get up isn't that right yeh?
->	255.	Andrew:	did you get your hair done?
	256.	Irene:	no
	257.	Andrew:	I got mine done recently
	258.	Irene:	it looks very well you got a good cut?==
	259.	Andrew:	==ten quid
	260.	Irene:	ten quid is it TEN QUID
	261.	Andrew:	I think they charged eh Ciara ten quid
	262.	Irene:	that's a lot isn't it?
	263.	Andrew:	they must have charged me ten quid too==
	264.	Irene:	==it's a lot for a man's haircut
	265.	Andrew:	I don't know
	266.	Irene:	well women pay plenty for their hair but men don't pay that much I
	267.		didn't think ten pounds is a lot
->	268.	Andrew:	had a nice bit of toast and a mug of tea for me breakfast
	269.	Irene:	had you?
	270.	Andrew:	two slices
	271.	Irene:	of nice hot toast ==
	272.	Andrew:	==I like a bit of toast
	273.	Irene:	I love a bit of toast too yeah... warm you up in the morning ==
->	274.	Andrew:	==I'm going to St Matilda's tomorrow
	275.	Irene:	that's right you go down for your group
	276.	Andrew:	yeah group just read the paper... I like the paper
	277.	Irene:	yeah==
	278.	Irene:	==and what else is there a crossword
	279.	Andrew:	a crossword
	280.	Irene :	Bingo
	281.	Andrew:	Bingo I play Bingo

In the above interaction, Andrew switches topics no less then five times within the conversational sequence. (Also of note is Irene's tendency to follow the shifts without question, an issue which will be discussed further in section 11.3). However, on closer examination it may become apparent that these shifts are not all that 'abrupt', that is, if the

context and goals of the interaction are taken into account. As was mentioned earlier, the context is one in which the professionals have come to talk with Andrew before doing some assessment work. Andrew seems aware of this fact and, on meeting with the professionals, engages in talk which 'fills his listeners in' since their last meeting, a 'catching-up' sequence so to speak. Therefore, Andrew works through a 'news-telling' routine. Andrew talks through a list of news items which to him are newsworthy, given his limited daily experiences as referred to earlier. Working through such a 'shopping list' of topics (or events) is not uncommon between meetings, as evidenced also by the hairdressing data. However, what may differentiate this sequence from other comparable sequences is the lack of pausing between shifts, coupled with an absence of discourse markers signalling them.

A similar explanation could apply to the following example from an interaction with Martin:

Extract 11.17 MQSZ2:98a

	64.	Martin:	==so if there's an attack it'll mean lots of murder and turn ah turn
	65.		public opinion against America d'you understand?
	66.	Paula:	yeah I do yeah
	67.	Martin:	the human shield that's what the call it [sniffs]
	68.	Paula:	not very humanitarian is it?
->	69.	Martin:	no it's not ...it's only politics [4]women's rugby team yesterday
	70.		Ir-Ireland lost
	71.	Paula:	the women?==
	72.	Martin:	==seven
	73.	Paula:	in the rugby?
	74.	Martin:	yeah==
	75.	Paula:	==yeah yeah by one point

Line 69 sees Martin switching topic after a pause. Moving to a new topic following a natural break in the conversation is not unusual (see hairdressing data). In this case, Martin too is in 'news-telling mode', filling his listeners in on what is newsworthy information to him.

- *Explicit attempts to repair sudden topic shifts*

Not all abrupt topic shifts can be explained according to the above interpretations. It is interesting to note that other topic shifts occurring in the data, *were* perceived as 'abrupt' during the course of the conversation. These topic shifts triggered explicit repair requests by the interlocutor (Irene, in the examples below):

Extract 11. 18 MQSZ2:98b

	542.	Irene:	that'll be an exciting day won't it?
	543.	Martin:	I like occasions
	544.	Irene:	yeah occasions like that are good fun I hope = = the weather'll be nice
->	545.	Martin:	= = I like I like the
->	546.		Beatles. d'you like the Beatles?
	547.	Irene:	do I like the Beatles?
->	548.	Martin:	that's that's different terms use do you like the Beatles?
	549.	Irene:	how did you think of talking about the Beatles Martin?

550. Martin: I I'm thinkin' o music
551. Irene: you thinkin' of music on the occasion?
552. Martin: yeah occasion==
553. Irene: ==oh right
554. Martin: band
555. Irene: yes I DO like the Beatles
556. Martin: yeah

In extract 11.18 above, an overlapping turn in line 545 shows Martin switching topic from talk around his niece's wedding to *The Beatles* and their music. This new topic cannot be traced back through the preceding discourse, nor does it follow a natural pause in the conversation. In addition, the topic is not introduced by a discourse marker to indicate its relevance or to place it in the ongoing talk. In fact, the topic shift appears all the more abrupt because of the overlapping turns at lines 544 and 545 and possibly because of its question format. Irene's response (line 547) to Martin's question (line 546) is one of surprise, obviously indicating to Martin the inappropriacy of the question at this point in the talk. The beginning of line 548 is a rather unclear formulation on Martin's part, which *may* be an attempt to explain the sudden the shift in some way (*that's that's different terms use*); regardless of its function Martin repeats the question (*do you like the Beatles?)*. Line 549 sees Irene explicitly marking the sudden topic shift by bringing it to Martin's attention (*how did you think of talking about the Beatles Martin?*). Once Martin responds to this query, Irene goes on to make a connection for him (whether correct or incorrect) linking 'the occasion of the wedding' (as the topic discussed before the shift) with music. (In this way Irene could be seen to be imposing coherence on what might have been considered an incoherent comment made by Martin). Once this connection is made and conversationally agreed upon, Irene eventually responds to Martin's query in line 555.

Extract 11.19 below bears some similarity to the one just discussed, in that in lines 218, 220 and 222 Irene explicitly brings the topic shift to Martin's attention:

Extract 11.19 MQSZ2:98b

213. Irene: bit heavy = = first thing on [laughs] a Monday morning
-> 214. Martin: = = I'm doing all the talking
215. Irene: [laughs] it's a bit heavy Martin
-> 216. Martin: what kind of a car do you drive?
217. [5]
218. Irene: Martin we're just talkin' about ah==
219. Martin: ==okay okay okay==
220. Irene: ==your ahm==
221. Martin: ==it doesn't matter
222. Irene: education?
223. Martin: yeah
224. Irene: I'll tell you I'm drawing I'm driving I'm driving a Honda Civic
225. Martin: Honda yeah==
226. Irene: ==nineteen eighty-five
227. Martin: I shouldn't have asked you I was just thinkin'
228. Irene: no that's alright==
229. Martin: ==I'm curious

230. Irene: it's okay but sometimes you know when you = = switch topic
231. Martin: = = sorry
232. Irene: like that
233. Martin: actually ( ) stupid of mine
234. Irene: it's kind of hard to follow you ==
235. Martin: ==yeah I should I should follow conversation
236. Irene: no you're doin' okay==
237. Martin: ==yeah
238. Irene: you're doin' okay yeah so what what did you do the weekend did
239. you say?
240. Martin: I went to the match
241. Irene: oh yeah on Saturday

The topic of the previous talk, before this sequence begins, centres around Martin's education and his studies in philosophy (see Irene's reference to the talk 'being heavy' in the opening lines of this sequence). Question-answer sequences had dominated the prior talk, with Irene and Paula asking Martin a number of questions about what subjects he had studied at college. That this question-answer sequence occurred immediately before the sequence under discussion may help to explain Martin's comment in line 214. In other words, Martin may have felt under some pressure having to, in his own words, 'do all the talking'. This may in turn have prompted Martin to ask the 'out-of-the-blue' question of Irene in line 216 (*what kind of car do you drive?*), to balance the flow of question-asking in some way. The remainder of the sequence sees repair work being carried out by both participants, ultimately getting the conversation back on track in line 238.

- *Illness-related breakdowns*

Thus far, we have seen how a variety of apparently abrupt topic shifts are dealt with conversationally. One last category of topic shifts to be discussed are those related to what I term *illness-related breakdowns*. There are some examples in the data which illustrate how residents interrupt the flow of the ongoing talk to speak about specifically illness-related matters. The following is an extract taken from an interaction which has already been discussed in previous chapters. The conversation centres around John's concern about signing himself into hospital:

Extract 11.20 JQSZ 3:98

270. Derval: this is the last one now after this [3] PUT THE SMALL
271. BLUE SPONGE BESIDE THE BIG YELLOW TOOTHBRUSH
272. [10] BRILLIANT ! THAT'S IT WELL DONE!
273. Irene: MY GOODNESS
274. Derval: ==that' s a difficult one
275. Irene: ==heavy going
276. Derval: yeah
277. Irene: ha? all those FIDDLY bits of things==
-> 278. John: ==I was going to SIGN MYSELF INTO HOSPITAL.
279. Irene: were you?
280. John: yeah I feel a bit better now
281. Irene: WHEN were you going to sign yourself into hospital?

-> 282. John: ...I was going to mention it to YOU Irene==
283. Irene: ==were you?
284. John: yeah
285. Irene: THIS MORNING?==

Of particular interest to this discussion are lines 278 and 282. Again as for some previous examples of apparently abrupt topic shifts, the topic shift in line 278 can be attributed to a number of factors. Firstly, the opening lines of the sequence cited above are indicative of the closing stages of an assessment. Therefore, 'assessment talk' is coming to an end, as Irene and Derval evaluate John's performance and complete the task. John's apparently sudden topic shift therefore comes at a natural juncture, though his latched utterance suggests an urgency about what he wants to say. Line 282 is of interest as it goes some way to account for the topic shift at this point. *I was going to mention it to you Irene,* suggests that John might have intended to tell Irene of his concerns earlier in the session. By indirectly alluding to this fact, John eases the abruptness of his comment in line 278.

Another example of an abrupt topic shift which can be considered illness-related is also taken from an interaction with John. It was explained in Chapter 1, that people with schizophrenia often suffer from delusions. Though talk about experiences of delusions rarely emerges in the data, the following example sees John in the throes of a delusion, thinking he has made the professionals ill during the session. The sequence unfolds as follows:

Extract 11.21 JQSZ1:98a

247. Irene: mm there's a place in Rathgar do you know that place in Rathgar?
248. called the Old Volks Shop?
249. John: oh I do
250. Irene: yeah the old volks' home they have old ones there so it's inter-
251. esting anyhow yeah but you're always ==so well up with the cars
-> 252. John: == I hope I didn't make one
253. of yous sick during the session 'cos sometimes I was doin' some
254. yoga last night and I hope I didn't I I don't think I did but ( )
255. Paula: no
256. Irene: no
257. John: ( ) I found it hard to relax last night ( ) breathing exercises
258. Derval: yeah does that help you?
259. John: it does yeah
260. [4]
261. Irene: yeah I never learnt how to do yoga. is it difficult?

The sudden topic shift in this example occurs at an overlapping of turns in line 251 and 252, John's overlapping turn perhaps suggesting some urgency in the telling. As for some other examples cited, though the topic shift is sudden and out of context with the previous talk, the topic is readily taken up by all participants, once again averting breakdown.

One final example, within this category of abrupt topic shifts (which may be perceived as illness-related with the potential to cause a conversational breakdown), is an excerpt taken from a conversation with Martin. It is included here as it can be understood

within the context of the nature of Martin's interpersonal difficulties associated with his illness presentation. It is also a particularly good example of negative data, where the emergence of conversational sociability is momentarily jeopardised by the actions of the interlocutors. Martin's difficulties which become apparent through the talk put the socio-relational talk under threat, risking conversational breakdown. In the following sequence of talk, we see Martin perseverating on a theme which had been raised in other interactions with Irene and with other professionals on a number of occasions. Leading up to this sequence of talk, Martin had been preoccupied with the fact that he had no one to accompany him to his niece's forthcoming wedding. He therefore had asked a number of the nurses in the hostel to accompany him and had begun to ask Irene the same question during previous conversational interactions. The sequence unfolds as follows:

Extract 11.22 MQSZ1:98

	18.	Martin:	how are you?
	19.	Irene:	I'm very well very well thanks yeah yeah so you got some new clothes
	20.		did = = you?
->	21.	Martin:	= = yeah yeah if you if you became an acquain- a female
	22.		acquaintance of mine I could bring you to the weddin'
	23.	Irene:	well we had this discussion before Martin didn't we?
	24.	Martin:	you're you're only female acquaintance==
	25.	Irene:	==yeah but didn't we have this discussion before?==
	26.	Martin:	==what did you say?
	27.	Irene:	can you not remember?
	28.	Martin:	can't remember
	29.	Irene:	about when I work with = = you as a professional
->	30.	Martin:	= = yeah
	31.	Irene:	yeah
	32.	Martin:	sure you'd (love) to go to the wedding wouldn't you?
	33.	Irene:	ahm-well no no because when I'm working with you as a professional we
	34.		have to keep THAT relationship like that
->	35.	Martin:	yeah yeah but you can come = = like
	36.	Irene:	= = as a worker no I couldn't = = come
	37.		no
->	38.	Martin:	= = you
	39.		know how
	40.	Irene:	I couldn't come==
	41.	Martin:	==you're not my female acquaintance either
	42.	Irene:	no I'm kind of- I work with you yeah==
	43.	Martin:	==you're not a female acquaintance
	44.	Irene:	well I am a female acquaintance but ahm==
	45.	Martin:	==I've nobody to come to the wedding you know I've nobody to bring
	46.		em to the wedding
	47.	Irene:	you've nobody to bring to the wedding? An I'm sure you've got some
	48.		family members= = you could ask
->	49.	Martin:	= = no I want a girl DIFFERENT to my family
	50.	Irene:	right.
->	51.	Martin:	( ) you can think about it
	52.	Irene:	well no I- I- I can say to you Martin that I wouldn't be going
	53.	Martin:	you won't be?
	54.	Irene:	yeah no no I wouldn't be going now I = = I think
->	55.	Martin:	= = why why not?
	56.	Irene:	Paula wanted to talk to you about ah Christmas and that
	57.	Paula:	yeah. what else did you do at Christmas?
->	58.	Martin:	I got presents
	59.	Paula:	oh what you get?
->	60.	Martin:	a tie

The abrupt topic shift occurs (mid-utterance) in line 21 following a *how are you?* sequence initiated by Martin in line 18. As discussed in Chapter 9, the fact that Martin initiates the *how are you?* sequence is indicative of a shifting power potential, where Martin is seen to be temporarily in control of the talk or at least entering into a 'power share' of sorts. However, in what follows, Martin could be said to negatively exploit that power as he engages in what may be deemed 'inappropriate' talk between a 'resident' and a 'professional' (i.e. crossing the professional-patient boundary and threatening the therapeutic relationship). Martin, over a number of turns, persists with the wedding topic continuing to give his reasons why Irene could go to the wedding with him (*if you become a female acquaintance of mine*). Irene follows the topic shift (see following section 11.3.1) entering a negotiation-like frame of talk. However, despite Irene's protestations and reasoning (*I'm working with you as a professional*) Martin persists with his request (line 51: *you can think about it*). The sequence is characterised by a number of overlapping turns (see lines 29/30; lines 35/36; lines 36-38 and lines 48/49). These overlaps suggest an urgency on Martin's part, as it is he who overlaps with Irene in all but one of these instances. The sequence finally comes to an end in line 56 when Irene initiates an abrupt topic shift, switches to talk about Christmas and re-directs the talk to a different interlocutor (i.e. Paula; see line 57), whilst ignoring Martin's question *why not?* in line 55. Irene, therefore, overtly re-establishes control of the talk and exaggerates the power dynamic by stating that *Paula wanted to talk to you about ah Christmas and that* (line 56).

What is of particular interest in this sequence of talk is the obvious threat to positive socio-relational talk. Other examples in this chapter have shown how a reluctance on the part of the residents to continue to engage in socio-relational talk puts the conversational interaction at risk of breakdown, threatening the emergence of conversational sociability. The above sequence illustrates a slightly different aspect of potential breakdown. By Martin's persistence with an inappropriate topic between resident and professional and, by what may be perceived as a negative exploitation of power in talk, Martin threatens the smooth flow of conversation prompting a social-distancing process to come into play (see for example, the rather explicit formal performative used by Irene *I can say to you ...* in line 52). As a result, Irene 'pulls back', exaggerating the power dynamic and re-establishing control of the following talk by choosing *both* the next topic and the next speaker. It is interesting to note that Martin follows this shift (see lines 58 and 60) and the 'awkward' topic of 'who will accompany Martin to the wedding' is brought to a close. Once again conversational breakdown is avoided and more positive 'social accelerating' talk proceeds.

The contributions of both interlocutors in the above example illustrate an important feature in the emergence of conversational sociability in the interactions

studied (to be discussed in more detail in the following chapters). Allowing the resident to take the (socio-relational) lead to a certain extent in the conversation, *while monitoring the direction of talk in the interests of goal achievement*, illustrates a conversational 'tension' at work in these interactions, that is a 'pushing and pulling' force operating between interlocutors. Though what unfolds in the talk in the above example poses a threat to the emergence of conversational sociability, it is the conversational tension in operation which facilitates the conversation to occur in the first place (see section 13.5.2 for further discussion of this point) and the socio-relational talk to proceed thereafter.

11.3 Conversational breakdown and accommodation: Preventative work in progress

Chapter 6 discussed how communication accommodation permeates interaction at a number of levels to ensure, depending on the goals of the interaction, an effective, trouble-free interaction. In Chapter 6 also, principles of *Communication Accommodation Theory* (N. Coupland et al., 1988; N. Coupland et al., 1991) were applied to help interpret what was happening in the hairdressing data between interlocutors. It was suggested that a process of symmetric convergence was manifest in the discourse attuning strategies in use.

It has been hinted at throughout the last few chapters that an accommodation of sorts is also at work in the schizophrenia data, influenced in no small part by the goals of the interaction. Drawing on the communication accommodation model put forward by N. Coupland et al. (1988) and N. Coupland et al. (1991) allows for the examination of discourse attuning strategies within this type of data also (a number of aspects of which are discussed below). Though attuning strategies are discussed in terms of 'categories', these categories overlap and are interrelated, as attuning processes infiltrate the talk at a number of levels.

11.3.1. *You lead...I'll follow*: Discourse management strategies as accommodative processes

In the discussion of abrupt topic shifts above, it was obvious in many of the extracts exemplified, that the professionals were quick to follow topics initiated by the residents, often without question (e.g. see Extracts 11.16 and 11.22). Following 'resident-initiated' topics was also seen as a general trend (or alignment) throughout socio-relational frames (Chapter 8), which in turn included concurrence with the positive politeness behaviour of engaging in talk about *safe topics* (as discussed in Chapter 10). As was shown, topics included anything from recently viewed television programmes to general well-being and family related issues, along with topics pertaining to the individuals' specific interests. Although opportunities for talk on a wide range of topics

were precluded by the residents' relatively limited daily experiences, the residents had their own agendas of newsworthy items which were responded to by all participants.

It was also apparent from the data that some topics were truly 'shared' between interlocutors. In other words, though residents engaged in talk primarily around *their* interests and activities, the professionals also were open (to a certain extent) to talk about their own personally relevant issues as appropriate (e.g., weekend activities, Christmas celebrations, visiting home/family etc.). Thus, there was a certain degree of 'give and take' in the interactions but with the predominant trend being one of convergence to the residents' agendas.

The above consideration of topic selection and sharing as constituting discourse-attuning strategies is pertinent to N. Coupland et al.'s (1991) consideration of the referential/ideational content of the interaction or the contextual variable known as *field* in this context. Attending to another contextual variable, the *tenor* of the interaction requires a consideration of the management of interpersonal positions, including faces and roles. As far as facework is concerned, it was shown in Chapter 10 how positive politeness strategies were predominantly in use conversationally, particularly within socio-relational frames in their role as social accelerators within the context studied. Enhancing the residents' positive face was inherent in the goals of the interaction. Attention to the residents' positive-face needs was paid, for example, by reassurances of 'doing well in general' (e.g. see Extracts 9.2 and 9.8 in Chapter 9) and on specific tasks as part of the 'assessment' (e.g. repeated use of evaluation comments in BDFs). Further enhancement of the residents' positive face could be said to be achieved by the almost exclusive attention paid to their conversational needs and interests. In other words, not only did the professionals follow the residents' topics once initiated, they also helped to maintain those topics through the use of further questioning and back channel behaviours.

A third contextual variable warranting comment in this discussion is in relation to the *mode* of the interaction, that is, the procedural or textual dimensions which structure the interaction. In discourse attuning terms, the professionals' repeated use of 'question-answer-follow-up' sequences (discussed in Chapter 9) in turn facilitated the residents to engage in talk, thus providing a scaffolding for the exposure of conversational sociability. Though the regular use of three-stage assessment sequences contributed to the overall cohesiveness of the conversations, many other strategies (e.g. repetitions and ellipsis) also performed important cohesive work in the interactions. At times, coherence was even imposed by the professional on the otherwise incoherent utterances of the residents (see Extract 11.18 in this chapter).

