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Qualitative methods in aphasia research: conversation analysis

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Abstract

The conversational behaviours of individuals with aphasia are becoming a more important consideration in clinical aphasiology. This is due to the increased focus on conversational dyads and conversational partners via supported conversation for adults with aphasia. This article provides an overview of a well-established analytic framework to investigate conversation in authentic settings. This framework, conversation analysis, is described according to its development and primary principles. Several examples of its application to clinical aphasiology are provided.

Introduction

In approaching the understanding of aphasia and our roles as clinical aphasiologists, it is important to investigate aphasia and its impact on the social and communicative actions of individuals with this impairment. To this end, increasing numbers of researchers are employing various qualitative research methods to investigate aspects of the social life of individuals with aphasia and how they negotiate the social sphere because of—and in spite of—their disabilities and handicaps. One particular qualitative methodology has demonstrated strong potential when trying to analyze the conversational abilities of individuals with aphasia. This methodology, conversation analysis, is the focus of this article.

Within clinical aphasiology, conversation analysis is gaining attention because it can be specifically oriented to focus on how aphasia impacts on the conversational success of individuals with aphasia and their conversational partners in authentic social dyads. This focus is relevant because conversation represents the ‘social situation in which most people do their talking’ (McDermott and Tylbor 1987); further, it significantly builds social affiliation and the absence of conversational success is a primary determiner of negative social stigma and handicap (Goffman 1964, Parr 1994).

Based on the pioneering work of Harvey Sacks (1963, 1972, 1992) and others in the social sciences (e.g. Atkinson and Heritage 1984, Button and Lee 1987, Goodwin 1981, Jefferson 1973, 1974, Sacks *et al.* 1974, Schegloff 1968, 1981), various researchers have applied the analytic procedures of conversation analysis to the study of aphasic behaviour during typical interactions (e.g. Copeland 1989, Ferguson 1994, 1996, Goodwin 1995, Klippi 1991, 1996, Laasko 1997, Milroy and

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Perkins 1992, Oelschlaeger and Damico 1998a, 1998b, Perkins 1995, Simmons-Mackie and Damico 1996, 1997, 1998, Wilkinson 1995a, b). These studies have highlighted the importance of collaboration within the conversational interactions of dyads that include an individual with aphasia and an individual without aphasia and have provided clear examples of how individuals with aphasia seek to overcome their impairments and disabilities through their social encounters. Based on this work it is suggested that a greater awareness of the complexities and systematicity of the conversational context will greatly increase our knowledge of and service delivery to, individuals with aphasia. This article will provide some background on conversation analysis, discuss its primary methodological assumptions and advantages, and demonstrate how conversation analysis can benefit clinical aphasiology.

What is conversation analysis

Conversation analysis, an analytic approach to the investigation of social interaction, had its origins in the work of the sociologist Harvey Sacks in the early 1960s. Sacks was interested in how 'ordinary activities get done methodically and reproducibly' (Schegloff 1992: 17) and this interest eventually led him to a focus on conversation. To develop that interest, however, he was influenced by two research streams within sociology during the late 1950s and the 1960s—Erving Goffman's interest in face-to-face interaction (e.g. Goffman 1959) and a particular form of qualitative research known as 'ethnomethodology' (e.g. Garfinkel 1960, 1964, 1967). Goffman's interest in face-to-face interaction doubtlessly provided Sacks with a focus of interest (i.e. conversation), but it was ethnomethodology that had the greatest influence (Schegloff 1992).

As a form of qualitative research, ethnomethodology held several distinctions that appealed to Sacks. First, this analytic enterprise was designed to study how the mundane activities of individuals and their 'common-sense' knowledge of the social world functioned to structure social phenomena. Within social contexts, ethnomethodology demonstrated that participants employ an array of ordinary background understandings to make sense of and to accomplish social action (Goodwin and Heritage 1990). Consequently, these commonplace understandings—which often had been ignored in social science research—became the focus of research interest in ethnomethodology. Second, ethnomethodology was a reaction against a conceptual form of sociology that appeared 'anti-scientific' to the originator of this qualitative approach, Harold Garfinkel. In response, Garfinkel devised a set of analytic procedures to deal with complex and dynamic social data in real-world settings. Consequently, this research is oriented to objective data collection and defensible interpretation.

