

Living well, everyday conversation and hearing impairment

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Assumptions

- ***Living well is communicating well*** = successful, enjoyable, fluent, easy everyday conversation
- However, everyday conversation is the ***most common site of difficulty*** arising from acquired HI
- Difficulty in everyday conversation is the ***most commonly identified reason*** for people attending audiology clinics.
- Some of these difficulties will manifest in clinical interviews with HI adults and their communication partners – ***clinical “snapshot”***
- We commonly speak about how the ***content*** of clients’ talk may be revealing....
-there are often also problems of conversational ***sequence***

How might conversation work?

- Conversation is something we **do**
- By and large it is successful, but we are **naïve** about it
- That is, we do it and do it well (mostly), but have **little overt understanding** of the mechanisms by which it works
- We take for granted that **successful** conversation is **easy** conversation....
- but HI adults cannot equate **success** with **ease**
- For many, **conversation is difficult** whether it is successful or not and even if it may seem successful on the surface

Conversation and HI

Problems in conversation indicated by:

- Increased likelihood of (certain types of) **breakdown and repair** (Lind, Hickson & Erber, 2004, 2006)
- **Avoidance** of talk (Stephens, Jaworski, Lewis & Aslan, 1999)
- **Monologues** (Wilson, Hickson & Worrall, 1998)
- More **topic changes** and less **topic elaboration/discussion** (Pichora-Fuller, Johnson & Roodeburg, 1998)
- **Shorter turns** with less semantic content (Johnson & Pichora-Fuller, 1994)
- Increased use of **general fillers** and **back-channeling** (Pichora-Fuller, Johnson & Roodeburg, 1998)

AV speech reception (speechreading) in a conversational context

- The ***predictability /accessibility*** of audiovisual speech information is embedded in the ***speaker, message, the environment*** as well as the HI listener's speechreading skills
- We can put a ***conversational*** slant on audiovisual speech reception by replacing:
 - ***lipreading / speechreading (an act the HI adult undertakes)***
With the concept of
 - ***intelligibility (an interactive /shared undertaking)***
 - (and also keep in mind that attempts at intelligible interaction ***sometimes fail*** and need to be ***repaired***)

How might conversation work?

1. Intelligibility

- ***Talkers vary*** in the clarity / intelligibility of their speech (Kricos & Lesner, 1982, 1985)
- There is a substantial difference between ***clear*** and ***conversational*** speech (Picheny, Durlach & Braida, 1985, 1986)
- Talker intelligibility cannot be separated out from ***message*** and ***environment*** (Gagné, Masterton, et al, 1994)
- Communicators are able to improve the intelligibility of their speech ***on demand*** (Schum, 1996)
- Speakers increase the intensity of their voices proportionally to the increase in distance from the listener, ***without instruction*** (Michael, Seigel & Pick, 1995)
- Speakers will alter the clarity of their speech in response to perceived changes in the ***complexity*** of the text they are reading (Pedlow & Wales, 1987)

How might conversation work?

1. Intelligibility

In summary, talkers can change the clarity of their speech:

- in response to perceived changes in ***any aspects of the communication setting***
- In response to the ***stated or implied needs*** of their communication partner
- either ***spontaneously*** or by ***general or specific instruction***
- ***But, when intelligibility is not successfully achieved or maintained....***

How might conversation work?

2. Repair

.... we may **resolve miscommunication**, commonly via **repair**:

- **Normal** everyday conversation is **not perfect** conversation
- It is full of false starts, slips of the tongue, repetitions, rephrasing, grammatical “inconsistencies”, etc. = **miscommunications**
- **Only a small portion** of these miscommunications may result in or have resulted from **mishearings** – they happen for all sorts of reasons
- When participants in a conversation address these miscommunications they endeavour to **repair** them
- Repairs are not **error correction**, they are **self-righting** tools
- HI adults report **avoiding** situations in which repair (is anticipated to) occur **too often** and / or require **too much effort**

A common repair sequence

line	talker	text
1	J	yeah I bought that in the Big Pineapple ((laugh)) there was some of those and
2	J	I thought oh I'll get one of them for Trevor you know for a change (0.3) I think I
3	J	did last year buy one up there you know so
4	O	→ where did you get it (0.3) from?
5	J	→ the Big Pineapple
6		(0.2)
7	O	→ where?
8	J	→ Big Pine[apple
9	O	→ [oh↓ Big Pine[apple] hm::
10	J	[mhm mhm]

HI participant – bolded

(S1.D6.OJ.329)

Lind (2006)



The Big Pineapple

Woombye,
Queensland

When taste isn't everything....



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Lind (2006)

What can we note about this repair sequence?

- It is ***commonplace, familiar*** and ***unremarkable***
- Even though the person asking for clarification has a HI there is ***no evidence that the repair is caused by the HI***
- It is ***resolved easily*** (but not as easily as some)
- There is no evidence that anyone is ***upset, annoyed or put out*** by its occurrence – that is it may be seen as a ***self righting device***, not as an ***error*** by one or other speaker
- It arises as as a consequence of ***a loss of intelligibility*** but we as observers do not know the locus or source of this loss
- It is ***not a valid aim to eradicate*** these events but ***minimising*** the effects of this type of event is a ***valid therapy goal***

How might conversation work?

2. Repair

In summary, repairs arise when a miscommunication threatens the shared meaning of a conversation. When observing conversation we might expect that:

- Repairs **occur**, maybe quite **often**, but are **resolved easily**
- **Both partners** participate in the resolution of miscommunications
- Neither partner **apportions blame** for the miscommunication
- What distinguishes repair in conversations **involving HI adults**?
 - **more frequent** repair?
 - Repair takes **longer to resolve**?
 - Repairs are of a particular type that marks **communicative incompetence**?
- The answer to this remains **unclear**.....

What might we listen for (and record)?

Is the conversation *fluent*? (How might we *define* “fluent”?)

- Does one person *change* their speech to *accommodate* for the other and if so, how?
- Does the HI participant *mark his/her understanding* of the other’s talk and if so, how?

- Do miscommunications *arise*?
- Is a repair *attempted* in these cases?
- Which person *takes responsibility* for noting the miscommunication?
- Are they repaired *successfully*?

- Does one person talk to the clinician *without effort to include* the other?
- Does one person *blame* the other for miscommunications or other communication difficulties?

Summary (in the meantime.....)

Everyday conversation is at the heart of ***living well*** and its successful conduct is critical to one's image as a ***competent social being***.

Clinical interactions give insight into both the ***content/ideas*** and ***process/sequences*** of HI adults' communication with their partners.

All conversation may be judged by the way participants are able take responsibility towards ***mutually successful*** interaction....

.... And living well with HI will be influenced by the way ***all*** people in the conversations play their part.

The success of intervention may be judged ultimately by the success HI adults and their partners perceive that they have in everyday conversation.

What is conversation therapy?

Intervention based on the premise that ***HI adults will benefit from bringing under their conscious control aspects of everyday interaction*** which are (or will, potentially) adversely affected by their hearing loss

Intervention focused on the principle that ***communication partners share the responsibility for communication success*** (and resolution of miscommunication)

Intervention allowing all participants (HI adult, SO, clinician) to ***take active roles in directing the flow of interaction*** in therapy tasks

(but the day will come.....)

Thank you!