11.3.2 Approximation in talk: Simply a matter of convergence?

Many of the discourse-attuning strategies in use in the interactions could be said to be focusing on a number of the addressee's needs simultaneously, that is, they are interrelated. The following examples illustrate this interrelationship of levels:

Extract 11.23 JQSZ 3:98

	29.	Irene:	is your Mum well?
	30.	John:	she's not too bad Irene
	31.	Irene:	good that's great! is there anything in the news over the weekend
	32.		that you-caught your interest?
->	33.		[22]
	34.	John:	it's great they had THAT CONCERT for Princess Di near her- near
	35.		the palace in England over the weekend.
	36.	Irene:	oh did they HAVE IT? ==
	37.	John:	==they had a concert ==

Extract 11.24 JQSZ 1:98a

	49.	Irene:	yeah. so any other news now? 'cos it's nearly a month since we've
	50.		seen you
	51.	Derval:	mmm
	52.	Irene:	imagine!
->	53.		[30]
	54.	John:	crash in the land rover up north was terrible
	55.	Irene:	oh?
	56.	John:	two soldiers ( )
	57.	Irene:	oh when was that John?
	58.	John:	a few days ago

Both of the above extracts are similar, in that there is a relatively long pause between the questions asked of John and the subsequent responses given by him. Both inter-turn pauses would possibly, in other circumstances, precipitate a breakdown. Relatively long pauses usually prompt a repetition of the question or another comment (e.g. *did you not hear what I said?*). However, responses of this type do not occur in these contexts and this, it is suggested, may be attributed to a number of discourse attuning factors. For example, Irene may be attending to John's *productive performance* or increased latency of response, thus approximating to John's discourse style by 'waiting' for him to answer. Alternatively or additionally, Irene could also be taking into account John's *interpretive competence*, allowing him (considerable) time to process the question asked. Accommodating to John's communication style therefore, sees the approximation strategy of asymmetric convergence being utilised, consciously or unconsciously, where longer than usual pauses are permitted between adjacency pairs to allow time for John to respond. (It is also interesting to note that the above examples also illustrate the scaffolding-type questioning processes in the opening lines, as mentioned above).

Another example which sees the professionals accommodating to the residents' communication style is taken from an interaction with Andrew. Extracts from the interaction have already been invoked to exemplify apparently 'abrupt' topic shifts. Accommodating to these topic shifts has been shown across extracts. However, an

example of particular interest, shows Irene adapting her communication to Andrew, as he reinitiates a topic dealt with much earlier in the interaction:

Extract 11.25 AQSZ 2:98

	97.	Derval:	==just a little bit ...just you've done these before haven't you?
	98.	Andrew:	think so yeah.==
	99.	Derval:	==yeah yeah I did one o these before with you ( ) so ahm will you
	100.		tell me WHAT DAY OF THE WEEK IT IS TODAY
	101.	Andrew:	Monday
	102.	Derval:	yeah and what's the date
->	103.	Andrew:	I think its the twenty-third
	104.	Irene:	==well done
	105.	Derval	==yeah my birthday I should know. what's the month?

In the above sequence, we see Andrew responding to test items. He responds correctly to the question about the date in line 103. However, as the next sequence shows, some time later in the interaction and following talk about 'pancakes', Andrew again initiates the 'date' topic, checking what date it is (line 218).

Extract 11.26 AQSZ 2:98

	214.	Derval:	yeah that's the way I like them.
	215.	Irene:	mm?
	216.	Derval:	( )
	217.		[4]
->	218.	Andrew:	what date this is the twenty third isn't it?
	219.	Irene:	'tis all day= = yeah
	220.	Andrew:	= = it's twenty third yeah
	221.	Irene:	Derval's birthday what time were you born at Derval d'you know?
	222.	Derval:	I've NO idea
	223.	Irene:	you don't know ?
	224.	Derval:	think it was about five in the morning or something ==
	225.	Irene:	==oh so you're already here
	226.	Derval:	yeah
	227.	Irene:	she is twenty
	228.	Derval:	[laughs]
	229.	Irene:	[laughs] yeah
	230.	Derval:	have a go at another couple o' these ahm SEE EYE TO EYE what
	231		does that mean?
	232.	Andrew:	don't know

As referred to earlier, initiating a topic after a pause is usual in interactions. However, reinitiating a topic, with no apparent reason for doing so, is less easily explained in the data. In the subsequent turns there is no hint of why Andrew reinitiated this topic. If one tracks back through the preceding turns, it can be seen that the 'pancake' talk was related to the timing of Easter, which could have prompted the reinitiation about the date. Regardless of the origin of the reinitiation (which is clearly not apparent to participants *during* the conversation), Irene responds without question to Andrew's enquiry, developing it into a related topic (time of Derval's birth). In doing so, Irene imposes a conversational coherence on the interaction.

It is suggested therefore, that a process of asymmetric convergence could again explain Irene's follow-through on Andrew's 'out-of-the blue' question. Irene, in

responding to Andrew, without querying the sudden reinitiation of the topic, is adapting to Andrew's communication style in a way similar to how John is responded to above. Another example of such convergence can been seen in Extract 11.2 (which is discussed as a case of conversational breakdown earlier in this chapter). In this extract, Paula readily picks up and follows through on Andrew's (significantly) delayed response to a conversational prompter, despite having started into assessment procedures with him. Paula's maintenance of Andrew's topic prevents breakdown and again imposes a coherence on what otherwise could be perceived as an incoherent contribution to the ongoing talk.

11.3.3 A case for *conversational* accommodation

Before moving on to an exploration of other discourse attuning influences at work in the data, it is important to consider the accommodation strategies as discussed in the previous section. It was suggested that a process of asymmetric convergence was in operation in the interactions, as the professionals adapted their communication to the needs of their interlocutors. In John's case, it was a matter of 'waiting' for a response, while in Andrew's case, following topic shifts without question was the pattern emerging. It is true that a convergent attitude on the part of the professionals, tied closely to the goals of the interaction, pervades. However, it is also apparent that there is more discourse work being done by the professionals than simply adapting to the residents' *communication* needs, in communication accommodation terms.

It might be construed initially that the process of *over-accommodation*, defined as 'a miscommunicative process where at least one participant perceives a speaker...to "go beyond" a sociolinguistic style judged necessary for attuned talk on a particular occasion' (N. Coupland et al.,1991; 30), may be in operation. However, with the traditionally perceived negative effects of such a process (i.e., 'patronising' talk) and the 'miscommunication' implication, the term fails to adequately describe exactly what is going on in the above extracts. It is suggested, therefore, that more specifically a process of *conversational accommodation* is at work. This term, used necessarily in a narrow sense, pertains to the *conversational* work that is being done to keep the talk flowing. As such, then, it is a process which is not only addressee-focused (as both CAT strategies are), but *interaction-focused* also. What this process entails, is a favouring of a maintenance of conversational *structure* over *content* (though conversational content is still viewed as important). Conversational accommodation therefore constitutes a kind of scaffolding, which withstands and tolerates the residents' violations of the usual conversational rules which should apply (e.g. responding within a reasonable length of time with the second part of an adjacency pair and maintaining topics in a coherent fashion). In other words, there is a suspension or a waiving of rules in the interests of sustaining the conversational flow. This conversational accommodation is inextricably

linked to the goals of the interaction and to the power relations present. Therefore, it is not just a *communication accommodation* strategy of sorts but, in this context, it is a *conversational accommodation* process in particular. Conversational accommodation and its effects will be discussed further in Chapter 12.

11.3.4 *Do you understand?* Interpretability strategies at work

It is not hard to see how interpretability strategies figure highly as business-of-the-day frames are initiated and the professionals explain the task to the resident. Attending to the other's interpretive competence results in the professionals often increasing their volume, as well as emphasising relevant words in the task description (see examples of BDFs in Chapter 8). An example of Paula attending to Martin's interpretive competence shows her breaking the task down into steps, to facilitate Martin's comprehension of what he is required to do:

Extract 11.27 MQSZ1:98

	279.	Paula:	( ) it's just a list of words Martin okay? and I want you to put
	280.		them into a sentence
	281.	Irene:	and I'm going to jot them down too Martin ... if that's okay
	282.	Paula:	( ) [13] so for example I could give you the word 'bicycle'
	283.	Martin:	yeh
	284.	Paula:	could say = = I ride my bicycle every day
	285.	Martin:	= = ( )yeh yeh
	286.	Paula:	I have a list of words here ...start off with the first one movement
->	287.	Martin:	(common places)
	288.	Paula:	no can put this ... word into a sentence
->	289.	Martin:	I am moving away ... moving away home
	290.	Paula:	the actual word moveMENT
->	291.	Martin:	the the Fianna Fáil movement
	292.	Irene:	yes==
	293.	Paula:	==that's right yes
	294.	Irene:	now into a sentence give Paula a full sentence on that
->	295.	Martin:	the Fianna Fáil movement used to be elected government
	296.	Paula:	okay [16] okay 'backward'

As can be seen in lines 287, 289 and 291, Martin is having some difficulty responding correctly to the task. However, Paula and Irene adapt to Martin's difficulty exemplifying a typical response (line 284) and explaining the task to him in a step by step fashion.

Accommodation, as apparent in the above example, is to be expected during task-related talk in this context, as many of the activities engaged in are possibly unfamiliar to the residents. However, it is interesting to note that such interpretability strategies (in addition to the contexts of BDFs above) can be employed in other socio-relational talk. The following example shows Irene explaining the procedures involved in 'taxing a car' to John, an activity likely to be outside his recent experiences because of his institutionalisation. The sequence unfolds as follows:

Extract 11.28 JQSZ3:98

198. Irene: ==IN NUTGROVE oh yeah it's quite a GOOD SHOPPING
199. CENTRE UP THERE==
200. John: ==it is
201. Irene: have to go up today and tax the car ...'cos I went last week and I
202. hadn't got everything and I have to go up today and I'm going to
203. have to QUEUE I'd say and
204. John: mm
205. Irene: you know the way you TAKE A TICKET and you have to sit and
206. wait for your number to be called
207. John: mm==
208. Irene: ==oh I HATE DOING IT [5] HOPEFULLY they won't be
209. too -the queues won't be too long though THEY WILL because it'll
210. be the end of the month you see... beginning of the new month==
211. John: ==mm
212. Irene: so they WILL be

Lines 201-203 and 205-206, in particular, show Irene explaining the procedure in a step -wise fashion, emphasising salient words such as *queue* and *take a ticket*.

However, it is interesting to note that attending to the other's interpretive competence is not exclusively the prerogative of the professionals in the interactions. A number of examples show the residents adapting their discourse to facilitate comprehension on their listener's part. Some of these examples have already been referred to earlier in this chapter in the discussion around preventing breakdown. For example, in Extract 11.15 Martin took time to explain to Irene the complicated rugby fixtures list. In Extract 9.11 (Chapter 9), Martin explains to Paula the 'trouble in Kuwait', explaining terms like 'human shield', while checking whether she understood what he was talking about (*d'you understand?*). Finally Andrew in the following extract repairs and adapts his message (line 218) to facilitate Irene's comprehension:

Extract 11.29 AQSZ11:97

213. Andrew: in fact I've a good few shirts up there the wardrobe of clothes I've a
214. good few clothes in the ==
215. Irene: ==have you ?
216. Andrew in the ==
217. Irene: ==wardrobe
-> 218. Andrew: in the bed ...you know underneath the bed where you pull it out
219. Irene: oh yeah

11.3.5. Interpersonal control strategies: Power and accommodation

Chapter 9 explored the power potentials present and their influence on talk in the schizophrenia data. Macro- and micro-level explorations of power in talk demonstrated that residents, at various times in the interactions, assumed the power position by: (i) the taking on of expert roles, and (ii) controlling the talk through discourse management strategies. In addition, the concept of a 'power share' was invoked to illustrate instances where talk proceeded on a (more) 'equal' basis (e.g. joking sequences). It follows, therefore, that a relatively high level of discourse-attuning, in terms of role discretion, is in operation in the data, as exemplified by extracts cited earlier (Chapter 9). Again the

inherent goals of the interaction have a significant bearing on levels of attunement effected within the context studied.

11.4 Summary and conclusions

This chapter started out with an exploration of conversational breakdown and repair in the schizophrenia data. It was shown that despite many instances of potential breakdown evident in the interactions, residents were, for the most part, adept at not only responding to repair requests but also at revising their own utterances within and across turns to prevent breakdown occurring. It can be concluded that successful repair work is interactionally achieved by all participants in the conversations.

Abrupt topic shifts, often the potential cause of conversational breakdown, were also examined within the schizophrenia interactions, allowing for, what may be perceived as an exploration of negative data thus far ignored in this thesis. As was found in the hairdressing data explorations, possible reasons for the apparently abrupt topic shifts by the residents could be explained in some of the cases. For example, some abrupt topic shifts could be viewed as specific to the context under study (e.g., the telling of newsworthy events), including some of those which were described as illness-related. However, there were other sudden topic shifts which particularly impressed as being 'abrupt' while the talk was in progress, thus precipitating a request for repair by the interlocutor. Additionally, the content of some topic shifts posed a threat to the emergence or continuation of socio-relational talk. These findings suggest, that close examination of topic shifts is warranted, before generalisations may be made as to the nature of topic maintenance and conversational repair in interactions such as those described in this study.

Extending the notion of conversational repair and breakdown, to include preventative work in the form of communication accommodation, required consideration of discourse attuning strategies. Discourse management strategies, considered within the contextual variables of *field*, *tenor* and *mode*, suggested a psychologically convergent orientation on the part of the professionals. Residents' topic agendas were worked through and topics were shared, while conversational structures (e.g. question-answer sequences and turn management) together with face enhancement work, provided the necessary foundation to allow conversational sociability to emerge. Approximation strategies too played their part as convergent orientations permitted the talk to succeed in the examples studied. A case for a specifically termed process, *conversational accommodation*, is proposed, whereupon, inherent in the professionals' goal-driven psychological orientation, concerns for preserving the conversational flow take precedence (in some sequences of talk) over conversational content. Hence, a conversational scaffolding is provided to facilitate the talk to proceed often, but not exclusively, at the cost of a general conversational coherence.

Exploration of interpretability strategies in use revealed that these strategies were not only available to the professionals, but were also invoked by the residents in instances where conversation was at risk for breakdown. Finally, as was illustrated in the examination of power relations in Chapter 9, a high level of role discretion through discourse attuning, characterised the interactions, related in no small way to the overall goals of the interactions under study. It is suggested that communication accommodation strategies in general (used to a greater or lesser extent by all participants), and *conversational accommodation* in particular, used by the professionals, contribute to the ultimate emergence of a collaboratively built conversational sociability.

CHAPTER 12
CONVERSATIONAL SOCIABILITY AS A PROCESS: THEORETICAL EXPLANATIONS AND IMPLICATIONS

12.1 Introduction

The process of *conversational sociability* was introduced in Chapter 2 and shown to emerge in the analysis of everyday conversation (in Chapters 3-6) and in conversations between health care professionals and people with chronic schizophrenia (in Chapters 8-11). Chapters 12 and 13 of this thesis will address, in turn, the theoretical and clinical implications of the process. Chapter 13 will demonstrate how the process of conversational sociability has the explanatory power to influence professional practice in clinical interventions with people with chronic schizophrenia.

This chapter will initially focus on the concept of conversational sociability itself, followed by an exploration of its substructure to aid the identification of features which define its emergence in discourse. In doing so, I will summarise the main findings of the schizophrenia data analysis, whilst reflecting on how the process emerged in the hairdressing data also. The chapter will then deal with how the process relates to the theoretical framework of discourse analysis utilised in this study and the contribution such a methodology can make to discourse analysis in general.

12.2. Conversational sociability exposed

The previous chapters explored conversations with people with chronic schizophrenia from a number of complementary perspectives. In general terms, the conversational interactions engaged in were largely successful and effective, bearing some resemblance to everyday talk as it occurred in the hairdressing context. The various approaches to the analysis had in common, a foregrounding of socio-relational concerns and were employed in an effort to expose the process of conversational sociability, previously define as:

> an integration of features of form and function, evident within and emergent from the discourse, where participants display a readiness or willingness to chat, converse, engage in social talk, marking friendliness and affability not a stiffness or formality in conversational interactions.

Uncovering the process of conversational sociability occurring within the schizophrenia data required investigations to support a number of interrelated hypotheses inherent in the main hypothesis, which proposed *that people with chronic schizophrenia are able conversationalists, possessing a conversational sociability not previously exposed through discourse analysis means.* The sub-hypotheses proposed, which have been subsequently supported by the analysis, are reiterated as follows: that the individuals studied, who have a diagnosis of chronic schizophrenia, can participate in *framing*

behaviour, in particular in socio-relational frames and phatic-like frames at the level of spoken discourse (*Hypothesis I);* that the individuals studied are sensitive to *power relations* in talk (*Hypothesis II);* that the individuals studied, are able to employ *linguistic politeness strategies* conversationally (*Hypothesis III).* These hypotheses were set against the backdrop of the standard paradigm in communication and schizophrenia research, that is, one of *dis*ability and *dis*order in verbal interactions (see Chapter 1). In other words, the perceived stereotype of a person with schizophrenia is one which includes significant communication and conversational difficulties, judgements which are usually based upon primarily unilateral analysis, with relative neglect of the contribution of the so called 'non-disabled' participant. Hence, in addition to the analysis undertaken from the three perspectives as outlined above, principles of Communication Accommodation Theory (as espoused by N. Coupland et al. (1988) and N. Coupland et al. (1991)) were also applied to explore, from the conversational partner's perspective, other forces at work in the data. Communication accommodation, in general, and a *conversational accommodation* in particular, employed (consciously or unconsciously) by the professionals to achieve the socio-relational goals set, proved pivotal to the emergence of conversational sociability, as will be further discussed below.

Before going on to further explore the process of conversational sociability as it emerged in the contexts of talk, it is important to ground the concept theoretically and conceptually among other types of socio-relational talk, as initially discussed in Chapter 2.

12.2.1 Conversational sociability as a process

At the end of Chapter 2, I referred to conversational sociability as a *process*, rather than as a genre, that is, as a potentially diffusive functional operation within discourse. Having exposed it as a ongoing, dynamic activity, collaboratively created and negotiated by participants, it is not hard to see why describing it as a process more accurately defines the phenomenon. Considering it as a process, avoids the rather limited interpretation of it constituting a distinct entity, which can be invoked at different stages of a conversation. In Chapter 2, I also alluded to where conversational sociability may be located conceptually, among other types of socio-relational talk as discussed in the literature. I now return to this point in the light of the foregoing analysis.

Having exposed the process in talk within two different settings, it can be seen how conversational sociability falls easily within the same realm of conversational activity as Schneider's (1988) notion of small talk, as a form of *socio-pragmatic competence*, and J. Coupland's (2000) notion of small talk, primarily defined in the light of the social *functions* it serves. However, I would like to suggest that conversational sociability adds a further dimension to these concepts.

Schneider's (1988) notion of small talk as socio-pragmatic competence is, by definition, 'skill-based'. Schneider's treatment of the subject is not unlike a 'how-to-engage-in-small- talk' approach, akin to that found in some conversation skills handbooks for second language learners, where forms, structures and topics of 'small talk' are delineated. There is little doubt that a large part of the foregoing discussion in this thesis has been around exposing an 'ability' or 'skill' in conversational interactions. However, unlike socio-pragmatic competence, I am suggesting that conversational sociability is not just another skill that can be learnt, for example, like learning to be assertive in talk or to be a good public speaker. Considering it a skill suggests that it must be 'acquired' or 'learnt' by a speaker and then invoked for use in different conversational situations; by implication then, the skill is developed by the speaker in much the same way as many other skills are developed, through a certain amount of instruction (perhaps) and regular practice. However, though the notion of 'skill' is an integral part of the emerging process, the process of conversational sociability is a *jointly co-created skill* that is, both interlocutors put their social communication skills to work conversationally and with its many socio-relational dimensions (as illustrated in the analysis), the conversational interaction created is one of *conversational sociability.* In such an interaction, active and joint involvement in social talk gives rise to the process; skills are put to use *interactionally*.

The analogy of the sport of football further explains this interpretation of conversational sociability. A footballer learns certain skills (e.g., kicking or heading the ball, passing the ball, attacking/defending etc.), but such skills are relatively meaningless until they are used with other players in a football game. The activity of the game, that is the interaction with other players, gives those skills meaning; the skills are co-created by the participants in the game. Likewise, a person possesses conversational skills, but it is the activity of conversation which gives meaning to those skills. The skills are an intrinsic part of the interaction linked to a higher-order activity, that is the conversation. Consequently, conversational sociability is essentially *interaction*-focused. Therefore, taking Schneider's notion of socio-pragmatic competence and the implied notion of a 'skill' as residing in one person, for example, the speaker (or the football player), *without* recourse to the influence of the interlocutor (or the football team and the game), is to my mind limiting. In conversational domains, the exclusive focus on the skills of only one participant in the interaction has shown to be somewhat unsuccessful in, for example, the promotion of conversational skills in social skills training (an argument I will return to when discussing professional practice issues in the following chapter). Therefore, Schneider's notion of skill, if extended to an interaction of skills, can help define conversational sociability.