Sacks took the principles of these two research activities and applied them to the study of conversation. Through his focus on ethnomethodology, Sacks became interested in the analyses of competencies which underlie ordinary social activities. Because of his individual preferences for certain kinds of data and his experience with Goffman, Sacks reasoned that talk is the primary medium through which social interaction takes place; further, he suspected that talk was organized at a great level of detail and that this organization could be described and applied to understand and predict even the most mundane of conversational interactions (Schegloff 1992).

In developing his research agenda for conversation analysis, Sacks' concern was with the ways utterances accomplish particular actions by their placement and participation within sequences of actions. Especially, his objective was to describe the procedures and expectations in terms of which speakers produce their own behaviours and interpret the behaviours of others. Consequently, Sacks and others (e.g. Jefferson 1973, Sacks *et al.* 1974, Schegloff 1968) formulated the methodology of conversation analysis to unearth the apparatus or machinery that would reproduce whatever members of a social community would do in conversation (Silverman 1993). Said another way, conversation analysis asks questions about the functions of any recurrent process during conversation.

Within the analytic framework of conversation analysis, the methodology is quite straightforward: a conversational interaction is observed, a question about the interaction is formulated: 'how was this outcome accomplished?' and, the interaction is carefully analysed to describe the participants' methods for producing orderly social interactions. Typically, the methods that participants employ to produce orderly social action involve conversational 'objects', 'strategies', 'devices', 'mechanisms', or 'resources' and the ways that these phenomena are applied to accomplish talk. The identification of these various social and conversational entities and an explanation of how they operate makes up the agenda of conversation analysis.

The methodological assumptions of conversation analysis

Due primarily to its influence from ethnomethodology, conversation analysis adheres to three fundamental assumptions (Goodwin and Heritage 1990, Heritage 1984): The recognition of the structural organization of talk, the accomplishment of this structural organizational framework via sequential ordering of talk and a requirement for empirical grounding of all data and findings within this analytic methodology.

The structural organization of conversation

The first fundamental assumption of conversation analysis is based on the tenet of ethnomethodology that all aspects of social action can be found to exhibit organized patterns of stable, identified structural features (Garfinkel 1967, Heritage 1984). This is a necessary assumption if we are to believe in an underlying systematicity that is adhered to and expected in everyday social activity. The logic then follows that since conversation is a primary form of everyday social activity, it also exhibits stable, organized patterns that are oriented to by the participants within an interactional dyad. Further, since these stable structural features and organized patterns exist, they are to be treated as structures in their own right and, consequently, they are valid and appropriate objects of study.

Based on this assumption of the structural organization of conversation, the conversation researcher has the focus, the purpose and the medium for the analytic study of conversation. The focus of study is the structural features and organized patterns which are employed by the interactants to shape expectations, actions and the understandings of talk during conversations. Since these structural objects are assumed to be organized in such a way that they give rise to the primary orderliness of conversation, the purpose of conversation analysis is to determine how this orderliness is accomplished. Finally, since another implication of the structural

organization of conversation is that these structural features exist in their own right and they are oriented to be the participants, they must stand independently of the psychological or other characterizations of particular speakers. This implication gives rise to the medium of analysis—the actual observable data that are produced by interactants during conversation. This implies that ‘it is illegitimate and unnecessary to explain conversation organization by appealing to the presumed psyche or other characteristics of particular speakers:’ (Heritage 1984: 241). All that is needed is the actual observable behaviours manifested during conversational interaction.

Finally, since Sacks and others found that conversation is a collaborative operation by two or more participants, it has been determined that these organized patterns that structure the orderliness of conversation are to be treated as social and collaborative in character. This places attention on the dyad not the individual as the primary object of investigation in conversation analysis (Goodwin 1981, Goodwin and Heritage 1990, Psathas 1995).