The second conceptual perspective of small talk which has influenced the definition of conversational sociability is J. Coupland's (2000) interpretation of small talk

(and J. Coupland et al.'s (1992) earlier work on the *negotiation of phaticity*). The nature of small talk, as discussed by J. Coupland, resembles many aspects of my interpretation of conversational sociability, in that it is a process which is also concerned with the sociolinguistic, interpersonal *function* it serves in conversational interactions. (A social interpersonal function is pivotal to the interactions taking place between healthcare professionals and clients, again an issue to be returned to in the following chapter). Additionally, J. Coupland (2000; 1) and others (e.g. Holmes, 2000; McCarthy, 2000a) attempt to redefine small talk, through an exploration of its 'social and cultural implications' in many different social contexts, whilst re-exploring 'the values and assumptions that naturalise this concept'. Though aware of the need to explore the interactional dynamics of small talk as it is achieved on a turn by turn basis (J. Coupland, 2000; 3), Coupland's primary concern is with the multi-faceted and multi-functional nature of small talk as it is negotiated by participants in an interaction and in the pursuance of transactional and institutional goals. Identifying and describing the process of conversational sociability is also concerned with how such talk facilitates achievement of goals, as illustrated clearly in the data analysis. However, conversational sociability is defined by its internal structure, the identification of which constitutes the object of study in this thesis. Defining conversational sociability as a process permeating the talk when relational goals became salient, required a systematic delineation of the internal structure of such talk, with a particular focus on how this socio-relational talk was achieved in a given context.

Thus, the process of conversational sociability draws conceptually on both Schneider's and Coupland's interpretations of small talk and can be said to be in a complementary relationship to them. Conversational sociability is characterised by both *an interaction of skills* and the *function* the process serves in conversational interactions. However, in delineating the process the internal structure of the talk itself is foregrounded in an attempt to more clearly define and identify the process. The object of study, therefore, is conversational sociability's internal structure, that is, the structure of the talk as a co-operative activity, and as defined by the wider context of talk and the talk itself (see below).

Before moving on to taking a closer look at the process of conversational sociability, and while establishing the process conceptually and theoretically, it is worthwhile to distinguish *conversational sociability* from *conversational activity*, as described by Levinson (1983) (already referred to in Chapter 2). This thesis was concerned specifically with the internal structure of conversational sociability, that is the interpersonal, social dimension of conversation, not just with Levinson's notion of *conversational activity*, which deals with the mechanics of turn-taking, topic management and conversational breakdown and repair. Though exposing the residents' capacity to easily engage in conversations with others is notable (given the usual negatively framed

accounts of schizophrenic discourse), it is the focus on the internal structure of the *sociability* dimension which is of particular interest. In this regard, it is to the underlying mechanisms at work, which gave rise to the process of conversational sociability being identified in talk, to which the discussion now turns.

12.2.2 Conversational sociability: Identifying the substructure

Though phatic communion, small talk and socio-relational talk (a term regularly used in this thesis) are frequently the object of linguistic research, the conversational mechanisms by which such talk comes about, or how it is achieved in talk, have not been systematically analysed to any great extent, unlike the purpose and functions of same (see Coupland, 2000; McCarthy, 2000a; Holmes, 2000; see also Eggins and Slade's (1997) analysis of the more broadly defined 'casual conversation'). Exposing what I have preferred to term conversational sociability necessitates discovering the mechanisms by which this process is co-created in talk (i.e. in terms of both *form* and *function*). It is only by analysing everyday talk, and more particularly so-called 'disordered talk' (where such socio-relational conversational skills may be, or at least are perceived to be, impaired), that one can discover the mechanisms at work in the process.

To better understand the emergence of conversational sociability, it is useful to unravel the concept and describe the substructure which brought about the process in talk. In doing so, it is essential to consider the contexts in which it was shown to emerge. Context does not just mean the physical environment in which the data was collected (i.e. in a hairdressing salon or in a high-support hostel). Rather, it is the *situational context* which is of importance, that is, the situations of talk created by the participants (cf. Lindstrom's (1992; 102) comment that 'context rolls as people talk' and Goffman's (1981; 84) notion of 'social situation'). The emergence of conversational sociability was particularly grounded in, and facilitated by, the types of situational contexts studied. For discussion purposes, the situational contexts can be considered from two interrelated and overlapping sub-contexts:

a) the *wider context of talk*, where conversational sociability is emergent within the overall conversational interaction taking place between interlocutors, and

b) the *context of talk itself*, where conversational sociability is emergent from the unfolding talk itself.

Discussion of these two contexts can extend to, and facilitate, the consideration of professional practice issues to be dealt with in the following chapter. For now, however, the discussion will focus on how, from a theoretical viewpoint, conversational sociability came about in talk. The discussion of its emergence will then lead to a review of the theoretical framework utilised in this study, to enable contributions to discourse analytic approaches to be considered.

12. 3 Conversational sociability as emergent from the wider context of talk

Considering the *wider context of talk* initially, it is important to not only reflect on the schizophrenia data analysis but also on the hairdressing data analysis, the results of which helped to form the main theoretical framework for application in this thesis. Both situations of talk and their subsequent analyses had many similarities and differences and it is through the exploration of these that one can gain some insight into how the process emerged. A number of important elements which proved significant to the emergence of the process, will be dealt with in the following discussion. They include the goals of interaction, the 'structures of expectation' (Tannen, 1993), inherent in the interactions and the role relationships involved.

12.3.1 Goals of interaction

An exploration of the goals of interaction is an important place to start in the discussion of the wider context of talk, not least because goals are intimately intertwined with discourse, but also because it has been recognised that people typically have more than one goal when they talk with others (Tracy and N. Coupland, 1990). It was shown in earlier chapters of this thesis, that the goals of interaction had an important influence on how the talk proceeded around the task at hand. Both settings were task orientated, that is, participants were there to 'get the job done'. In the hairdressing setting, the customer was there to receive a service delivered by Michael, the hairstylist; Michael's objective was to provide that service. In the hostel setting, the clients were there to be assessed as part of their rehabilitation programme, while the professionals were intent on assessing the resident by administering a language test (see Chapter 7). The *task* therefore was the reason why the participants were engaged in talk and it was the *task* which helped to determine what went on around it, that is, the socio-relational talk. The socio-relational talk, therefore, was the 'oil' which set the wheels of interaction going in the desired direction (see Holmes, 2000; 57ff). The task-orientated contexts described in this study, and the socio-relational talk going on around them, are, therefore, no different to many other goal-driven interactions in terms of the wider context of talk (e.g., healthcare contexts as discussed by J. Coupland et al., 1994 and Ragan, 2000) and travel agency interactions as described by N. Coupland and Ylänne-McEwen, 2000).

Within the overall goal of getting the job done was the desire 'to get on with' the other person so that the interaction could run smoothly; it could be said that all participants held this desire for co-operative, trouble-free interaction to take place. The secondary goal of rapport building between interlocutors was also significant to task achievement. Chapter 2 discussed Candlin's (2000) assertion that the transactional and relational functions of talk are inextricably linked. The collaboratively produced talk going on in the settings studied in this thesis is testament to this assertion, in that the transactional function is, in no small way, aided by the relational work going on; both

types of talk are in a relationship of mutual dependency and serve a significant function in the attainment of goals. Candlin's (2000; xviii) suggestion to consider 'the relational as transactional' is clearly borne out in the analyses.

Inherent in the rapport-building goal as outlined above is the desire on the part of the participants to be approved of, or liked by the other, in the interests of co-operative interaction. Engaging in facework, through the use of positive politeness strategies, enhanced the interlocutor's positive face, thus satisfying this desire and thereby contributing to the secondary goal of building a positive relationship between interlocutors. In both the hairdressing and hostel settings, facework also mitigated the face threatening act of 'just being there for the service'; hence politeness served a further face-saving, socio-relational function in this regard.

Interpersonal accommodative processes were also at work throughout the interactions as interlocutors were jointly engaged in socio-relational talk. With the common goals of engendering positive rapport, accommodative processes served to reduce differences between interlocutors. With the resultant heightened 'similarity' between interlocutors, comes the increased likelihood of a successful outcome to the interaction (Giles & Powesland, 1975). The intrinsic interactional goals, therefore, influenced the levels of attunement effected within the contexts studied. The accommodative and discourse-attuning strategies at work in the schizophrenia data, in particular, can be attributed to the professionals' psychologically convergent orientation to the productive performance, interpretive competence and conversational needs of the residents, linked as has been suggested to the goals of the interaction (see Chapter 11). A style shift on the part of the professionals (characterised by communication accommodation and *conversational accommodation* processes) constitutes a sociolinguistic strategy employed (consciously or unconsciously) to achieve socio-relational goals (i.e., to 'get on with' the person with schizophrenia, while keeping the talk going). As described in the previous chapter, conversational accommodation was specifically concerned with maintaining the conversational flow, even if this meant often giving priority to conversational structure over content. In other words, participants were concerned with keeping the mechanics of turn-taking and topic management going, constructing a scaffold to sustain the conversational interaction (see for example chapter 11, Extracts 11.23 -11.25) in the fulfilment of socio-relational goals.

However, it could also be said that conversational accommodation was also operating in the hairdressing data, if maybe to a far lesser extent. It is obvious from the hairdressing data analysis, that the conversational interactions did not require the same level of scaffolding or accommodation as the conversations taking place in the hostel settings. Nevertheless, it was apparent that participants, at times, were intent on 'keeping the conversation going' by employing such strategies as reinitiating topics later on in interactions and talking through off-line sequences, for example (see Chapter 3, Extracts

3.10-3.14 and 3.39-3.40 respectively). Hence, participants in the hairdressing settings were also concerned with keeping the conversation flowing, an observation which is significant in terms of identifying the mechanisms underlying conversational sociability.

Consequently, 'keeping the conversation going' emerged as a common interactional goal in both settings. It follows, therefore, that this feature may significantly contribute to our understanding of conversational sociability in this regard. Consider, for example, the rather over-used example of cocktail party talk. If socio-relational goals are foregrounded, that is if participants who meet up at such a party *want* to keep talking with another person, they too will engage in the practice of conversational accommodation. They will, for example, search for topics of mutual interest and maintain the structure of the conversation by engaging in the 'to and fro' movements of conversational turntaking and topic management. Likewise, in many other contexts of talk where transactional goals are salient, a degree of conversational accommodation may also feature, as in business-of-the-day frames, for example, where investment in rapport-building through conversational means will reap benefits in transactional terms. (Compare the sociable talk of the door-to-door salesperson, where an effort to establish and keep the conversation going often precedes and permeates the transactional talk, with the ultimate intent of 'winning over' the potential customer.) Therefore, though conversational accommodation most obviously emerged in the schizophrenia data, it is not hard to see how it may be manifest in many other contexts of sociable talk.

Hence, the goals of the interaction clearly influenced the talk going on around the task. Interactional goals could be said to significantly contribute to the process of conversational sociability as it emerged through the linguistic strategies discussed, whereupon participants actively engaged in friendly, affable social talk to ensure the smooth running of, and successful outcomes from, the interactions.

12.3.2 Structures of Expectation

In Chapter 4, the concepts of *script* (Schank & Abelson, 1977) and *schema* (Bartlett, 1932; Chafe, 1977) were discussed while introducing the notion of *frame*. As the discussion showed the associated notion of a *psychological frame* was a concept originally put forward by Bateson (1972 [1954]), subsequently developed by Goffman (1974) and more recently applied to discourse by Tannen (1993). Exploring the wider context of talk and its influence on the emergence of conversational sociability prompts a reconsideration of these concepts within Goffman's (1974) notion of *expectation* and *structures of expectation* as underlying any talk about framing in discourse (Tannen, 1993). Structures of expectation can be described in the following way (see Tannen, 1993; 16; after Ross, 1975):

> ...on the basis of one's experience of the world in a given culture (or combination of cultures) one organises knowledge about the world and uses this knowledge to predict interpretations and relationships regarding new information, events and experiences.

As discussed in Chapter 4, the notion that people bring to interactions *expectations* about people, events, settings and ways to interact (i.e. a knowledge schema), is significant when considering the emergence of conversational sociability in interactions. For example, within the hairdressing context, participants expect a certain course of events to take place, the sequence of which is common to their many other experiences of the hairdressing routine. Building on previous experiences, participants expect social and task related talk to accompany the sequence of events, as the task is worked through. Customers too have expectations about the behaviour of people involved in the hairdressing task. Previous experiences of interactions with Michael will tell them that he is an affable, friendly person who enjoys engaging his customers in sociable talk. Likewise, Michael expects to involve his customers in some social talk to 'keep the customer satisfied' so to speak. Social talk, therefore, is so much part of the hairdressing schema that any change to this usual routine of events and interpersonal interaction would prompt a query as to why all was not 'as usual'.

The hostel setting is no different in this regard to the hairdressing setting, in that the participants also have their expectations formed and built upon previous experiences. The residents expect to engage in assessment activities with the professionals, but also expect a certain amount of talk to go on around the task, that is, talk of a social nature, as the professionals enquire about the person's health, recent activities and so on. This expectation is vividly illustrated in both settings, as residents and customers work through their 'news telling' agenda since their last meeting (see Extracts 5.23-5.29 in the hairdressing data and Extracts 11.16 and 11.17 in the schizophrenia data). The residents, again building on previous experiences of interactions with the professionals, know them as friendly people who have an interest in them and their welfare. The professionals, possibly more consciously, expect to engage the residents in talk as part of the rapport building sequence as outlined above. They too expect a certain amount of social involvement from the participants. These structures of expectation naturally influence what will take place in the interaction. Participants therefore involve themselves socially according to their expectations. This active social involvement predisposes them to engage in sociable talk, which in turn contributes to the emergence of conversational sociability considered within the wider context of talk.

Structures of expectation must also underlie many other talk contexts. In casual talk among friends or acquaintances, for example, structures of expectation will determine the level of intimacy or openness involved in the interaction. Close personal friends expect to engage in 'intimate talking' (see Locke's (1998) usage of the term) as

discussed in Chapter 2). Intimate talking, therefore, may be more a product of close interpersonal personal interactions than that of fleeting acquaintances. If a mere acquaintance starts to probe their interlocutor on personal issues, reparation may be needed to return the relationship to its previous *status quo*. Likewise, engaging in sociable talk with another is often determined by a person's previous experiences of talk with that particular individual (i.e. some people are deemed more 'chatty' than others and easier to talk to) or by a person's experience of similar conversational situations with a wide range of other people (e.g., chatting socially at parties, at the bus stop, in waiting rooms etc.). Conversational sociability, by definition, sees participants predisposed to readily engage in social talk, a predisposition common to many other contexts of talk, not just those described in this study.

12.3.3 Roles of interlocutors

To further consider the influence of the wider context of talk in the exploration of the substructure of conversational sociability, the roles of interlocutors need to be addressed. Chapters 3 and 9 explored how power relations influence talk, originating from the premise that every conversational interaction has some level of a power dynamic operating throughout. In the hairdressing data, the perceived power relation was such that Michael was initially perceived as the powerful one, and the customer the disempowered. Likewise, in the hostel setting, it was often obvious in the unfolding talk that the professional took on the powerful role, with the resident assuming the role of the disempowered. It can be said that the asymmetric power dynamic in the hostel setting was more pronounced as the professional, backed by the institution, was cast in the 'expert' or 'helping' role, while the resident was cast in the 'sick' or 'helpless' one. The hairdressing context, on the other hand, was one which could be termed a 'pseudo-institutional' environment, where participants enter an artificial transitory power relationship for the duration of the hairdressing task (see Chapter 3). Therefore, the perceived institutional constraints on power are significantly greater in the hostel setting than in the hairdressing one.

There is no doubt that in the interactions studied, power was indeed a force influencing the discourse to varying extents. However, the analysis of the data showed that the impact of power was significantly mitigated by the collaborative efforts of the participants, where shifting potentials of power were exploited by all participants in talk. This mitigation of the influence of power is even more notable in the hostel setting, as the asymmetry of roles, by virtue of the context of the situation, is more pronounced. The jointly negotiated suspension of unilateral positioning of power, rendering a more equal status in talk, was pivotal to the emergence of sociable talk and hence, in turn, to the emergence of conversational sociability.

Another aspect of the effects of the role relationships involved on the emergence of conversational sociability is the result of communication accommodation work in the discourse. In the schizophrenia data, a psychological convergent orientation on the part of the professional allowed for a certain freedom to evolve in talk, whereupon residents could take on 'expert' roles (e.g. Extracts 9.7-9.13) and control the talk, through their own discourse management strategies (e.g. Extracts 9.21-9.28). Similar patterns were also found in the hairdressing data (e.g. Extracts 3.36-3.38 and 3.29-3.33). This addressee-focused (and ultimately interaction-focused) discourse-attuning function of 'role discretion' gave the disempowered an opportunity to play out interactional roles, other than those predetermined by context. This freedom was not only conducive to the promotion of sociable talk, but proved facilitative in the fulfilment of socio-relational objectives by allowing the initiation and development of topics of interest to participants in talk.

As for the other factors discussed thus far, consideration of role relationships in other contexts of talk and their influence in the emergence of conversational sociability warrant comment. It was mentioned in Chapter 3, that casual conversation sets up the expectation of balanced participation in talk (cf. Wilson's (1989) notion of 'equal rights' to turntaking, for example) with power and status 'wreaking havoc with this symmetry' in talk (Fisher & Todd, 1986; ix). The data analysis showed that not all asymmetric power relations remain so throughout the interaction. Other contexts, like doctor-patient or teacher-pupil relationships, though typically characterised by 'powerful talk' (as discussed in chapter 4), often have many episodes or moments of more equal socio-relational talk permeating the interaction. Take the examples of talk going on around the periphery of (or during) the business-of-the-day, where doctor and patient discuss common hobbies or interests or teacher and pupils discuss similar holiday experiences or adventures, for example. It is not just content that determines more equal talk, as socio-relational comments can infiltrate any kind of talk at any moment, smoothing the interaction as discussed above. The unilateral holding of power therefore is suspended, at times momentarily, to allow the emergence of more balanced participation, thus laying the foundation for more equitable sociable talk.

Exploring, therefore, the emergence of conversational sociability within the wider context of talk, that is, from the overall conversational interaction taking place, serves to reveal the importance of considering the goals of interaction, along with the expectations of participants and the (changing) role relationships involved. I would argue that these elements are pivotal to the emergence of conversational sociability, when the wider context is taken into account. Looking to the intricacies of the talk itself reveals additional elements which contribute to an understanding of how conversational sociability comes about in conversational interactions.

12. 4 Conversational sociability as emergent from the context of talk itself

12.4.1 Interactional mechanisms at work

Both sets of data were subjected to a multi-theoretical approach to analysis which allowed for an exploration of the talk on a number of levels. In both settings studied, an analysis through framing allowed for the description of a number of frames operating within the discourse. In the hairdressing data, business-of-the-day frames (BDFs) and socio-relational frames (SRFs) were easily identified within the main transactional frame. Within the main institutional frame identified in the schizophrenia data, similar frames (i.e., BDFs and SRFs) were also identified, in addition to troubles telling frames and phatic-like frames of talk. These frames were intimately related and intertwined with each other, showing the fluidity of framing as occurring in the interaction. The 'partners in dance' analogy, applied initially to the frame analysis of the hairdressing data, can equally be applied to the schizophrenia data, as all participants easily engaged in shifting alignments as the talk proceeded. The participation and alignment, taken up by the residents in socio-relational and phatic-like frames is of particular interest in schizophrenia data under study (see Extracts 8.18-8.30), not least because of the effective use of cognitive functions of episodic memory and inferencing (discussed in Chapter 4). Instigating and maintaining alignments within such frames, illustrated a jointly constructed competency to engage in socio-relational talk. Mitigating negativity in troubles-telling was also illustrated and shown to be an important contribution to the overall phaticity and sociability of the interaction. The frame analysis of talk, therefore, helped to put a meaning and format on what was going on in the discourse in both settings, identifying the 'activity' in operation. Framing showed clearly that participants were freely orientating themselves to socio-relational frames, thus being 'alive to' such talk.

The realisation of power relations in talk also figured significantly within frames, with power relations being more prominent in business-of-the-day frames in both settings, rather than in socio-relational frames. The influence of power relations was also seen to penetrate the socio-relational talk within the institutional frame, as illustrated within the schizophrenia data, with 'powerful' conversational structures (e.g. initiation /response/ follow-up) persisting (see Extracts 9.16 and 9.17). However, both sets of analyses illustrated how possibilities for power sharing were exploited, where power was not (overtly) held by one or other of the participants. These opportunities rendered a more 'equal' status among participants, specifically conducive to socio-relational talk (including phatic-like talk). The resultant equitable talk relationships were evidenced in both contexts by virtue of the (ostensibly perceived) 'less powerful participant' initiating joking sequences (e.g., see Extracts 3.34 and 3.35 in the hairdressing data and Extracts 9.29 and 9.30 in the schizophrenia data), assuming expert roles in talk (e.g., see Extracts 3.36-3.38 in the hairdressing data and Extracts 9.7-9.13 in the schizophrenia data) and in

the management of other talk sequences (e.g. see Extracts 3.29-3.33 in the hairdressing data and Extracts 9.21-9.28 in the schizophrenia data). These findings illustrated a sensitivity to power relations in talk by participants, particularly in relation to the potentials for power sharing. With the tipping of the asymmetric balance in talk, sociable talk was more likely to emerge.

Finally, linguistic politeness too played its role in the conversational interactions in both settings, demonstrating how socio-relational work is 'done with words', within utterances and across utterances conversationally. Not surprisingly, the business-of-the-day frames were characterised predominantly by bald-on-record strategies and negative politeness forms, as used by both the professionals (see Extracts 10.1-10.3) and Michael the hair-stylist (see Extracts 5.3-5.8) in interactions. Positive politeness typified the socio-relational and phatic like frames of talk as participants were engaged in mutual face enhancing facework (e.g., see Extracts 5.15-5.34 in the hairdressing data and Extracts 10.4-10.17 in the schizophrenia data). What is of particular interest was the conversational use, by all the residents in the schizophrenia data, of predominantly positive politeness strategies. The residents, along with the professionals (who may have been more obviously goal-oriented), invoked positive politeness strategies conversationally, thus exemplifying the role of such strategies in the reduction of social distance and the promotion and maintenance of social relations in talk. Attending to positive politeness strategies in particular, sees important relational work being done in the interactions by *all* concerned, again contributing to the overall sociability of the interactions.

12.4.2. Other influences at work in talk

Continuing with the discussion of how conversational sociability emerged from within the talk itself, requires consideration of other influences at work in the data. Though all conversational participants were considered in the analysis of talk in both settings, particular attention was paid to the contributions of the person with schizophrenia in the hostel settings, as the participant traditionally cast in the role of the 'disabled' or implicated in situations of conversational breakdown. However, the discussion in Chapter 11 (following an exploration of conversational breakdown and repair), looked more closely at the professionals' role in the discourse and therefore began to redress the usual imbalance in explorations of schizophrenia data. Viewing communication accommodation strategies as essentially assuming a preventative role in avoiding potential breakdown, saw the professionals engaging in a high level of discourse attuning. It is suggested that the process of *conversational accommodation* was more salient in the schizophrenia data than in the hairdressing data, whereupon, for example, the professionals colluded (often without question) with abrupt topic shifts (see Extracts 11.16 and 11.17 and 11.20 and 11.21). Sudden topic shifts if occurring in other

conversational interactions could result in breakdown or at least prompt clarification requests, depending on the context of the talk. Conversational accommodation was also obvious in the professionals' reactions to the increased latency of response, as evidenced by some of the residents' exchanges; the professionals, in some of the interactions, allowed significant time to elapse before a response from the resident was forthcoming (see Extracts 11.23 and 11.24). Again, delays in responding in other contexts would most certainly prompt the interlocutor to say *didn't you hear me?* or to repeat the utterance. Conversational accommodation, therefore (though apparent in both hairdressing and schizophrenia contexts to greater and lesser extents), was seen to provide the necessary scaffolding to sustain the conversational flow.

It could be suggested, therefore, that the interaction-focused conversational accommodation is more likely to be instigated by the more proficient[6] speaker in the interaction, as well as being tied closely to interactional goals as previously discussed. The notions of *proficiency* and *competency* are particularly relevant to discussions of the schizophrenia data and will be further explored below.

12.5 Conversational sociability: The substructure

It would be naïve to suggest that the conversations in the schizophrenia data were completely trouble-free and directly comparable to the hairdressing conversations, thus negating and contradicting any reports of communication difficulties in this client group (see following section). However, reflecting on both sets of data analysis enabled a substructure underlying the process of conversational sociability to be developed, once considered within the situational contexts of talk, as described above.

In short, how such conversational sociability emerges within the context of talk itself can be attributed to an integration of (i) shared alignments in talk, (ii) exploitation of power relations, and (iii) social acceleration properties of positive politeness as used by all participants. Additionally, it can be said to arise from the participants' propensity to use communication accommodation strategies in general and conversational accommodation, in particular. Discourse-attuning strategies, coupled with collaborative repair work, contribute in important ways to the success of the conversations as illustrated in the data. Within the context of talk therefore, the process of conversational sociability is brought about by the residents' interactional presence in talk, as shown by the multi-layered analysis of talk, and by what may be considered (in the mechanical use of the word) a 'tension' between accommodative strategies (including conversational accommodation) and the collaborative repair work employed by all participants. This

[6] Proficient in this context is taken to mean 'expert' or 'adept' while competence is taken to mean 'adequate'. Thus, a proficient speaker is interpreted as one who is well practised and considered 'adept' at conversing, while a competent speaker is one who is considered to have sufficient or 'adequate' skills to engage with another conversationally.

'tension' serves to hold the conversation together, promoting conversational sociability among participants.

Additionally, I would argue that certain elements of the wider context of talk predisposed the participants to engage in sociable talk. These elements include, consideration of the interactional goals, the expectations of the conversational participants and the changing role relationships as they evolve in talk. It can be said therefore, that the wider context of talk had a direct bearing on the talk itself as interactional goals, expectations and roles determined to a large extent how the talk proceeded socio-relationally. Therefore, exploring the substructure of the process of conversational sociability, from the interrelationship of the wider context of talk and the context of talk itself reveals the mechanisms by which conversational sociability is achieved.

12.5.1 Conversational sociability and the exposure of (in)competency?

The previous discussion has allowed a model of conversational sociability to be described, which can account for a variety of talk contexts, not just those studied in this thesis. However, such a model must also account for the variability of speakers' performance conversationally. It can be concluded that communication accommodation in general, and conversational accommodation in particular, were seen as central to the process of conversational sociability. It has also been suggested that both communication and conversational accommodation strategies were more likely to be employed by the more proficient or skilled speaker in the interaction, in the interests of preventing conversational breakdown. Though more obvious in the schizophrenia data, accommodation by the more proficient speaker is common to many other contexts (e.g., a native speaker in conversation with a foreigner). Even in common everyday interactions, a person who may be described as 'a good conversationalist' is likely to engage in communication and conversational accommodation practices with a less proficient speaker, for example. But where does this leave us as far as the schizophrenia interactions are concerned?

The exposure of conversational sociability in the conversational interactions of the schizophrenia data must not rule out or ignore the often troubled sequences which may be characteristic of interactions with people with chronic schizophrenia; these troubled sequences, some presented as negative data, were exemplified in Chapter 11. In one of these sequences in particular, the actions of the participants quite obviously jeopardise the emergence of conversational sociability. In Extract 11.22, Martin's persistence in maintaining an inappropriate topic between resident and professional (i.e., an invitation to a wedding) and, by what may be perceived as the negative exploitation of power in talk (by both participants), threaten the smooth flow of conversation, prompting a social-distancing process to come into play. Other inappropriate talk such as the

blurting out obscenities (referred to by Yvette and discussed with Irene; see Extract 9.1), though not manifest in the conversational interactions transcribed for this thesis, would almost certainly adversely affect the emergence of conversational sociability. Additionally, to avoid conversational breakdown other sequences of talk required a greater degree of accommodation and at times more explicit repair work (see Extracts 11.18 and 11.19) than, for example, the hairdressing interactions. Hence, it is worth exploring why this is so.

As discussed in Chapter 1, some people with chronic schizophrenia are perceived as having significant communication and conversational difficulties. Though on the surface the schizophrenia conversations bore some resemblance to the hairdressing interactions, it would be naïve to suggest that there was an equivalence across both types of conversational interactions (as the examples given above illustrate). A closer look at the schizophrenia data reveals a number of important differences. It is useful to discuss these differences in light of the conversational work that the professionals had to do to sustain the conversational flow. For example, it could be said that the schizophrenia interactions had a certain 'fragility' to them; a fragility in need of scaffolding to keep the interaction going. *Poverty of speech* and *poverty of content of speech*, features often associated with negative symptomatology and chronicity, could be said to render some of the individuals (e.g., John and Andrew) 'conversationally inert'. Therefore, to keep the residents conversationally involved, and to maintain an interactional presence in talk, the professionals had to work hard to sustain the conversations, exemplified by the many question/answer/follow-up sequences which characterised the interactions (see Extracts 9.14-9.17). In response to this inertia, the professionals invoked topics of interest and concern to the residents, within their rather limited daily experiences in the hostel; invoking safe or familiar topics carried the likelihood of them being spoken about at least over a number of turns. Thus, the conversations were characterised, if not by here-and-now topics (e.g., attention to appearances or the weather), by very recent activities (e.g., what the resident did for the weekend). It could also be said that the professionals engaged in what N. Coupland et al. (1991; 41) term 'protectionist conversational strategies' describing a tendency to not ask about certain aspects of daily activities that might highlight contrasting circumstances. The professionals' focus, therefore, was on the residents' interests and concerns, in other words *their* news-telling agendas. Only occasionally were professionals' interests discussed (see Extracts 9.21-9.29). This focus of interest saw the professionals tolerating abrupt topic shifts and increased latency of response in some of the interactions. Professionals were willing to forfeit (or occasionally impose) coherence (see Extract 11.18) in the interests of keeping the conversation going. Additionally, they tolerated and accepted perseverative and delusional talk in the more talkative residents (e.g., Yvette and Martin), and many instances of self-referential troubles-telling talk (see Extracts 8.33, 8.35, 8.37 and 8.38)

which permeated the conversation at different points. The professionals therefore, responded to the *actual* conversational behaviour of their interlocutor not to the stereotypical conversational performance; they treated the conversational contributions as worthy of response. Such talk may not be dealt with in the same way in other non-therapeutic contexts of talk.

Not surprisingly, therefore, the schizophrenia interactions differ in some ways from the hairdressing interactions. A sweeping glance at the respective groups of transcripts in Appendices 1 and 4 gives an immediate overall impression of 'difference'. It can be said, for example, that the hairdressing interactions were more typically characterised by a mutuality and reciprocity of talk. Question/answer/follow-up sequences, though present, were employed by both participants in the interests of maintaining talk. Topics were genuinely shared, with some topics triggering a negotiation of opinions (e.g. the severity of the weather in Extract 5.16-5.17) and much discussion. Participants displayed an obvious interest in each other, exemplified by their reciprocal queries about health and families for example. Advice was sought from both parties, with regard to health and other topics of concern. Troubles-telling sequences were not as obvious, though health concerns were reciprocally discussed. Conversations progressed more smoothly and were less likely to break down because of actions of one or other of the participants.

As expected then, both situations of talk differed in a number of ways. Nevertheless, the process of conversational sociability can be seen to emerge in both contexts. Exposing a conversational competency on the part of the residents, as shown by their interactional presence in talk, coupled with the communication and conversational accommodation practices predominantly used by the more proficient speakers in the interaction, revealed a conversational sociability just as in the hairdressing data. So, what triggered this process in these interactions? The model allows for varying degrees of performance and accommodation, as discussed above. It seems to be the case in the schizophrenia data that the more proficient speakers (i.e. the professionals) compensate for the less proficient, yet competent, speakers in the interaction (i.e. the residents). Thus as previously discussed, conversational sociability sees an interaction of participants' skills, that is, the professionals' *proficient* conversational skills and the residents *less proficient though competent* skills. The model allows for this finding to apply to a number of contexts as outlined above (by virtue of degrees of communication and conversational accommodation at work), where varying levels of proficiency and competency come into play. Thus, the level of conversational competency or proficiency of one participant may determine the degree of accommodation employed by the other participant. The model of conversational sociability discussed allows for this variability among participants in talk.

Therefore, while incompetency is not ignored, it is the exposure of competency in engaging in a process of conversational sociability which is the main concern of this thesis. Considering such a competency suggests that dormant or suppressed abilities can be exposed through sensitive analyses of data and accommodative practices in talk. Accommodation in both communication and conversational terms played a role in 'buoying up social interaction' (Hamilton, 1991; 182) or provided a scaffold to support the fragile abilities of the residents. In turn, responding to the *actual*, and not to the *stereotyped*, conversational performance of the residents was pivotal to this exposure in the schizophrenia data.

12.6. The multi-theoretical approach to analysis: Implications for approaches to discourse analysis

It has been stated a number of times in this thesis that a multi-theoretical approach to analysis was necessary to expose the process under examination. It has also been stated that such an approach proved sensitive enough to expose a conversational sociability emergent in talk. However, it is worth taking a closer look at the theoretical framework used in this study, in an effort to explore its validity as a method of analysis of socio-relational talk. A review of the framework should help to identify gaps within each approach, gaps which may have been compensated for by the integration of approaches used in this study.

The multi-theoretical framework was developed generally from a number of main perspectives within discourse analysis methodology, namely a pragmatic approach to discourse analysis (e.g. in applying the principles of politeness theory), an interactional sociolinguistic approach (e.g. the use of framing in discourse) and a somewhat restricted usage of conversational-analytic methodology, primarily concerned with the use of CA's descriptive techniques in the identification of the 'machinery' or structure of conversational interactions (e.g. in the analysis of power in talk and conversational breakdown). The perspectives therefore, were put to work in the application of a number of approaches which facilitated the analysis of talk in face-to-face interactions.

The definition of conversational sociability requires consideration of form and function to explain the process as it is manifest in the discourse. Therefore, analytic approaches must account for this duality of concerns. Pragmatic and interactional sociolinguistic approaches to analysis are concerned, to greater and lesser extents, with how interpretation and interaction are based upon the interrelationships of social and linguistic meaning. These approaches therefore are concerned with the 'interactive negotiation of meaning' and the 'extra "work" done by interactants in face-to-face settings on top of what is already given in "rules", the reflexive relationship between context and verbal behaviour' (Verschueren, 1995; 336). As was shown in earlier chapters and in the analyses, both Brown and Levinson (1987) and Tannen (1993) have applied many of the

ideas of the main proponents of these overlapping perspectives to discourse analysis (e.g., Gumperz, 1982 and Goffman, 1974), as illustrated by politeness theory and framing in discourse respectively.

Employing some of the principles of a conversational analytic methodology allows a focus on the structural or 'form' dimension of conversational sociability. What I have been concerned with is the identification through talk of the power dynamics in conversation. Therefore, an exploration of the discourse management strategies at work in the discourse, through the descriptive power of conversational analysis, is essential to this endeavour.

Therefore, the eclectic mix of perspectives accounting for co-creation of meaning in context and the analysis of the structural aspects of conversation, render the approaches to analysis to be in a complementary relationship, allowing for the 'form' and 'function' dimensions of conversational sociability to be accounted for. This necessary integration of overall perspectives is naturally carried through to the application of approaches arising from them.

Though the concepts which spawned the approaches used, may, at first glance, impress as diverse (i.e. *face, frame* and *power*), it is only through their application to conversational data can one appreciate their analytic compatibility. All the approaches used in the analysis had a common focus: to expose socio-relational talk, and consequently, by the integration of analytic approaches, to expose conversational sociability. Each approach could be likened to a thread which once interwoven with, and strengthened by, other threads (i.e. other approaches) established a unified analytic approach with a common concern. But the question remains whether any one approach could have fulfilled the purpose in its own right. It is therefore beneficial to consider the usefulness of each approach in turn, and to consider what dimensions of socio-relational talk are best accounted for by each mode of analysis. Re-invoking the iceberg analogy (Chapter 7), as depicting a layering of analytical levels, facilitates the following discussion, which must include consideration of both *form* and *function*, as the definition of conversational sociability demands.

12.6.1 Frame analysis of talk

This study was by no means the first to employ framing in the analysis of psychotic discourse. As referred to in Chapter 4, Ribeiro (1993) used framing to elucidate coherence in otherwise perceived incoherent discourse. Similar to the present study, an attempt was made to expose an 'order' within the 'disorder' of some schizophrenic communication. Ribeiro's study highlighted the ease at which framing can be applied to complex data such as schizophrenic talk, aiding the analysis of so called 'disordered discourse'.

Likewise, framing proved to be a powerful tool which helped to describe what was going on in the schizophrenia data. The analysis of talk through framing facilitated identification of the many and varied *conversational activities* taking place in the interaction. Framing allowed identification of the main frames in operation and delineation of subframes operating within them. Framing mapped meaning onto what was going on in talk. In particular, it allowed for the identification of a facility to participate in socio-relational and phatic-like frames in particular. Examination of frame shifts contributed to the understanding of the moment-by-moment negotiation and shifting of alignments in talk, so central to the identification of a sociability or willingness to engage in talk (cf. the reference to *'a readiness or willingness to engage in chat'* in the definition of conversational sociability). Framing helped to identify what people were 'alive to' in talk at any given moment. A frame analysis also enabled the mapping of instances where alignments were not taken up and how this affected how the talk proceeded. The notion of 'structures of expectations' underlying knowledge schemas and framing in general (Tannen, 1993) also proved a useful concept in discussing the influences of the wider context of talk, as discussed earlier in this chapter.

But could a frame analysis of talk in the interactions studied be sufficient to expose the process of conversational sociability? I would argue that it could not, for the following reasons. It is true that framing helps particularly in the identification of the type of talk being explored in this study. As referred to above, a frame analysis of talk answers the question *what is it that is going on here?* It delineates the *conversational activities* happening in talk, be they concerned with joking, teasing, business talk, troubles-telling or social talk, for example. However, identification of *contextualisation cues* (Gumperz, 1982) to determine what frame is in operation, does not go far enough in the exploration of the nature of socio-relational talk, for my purposes. Framing does not tell us enough about the socio-linguistic mechanisms underlying socio-relational talk. The question must be asked: What else is going on within the frame that makes it phatic-like or socio-relational, for example? However, a frame analysis does serve the all important function of sorting out, at the outset, what is going on in talk and allows us to take a closer look at socio-relational and phatic-like frames of talk, once they have been identified. In other words, framing serves as a useful 'first layer' to a multi-layered analysis which is essential in unravelling the complexities of socio-relational talk and ultimately conversational sociability.

12.6.2 Analysis of power relations in talk

Explorations of power relations in talk and the notions of *shifting power potentials* and the *negotiation of power* (Foucault, 1977) were particularly pertinent and useful in the analysis. Foucault's idea that at moments of talk power may not be held by any one person or may be shared, permitted an exploration of more equal talk as it

occurred in the data. The resultant more equal talk in the contexts studied proved to be socio-relational and phatic in nature, as the residents suspended troubles-telling to joke or engage in sociable sequences of talk (e.g. inviting talk from the professional; see Extracts 9.24-9.26). Macro- and micro-analysis of power rendered useful information as to the exploitation of power relations as manifest in talk. Thus, putting power to work in this context challenged the influences of the pre-conceived uni-directional power relationship, akin to the doctor-patient milieu of such therapeutic interactions (see also J. Coupland, Robinson & N. Coupland, 1994). Consideration of power and its influences in interactions is not only helpful, but central to an understanding of social relationships in talk. Hutchby (1999;587) summarises Foucault's ideas of power, when he states that 'power operates in the most mundane contexts of everyday life, not just at the macro-level of large processes'. Considering how power works in informal conversational interactions, within the larger 'power house' of doctor-patient-like interactions as studied in this thesis, reveals interesting information as to the nature of conversational sociability itself.

But again the question is posed, would an analysis of power relations in talk be enough to expose the process under study? In other words, would identifying moments of equality in talk be sufficient to make the claim that participants are engaging in a process of conversational sociability? Referring to the next layer of analysis, as depicted by the iceberg analogy in Chapter 7, sees *conversational structures* coming into focus. The role relationships involved have a direct bearing on the conversational structures within the discourse. It was shown how even doctor-patient like structures of three-stage assessments or initiation/ response/ follow-up sequences infiltrated socio-relational talk within the schizophrenia data. It was recognised too that power had an effect on other levels of analysis. For example, business-of-the-day frames were often characterised by bald-on-record politeness strategies where commands were direct, as the powerful interlocutor wielded power over the disempowered one. However, it was also shown how participants took advantage of on-the-ground negotiation of power relations through talk. Instances of more equal talk permitted sociable talk to emerge at the level of conversational structures, and being able to identify more equal talk, is crucial when attempting to delineate underlying mechanisms in socio-relational talk. But this is still not the full story. More equal talk does not necessarily account for, or imply, socio-relational talk. For example, business colleagues could be engaged in 'equal talk 'around business-of-the-day topics, with or without socio-relational concerns infiltrating the talk. An analysis of power therefore, primarily delineates the conversational structures and forms within which social talk can take place. It must be remembered, however, that in addition to form, *function* must also be accounted for in any discussion of the mechanisms underlying conversational sociability as defined. The next layer of analysis

takes us a step further, that is, how socio-relational work is 'done with words' at a *conversational function* and *conversational utterance* level.

12.6.3 Analysis of politeness in talk

So far then, I have argued that neither *conversational activities* (identified through framing) nor *conversational structures* (identified through an analysis of power relations in talk) can account for, in their own right, the emergence of conversational sociability if form *and* function must be taken into account by definition. Yet it is not hard to see how both approaches discussed thus far can begin to inform an analysis of conversational sociability.

Putting politeness theory to work revealed a *conversational function* for conversational utterances through positive politeness strategies used in their role as social accelerators. Extending the interpretation of politeness, beyond that confined to particular speech acts, saw politeness being considered as pervading the whole interaction (i.e., the whole interaction constituting a face threatening act in itself for participants). Facework, particularly in socio-relational talk, primarily took the form of enhancing each other's positive face in an effort to reduce the social distance. Spencer-Oatey (2000; 3) prefers the term *rapport management* to refer to this type of behaviour, though includes in her definition, along with the promotion and maintenance of harmonious social relations, the threatening of relationships (an aspect not focused upon in this study). Rapport building through talk, therefore, draws heavily on principles of positive politeness (and to a lesser extent negative politeness) for its impetus. It is suggested that attention to positive politeness, *as negotiated conversationally*, provides a useful forum to discuss and expose socio-relational issues as emergent within utterances and across utterances conversationally. The function of positive politeness is clear: to reduce social distance, an obvious feature of conversational sociability (c.f. the notion of '*marking friendliness and affability*' as part of the definition).