The sequential ordering of conversation

This second assumption relates to the purpose of conversation analysis—to investigate the ways that structural organization (orderliness) is accomplished and sustained. According to the second primary assumption, conversation is oriented to the principles of sequential organization. That is, during conversation, utterances placed immediately next to some previous utterance are to be understood as produced in response to—or in relation to—that prior utterance.

This second assumption had its origin in the observation that social interaction often was organized on a turn-by-turn sequential basis. In direct conversational interaction, for example, it is often the case that certain recurrent phenomena appear in sequences of talk that act to constrain what the next interaction will be. That is, often what participants in conversation will do in their next turn-at-talk is related to what previous speakers have done in the immediate prior turn. This reliance on the sequential organization of talk such that one action helps determine the next creates a conditional relevance in conversation so that a first utterance helps determine what may occur as a second utterance and the second actually depends on what occurred as the first utterance. As an analytic concept, this principle is termed the adjacency principle and it shows how sequential structures of actions can be anticipated and fulfilled in conversation (Sacks 1972, 1992, Schegloff 1968).

Within this operating principle of sequential organization, there are a number of manifestations of the adjacency principle. The most salient (though by no means the most frequent) are adjacency pairs. This term refers to a limited set of adjacent structures that operate in such tight concord and that so frequently appear together that they are treated as a pair. For example, greetings (e.g. ‘Hi Tommy’—‘Hi Dad’), closings (e.g. ‘See ya soon’—‘bye’) and questions and answers (e.g. ‘How old are you?’—‘thirty’) each have a first-pair part (‘Hi Tommy’) that, once given, requires a second-pair part (‘Hi Dad’). Indeed, when the second pair-part is not provided, it results in a discernable social violation.

There are, however, many more subtle, complex and extended manifestations of this sequential ordering of social action through conversation. These manifestations involve extended stories, turn-taking, on-line syntactic processing and

numerous other displays. As noted by Heritage, the key is that interaction is informed by a general assumption that social actions or ‘... utterances which are placed immediately next to some prior are to be understood as produced in response to, or more loosely, in relation to that prior.’ (1984: 261). This is known as loose control based on next positioning. In any of these conversational manifestations—whether adjacency pairs or some other manifestation operating on the basis of next positioning—recognition of the importance of a sequential ordering principle to the creation and maintenance of the structural organization is known as sequential implicativeness and it can be generally stated as a condition where actions project next actions (Heritage 1984).

According to Goodwin and Heritage (1990), the recognition of interactional sequencing as an operational mechanism for conversation was the analytic innovation that enabled Sacks and other conversation analysts to advance conversation analysis; it gave these researchers an analytic template. That is, it enabled them to investigate the structural features and organized patterns that have become the social objects of investigation and to understand how they operate.

Due to this assumption regarding sequential ordering of conversation, numerous analytic advances have been made. For some, however, it might seem that this focus on sequential organization leads to an overly mechanical view of conversation—that there is simply an endless series of interlocking adjacency pairs in which sharply constrained options confront the next speaker. As discussed by Heritage (1984), this is not the case. This is because the sequential ordering and the adjacency principle work according to two non-mechanistic assumptions. First, an utterance which is placed immediately after another one is to be understood as produced in response to or in relation to the preceding utterance and second, this means that, if a speaker wishes some contribution to be heard as unrelated to an immediately prior utterance, he must do something specific to lift the assumption. That is, he must produce some kind of accounting strategy, discourse marker, or other linguistic or interactional device to provide a reason for not adhering to the relatedness expectations. This is frequently and easily accomplished in normal conversation.