It is obvious from the analysis of linguistic politeness undertaken in this study that the focus was very much on identifying positive politeness at work in the data to the relative neglect of negative politeness. This was intentional because of the social accelerating properties of positive politeness, the central concern of this thesis. Naturally, however, no interaction is exclusively positively polite or negatively polite, though interactions can be thought of as being predominantly so. However, as for utterances or speech acts, politeness strategies may be mixed or prove to be multi-functional (as some examples in the data illustrated). Brown and Levinson (1987; 231) comment:

> A given interaction may juggle back and forth from moment between devices for reducing and widening social distance. Thus the linguistic realisations of politeness strategies may be a very revealing index of the quality of social relationships and the course of their development.

The interactions studied, particularly those characterised by socio-relational talk, were for the most part predominantly positive polite ones, tied closely to the goals of the interaction, as discussed earlier. It is not hard to see, therefore, how useful politeness theory can be in 'indexing' the building of social relationships through talk.

However, as for the other approaches to analysis, can it be said that only focusing on politeness strategies or facework would be enough to expose the process under study? Politeness theory set out to look at functions of utterances through the use of speech acts, with only limited attention being paid to how such strategies may operate *conversationally* (though face-threatening intentions, as operating across a number of utterances or turns, have been addressed in Brown and Levinson's (1987; 233) theory, and referred to in Chapter 5). I would argue that identifying politeness forms without recourse to the larger context of which they are a part (e.g., in this case, a socio-relational frame or more generally in informal conversational interactions) could render a piecemeal approach to analysis rather than a holistic one, as used in this study and as necessary to expose the process permeating the talk.

12.6.4 Communication accommodation theory

Having shown the compatibility of the above three analytic approaches in the exploration of socio-relational talk and their contribution to the emergence of conversational sociability, the review of the framework is almost complete. Application of the principles of communication accommodation theory (CAT) serves to highlight more explicitly the role of the professional in the schizophrenia interactions. CAT approximation strategies were seen to be at their most useful in the prevention of conversational breakdown. Within therapeutic contexts (as for many contexts where socio-relational concerns are foregrounded), breakdown is undesirable and to be avoided if possible; attending to the other's conversational needs (including face needs, productive performance and interpretive competence) is of primary concern. It was shown how the professionals' use of communication accommodation in the form of discourse attuning strategies pervaded the interactions (and to a lesser extent in the hairdressing data). However, as already discussed, a particular *conversational accommodation* was highlighted by the unquestioned following of the residents 'abrupt' topic shifts and acceptance of relatively long pausing between first and second parts of adjacency pairs. Such tolerance of an apparent violation of conversational rules, allowed a sociability to emerge which otherwise may have been suppressed. Therefore, preventive aspects of accommodation in general, but conversational accommodation in particular, were significant forces at work to a greater or lesser extent in both sets of data.

It may be argued, however, that conversational accommodation, as defined for this study (see Chapter 11), can be perceived to fit easily within N. Coupland et al.'s (1988) model of CAT, within the context of 'attending to others' conversational needs'

(see CAT model in Chapter 2). However, the concept is invoked to account for significantly *more*, or *different* discourse work being done in the schizophrenia interactions than the CAT model apparently accounts for. As such, conversational accommodation cannot be accounted for simply within the process of *over-accommodation* . It has been shown in the data that general accommodative work, in the form of discourse attuning through discourse management strategies, pervades the interactions (e.g. talking about topics of relevance to the residents, employing question-answer sequences to facilitate turn management and overall cohesion etc.). Though occurring in both contexts, the more obvious use of the process of *conversational accommodation* in the schizophrenia data addresses the 'extraordinary' conversational needs of the residents, when, for example, an overly long pause occurs within adjacency pairs or an unmarked topic shift occurs. In addition, conversational accommodation has, as its main concern, the maintenance of conversational flow; it is concerned with keeping the structure of the conversation intact, which at times puts conversational content or overall conversational coherence in a secondary position. This means, then, that a conversational accommodation is not just addressee-focused (the main concern of CAT), but necessarily *interaction-focused* also. *Conversational accommodation,* therefore, though not strictly accounted for within N. Coupland et al.'s (1988) model nor Ryan et al.'s (1986) extension of the CAT model, could be considered to be in a complementary relationship to the processes discussed therein.

12.7 Summary

Having outlined the contributions of the above approaches, I would argue that no one approach, applied to the data singularly, would be sensitive enough to account for the emergence of conversational sociability in terms of both form and function in the discourse. However, the above discussion begins to show how the approaches build upon each other in a holistic way, as they identify relevant *socio-relational conversational activities* (particularly socio-relational talk and phatic-like frames), *socio-relational conversational structures* (i.e. discourse structures which facilitate more equal talk via the analysis of power) and *socio-relational conversational utterances* (through the identification of predominantly positive politeness forms). Communication accommodation theory accounts for the other influences at work in the data and facilitates the discussion of another interaction focused accommodation strategy, namely conversational accommodation. Additionally (as was shown in the data analysis), the fact that the same extracts can be systematically analysed from a number of perspectives, is testament to the coherence and integration of approaches used.

12.8 Conclusions

The two main aims of this chapter were to identify the substructure underlying the process of conversational sociability and to explore the theoretical implications which could be drawn from the multi-theoretical approach to analysis used in this study.

Identifying how the process came about required an examination of how conversational sociability emerged from within of the wider context of talk and the context of talk itself. Elements of the wider context of talk which proved central to the emergence of conversational sociability included, the interactional goals, expectations of the participants and the role relationships involved. An interactional presence in talk as identified within the talk itself, was brought about by: (i) participants' involvement in socio-relational and phatic-like frames of talk together, (ii) a sensitivity to shifting power relations resulting in more 'equal' conversational interactions, and (iii) the conversational use of positive politeness strategies as 'social accelerators', all functioning concurrently within communication and conversational accommodation influences and resulting in the exposure of the process of conversational sociability as emergent within the discourse.

Reviewing the multi-theoretical approach to the analysis showed that each analytic approach used had its part to play in the exposure of conversational sociability. The combination or layering of approaches allowed for a richer interpretation of the talk than if only one approach had been applied. Discovering the mechanisms underlying the process required analytic tools sensitive enough to systematically expose such a complex socio-relational process as conversational sociability. Identifying a *process*, rather than a genre, in turn contributed to the necessity for a multi-theoretical approach to be employed. Understanding of the approaches was enhanced as their compatibility was identified and as aspects of particular approaches were stretched to fulfil certain analytic requirements. Thus, exposing the diffuse and pervasive nature of the process of conversational sociability defined in terms of form and function, *required* a multi-theoretical approach. I would suggest that many other attempts at analysing socio-relational talk could benefit from a combination and integration of theoretical orientations, thereby increasing the explanatory power and facilitating a richer interpretation of the process under scrutiny.

CHAPTER 13
CONVERSATIONAL SOCIABILITY: PROFESSIONAL-PRACTICE ISSUES

13.1 Introduction

The previous chapter discussed the identification of the substructure underlying conversational sociability and explored the theoretical implications of the analytic framework used for approaches to the discourse analysis of socio-relational talk. This chapter focuses on how the process of conversational sociability may influence professional practice in general, in the therapeutic management of people with schizophrenia. Under the generic term of professional practice, I would like to focus on one particular aspect of professional interaction: how professionals interact *conversationally* with those they care for. Within the everyday context of providing therapeutic care, I suggest that an awareness of the process of conversational sociability can prompt professionals to reconsider how they relate to people with chronic schizophrenia through talk. Since almost all care programmes in mental health settings are mediated through talk, conversational interactions are an integral part of the daily involvement of clients[7] with their carers. Therefore, it is talk as it pervasively permeates clinical interactions which is the focus of professional practice as defined in this chapter. Therapeutic interactions which focus on conversational skills as part of the overall rehabilitation of people with a mental illness will also be referred to and discussed in the light of what conversational sociability has to offer interventions in this domain.

A good place to start exploring how conversational sociability may impact upon professional practice is to consider the benefits accrued by the participants involved in that process, both from the healthcare professionals' perspective and that of the person with schizophrenia. This discussion will be followed by a review of relevant factors arising from the identification of the substructure of conversational sociability, which may influence professional practice. General intervention issues will then be dealt with and explored in terms of how conversational sociability can influence what I will term therapy *through* talk (i.e., the talking therapies of psychotherapy, counselling etc.) and therapy *about* talk (i.e., the more direct approaches which are traditionally employed in working with the conversational skills of people with schizophrenia). Discussion of how therapy *through* and *about* talk can be influenced by conversational sociability will offer a way forward for interacting more effectively with people with chronic schizophrenia and other mental health disorders.

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[7] The term 'client' is used in this final chapter in preference to 'patient' because 'client' suggests the more politically correct notion of 'consumer of a service' whereas patient casts the person in the dependency and illness role (see Penn & Nowlin-Drummond (2001) for a discussion of politically correct labels as applied to schizophrenia).

13.2 Conversational interaction and the process of conversational sociability

In the previous chapter, the point was made that conversational sociability is not simply another skill which can be learnt and put to use at various stages of a conversational interaction, in the same way, for example, as assertiveness in talk can be. Rather, conversational sociability is described as emerging from an *interaction of skills* and is thus interaction focused. Both parties bring a level of skill to the conversation and it is the interaction of these skills within the conversational dynamic itself, and the socio-relational function it serves, which create the process. Approaches to the explorations of communication and conversation in so-called 'disabled' populations (both in terms of research and practice) have traditionally focused on the skills of the professional *or* the skills of the client, with only minimal attention being paid to the true nature of the interaction which takes place between them. However, there is evidence that this is gradually changing, particularly in the explorations of language disorders after stroke (see for example, Goodwin, 1995; Kagan, 1995; Simmons-Mackie & Damico, 1999; Locke, Wilkinson & Bryan, 2001). Many handbooks on clinical skills refer to the healthcare professional's role in the interaction and how it may be enhanced (e.g. see Goldberg, 1997, and Tate, 2001). Skills, or more usually the disabilities of, for example, the communication impaired client, are frequently explored separately elsewhere[8]. The more usual one-sided approach has many limitations, most significantly the over-riding tendency to lay blame for the communication or conversational breakdown on one participant over the other (i.e., blame being usually attributed to the perceived 'disabled' participant in the interaction). N. Coupland et al. (1991; 37) suggest in their discussion of talk with older people, that it is 'naïve to see problematic intergenerational talk as a one-sided affair'. The same can be said for many other contexts of talk where an apparent asymmetry in levels of talk proficiency may exist. With a focus on interaction, the approach in this study allowed an exposure of the skills of the person usually cast as the disabled one in conversational contexts. With both the professional and the resident actively involved in the interaction, it can be said that the former facilitated exposure of the masked or suppressed skills of the latter, through the dynamics of the ongoing talk. However, competency cannot be simply viewed in terms of 'individual skills and sensitivities of the participants involved' (N. Coupland et al., 1991; 37). N. Coupland's viewpoint has important implications for professional practice in general. Before dealing directly with practice issues, however, it is useful to reflect on the value of engaging in a process of conversational sociability from the perspectives of the participants involved.

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[8] Tate (2001; 117), however, includes references to a patient's code of behaviour when interacting with a doctor. The code includes, *Be polite; Listen carefully; Don't be afraid to ask questions,* etc.

13.3. Conversational sociability and the healthcare context: Participants' perspectives

When exploring how the identification of a process of *conversational sociability* impacts upon the interactions of healthcare professionals with those in their care, the following questions can be posed (i) What are the benefits to the client of engaging in a process of conversational sociability? and (ii) What does it mean for the professional to engage in such a process?

13.3.1 Conversational sociability and the benefits for the person with chronic schizophrenia

- ***'It's good when we all talk isn't it ?'***

J. Coupland (2000) comments upon the benefits of small talk within the context of conversational interactions with the elderly. Many of these benefits can also be discussed in relation to those who are chronically mentally ill. As some elderly people may experience a degree of social isolation due to curtailed or limited social networks, so too can people who are chronically mentally ill. Mentally ill people who may have experienced protracted periods of institutionalisation often find themselves isolated in the community in which they are now living (see Abrahamson, 1997). This isolation brings with it reduced opportunities to engage in talk with others.

Establishing, building and maintaining relationships through talk is 'a fundamental need for those suffering from a mental illness' (France, 2001; 20). However, as 'much of small talk is topically founded in response to change' (J. Coupland, 2000; 16), motivation to engage in talk, even if the opportunity is there, might be low among those whose daily living routines show little change from day to day. The residents who took part in this study experience highly predictable and structured routines as part of hostel living. As some of the conversational excerpts illustrate, the residents' topics of talk often reflected this predictability. Yet this study showed that, once given the opportunities to engage in sociable talk, the residents actively engaged in conversation around various topics. Though the conversations were characterised, in the main, by topics which were considered newsworthy by the residents, their interactional presence in talk, or conversational sociability, allowed them to truly share other topics and experiences with their interlocutors (e.g., see Extracts 9.24-9.26 where Christmas visiting arrangements, and general weekend activities were reciprocally talked about). Opportunities for sociable talk and within the talk itself were welcomed by the residents as their interactional presence in talk demonstrated. These opportunities are significant and central to the process of conversational sociability (a point which will be further discussed in later sections of this chapter).

Engaging in sociable interactions with another is important for our general well-being and health (N. Coupland et al., 1991); it is also conducive to the promotion of self

esteem and self-worth. Being listened to is, in itself, face-enhancing; actively engaging in social talk has beneficial emotional and psychological effects. Feelings of personal satisfaction and of being valued can result from positive experiences of talk with others. It is interesting to note that the 'feel-good' aspect of talk did not go unnoticed by one resident involved in this study, as his following comment suggests: *It's good when we all talk isn't it?* Martin (the resident in question) went on to elaborate by explaining that *It's not good for someone to stay so quiet.* Martin's comments lead to another important point with regard to the benefits of socio-relational talk. More readily engaging in conversation with others will in turn serve to reduce social withdrawal tendencies, particularly among those who, because of the nature of their illness, tend to withdraw from people, their community and indeed from society as a whole.

As will be demonstrated when the discussion turns to the benefits of conversational sociability for the professionals, the role of sociable talk in the smooth running of daily clinical interactions cannot be underestimated. It can be inferred from the interactions studied that engaging in a process of conversational sociability served to put the resident at ease during the assessment sessions, allowed them to relax into the situation and smoothed the way forward for task/goal achievement. Feeling at ease in the situation allowed other valuable talk, such as troubles-telling, to emerge. Engaging in troubles telling with a sympathetic listener has obvious therapeutic benefits for the person with schizophrenia, in much the same way as it has for all of us.

13.3.2 Troubles telling and conversational sociability

As the analysis of the hairdressing and schizophrenia data showed, one of the advantages of participating in socio-relational talk is that it facilitates a certain freedom of expression, where both participants in talk contribute on a wide range of topics. For the person with schizophrenia, engaging in conversational sociability allows the participant to truly converse, to actively engage in social, interpersonal communication with another. The resultant freedom of expression has a number of personal advantages for the person with schizophrenia. As referred to above, these conversations provide a safe environment for problem sharing or troubles telling. Being able to 'air' concerns has positive knock-on effects on a person's ability to deal with their problems. Whether troubles are illness-related or arise from day-to-day life experiences, talking about those concerns may help the person to cope more effectively. The analyses showed that troubles telling can emerge at any moment in the conversation, at times apparently unprompted and unelicited by the professional. (Though the mere situational context of professional-client interaction could have precipitated such talk to emerge, the analysis showed that troubles telling talk was interactionally achieved and therefore 'not dissociated from processes of eliciting and responding' (N. Coupland et al., 1991; 107)). Allowing troubles telling to unfold, rather than deflecting or avoiding such talk, is conducive to

overall expression and facilitates the formation of positive caring relationships (N. Coupland et al., 1991), important for both professional and client in clinical interactions.

Facilitating a person with schizophrenia to engage in socio-relational conversation also provides the opportunity to talk about the illness of schizophrenia in general, in an accepting and empathic environment. Schizophrenia is a devastating and puzzling illness, and, as referred to in Chapter 1, talk about the illness is often regarded as a taboo subject. Those affected may be reluctant to discuss their symptoms at the risk of 'upsetting' or 'shocking' their listener. Disclosing the personal effects of the illness, in terms of the nature of delusions, hallucinations and other symptoms, is inherently face-threatening. People with schizophrenia may also worry that their credibility as a person may suffer as they report bizarre or unusual experiences which appear 'real' to them. Barham and Hayward (1995; 35) discuss the 'vulnerability' which mentally ill people feel about their experiences, a vulnerability which can be experienced as painful or 'potentially creative'. Perplexing emotions can at least be explored if spoken about. Related to this point is the notion of reality testing. Some of the illness-related talk exemplified instances of delusional reference (see Extracts 9.9 and 11.21). As referred to above, engaging in a process of conversational sociability, in the safe environment of relational talk, allows for the verbalisation and description of strange or puzzling experiences. These unusual experiences can be compared with others' experiences and their validity can be tested out. Thus, through verbal interaction with others, people with chronic schizophrenia can measure their delusions and fantasies about themselves and their world against reality. This study showed that being facilitated to talk about the feelings and symptoms associated with schizophrenia gave the residents the opportunity to share and explore illness-related troubling experiences and in so doing, perhaps to begin to make some sense of them.

It is not hard to see, therefore, the significance of engaging in a process of conversational sociability for the person with schizophrenia, both personally and in terms of their own management of their illness. If such a facility to engage in talk can be enhanced, it may improve the person's experience of medical, nursing or other caring consultations, which in turn may serve to increase the effectiveness of the overall therapeutic interactions and quality of care received by them in general. The person with schizophrenia may 'get more out of' such interactions, and may thus feel that they are playing a more active rather than passive role in their treatment. The same can be said for other interpersonal communication experiences, for example, among family members (where communication may be difficult because of troubled relationships, often precipitated by the illness), or in other social settings where conversation plays a key role in building and maintaining social relationships.

13.4 Conversational sociability: The professionals' perspective

This study has shown that engaging in a process of conversational sociability has positive gains for people with chronic schizophrenia. However, the professionals too can accrue significant, practice-related benefits from engaging in sociable talk with their clients.

It is apparent from the discussion in the previous chapters that conversational sociability can be interpreted as a rapport-building process. As referred to above, building rapport through talk has obvious benefits for the formation of positive therapeutic relationships; a relationship built on trust and respect can be forged through talk. Kaplan & Sadock (1998; 489) comment that:

> the major aim is to convey the idea that the therapist is trustworthy, wants to understand the patient and tries to do so, and has faith in the patient's potential as a human being no matter how disturbed, hostile, or bizarre the patient may be at the moment.

Engaging in conversational sociability is one way in which the above rapport building features can be relayed to the client. In a positive therapeutic relationship, clinical goals, may be more easily achieved within the climate of relational and sociable talk. Increased levels of co-operation for therapeutic involvement can be attained, if an ongoing rapport through talk is maintained. Indeed one of the major factors in relation to the success or failure of therapy is the quality of the therapist-client relationship (Kaplan & Sadock, 1998; Quayle, 2001).

Along with the enhancement of therapeutic relationships, engaging a person in sociable talk can perform an important function in the monitoring of a person's mental health. In typical social relationships, talk can act as a barometer for gauging how a person is feeling. Within mental health domains such as the hostel setting in this study, talk performs an even more crucial function in this regard. Symptoms of mental illness are subject to rapid change and may vary significantly from day-to-day and week-to-week; talk allows the professional to witness the often extreme variability of verbal performance within individuals across time (Walsh, 1997). Related to the variability of verbal performance are the severity-related, illness-specific symptomatology such as delusions, hallucinations and paranoid tendencies, which can be investigated as they emerge in talk. Therefore, in the mental health context, social talk provides the professional with an invaluable tool for the assessment and monitoring of a person's mental health over time.

The positive effects for those with schizophrenia of engaging in troubles-telling have been outlined above. Troubles-telling sequences also prove to be a valuable resource for the professional, as he or she can begin to gain some insight into the difficulties experienced by the person and plan treatment objectives based on *the client's* main concerns. J. Coupland (2000; 22) recognises the significance of small talk with the

elderly as 'an important human and even medical resource'; her comments equally apply to people who are chronically ill:

> Talk about social circumstances and family connections may trigger discussion of environmental matters which could be relevant to the clinic's and the doctor's professional responsibilities. The fact that various socio-relational themes...[surface] in the social frame for talk, may mean they will be easier to reinstate later as topics for 'medical' consideration.

For the professional, being able to *reinitiate* a 'troubles' topic, originally introduced by the affected individual, facilitates exploration and management of those concerns more effectively in the context of therapeutic care. Building on topics originally initiated by the mentally ill person within informal talk contexts, serves to empower that person by discussing issues of particular concern to them.

Conversational sociability, as explored within conversational interactions, yields other information which can positively influence the work of the professional. Explorations of the engagement in conversational sociability may reveal useful information pertaining to the mentally ill individual's facility or difficulty in forming and maintaining social relationships through talk (e.g. with fellow residents in care settings or family relations). With the experience of a mental illness, many social and family relationships become vulnerable and often strained, as all concerned try to make sense of what is happening in socio-emotional terms. How a person communicates with others socio-relationally, therefore, can inform the professional of the possible causes of disharmony in relationships. Conversational interactions provide a backdrop for such investigations and can guide the choice of some treatment approaches. (Consider, for example, familial communication patterns which are often the subject of family therapy interventions; see Muir (1996)).

Related to the above consideration of conversational sociability providing a window through which to explore how social relationships are built through talk, insights may be gained into the often neglected dimension of *social function* in mental illness. Tyrer & Casey (1993; ix) raise the concept of social function for consideration within mental illness domains, asserting that is it of 'immense importance in psychiatric practice'. Tyrer (1993; 8) defines it as 'the level at which an individual functions in his or her social context, such function ranging between self-preservation and basic living skills to the relationship with others in society'. Casey (1993) comments that social function is a valid area of enquiry and has been, and continues to be, an important outcome measure, particularly in chronic schizophrenia. Features included within the concept of social function are a individual's level of co-operation, affability (i.e. ability to produce social resonance) and ability to form social bonds (i.e. concerned with the development of social relationships) (Tyrer, 1993). Such features are of direct relevance to a discussion of conversational sociability. Hence, how a person engages socially with others is an

indicator of well-being and mental health and has important implications for how one engages with the larger social community of which they are a part. Considering the ease with which one engages in the process of conversational sociability may qualify, therefore, as one important component in the overall measurement of social function in long term mental illness.

By exploring conversational sociability, the professional can gain greater knowledge of the various presentations within the syndrome of schizophrenia, through reference to associated socio-relational conversational styles. The analysis of conversational interactions with people with chronic schizophrenia can render important diagnostic and other information about the illness process *per se*, and the experience of the illness for the individual. For example, this study has shown that the adverse interpersonal, socio-relational effects of negative symptomatology on social communicative function can be moderated to some extent when engaged in a state of talk with a supportive conversational partner. For the professional, therefore, the increased knowledge which can be gained from conversational investigations may significantly inform and improve practice.

Finally, if engaging in a process of conversational sociability benefits the client in a number of ways, adopting and facilitating this way of being in talk must create more effective interventions. Though conversations can provide the context for explorations of the client's style of communication, they can in turn provide information as to the professional's style of discourse. Certain types of professional talk can increase the sense of disability (cf. extracts where Irene overtly 'corrected' the individual's abrupt topic shifts as discussed in Chapter 11). Facilitative, inhibitory or more directive styles can be identified and adapted to suit the needs of person and the interaction. A significant finding in this study was the more positive and successful conversational interactions which resulted from the professionals' responding to the *actual* and not the expected conversational performance of the individual with schizophrenia. It was also obvious from the analysis, that numerous style shifts by the professionals occurred within the interactions, varying, in general terms, from more direct talk in business-of-the-day frames, to a more informal style within socio-relational frames. Conversational interactions can therefore offer an opportunity for self-assessment of discourse style on the part of the professional and modification of one's style to induce more successful clinical interactions.

13.5 Working with people with chronic schizophrenia: Therapy *through* talk and therapy *about* talk

Having outlined some of the benefits of engaging in conversational sociability for participants within healthcare contexts, it is now useful to broaden out the perspective to look at professional practice in general and how the process may impact upon

professional-client interaction. As for the identification of the substructure of conversational sociability outlined in the previous chapter, consideration of *the wider context of talk* and *the context of talk itself* again structures the following discussion.

Talk is a function of almost all healthcare interactions, being a central ingredient in medical care. In mental health contexts, talk takes on an even more crucial role as the primary tool by which to achieve therapeutic goals. Talking therapies such as psychotherapy and counselling feature strongly in the care of the mentally ill. Talk is also a major part of the routine daily-living interactions between healthcare professionals and clients in the administration of medication regimens or other treatment-related issues Therefore, any discussion of intervention must consider how conversation functions within this domain. The following discussion will deal initially with intervention as it is manifest in therapy *through* talk, in a general sense, before focusing later in this chapter on what conversational sociability has to offer therapy *about* talk. A focus on therapy *through* talk allows for consideration of how insights gained from the process of conversational sociability can inform broader practice issues for all healthcare professionals involved in the care of the mentally ill (e.g. psychiatrists, nursing staff, counsellors, etc.). A look at therapy *about* talk explores how traditional approaches to the improvement of the communication skills of people with mental health disorders may benefit from the process of conversational sociability.

However, before directly addressing therapy *through* or *about* talk, it is useful to reflect on the nature of conversational sociability as applied to therapeutic interactions, that is, whether we can talk about conversational sociability as a *descriptive* or *prescriptive* conversational process.

13.5.1 Conversational sociability: A descriptive or a prescriptive conversational process?

Following their in-depth discussions of the applications of communication accommodation theory to communication with the elderly, N. Coupland et al. (1991; 172 ff.) discuss the often 'counter-productive' and 'over-optimistic' notions suggested by instructions which explain 'how to interact with your elderly patient'. In doing so, they review Dreher's (1987) and Gravell's (1988) work on communication with the elderly. N. Coupland et al. stress that knowing how to communicate with the elderly is not simply a case of employing certain techniques. It is an infinitely more complex issue. Undoubtedly, the same can be said in relation to this issue in the context of communicating with those with a mental illness such as chronic schizophrenia.

The conversational interactions involved in this study included speech and language therapy students gaining clinical experience in a mental health setting. While supervising students, I am regularly faced with the dilemma of whether or not to 'coach' them in ways to behave and communicate with chronically mentally ill people. It soon

becomes apparent that a list of 'Do's and Don'ts' does not suffice, falling far short of enabling the students to relate to those in their care. Conversational sociability is a *way of behaving* with another conversationally. To engage in and expose this process in conversations with people with chronic schizophrenia, the main aim of this research, requires an accommodation of sorts on the part of the professional. However, as this study showed, not all this conversational work is the responsibility of the professional. Along with the residents' exposed interactional presence in talk, their ability to repair and monitor their own conversation contributes to the overall success of conversational interactions. As discussed in the previous chapter, a conversational 'tension' is created which holds the conversation together in such interactions; this positive tension results from the combined efforts of all involved.

But what does *a way of behaving* with another conversationally really mean? The notion of conversational sociability demands comment on its application. Conversational sociability, defined as a *process* not a genre, suggests a concept which is diffusive and possibly elusive to categorical description. Yet this study showed that there were certain features emerging in the professionals' discourse style which can provide some clues as to what it is that *aids* the exposure of this process conversationally. Hence, avoiding a *prescriptive* stance (i.e., what should be done) and adopting a *descriptive* one (i.e., outlining how the process may be facilitated) allows for a delineation of some of the core features of the wider conversational environment and of the discourse itself which significantly contributed to the success of the conversations explored in the data. A delineation of these features can inform practice, resulting in more effective conversational interactions between professionals and those in their care.

13.5.2. Therapy *through* talk: Clinical implications of the contexts of talk

- **The wider context of talk**

What factors arising from the wider context of talk need to be considered if conversational sociability is to influence the conversational interactions inherent in professional practice? Therapy *through* talk with the mentally ill can include, for example, direct treatment approaches such as psychotherapy, supportive psychotherapy, counselling and other verbally-mediated treatments, such as those based on personal construct psychology (see in particular Hayes, 1997, and Hayes & Collins, 2001). However, therapy *through* talk must also include, for example, the many indirect, regular daily therapeutic interactions which take place between healthcare professionals and their clients (e.g., the daily interactions between nursing staff or carers and clients in hospitals, hostels, day-care centres etc.).

Kramer and France (2001; 60) comment upon the divergence of thinking among psychiatrists as to the usefulness of psychotherapy with people with schizophrenia. There appears to be two schools of thought in this argument, one which believes in the benefits

of psychotherapy and one which views it as an additional stressor on the already fragile psyche of the mentally ill individual. *Supportive psychotherapy* (i.e. a therapeutic approach which provides support, guidance, advice and reassurance to the client), is the approach which Kramer and France suggest is most often used with people with schizophrenia. Interestingly, however, they warn of the difficulty in establishing the therapeutic relationship for this type of intervention It is in precisely such a context, therefore, that we see a role for the process of conversational sociability. If participants can jointly work upon building and sustaining their relationship through sociable talk, the way may be paved for successful, therapeutic relationships to be forged and maintained, within direct and indirect approaches to treatment.

As for the identification of the substructure of conversational sociability, exploration of the wider context of talk yields interesting information relevant to therapy *through* talk, as it requires consideration of features impacting on the wider conversational environment of the participants. As discussed previously, all therapeutic interventions have clearly defined goals, many of which are achieved through talk. It has been shown in the interactions studied in this thesis that relational goals are intimately intertwined with transactional goals. In therapeutic situations, this intricate relationship, where relational talk has a diffusive presence in business-of-the-day talk, may not be overtly apparent to the professional in an interaction. The professional, though acknowledging the importance of 'building rapport', may not fully appreciate sociable talk's pivotal role in goal achievement. Sociable talk may be perceived to be confined to the opening and closing sequences of the interaction rather than, as has been shown in the analyses, fulfilling a crucial function as it infiltrates the talk wherever relational goals are foregrounded. The nature of the process of conversational sociability is such that it pervades an interaction, facilitating goal achievement. It is this pervasive nature of the process and its significant socio-relational function which professionals need to be increasingly made aware of as they engage in talking therapies. Just as for the denigration of small talk, viewed as pointless or aimless, similar views of social talk in therapeutic contexts need to be challenged. Challenging these views is no easy task in a healthcare world dominated by accountability and outcome measures. As Candlin (2000; xx) comments:

> Relational talk may thus become politically suspect, as it has unfortunately come to be seen as too costly to the healthcare system in many healthcare sites, in the growing world of timed and quantifiable case management, where the transactional has come to rule.

However, the benefits of sociable talk must be recognised. The examples in the data of troubles-telling emerging at any point in the interaction, and at times often well into the interaction, are a case in point (see Extracts 8.32-8.38). In these instances, the professional's persistence and goal of 'keeping the talk going' resulted in delayed troubles-

telling coming to the fore, troubles which might never have been aired had the talk been exclusively task-related, or where the conversational interaction might have ended prematurely because responses were not readily forthcoming at earlier stages in the interaction.

The expectations which people bring to interactions also have a bearing on how that interaction proceeds. As discussed in the previous chapter, participants in communicative interactions have certain expectations about the event, how the interaction might progress and the people involved. Participants' expectations, therefore, can influence therapeutic contexts of talk. The importance of reacting to the person with schizophrenia first and foremost as a conversational partner needs to be highlighted. This is a key consideration in interactions, as often preconceived notions of the ability, or indeed the disability, of the person negatively affect the conversational approach taken by the professional. Responding to the person as an equal conversational partner may be easier said than done, as it forces one to reconstrue the mentally ill person, perhaps shedding pre-conceived, stereotypical impressions of how such people relate and communicate. However, professionals can develop this more effective style of interaction and replace the firmly held stereotype with a more open-minded attitude to the conversational ability of people chronic schizophrenia. This reconstruing of a person's facility to engage in conversation can only have positive knock-on effects on any verbally-mediated treatment approach. Additionally, if the professional expects to engage the person with schizophrenia in sociable talk there may be an increased likelihood of it happening if it is considered to be a jointly-constructed activity between interlocutors and talk which can permeate psychotherapeutic or other more routine interactions with clients. Linked to this point is the finding that responding to the actual rather than to the perceived stereotypical conversational performance is an important feature in the exposure of conversational sociability, relevant to both the wider context of talk and the context of talk itself. Doing so, as stated above, requires a reconstruing of the person with chronic schizophrenia as one who is 'an enabled conversationalist' rather than a 'disabled' one. This reconstruing or altered perception has positive knock-on effects for conversational interactions in general, and within talk in particular.

Another feature of the wider context of talk emanating from the above consideration of altered perceptions, is the necessity of the therapist to be respectful of their conversational partner. Respect includes adopting a credulous approach to communication, an approach which takes talk between participants seriously (compare valuing the newsworthiness of schizophrenic talk mentioned earlier), while at the same time not colluding with, for example, delusional talk (Hayes & Collins, 2001; 290). Therefore, the reconstruction of the person as a more able conversational partner brings with it many positive possibilities for more effective and successful therapy *through* talk. This reconstruction also challenges the standard paradigm of disability so pervasive in

approaches to intervention. Hence, professionals need to re-examine their expectations about, and their attitudes to, the talk situation and the people involved, if interactions are to become more effective.

Finally, another feature considered within the wider context of talk was the role relationships of the participants involved. Sociable talk was seen to emerge once asymmetry in talk receded and an equality in talk existed (even if only momentarily). What does this mean for the professional in healthcare contexts? It was mentioned above that social talk needs to take its place within the transaction-driven climate of healthcare interactions. With this consideration comes the associated relinquishment of the powerful role at times within the talk. The analysis showed that a power share of sorts proved conducive to sociable talk, where participants conversed on more equal footings. There was also a certain amount of 'give and take' in the interactions which served to lessen the control of talk as lying within the sole remit of the professional. Relinquishment of power at times in talk is yet another challenge for the professional who is used to getting his or her questions answered and his or her choices of topic taken up. Topics of talk related to the professional's own interests are rarely encouraged in professional interactions, as traditionally, professionals are taught not to divulge too many personal details in conversations with clients as it may put the professional, and hence the therapeutic relationship, 'at risk'. It is suggested in this context however, that a happy-medium can be drawn. Conversation is not a one-sided interaction (as one of the residents, Martin, brought to the professionals' attention by stating *I'm doing all the talking*). A certain sharing of information, displaying at times a commonality of interests, is necessary for relationship-building in talk (Goldberg, 1997). As Abrahamson (1997; 158) comments 'bridging between social and professional relationships reduces any sense of illness as something separate and shameful'. Hence, an increased awareness of the role relationships as they evolve in talk and the potential benefits for power sharing at times in talk could greatly influence the success or otherwise of psychotherapeutic or other verbally mediated interactions.

- **The context of talk itself**

France (2001; 24) asserts that 'all professionals who work in mental health have a responsibility to improve communication, but the processes are often incompletely understood'. Having outlined some of the features of the wider context of conversational interactions which may influence therapy *through* talk, it is now relevant to reconsider some of the issues arising from *the talk itself*, in terms of local conversational management, and to explore some of the 'processes' referred to by France above.

There are a number of factors which I consider central to the evocation of a sense of conversational sociability in talk. (Some of these factors have been alluded to in the discussion of the *wider context of talk*, as both contexts are integrated in the overall

situational context). Firstly, it is clear from the analysis of the schizophrenia data that the accommodative practices of the healthcare professionals have a significant role to play in the exposure of conversational skills on the part of the residents. The residents' exposed interactional presence in talk, coupled with such accommodative processes, yielded the process of conversational sociability as described. Both communication accommodation and conversational accommodation are essential components of the context of the talk itself in terms of local conversational management by the professionals, and thus have important implications for any verbally mediated interactions of professionals. Adapting to another's conversational style, in accommodation terms, facilitates the individual to express him or herself in their own way. For example, the data in this study showed how delayed responses by some individuals with schizophrenia required the professional to 'wait' longer than the usual inter-turn pause length for a response. Allowing silences to occur in such interactions, rather than 'delaying' or resulting in a breakdown in the conversation (i.e., the common (mis)perceptions of silence; see Jaworski, 2000), have the opposite effect of allowing the person to continue the conversation at their own pace; silence therefore functions constructively in this context. More successful conversational interactions result, as the professional takes into account the person's language processing needs conversationally. Likewise, adapting to abrupt topic shifts facilitated the individual to 'troubles tell' or talk about events which were of concern to them. The professionals' adaptations allowed the person to engage in socio-relational talk and to enjoy a certain freedom of expression, taking on a more equal role in the conversation as necessary.

The professionals' role in the interactional achievement of the emergence of troubles-telling warrants comment, if issues inherent in context of talk itself are concerned. As referred to earlier, deflecting troubles-talk can have negative consequences for the troubles teller, and indeed the success of the interaction. Deflecting talk can lead to unresolved issues where the individual fails to get the chance to air real concerns. However, professionals need to monitor their own responses to troubles-telling lest they may inadvertently risk over-involvement with the client. Over-involvement may take the form of over-accommodation in terms of empathy and sympathy, resulting in an acute escalation of the troubles-telling (see N. Coupland et al. 1991 for further discussion of this point) which may not ultimately serve the therapeutic function intended.

Responding to the newsworthiness of topics is another issue relevant to *the context of talk itself.* Topics raised by some institutionalised chronically ill people may impress as trivial to the listener (e.g. how many cups of tea a resident had that morning). Comments like these, however, require a respectful consideration of the limited social network and experiences of institutionalised people. Engaging in talk about apparently trivial matters is an integral part of the accommodative practice conducive to engaging in conversational sociability, with such talk pervading routine interactions with clients and at times, the talking therapies.

Many of the factors outlined above fall under the process of conversational accommodation, delineated as playing a key role in the emergence of conversational sociability. However, the tendency to *conversationally* accommodate in such interactions may bring with it its own set of problems. Contrary to the notion of overaccommodation being viewed as 'patronising' and 'deindividuating' (N. Coupland et al. 1991; 74; Ylänne-McEwen & N. Coupland, 2000; 196) *conversational accommodation*, as defined for this study, can have positive effects on conversational interactions in some contexts. This study showed that a happy medium can be drawn between accommodating in terms of (unquestioningly) following the other's abrupt topic shifts and maintaining control of the direction of talk at the same time. Drawing the individual back to the task at hand, or a previously invoked topic, curbs the flow of talk, preventing a possible drift towards conversational breakdown, termination or a 'chaotic' conversation. A certain degree of control also ensures that the goals of the interaction are achieved, and not ignored in the interest of engaging the other in sociable talk. As referred to earlier, many transactional goals are met by allowing socio-relational talk to permeate the overall interaction. As Candlin (2000; xvi, xvii) comments, relational talk is 'centrally contingent to professional practice' being acknowledged by some professionals as apart of their 'expert competence'. Therefore, allowing the other to take the (socio-relational) lead to a certain extent in the conversation, while monitoring the direction of talk in the interests of achieving transactional goals, illustrates the conversational tension at work in such interactions. In other words, it constitutes a positive ('pushing and pulling') force, facilitating the conversation to occur in the first place.

Finally, as referred to in the above discussions, opportunities for and within talk straddle both the wider context of talk and the context of talk itself and are particularly relevant to the consideration of therapy *through* talk. It could be said that a conversational sociability emerged because of *opportunity*, that is, opportunity for talk and opportunity within talk. Opportunities for talk were provided within the context of talk itself, primarily through accommodation practices driven by the psychological convergent orientation to the interaction. Within the toleration of abrupt topic shifts and overly long inter-turn pauses, residents were interactionally facilitated to introduce or reinitiate topics of interest to them, even if it meant that overall conversational coherence suffered. Likewise, opportunities arose in talk to ask questions, make comments, share information and more equally contribute to the ongoing conversation. Within the wider context of talk, the psychologically convergent orientation precipitated the openness or opportunity to engage in sociable talk on the part of both participants. In other words, participating in socio-relational talk could be said to be part of both participants' agendas. Therefore, providing opportunities for and within talk have direct implications for professional practice issues, as further discussed below.

In summary, taking the above considerations into account, conversational sociability should become part of the usual 'way of behaving' with clients in talk interactions, contributing significantly to therapy *through* talk. It should become an integral part of interactions with patients, most especially within mental health contexts where talk and treatment are often two sides of the same coin.

13.6 Therapy *about* talk: Clinical implications of conversational sociability

What constitutes therapy *about* talk? Here I am specifically referring to the more traditional routes taken to enhance the conversational skills of mentally ill people, by speech and language therapists in some contexts[9] or occupational therapists or nursing staff in others. More usually such approaches are behavioural in nature with social skills training being particularly popular, though principles of personal-construct psychology are also employed by some in communication-skills work (see Hayes, 1997 and Hayes & Collins, 2001). A brief reference to social skills approaches to therapy *about* talk was made in Chapter 1. A reconsideration of the shortcomings of these approaches, in the light of the meaning of the process conversational sociability should prompt more innovative approaches to intervention, interventions which must be, as the definition of conversational sociability demands, interaction focused.

In the current management of many communication disorders, a trend towards attending to social language usage is evident, alongside the more traditional aspects of working on language form and content (e.g., in the treatment of autism, where improving social language usage is now seen as a priority; see Aarons & Gittens, 1998). Consequently, the nature of communication and communication breakdown is being reconsidered. If communication is a two-way dynamic interactive process, it follows that communication breakdown must be the responsibility of both interlocutors and not the sole responsibility of the person perceived as having the 'disorder 'or the 'disability'. This way of thinking is reflected strongly in approaches to intervention with people with learning disability, as extensively reviewed by van der Gaag and Dormandy (1993). Similar trends are obvious in other disorder areas, for example, in the management of aphasia (see Kagan & Gailey, 1993; Kagan, 1995; Perkins, 1995; Goodwin, 1995; Whitworth, Perkins, & Lesser, 1997; Lock, Wilkinson & Bryan, 2001) and communication difficulties associated with psychiatric disorders of old age (e.g. see Muir, 1996), cognitive impairment in general (Perkins, Whitworth & Lesser, 1997) and Alzeimher's disease (e.g. see Nuestadt, 2001).