The empirical grounding of data and interpretation

Based upon the research requirements of ethnomethodology, conversation analysis also requires an empirical grounding of the data analysis and data interpretation phases of its research agenda. This third methodological assumption has important implications. In terms of the analysis phase, Sacks believed that the production and use of the conversational transcripts were essentially the research activities of conversation analysis. Consequently, he required that all work must involve precise analysis of detailed transcripts; there could be no use of preformed systems of coding (i.e. prior coding categories) that could reduce the richness of the data. Overall, the stress was to avoid a reductionist approach to data collection wherein the reader of the research had to rely on the analyst rather than the data. Additionally, since the data were always available, the focus of the analysis could be on the actual patterns and operating mechanisms of conversation rather than just on numerical indices.

There were several advantages based on this requirement. First, since detailed tape-recording and transcription were required, both the analyst and the reader of

the research can have complete and direct access to the actual data under scrutiny. This will extend the range and precision of the data collected and since all the data actually used in the interpretation are available for the reader, no reliability indices are necessary. Further, since the actual data was always available, both the analyst and the reader of the research would have access to repeated replay or review of the data. This can extend the data interpretation and the credibility of the interpretation since what may appear correct and obvious to the analyst must also be defensible in the eyes of the reader who has direct access to that data.

In terms of the data interpretation phase of the research, conversation analysis places a premium on the validity of the data interpretation (Heritage 1984). This means that the validity of the data analyses are stringent and that the empirical and observable conduct of the participants in a conversation is treated as the central resource out of which analysis may develop. Consequently, it must be demonstrated that the regularities described are produced and oriented to by the participants as grounds for inference and action and any deviant cases (in which regularities are absent) must be identified and analyzed to explain their deviancies. In this sense, the requirements for data interpretation are quite rigorous (Psathas 1995, Silverman 1993). Overall, the key to interpretation is oriented to the requirement that you discover the order in the conversational data, you don't impose it (Goodwin and Heritage 1990).

Another stringent requirement for data analysis and interpretation is that there must be a focus on the accomplishment of social action at the 'local level'. This means that all social phenomena in conversation are believed to be locally constituted through the observable activities of the participants. While this belief is consistent with ethnomethodology and the expectation that an individual's 'common-sense' knowledge of the social world is used on an instance-by-instance basis to construct conversational action, it means that the context is always highly relevant to data interpretation (Duranti and Goodwin 1992). Consequently, sentences are never treated as isolated or self-contained artifacts; rather, all analyses are oriented to longer units of talk within the context under scrutiny and the interpretations are always driven and verified by the data. In this sense, conversation analysis is oriented toward a bias against premature theory construction (Heritage 1984).

Based upon these three underlying assumptions, conversation analysis has been used to examine the conversations of ordinary persons (e.g. Atkinson and Heritage 1984, Goodwin 1981, 1987, Goodwin and Goodwin 1992, Sacks 1992, Sacks *et al.* 1974) and is recognized as a viable means of ensuring valid data analysis and interpretation (Heritage 1984, Psathas 1995, Schegloff 1992). In turn, this leads to detailed understanding of the function of talk—how things get done in conversation.

Application of conversation analysis to clinical aphasiology

As previously mentioned, there are a number of recent publications that illustrate the application of conversation analysis to clinical aphasiology. True to the spirit of Sacks and the agenda of conversation analysis, these studies have centred on various phenomena within the conversational dyads of a person with aphasia and a person without aphasia and the question is asked, how is successful conversation accomplished? In every instance, the researchers have demonstrated that the

problems created by aphasia (and that are focused on in the research) are overcome by the interactants within the dyads under investigation and that the adaptive strategies employed within these conversational dyads are guided by the conversational principle of sequential organization. Some of these studies have focused on specific 'aphasic phenomena' such as word-finding difficulty and have shown how conversational principles within the interactive dyad overcome these conversational difficulties. Perkins (1993), Ferguson (1994), Laakso (1997), for example, have examined how conversational self-repair by the individuals with aphasia is encouraged and implemented within a collaborative conversational process while Oelschlaeger and Damico (1998a, 1998b) have demonstrated how various strategies (e.g. joint production, verbal repetition) are employed collaboratively by the individual with aphasia and a partner without aphasia to move the thrust of conversation forward despite the disabilities created by aphasia. In other studies, more general points regarding the importance of conversation analysis are revealed. Wilkinson (1995a), for example, demonstrated how the contextual nature of talk via sequential organization must be employed to both assess and understand the conversational success and failures experienced by individuals with aphasia while Ferguson (1996), Klippi (1996) and Simmons-Mackie and Damico (1996, 1997, 1998) have detailed how communicative competence and achievement have been established through conversational principles and their applications (e.g. discourse markers, compensatory strategies).