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[9] In the introduction to this thesis, I referred to the fact that speech and language therapy in mental health contexts in Ireland is not yet developed, whereas practice in the UK sees speech and language therapists increasingly becoming key figures in the multidisciplinary management of people with mental disorders such as schizophrenia. Reference here to SLT involvement in such contexts is drawn largely from accounts of UK practice.

With the therapeutic shift of focus to the conversational partner and interaction, comes the concomitant shift to the exposure of ability and not just disability. This shift is particularly apparent in Kagan's (1995) work (see also Kagan, Winckel & Shumay, 1996). Kagan (1995) discusses the exposure of the communicative competence of adults with aphasia through conversational interactions, as posing a real challenge for healthcare professionals. Others who take this exposure-of-competence approach include Simmons-Mackie and Damico (1999), whose work is based on the notion of constructing competence in discourse and wherein expectations of the incompetence of the aphasic speaker are challenged. Increasingly, therefore, challenges to the disability paradigm are precipitating alternative approaches to intervention, away from the predominantly deficit-based models so common in traditional therapy programmes. The philosophy behind these approaches is echoed in a more positive approach to the conversations of those with chronic schizophrenia informed in this study by the exposure of an ability through the process of conversational sociability.

13.6.1 Therapy *about* talk and people with schizophrenia: Current trends

When compared with the well established modes of intervention in many other communication disorders like learning disability and aphasia, therapy *about* talk with people with a mental illness (usually the remit of the speech and language therapist) is relatively new. Many and varied approaches to the treatment of communication disorders in people with mental illness are still being tried and tested.

As discussed in Chapter 1, difficulties with the social use of language and discourse are the main areas of communication affected in people with schizophrenia. Intervention approaches reflect these concerns, with language usage and the promotion of more appropriate communication skills being to the forefront of many interventions. Though therapy may be conducted on a one-to-one basis, group programmes are also popular and seen as integral to the therapeutic programme, not least because communication is more naturally and realistically addressed in group situations. As referred to in Chapter 1, social skills training (SST) is particularly popular with people with psychiatric disorders in general and in particular with those who have chronic schizophrenia (see for example Liberman et al., 1993 and Bellack et al., 1997). Social skills can be defined as 'the performance of behaviour in social interactions' (Rustin and Kuhr, 1999;5). The general definition of social skills is reflected in the array of skills targeted in these programmes including, for example, assertiveness skills, problem-solving skills, daily-living skills and general skills which support communication such as: eye contact, facial expression, gesture, posture, touch and self disclosure. Programmes tailored to the needs of people with schizophrenia include: conflict-management skills, assertiveness skills, community-living skills, vocational skills and medication-management skills (e.g., Bellack et al., 1997). Such programmes often include a

conversational-skills component which targets listening and topic management skills. A *Basic Conversational Skills Module (BCSM)* is included in the *UCLA Social and Independent Living Skills Modules* developed by Liberman et al., (1993) for use with people with a mental illness. The BCSM has been widely used internationally, adapted for use in many countries including France (e.g. Chambon and Marie-Cardine, 1998) and Bulgaria (e.g. Buterin & Liberman, 1998), with varying levels of success reported. Aside from the module directly focusing on conversational skills, many other modules (not surprisingly) stress the importance of sociable talk around the task. In other words, in the terms used in this study, how the transaction can be facilitated by relational talk. For example, the 'Medication self-management module' refers, among its requisite behaviours, to the need for a 'pleasant greeting' and a 'thank you for assistance'. Other programmes focus more exclusively on conversational skills (Walsh, 1997). Almost without exception, however, these programmes follow a *deficit* model of intervention (Hayes, 1997; Bellack et al., 1997), that is, skills are identified as being 'deficient' and are thus taught or relearned in much the same way as motor skills are relearnt following injury. The pervasive perception is that social skills 'are learned or are learnable' (Bellack et al. , 1997; 5).

There is little doubt that groups which focus on the teaching of skills can be very beneficial (Hayes, 1997; Liberman, 1998). Yet, as referred to in Chapter 1, often the most difficult part of the group intervention is the generalisation of these skills into daily living. Having reviewed the implementation of SST undertaken in a number of international clinical centres, Wallace (1998; 16) concludes that the 'link from training and improved functioning is tenuous', a conclusion which is recognised by many social-skills training proponents and more particularly argued by its sceptics (e.g. Hogarty et al., 1991). A difficulty with generalisation is particularly common in communication and conversational-skills groups where skills practised in the safety of the (familiar) group prove fragile once exposed in real world social interactions. As Hayes (1997; 129) comments:

> ... social skills training can be very useful. However for many clients its benefits have proved limited and/or short lived. While there are some clients who lack a range of communication skills and therefore *need* to develop basic skills there are also many clients for whom the problem lies more in putting their already competent skills into practice. For them, the difficulty appears to lie more in their perceptions of themselves as communicators and the options available to them, that is the meaning that confidence, competence or opportunity holds for them.

Wong and Woosely (1989) and Wong et al. (1993) recognise similar difficulties even within individually-based conversational-skills training where the individual is 'trained' to produce appropriate conversational behaviours. Problems with generalisation abound

with acquired skills often breaking down as the individual struggles to maintain the skill in the face of ever-changing conversational pressures.

Hayes' and Collins' (2001) adaptation of the principles of *Personal Construct Psychology* to communication skills claims to be somewhat more successful than other behaviourally-driven approaches to the training of conversational skills. Taking a holistic approach in applying the principles of personal construct psychology allows the therapist to focus on both the communication skills and associated psychological issues (e.g. self-esteem). They describe their approach as one that 'focuses less on the problem and more on the person and the effect of communication difficulties on his or her life' (Hayes & Collins, 2001; 284). The approach is therefore based on how the person construes him or herself as a person, which naturally includes how they view themselves as communicators. Therapy enables them to positively reconstrue social situations and themselves as communicators. What is of particular interest to the present discussion is this approach's concern with the secondary negative features associated with communication difficulties (e.g. lowered self-esteem and self-worth). Key aspects within this approach also reflect some of the features which have been already identified within conversational sociability (i.e., the therapist's respectful acceptance and acknowledgement of a person's 'world view' while not colluding with it; the importance of establishing rapport and, the facilitation of the client to feel understood and supported). Many of these features also have a bearing on an approach to interaction which is influenced by conversational sociability.

However, it seems that the missing part of the equation in many of these approaches is a focus on the *interaction* of both participants in the communication or conversation. The above approaches have an almost exclusive focus on the individual and the individual's skills or lack of skills. The concept of conversational sociability, with its emphasis on *interaction* and on *an interaction of skills*, thus makes a significant contribution to the enhancement of conversational skills in mental health contexts.

13.6.2 How can the process of conversational sociability influence therapy *about* talk for people with chronic schizophrenia and mental illness in general?

The quotation taken from Hayes (1997; 129) above highlights a number of important considerations which should underpin any discussion of therapy *about* talk for people with chronic schizophrenia and other mental illnesses. Hayes' reference to difficulties encountered by mentally ill individuals in (i) 'putting their already competent skills into practice', along with (ii) their own usually negative 'perceptions of themselves as communicators', and (iii) the often limited options available to them ('the meaning that confidence, competence or opportunity holds for them') are particularly relevant to the following discussion. Also relevant are a number of factors which have arisen in the previous discussion, which lay the foundation for the adoption of the process of

conversational sociability for therapeutic use. These factors include the consideration of the *communication environment*, comprising the local conversational environment (i.e. what is going on *within* the ongoing talk) and the wider conversational environment which accounts for the role of others as conversational partners. Additionally, the *opportunities for* and *within* talk are inherent in the notion of conversational sociability and thus require consideration from a therapeutic perspective. Finally, the *perceptions* which permeate expectations of talk, that is, the often negative evaluations of the schizophrenic speaker also need to be addressed. The communication environment, talk opportunities and perceptions are all of significance if the principles of conversational sociability are to be adapted for clinical use in the enhancement of communication skills. Though it is somewhat artificial to separate assessment and therapy in any discussion of management considerations, that separation can prove useful when exploring the merits of any new direction in intervention.

- **Assessment of conversational interactions**

A review of the literature on assessment procedures used in the evaluation of communication disorders associated with schizophrenia reveals many references specific to the assessment of conversational skills (see for example, Muir, 1997; Byrne et al., 1998 and Bryan, 2001). Invariably, references pertain to the schizophrenic individual's performance *only*; with assessment protocols ignoring the conversational partner's role with no assessment of the *conversational interaction* which takes place. This myopic view of conversational performance results in an inaccurate and unrealistic assessment of the person's functioning in this regard. This view is increasingly been held by many in mental health domains. Taylor (2001; 326) comments that 'communication ought not to be assessed with exclusive reference to the person presenting with the problem'. Exploring conversational interactions requires consideration of the participants' collaboratively constructed talk, which in turn leads to a number of issues which must be addressed in assessment. Additionally, exploring conversational sociability allows consideration of how participants build social relations through talk, a fundamental concern of mental health contexts.

Firstly, as stated earlier, conversation is the most natural context for the evaluation of communication skills. As Hamilton (1994) points out, conversation allows participants to display a repertoire of skills not easily accessed in other forms of assessment. Furthermore, she explains that if being able to engage in appropriate conversational interactions is most likely the end goal of any therapeutic intervention with a focus on functional communication, it follows that explorations of typical conversational interactions is the most obvious starting point for assessment (Hamilton, 1994). Through conversational interactions, many aspects of *local conversational management* may be explored, including how the structural and functional aspects of

conversation are managed by participants and how participants cope with conversational breakdown and repair.

It was demonstrated in the analysis of both the hairdressing data and the schizophrenia data that conversational sociability was necessarily a jointly constructed process in talk. In the case of the schizophrenia data, despite some scaffolding in the form of a conversational accommodation, it was apparent that the people studied were able to engage in turntaking, initiate and maintain topics, repair breakdown, accommodate to listener's needs and, in general, display an obvious interactional presence in sociable talk. This is not to suggest that all of the interactions progressed without difficulty. Any difficulties or moments of potential breakdown were frequently compensated for and offset by the interlocutors' conversational accommodation practices. It is not hard to see, therefore, how attention to local conversational management reveals useful information about the conversational performances of both interlocutors and how one's own performance may be aided or inhibited by the conversational contributions of the other (see below for further discussion of this point). Likewise, explorations of local conversational management yields important insights into what is required for successful conversation to take place. The socio-relational function of talk can also be explored conversationally, a function which is pertinent to interactions within mental health contexts. Therefore, assessment of the conversational interaction, and not just an individual's skills, can greatly enhance the overall evaluation process.

Secondly, in speech and language therapy practice, delineating strengths and needs is an integral part of any assessment, yet one which is often clouded by the need to identify the deficits for 'remediation'. In conversational situations where one participant is viewed as the 'disabled' contributor, evaluations of performance are often negatively construed. This study, in challenging the disability paradigm, showed how skills may be exposed given the right conversational environment. It allowed a consideration of optimal performance, in other words a display of strengths while not ignoring the weaknesses. Smith & Leinonen (1992; 196), citing Gallagher's (1983) discussion of the notion of 'representativeness' in assessment of pragmatics (as referred to in Chapter 7) , comment that 'making sure that the best performance of which the client is capable has been observed, maximises the possibility of making a realistic assessment'. Knowing a person's optimal level of functioning, therefore, provides important assessment and management information and facilitates an approach which suggests addressing needs through strengths.

Thirdly, taking the wider conversational environment into account, the conversation that goes on around 'testing' *per se* (the type of data explored in this study), offers a wealth of information not as easily accessed through formal testing means. It provides a glimpse of how the person may converse in everyday life, as the individuals

themselves perceive the situation as more informal and less threatening than a formal language testing situation. As Hamilton (1994; 4), comments:

> If the patient perceives that the primary goal in the clinical setting is to evaluate her language, and that whenever she talks, she is fulfilling tasks as predetermined by the clinician, that patient can be expected to use a different kind of language (which reflects her attitudes and level of motivation) than she would use in a conversation which is perceived to have no particular goal beyond sociability (Simmel, 1961), or talk for talk's sake.

The 'different kind of language' observed in language testing situations is usually not representative of the user's typical language performance, which can often be evaluated in a more accurate and valid way, when not attended to directly by formal testing means. It is precisely the 'talk for talk's sake' which can provide crucial assessment information. Related to this point is the relative symmetry of informal conversational interactions which allows for more equal and typical talk to proceed once power roles are suspended. By contrast, the testing context is one in which asymmetric relations result from a more blatant display of power roles, where the conversational context often precludes informal talk occurring.

The wider conversational environment also requires consideration of different conversational performance in a wide variety of contexts (an aspect not explored in this study, but one which would warrant consideration if a comprehensive assessment is to be undertaken; see van der Gaag & Dormandy's (1993) review of approaches taken with the learning disabled population, where varying contexts are a key focus of assessment.) The nature of conversational interactions, and the opportunities to engage in them, are often defined by the setting and the participants involved and thus provide useful material for the assessment of different performance, on different days, with different interlocutors and within different social relationships. However, explorations of different contexts of conversational interaction imply that a variety of conversational contexts are open to the individual. A variety of contexts may not always be available to the individual, as those who remain in institutionalised care may have severely limited opportunities in this regard. An assessment of what opportunities are available to individuals is as important as the assessment of the talk itself (see, for example, Hitchings & Spence, 1991). The assessment should include therefore, consideration of how a speaker affects, and is affected by, the interlocutor and setting in which the conversation takes place.

Opportunities, however, do not just concern the availability of other conversational partners and situations. *Local conversational management* considerations also suggest that opportunities within talk are also of particular importance in the evaluation of conversational interactions. As was shown in both sets of data, *opportunities* for talk were evident within the talk. The hairdressing data were characterised by a 'free for all' as far as topics were concerned; each interlocutor availed

of many opportunities to engage in talk. The schizophrenia data were somewhat different in this regard. Opportunities for talk within the talk were more obviously provided by the professionals, as they invited talk on a number of topics (including general health, weekend activities, current affairs). Some of the professionals' invitations to talk were more explicit than others (see Extract 9.18) and the individuals with schizophrenia issued their own invitations to talk (as is demonstrated in Extracts 9.24-9.29). However, regardless of the explicitness of the invitations, the schizophrenia data were more heavily influenced by the desire to engage the person with schizophrenia in talk. Any assessment must therefore include an evaluation of opportunities *within* talk As referred to earlier, Hitchings & Spence (1991) and van der Gaag and Dormandy (1993) elaborate this point in their discussions of talk with people with learning disability. As for the learning disabled population, questions such as the following may be explored: Are all the person's responses pre-empted or prompted? Are there *real* opportunities to engage in talk on a variety of topics other than those dictated by a question/answer/follow-up structure, so typical of professional discourse? Is the person encouraged to talk about what *they* want to talk about or about issues of concern to them, or are others' conversational agendas taking precedence?

Finally, *perceptions* need to be accounted for in any holistic assessment of conversational skills. A person's own perception of how they are as a conversationalist naturally affects how they behave in conversation. It was clear from some of the personal perspectives reported in Chapter 1 that many people with schizophrenia have a very poor regard for their own abilities in this domain. Negative perceptions have a knock-on, adverse impact on conversational performance and success. Tied into the person's often poor perception of their own skills is the negative perception of others. Negative attitudes are closely linked to stereotypical judgements of performance. Expectations of conversational interactions with people with schizophrenia are no different in this regard. If expectations are not evaluated, the professionals' or carer's perception of an individual with schizophrenia may be negatively coloured by an apparent inability to even converse at a basic level within the stressful context of a diagnostic interview, for example. A quotation from the author Janet Frame (1949; in King, 2000; 103), who was diagnosed as having schizophrenia, accurately exemplifies this problem of unevaluated (mis)perceptions by both patient and professional (emphasis my own):

> I cannot talk about myself. I cannot. Every month I go to the hospital and [see] one of the doctors from Seacliff...I have been able scarcely to say a word to them ...I just go into a kind of dream probably to escape their questioning. And my voice won't work. And if it did it would utter what *they would think to be utter nonsense*...I keep silent because physically, I cannot speak.

Being aware of the person's own perceptions of their conversational abilities and of those around them would therefore seem to be an integral part of the information-gathering process involved in a comprehensive assessment.

- **Therapeutic intervention and the enhancement of conversational skills**

If the process of conversational sociability is to influence therapy *about* talk, both a direct and indirect focus on the interactions of the client with others is warranted. What is required is a two-pronged approach which includes (i) talking about, and focusing on, the conversational interactions of the therapist-client relationship, and (ii) providing opportunities for talk, sharing information and educating others in ways to interact on a conversational level with those who are mentally ill.

Talk about Talk

Many of the processes inherent in conversational sociability and pertaining to the direct therapeutic conversational involvement of the professional with the client (e.g., communication and conversational accommodation, for example) have been discussed in this and the previous chapter. A descriptive approach rather than a prescriptive one was adopted to account for the interaction focused approach to improving conversational interactions. However, little attention has been directed to what other factors may need to be considered if conversational sociability is to directly influence therapeutic interactions. I believe that there is room, within this therapeutic model, for explicit discussion of the benefits of sociable talk with the person with schizophrenia. Previous work of my own (Walsh, 1997) discussed the fact that people with schizophrenia are often aware and have some insight into their own conversational difficulties. I have also suggested previously that this apparent meta-communicative awareness, or meta-conversational awareness (a more accurate term within this context), can be a useful starting point for the exploration of reported conversational difficulties experienced. 'Talk about talk', therefore, can be fruitfully incorporated into therapy, building on insight and enhancing awareness of the value of sociable talk and the relationship building work which can be achieved through its use. Content and structure of typical sociable talk sequences can be discussed. Video demonstration and role play can facilitate discussions, as differing conversational interactions can be explored and evaluated. This meta-conversational work, along with the positive modelling of conversational sociability by both participants in the interaction, can contribute to a greater understanding of the type of interaction aimed at. Engaging in conversational interactions encourages people with chronic schizophrenia to 'practise' their conversational skills, skills which may have lain dormant or suppressed by the illness process and the experience of institutionalisation. This thesis has exposed a conversational ability or competency among people with chronic schizophrenia. However, the exposed competency *does not imply* a proficiency in engaging on

conversational interactions. As the analyses showed, scaffolding in the form of conversational accommodation was necessary to support the often fragile conversational skills of the residents. Hence, there is no reason why engaging in a process of conversational sociability to practise conversational skills, cannot be complemented by more direct conversational skills work within a social skills context, once 'social skills' are taken to mean 'interaction-focused social skills', not skills owned and honed by one individual. The ability to engage in socio-relational talk may already be there; it is the more proficient use of this skill which is the objective of intervention. Practising and reinforcing these skills, by engaging interactionally with another speaker, has its own benefits, especially if positive conversational interactions can be carried over to other contexts of talk with other partners. Finally, acknowledging and explicitly recognising these skills for the individual should significantly enhance the feeling of self esteem and well-being, as the person begins to realise that they *can* engage successfully in talk.

A conversational sociability approach to therapy, therefore, supplies what Hayes (1997; 129) suggests is missing in most other approaches, that is, the need to put 'already competent skills into practice'. With the resultant 'feel-good' factor of engaging in sociable talk and an acknowledgement of skills already present, intervention in this way also has the knock-on effect of a possible positive reconstruing of the 'clients' perceptions of themselves as communicators' which in turn increases the options available to them in terms of 'confidence, competence and opportunity' (Hayes, 1997; 129). The focus on interaction also provides the missing part of the equation, so typical of approaches taken with this client group.

Providing opportunities for talk , sharing information and educating others

Providing opportunities *within* talk was seen as an important element in the emergence of the process of conversational sociability. Providing opportunities *for* talk is also of significance, given the often impoverished social environments people with chronic mental illness experience. France (2001; 20) comments that the administration of medication may be the sole focus of interaction for many hospitalised patients, as staff are preoccupied with more-at-risk patients in their care. In a hostel setting (such as the one described in this study), the predictability of the daily routine often precludes meaningful conversational interactions taking place. Despite the best efforts of a busy staff, opportunities for talk are severely limited. However, if a concept of conversational sociability is to permeate interactions, such predictable routine transactional tasks can be facilitated by relational talk, as discussed earlier. Additionally, part of a therapy regime which incorporates the process of conversational sociability *must* include provision of opportunities for talk with others. Increased access to conversational partners is desirable. As the poignant comments of the people with schizophrenia in Chapter 1 testified, the affected person often feels lonely, isolated and rejected (e.g., *'I should pay*

someone to talk to me'). A therapeutic approach which seeks to enhance conversational skills, *must* encourage and facilitate participation in social clubs, day centres and other activities where social interaction can take place at a level suitable to the needs of the individual. In this way, access to a variety of conversational partners increases along with opportunities for talk .

Providing opportunities for talk is only one element of the wider remit of a therapeutic approach, such as that described here. As referred to earlier in this chapter, France (2001; 24) asserts that professionals have the responsibility to improve communication with their clients in healthcare contexts. Likewise, they have an equal responsibility to their colleagues to share their expertise in the area of communication. Speech and language therapists, by virtue of their education and training, are uniquely placed to inform others as to the benefits of exploring communication and conversational interactions of the clients in their care. Many authors have referred to the lack of knowledge of psychiatrists in relation to such language-specific issues and the role language and communication play in mental illness presentations (Thomas & Fraser, 1994; Thomas, 1995, 1997a). Though psychiatrists and other mental health professionals are dependent upon communication skills for assessment and treatment, their awareness of communication as a process can be limited. France and Muir (1997; 1) refer to:

> the need for the speech and language therapy profession to inform the more traditionally accepted members of the psychiatric community of their presence and the central role that their specialist contribution makes to speech, language and communication in the diagnosis and rehabilitation of mentally ill people.