Perhaps the single most revealing study on the power of conversation analysis to describe the conversational potential of an individual with aphasia comes from the work of Goodwin (1995). This study details the conversational success of 'Rob', an individual with severe aphasia who is 13 years post-onset. Despite having only three words ('yes', 'no' 'and') Rob uses these three words and several other conversational resources (intonational melodies, limited gestures) to exploit conversational principles for his purposes. By strategically placing his limited interactional productions within the on-going sequential flow of the conversational behaviours of his co-participants, he is able to accomplish a level of interaction beyond what would be expected given the severity of his impairment. That is, in the ways that he places his visible participation in a conversation (i.e. verbalizations, gestures) in the activity of the moment, he can highlight his needs and desires and even accomplish significant social affiliation. By employing the sequential organization of conversation, Rob and his co-participants treat his limited talk and gestures '...as an effort to say something meaningful, rather than the random movements of a man whose brain has been massively damaged' (Goodwin 1995: 53).

Due to the detail and the insightful analysis provided by Goodwin, it is possible to recognize the desire of the individual with aphasia to sustain conversational competence, the importance of both the sequential context and the collaborative nature of conversation, and the potential benefits of this analytic framework to clinical aphasiology in general. It is little wonder, therefore, that there have been recent calls to focus more attention on the conversational abilities of individuals with aphasia via conversation analysis (e.g. Holland 1998, Simmons-Mackie 1998).

Of course, each of the previous research citations can stand alone to demonstrate the power of conversation analysis in clinical aphasiology. For our purposes in this article, however, such detailed discussion is not appropriate. In this discussion, two brief examples will be provided to give a more immediate appreciation of the

applicability of conversation analysis to our clinical concerns. Since these are brief examples, only excerpts of the available data are provided and the detailed description of the investigations and the phenomena under investigation are not included. See Goodwin (1995), Oelschlaeger and Damico (1998a, 1998b), or Simmons-Mackie and Damico (1998) for more detailed examples.

A focus on turn completions

One conversational action that is often seen in normal conversational dyads and that has also been noted in conversational dyads involving an individual with aphasia and a normal partner are turn completions. That is, when one participant begins a turn and it is completed by the other participant. Although this conversational strategy is noted in normal dyads, it is also noted in the conversations involving individuals with aphasia where someone else talks for this individual in order to complete the turn. Consequently, the turn completion sequence has been determined to be one of the ways that individuals with aphasia and their conversational partners collaborate to accomplish successful social interactions despite the aphasia. Two of the authors (Damico and Oelschlaeger) were especially interested in how turn completion sequences were used by the dyad including an individual with aphasia and an individual without aphasia and consequently, this behaviour became a focus of an investigation.

In this investigation, the researchers identified each turn completion sequence in the conversational samples. These sequences were then analyzed on a turn-by-turn basis. Analysis included detailing the linguistic and paralinguistic features of each turn in the sequence. As always in conversation analysis, verification of findings was assured through the extent and depth of analysis and appreciation of the systematicity of sequential organization. Conversation analysis showed that this couple interactionally negotiated turn completions. Evidence of *how* turn completions were accomplished was collected via an analysis of the social actions within this targeted sequence. This following example will be illustrative:

- X-----gaze away-,,,,,-M-----
 110 Ed: Yeah, because- there- (*) three drawings- and
 M: x-----Ed-----,,,,,-gaze down-,,--Ed----nods
 ,,,-gaze away-,,--M--x
 111 Ed: there 're two (1.0)-
 M: x----nods----x
 112 M: of the other ones. Yeah.
 113 Ed: //ones. And that's it.