Informing others as to the value of engaging in a process of conversational sociability would be part of a therapist's remit, if renewed approaches to conversational interactions with those with schizophrenia are to be taken seriously and employed therapeutically. Educating professionals about the value of engaging in conversational sociability might affirm, in some cases, what some professionals already do. But for those whose conversational style inhibits rather than facilitates conversation to emerge, for those whose style of interaction enhances the sense of disability rather than exploiting 'ability', significant gains can be had from carefully considering what conversational sociability has to offer clinical interactions. Healthcare professionals are not the only ones who can benefit from an awareness of conversational sociability, families who may have struggled to truly converse with their loved ones, as the illness of schizophrenia gets in the way, may also benefit from a reconsideration of the value of sociable talk in the (re)building of relationships.

Information sharing, however, is not enough if professionals and carers are to adopt a different conversational 'way of behaving' with those they care for. Workshops and small group work, even direct work with conversational dyads, could be undertaken to highlight what is involved in a conversational sociability approach to interactions. As

for direct work with clients, video demonstration and evaluation, along with role plays and *in vivo* interactions between clients and professionals can all be used to promote appropriate and effective interactions.

Hence, the very particular conversational needs of people with chronic mental illness can be addressed and interpreted by speech and language therapists. Speech and language therapists must share information with others about the complexity of the verbal presentations in mental illness and the importance of adapting conversational styles based on the process of conversational sociability. *Interaction* must be the focus of intervention; clients, carers and professionals, can all benefit from interventions to highlight the positive influence of conversational sociability on clinical interactions.

13.7 Conclusion

Through the analysis of conversational interactions, professionals, both those involved specifically in improving the communication skills of those with chronic mental illness and others involved in additional aspects of care, are provided with an alternative and arguably infinitely more informative form of evaluation. This study has shown the significant contribution that such conversational approaches can make to effective therapeutic management in general. It is significant that specific interventions (e.g. supportive psychotherapy, counselling etc.) and more general therapeutic interactions (e.g. day-to-day care) with mentally ill people are almost exclusively verbally mediated. Surely greater awareness of conversational interactions is crucial to a more effective involvement with those in mental health contexts.

Though a conversational sociability approach to professional interaction may appear deceptively simple, adapting to this way of behaving in talk requires a multi-level revision of usual conversational practice. Considering conversational sociability in interactions implies that professionals and carers must:

(1) be aware that conversational ability in mentally ill people may be masked or suppressed by the illness process, by their perception of the illness or the person, or by their inhibitive discourse style;

(2) be encouraged to re-evaluate the power of sociable talk and to realise the important socio-relational (and hence transactional) function it serves;

(3) be guided in ways to maximise effective conversational interactions; in particular, professionals must be encouraged to exploit opportunities for sociable talk in the pursuance of therapeutic goals;

(4) be encouraged to adopt this way of behaving in talk so as to maximise the therapeutic gains which can be accrued.

Finally, those who work directly on communication skills can be encouraged to address conversational issues in meta-conversational terms with their clients, while at the

same time modelling and acknowledging conversational sociability in an essentially interaction-focused way.

CHAPTER 14
LANGUAGE AND COMMUNICATION RESEARCH IN SCHIZOPHRENIA: REFLECTIONS, FUTURE DIRECTIONS AND CONCLUSIONS

14.1 Introduction

What makes this piece of research different from other studies in the field of language and communication research in schizophrenia? How can the methodology and findings of this study inform future research in the area? Can the findings of this study tell us anything new about the nature of the illness known as schizophrenia? This final chapter will attempt to address these questions through reflection on a number of key issues raised by this thesis.

14.2 People with chronic schizophrenia

Chapter 1 illustrated how research in relation to the language and communication of people with schizophrenia, though limited, predominantly lay within the domain of the acutely ill patient, where florid symptomatology and positive symptoms have marked effects on language expression. Formal thought disorder, most commonly associated with acute phases of the illness and positive symptomatology, is a phenomenon which has led to proliferous amounts of linguistically-based studies, to the relative neglect of investigations of other language and communication presentations within schizophrenia. This thesis had as its focus people with chronic schizophrenia. People described as having chronic schizophrenia are those who experience the illness over a protracted period of time, whose symptoms have, for the most part, stabilised and whose communication is insidiously affected by the devastating effects of the illness process and other factors (e.g., long periods of institutionalisation). Little attention has been paid to the chronically affected group in terms of linguistic investigation, yet this is the group where rehabilitation programmes can make a real and discernible difference.

The communication characteristics of people with chronic schizophrenia have been described in many ways. Chapter 1 referred to some of these descriptions with terms such as 'socially withdrawn', 'limited speech', 'reduced spontaneity' and a general 'inappropriateness' used to describe the 'differentness' of these people (Christoff & Kelly, 1985; 361). The communication style of the chronically ill people in this study could also have been described in these terms. Yet very general descriptions belie the variety of presentations which occur in chronic schizophrenia. Chapter 1 also referred to the fact that schizophrenia research in general often suffers from a lack of precise terminology pertaining to, for example, subtypes of schizophrenia and their associated communication profiles. However, there have been attempts in the past to associate communication features with differing schizophrenia symptomatology. For example, Wing et al. (1974) associated the feature of *poverty of speech* with negative symptom presentations in

schizophrenia and *incoherence of speech* with positive presentations (see Chapter 1). Some of individuals studied in this thesis presented with a predominantly negative symptom presentation and some with a predominantly positive symptomatology. In addition to communication features associated with positive or negative symptomatology, further communication features emerged on analysis. For example, difficulties with communication processing were identified in a number of subjects, characterised by an increased latency of response by some, or the use of (apparently) abrupt topic shifts by others. Exploring conversations of people with chronic schizophrenia, therefore, renders the opportunity to identify particular or individual communication/conversational patterns which may be associated with different presentations of the illness.

However, regardless of symptom presentation, the individuals involved in this study all showed a facility to engage in conversational sociability once given the right conversational conditions, a facility not accounted for in any descriptions of chronicity. These findings prompt questions as to variable nature of chronic presentations and particularly the validity of some negative symptom descriptions, such as *poverty of speech* and *poverty of content of speech*. These terms are pervasively applied to many with chronic schizophrenia, without due consideration being given to the influence of the interlocutor in the interaction (see below) where, for example, the interlocutor could be said to 'collude' with or even exacerbate such 'poverty' by virtue of an inhibitive style of interaction (e.g., through the use of predominantly closed questions).

That schizophrenia is a syndrome implies that there will be many commonalities across presentations. However, syndromic membership also allows for some heterogeneity in symptom presentation as the unique characteristics of the person interact with the illness process. A heterogeneity of symptom presentation equally applies to the chronic group within schizophrenia. Exploring the relatively neglected chronic group in this study enabled a closer look at the communication patterns within chronicity, patterns which typically receive 'bad press' overall and remain, for the most part, undifferentiated and described. It is time for language and communication researchers in schizophrenia to reconsider, and pay more attention to, chronic presentations of the illness, not only to inform the nature of the progression and heterogeneity of the illness, but more importantly to inform future rehabilitation practice for individuals within this needy group.

14.3 Dialogic approach to the investigation of communication in schizophrenia

Chapter 1 referred to the fact that within the language and schizophrenia literature there is still a paucity of dialogic investigations of discourse, despite Rochester and Martin's (1979) plea over twenty years ago. This thesis attempted to redress this imbalance somewhat by exploring conversational interactions, with due attention being paid to both interlocutors in the interaction.

Dialogic, rather than monologic investigations are necessary and more desirable in communication and schizophrenia research for a number of reasons. Firstly, as already referred to above, exploring conversations with people with schizophrenia greatly facilitates identification of varying styles of communication across schizophrenic speakers. Secondly, putting language to work conversationally opens up an alternative context for the evaluation of schizophrenic discourse. Dialogic investigations permit consideration of how the person conversationally and socio-relationally interacts with another; it allows exploration of how conversation is jointly constructed by both interlocutors. When conversation is perceived as jointly constructed, it follows that conversational breakdown (and repair) can be explored dialogically and not attributed solely to one or other speaker. A key focus of this thesis, that is, how social relations are built through talk, can also be examined through dialogic discourse. As people with schizophrenia are thought to have difficulties in this area, conversational interactions provide a useful forum for consideration of this important communication function. Thirdly, the conversational approach also necessitates consideration of the interlocutor's role and influence on the discourse. The interlocutor's effect on the conversational interaction has been largely neglected in traditional schizophrenia communication research, yet this effect has proved to have significant implications for the findings of this study. Related to the interlocutor's role is the advantage of being able to explore interactions with a number of conversational partners (see Kramer, 1997). How a person with schizophrenia adapts to different speaking partners is also open to analysis and facilitated by a conversational approach.

Though many of the language abnormalities described as occurring in schizophrenia have been described or relabelled in discourse terms (see Thomas 1994, 1997), little has been done to explore their manifestation in dyadic interactions. Monologic investigations yield limited information; dialogic investigations allow one to view true communication taking place with all the myriad of factors influencing the speaker's and listener's competence and performance. If researchers are to take a more considered approach to communication and schizophrenia research, their methodologies must reflect the true meaning of *communication*, that is, a dynamic interactive activity where shared meaning is co-constructed. In this context, dialogic interactions are an infinitely more accurate and realistic forum for investigation and assessment, and one which cannot be overlooked if research into language and schizophrenia is to become more rigorous and professional practice with this client group more effective.

14.4 Explorations of language-in-use

The conversational approach allows continuous, naturalistic samples of discourse to be analysed which in turn facilitates mapping of the conversation over time. In this study, topic trajectories could be traced which had important implications for the analysis

of abrupt topic shifts and processing styles, as identified in the data. It follows therefore, that many other features of schizophrenic communication could be explored in this way. Language-in-use was the area of language analysed in this study, given that naturalistic conversational interactions were under scrutiny. Studies in language and schizophrenia research are not usually characterised by such naturalistic *language usage* methodologies; research studies in this area are often experimental in nature; a specific verbal task is set and the responses are recorded and analysed. Consider, for example, how *theory of mind* (and its underlying functions) has been investigated in schizophrenia research in recent years and the infinitely more meaningful context of investigation provided by naturalistic conversational interactions. Formal testing or experimental situations, though useful in many instances of language and schizophrenia research where a specific language function or structure may be under examination, result in artificial communication contexts which yield contrived communication performances by both participants involved. Though 'assessment' may have been one of the goals of the interaction taking place in the interactions studied in this thesis, it was the talk going on around the assessment tasks which was of interest. Analysis of this talk subsequently yielded valuable information about the conversational capacities of those usually viewed as being 'disabled' in this regard.

Investigating perceived communication difficulties in schizophrenia through studies of language use therefore, can reveal both strengths and needs in communication functioning. In this study, a strength was exposed in the ability to engage in a process of conversational sociability (which included, along with a readiness to engage in talk, turn-taking abilities and effective use of repair strategies); a particular weakness was identified in unmarked topic shifts and increased latency of response as exhibited by some individuals. Language-in-use investigations in schizophrenia will also give some idea of how people with schizophrenia typically relate to others through talk in day-to-day interactions, again yielding important information about the nature of schizophrenia and the socio-relational issues central to the illness.

If, as asserted by C. Firth (1997; 13), problems in schizophrenic language are not related to competence but to *use*, with difficulties most apparent when the person has to put language to work communicatively, surely *language use* is the more realistic starting point for communication research. Likewise, if examining schizophrenic language within the context of its use facilitates a freedom of expression for the person with schizophrenia, a freedom which may more accurately reflect the true communication style of the individual, it follows that naturalistic conversational interactions also provide an essential starting point for, and complementary approach to, more formal assessment (Hamilton, 1994).

14.5 Exposing competency

The approach taken in this study, that is, to expose competence rather than incompetence, challenges the standard paradigm of disability in communication research in schizophrenia. Looking for strengths rather than weaknesses offers an opportunity to reconstrue the communication possibilities of people with schizophrenia. Related to this is the notion of responding to the *actual,* rather than to the stereotypical or expected communication performance of the person with schizophrenia. The advantages of this approach can be seen in this study, where it has been shown that the people with schizophrenia were shown to be adept at conversing on a number of levels, given the right conversational environment. In turn, such an approach challenges the often firmly-held and mistaken perceptions of the (mis)communication of people with schizophrenia. For example, it is widely held that people with schizophrenia generally do not, in communication terms, take into account the conversational needs of their listener (as discussed in Chapter 1). The present study showed clearly that this is not always the case. Though the residents' abrupt topic shifts could be interpreted as under-accommodating to their listener's needs, there were many other examples which showed the opposite. Repairing and monitoring utterances, use of politeness forms and accommodative practices on the part of the residents, refute this argument, at least to some extent.

Though competency was exposed on a number of levels, it would be naïve to suggest that the conversations studied were unproblematic. The very fact that communication and conversational accommodation was required to scaffold the conversations is testament to the fact that a certain asymmetry of proficiencies was present. This study revealed an 'ability' (or competency) on the part of those with chronic schizophrenia, not a 'proficiency', as far as conversational interactions were concerned; this revealed ability gives a starting point for intervention and a positive way to address weaknesses. Revealing competence also confirms the heterogeneity within the syndrome and reinforces the necessity to consider individual profiles, as opposed to the often negative generalisations and categorisations of functional ability in the chronic group.

Therefore, more positive attitudes in research towards exposing and supporting ability and not solely disability, or towards revealing competence rather than being preoccupied with incompetence (see Kovarsky, Duchan & Maxwell, 1999), may reveal new insights and challenge the preconceived notions of the communication profiles associated with psychiatric conditions and their sequelae.

14.6 Typical interactions as a backdrop for the exploration of so-called atypical interactions

Though this study was not comparative in design, it did draw significantly on the findings of everyday conversational data as analysed within the hairdressing context. The hairdressing conversations provided a useful context within which to examine the 'orderliness' or the 'disorderliness' of the schizophrenia data. The hairdressing data allowed for a testing-out of the analytic approaches before being applied to the more complex schizophrenia data. Analysis of these everyday talk interactions allowed the concept of conversational sociability to be validated within normal conversational discourse.

Use of such normative data is significant when one comes to examine data perceived as possibly 'abnormal'. It allows firmly grounded hypotheses to be made, not those based merely on anecdotal evidence or on inferences loosely drawn from other similar interactions. What was of particular interest in this study was the perceived similarity of the interactions in the hairdressing and schizophrenia contexts. The many commonalities across contexts is highly informative, causing one to question the often negatively held stereotypes adversely influencing those involved in interactions with people with schizophrenia.

In addition to the similarities, there were many differences across both sets of data and these differences facilitated the identification of the requisite accommodation work in operation in the schizophrenia data. It is suggested that researchers in the field need an increased awareness of, and essential reference to, normal conversational interactions before it may be automatically presumed that 'disability' exists.

14.7 Multi-theoretical linguistic approach to analysis

This study, as discussed in Chapter 12, required a multi-theoretical linguistic approach to analysis. The nature of the process under study and the complexity of the schizophrenia data necessitated the application of a number of complementary analytic approaches. Taking a multi-theoretical approach differed from many other studies in this area and allowed for a fine-grained analysis of a socio-relational function of talk, a function pivotal to interactions among those who are mentally ill.

Though many recent studies in language and schizophrenia have incorporated linguistic analysis into their methodologies, discourse-analytic approaches are only slowly beginning to be employed (see for e.g., Kramer, 2001 and Thompson, 2001). The paucity of discourse analytic approaches in this area of research is not surprising, given that it is only in relatively recent times that the value of linguistics in schizophrenia research is being appreciated; linguistics is relatively new to psychiatry and new to mental health research in general. Increasingly, however, attempts are being made to put linguistics firmly on the psychiatry agenda (Thomas & Fraser, 1994; E.M.R. Critchley,

1994; Thomas 1995, 1997a), as it is acknowledged that the subject has both 'descriptive and explanatory power' (Thomas, 1997; 41). More specifically, inroads are being made to incorporate linguistic considerations into the explorations of verbal behaviour and so-called thought disorder in schizophrenia (C. Firth, 1992, 1997). Though the 'thought disorder versus communication disorder' debate continues to rage, it is usefully being fuelled by increasing numbers of linguistically-based research studies. It is hoped that this study has made a small contribution to the realisation of the power of linguistic science in general, and the benefits of discourse analysis in particular, in unravelling the complexities of communication with people with schizophrenia.

14.8 Future directions?

The advantages of analysing conversational interactions as a means of exploring language usage in people with schizophrenia have been discussed. Focusing on language as occurring in a social context requires consideration of language as used in *different* contexts. The interactions in this study focused on one context of interaction, that is, talk around and during an assessment session, between healthcare professionals and the individuals with schizophrenia. The analysis of conversations occurring in a number of different social contexts would also prove beneficial. For example, an exploration of how individuals converse with other professionals, family and friends, in other situations, would give further insight into the nature of the facility of those involved to adapt to various listeners; different dyads could be focused upon, as each conversational interaction is unique to the relationship between the interlocutors involved.

This study described a multi-theoretical analytic framework which proved effective and sensitive enough to expose a conversational sociability, emergent within interactions between professionals and a number of people with chronic schizophrenia. To establish the reliability of the framework to expose the process, it would need to be employed in the exploration of conversational interactions occurring within other perceived 'disability' domains. This study concentrated on a small number of individuals with chronic schizophrenia; other studies could explore the conversations of a larger group of people with schizophrenia (within both acute and chronic presentations) and other mentally-ill groups, for example, those with depression or other psychotic disorders. Additionally, the framework could be employed in explorations of the conversations with people who have communication disorders such as aphasia, or cognitive disorders such as dementia.

14.9 Summary and conclusions

This study supported the hypothesis proposed at the outset of this thesis: *that people with chronic schizophrenia are able conversationalists, possessing a conversational sociability not previously exposed through discourse analysis means.* A

number of factors facilitated the exposure of this ability in people with chronic schizophrenia.

A focus on dyadic conversational interactions saw (i) a shift from the predominantly unilateral analysis of many other studies, where the person with schizophrenia is the *only* focus, with relative neglect of the interlocutor's role, and (ii) a specifically *conversational* focus where previously speech, language (and more recently discourse) were the area of study. Exposing a conversational sociability required investigation of a *process*, a jointly constructed negotiated 'way of behaving' in talk. This talk, concerned with the negotiation and construction of social relations in talk, necessitated a multi-theoretical approach to analysis. These multi-theoretical approaches to analysis were found to be compatible, unified in the common goal of exposing a conversational sociability as defined.

Conversational sociability was characterised by (i) an engagement in socio-relational and phatic-like frames of talk, (ii) a utilisation of positive politeness strategies as used conversationally, in the reduction of social distance, and (iii) a sharing of power, permitting more equal-status talk to proceed. Conversational sociability, therefore, emerged from the combined effects of the residents' interactional presence in talk as illustrated by (i)-(ii) above, and a conversational 'tension' which was collaboratively created between the conversational repair work carried out by all participants and the accommodation practices of the professionals.

Conversational and hence, dialogic contexts allowed exploration of such characteristics of talk, necessarily considering both participants in the interaction. Additionally, the interlocutor's role was brought acutely into focus by examining communication accommodation forces at work in the data. It is suggested that a specific *conversational accommodation* practice could be viewed as facilitatory in the exposure of conversational sociability in the context under study. Contributing to the successful conversations was the happy-medium drawn between the psychologically convergent orientation of the professionals, resulting in discourse-attuning strategies and a degree of conversational accommodation. Central to the accommodation practices was the tendency to respond to the *actual* rather than the expected or the stereotypical conversational performance of the person with schizophrenia. The in-depth analysis showed that the individuals with chronic schizophrenia in this study were enabled to engage in a process of conversational sociability when explored from the combined perspectives as outlined above, resulting in a conversational *ability* not previously exposed or considered.

In addition, this study challenged the standard paradigm of 'disability' which is usually applied to schizophrenia. Using a different discourse analytic lens, to explore how social relations are constructed through talk, allowed for an investigation of ability, not disability. In other words, the question of what these individuals *can* do rather then

being preoccupied with what they *cannot* do, facilitated the paradigm shift towards exposing *skills*.

This study also highlighted wider issues pertaining to how conversational sociability can benefit professional practice in general, and the person with chronic schizophrenia in particular. Engaging in a process of conversational sociability can result in overall reduction of social aloneness or exclusion which are so prevalent among people such as those described in this study. If engaging in a process of conversational sociability can prompt us, in some small way, to consider the person not the illness, the conversational partner not the disabled speaker, a positive reconstruction of the mentally ill person may result. A quotation from Barham and Hayward (1995;1) eloquently summarises this point:

> It may be argued that if we are to take notions of social inclusion seriously, then it is incumbent on us to try to understand people with mental illness not simply in what we shall term the vocabulary of difference but more especially also in the vocabulary of membership, as 'one of us'.

Finally, if this thesis has, in a small way, contributed to a greater, more empathic and respectful understanding of those with chronic schizophrenia, it will have achieved its aim.

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