In this example, Ed initiated a turn at talk that was incomplete. While he was speaking, however, his partner (and spouse) M monitors his talk visually and auditorily as noted by her gaze toward him and her affirming head nods (lines 110–111). Once Ed experiences difficulty, he provides a turn taking opportunity for M when he stops talking and invites her, via gaze shift directly toward her, to join his talk (line 111). When this occurs, M performs an online analysis of Ed's talk and used her understanding to project the direction of his talk. She accepts his gaze invitation to join and completes his turn with a semantically and syntactically coherent, yet also incomplete, turn (line 112). Following M's completion of Ed's turn, Ed acknowledges her contribution by his overlapped repetition of her final word (line 113) and the conversation continues.

While this piece of data was representative of turn completions in dyads including a person with aphasia and a person without aphasia, other variations in the interactional features also occurred and were accounted for through conversation analysis. By collecting and analyzing a number of turn completion sequences, the researchers were able to determine that this strategy was effectively employed by the conversational partners and we were able to determine how the negotiation between the two partners during the rapid give-and-take of conversation occurred. Such findings comment on how various collaborations that occur in natural conversational dyads might be effectively employed in assessing the conversational abilities of individuals with aphasia and/or their conversational partners. Additionally, this work might be valuable in planning and implementing aphasia therapy via conversational coaching or spouse dyadic training (Holland 1998, Simmons-Mackie 1998).

Analysis of feedback during aphasia therapy

In another article on qualitative research in this issue—one highlighting ethnographic methods—an investigation of aphasia therapy was used as an example (see Simmons-Mackie and Damico, this issue). This investigation was initiated with an ethnographic approach that started large and funnelled down to a focus on feedback. The actual ways that feedback accomplishes some of its functions, however, were understood by applying conversation analysis to the very same data discussed in the accompanying article. For although conversation analysis initially focused only on conversation, it is currently used to analyze other forms of social action as well (Goodwin and Heritage 1990). Some of the data on feedback in aphasia therapy will serve to provide another illustration of the value of conversation analysis to the understanding of social action in various aphasic contexts.

A major purpose of feedback during the reviewed aphasia therapy sessions was to assist in the establishment of specific discourse routines that enhanced the overall goals of therapy. When creating this organization, the manner of delivery, content and placement of feedback was varied to help create the desired structural framework for therapy discourse. In effect, feedback assisted in parsing the discourse into segments and framed the structure of the interaction. This finding is known because of the analyses performed via conversation analysis. An example will demonstrate this point.

One discourse routine during therapy requiring feedback for its effective structuring and utilization could be termed *continuer latching*s. Continuers are acknowledgments by a listener (clinician) of the ongoing speaking role of the speaker (client). The term continuer is used here since it indicates the functional significance of the device—to encourage the speaker to continue the turn. During therapy sessions both positive and neutral feedback of various kinds served as the indicator for the encouragement to continue; that the task was on-going. The feedback used as continuers were both verbal (e.g. ‘mhm’) and nonverbal (e.g. nodding the head):

- 1 Client: ((Writing; writes MA))
- 2 Clinician: Mhm. ((quiet, leans over and gazes
3 at the paper))
- 4 Client: ((Continues writing MAN))

- 5 Clinician: Good. Mhm. ((quiet, gaze on paper))
 6 Client: ((Continues writing MAN IS))
 7 ((Looks up))
 8 Clinician: ((Nodding yes)) ((gaze on paper))
 ...
 30 Client: ((concludes writing—Man is buying
 31 bread)) ((stops, lifts her pencil, gazes
 32 at the clinician))
 33 Clinician: ((Looks up from paper, leans back))
 34 Goo::d. You wrote the whole
 35 sentence. The man is buying bread.

In this example, the feedback provided in lines 2, 3, 5 and 8 functioned as continuers. That is, they acted as confirmatory feedback of the ongoing adequate performance of the task and provided for new rounds of response-continuer adjacencies until the task was completed. Within this data, the importance of the nonverbal strategies and cues in feedback are very salient. In lines 2 and 3, as the client concentrated on writing a sentence, the clinician (seated across the table) leaned forward and watched the paper. She also used gaze and nodding to relay positive feedback that served as continuers. When the client eventually wrote 'the man is buying bread', stopped and lifted her pencil and gazed at the clinician (lines 30–32), the clinician then switched out of the continuer latching function and moved toward another discourse routine in therapy, a response evaluation phase of the therapy sequence (therapy often employs the following sequence: request for a response—the response—an evaluative statement).

At times, the nonverbal feedback was even more salient. This can be seen in the next example where the clinician uses the nonverbal feedback to signal the task is not complete even though the client may reasonably expect it:

- 1 Client: ((Completes writing 'The woman is
 2 finishing'; stops writing and lifts her
 3 pencil; gazes at the clinician))
 4 Clinician: Mhm. Okay. Good ((uttered rapidly
 5 and quietly; little intonation variation;
 6 no pausing; posture is maintained))
 7 Let's start reading from the beginning
 8 ((continues gazing at the paper; still leaning forward))

In example 3, once the client completes the writing, she believes that the task is finished. This is evident in her stopping the activity, lifting the pencil and gazing at the clinician (lines 1–3). However, the clinician uses both verbal and non-verbal feedback as a continuer latching to communicate to the client that the task is not completed with the writing. Rather, the client must now read her written product. This is relayed in lines 4–8 primarily through the clinician's non-verbal feedback. As the clinician utters the verbal feedback (lines 4 and 7–8) she does so with non-verbal cues that suggest an anticipation that the task is still on-going. The clinician did not alter her body position and maintained her gaze on the work space. 'Mhm okay good' was uttered rapidly and quietly, with little intonational variation and no pause before the instruction that followed. The confirmatory feedback not only conveyed that the writing was adequate, but also the rapid rate, gaze aversion and monotone signalled that the task was still 'in progress'. The lack of eye contact and contextualization cues prevented an interruption in the focus of attention. Moreover, the tempo of the clinician's utterance suggested a need for haste. In effect, the feedback provided several messages: the work is accurate but the work

is not finished and we need to hurry up. As the client continued with the task, the clinician followed each written word with quietly uttered affirmatives (mhm, uh huh); the clinician's gaze remained on the work space. Again the manner in which the feedback was delivered signalled that the task remained 'underway' and told the client to keep going. As soon as the client's pencil completed the final word, the clinician looked up at the client's face, nodded yes, smiled broadly, raised one hand and said 'veery goood, yea that's right' with increased loudness, vowel prolongations and slightly exaggerated intonation. Thus, the feedback signalled accurate performance and the manner of delivery marked the end of the interactive sequence.

As can be seen in these two examples, the function of feedback during aphasia therapy does appear to have many different functions. By employing conversation analysis, we can analyze various forms of feedback to understand how various feedback strategies like continuer latchings work to structure the therapy session. Such detailed and in-depth understanding and awareness of the value and force of feedback can have important implications in clinical aphasiology. Again, conversation analysis can supply detailed analyses and understanding.

Conclusion

As a form of qualitative research, conversation analysis is a powerful and empirically rigorous methodology. It has the analytic power to focus on complex social actions and to describe how and when these social actions are employed. In this article, we have presented an overview of this valuable analytic methodology and attempted to provide examples of its utility for clinical aphasiology. There are, of course, numerous completed studies within clinical aphasiology that can provide a greater demonstration. Many of these have already been mentioned. Indeed, a number of researchers throughout the world are applying conversation analysis to clinical aphasiology. The advantage is that conversation analysis will provide us with detailed understandings of how interaction works at the actual level of face-to-face interaction and we can then apply these principles to our clinical and theoretical concerns in clinical aphasiology.

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