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The effect of familiarity of conversation partners on conversation turns contributed by augmented and typical speakers

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ABSTRACT

The purpose of this current research was to determine the effect of familiarity of conversation partners on contributed conversation turns to dyadic conversation between individuals who use AAC and typically speaking conversation partners. Three groups (G1–G3) participated in this study. Each group contained seven participants, including an individual who used a speech-generating device (SGD) and familiar and unfamiliar conversation partners. Each 20-min dyadic conversation was video-recorded for analysis of contributed conversation turns. The findings of the current study showed that the asymmetries of contributed conversation turns exist in both familiar and unfamiliar dyadic conversation between AAC users and typically speaking conversation partners. In addition, the asymmetry in the familiar dyadic conversation did not differ from that in the unfamiliar dyadic conversation.

1. Introduction

Conversation has been described as interactive, dynamic, and complex (Brinton & Fujiki, 1989; Gan, Davison, & Hamp-Lyons, 2009; Sacks, Schegloff, & Jefferson, 1974). Dyadic conversation has been defined as having a speaker, a listener, and modes of communication (e.g., verbal and nonverbal communication behaviors) between two conversation partners (Clark, 1996; McTear & King, 1991; Olsson, 2004). Both of them use recognizable communication mode (e.g., spoken language) to send (i.e., speaking role) and receive (i.e., listening role) information (McTear & King, 1991). For typically speaking conversation partners, spoken language is used as their primary communication mode; whereas, for partners who cannot speak, gestures and/or augmentative and alternative communication (AAC) devices and systems serve as their communication mode. Use of AAC is a unique mode. AAC has been provided to individuals who are unable to communicate efficiently using spoken speech to temporarily or permanently compensate for speech/language impairments, to maximize their abilities to communicate effectively and to efficiently, and actively participate in their communication with their family, peers, colleagues, and communities (American Speech-Language-Hearing Association, 2002, 2005; Beukelman & Mirenda, 2012; Calculator, 2007).

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During the dyadic conversation, both conversation partners, including an individual who uses AAC, are assumed to have encoding and decoding systems to allow their messages to be transmitted (McTear & King, 1991). In other words, speaking conversation partners must have skills not only to speak to AAC users but also to understand nonverbal communication behaviors and messages generated from the users' AAC devices or systems. The AAC partners must have skills to produce messages from their AAC devices or systems, and understand the spoken language from the speaking conversation partners. Nevertheless, the sum of these actions does not fully characterize the conversation.

Dyadic conversation is characterized by co-construction with two conversation partners (Clark, 1996). A successful conversation requires some co-construction (McTear & King, 1991), which was defined as "a social process by which individuals dynamically alter their actions with respect to the ongoing and anticipated actions of their partner" (Fogel, 1993, p. 12). It focuses on "the behavior [that] affects the behavior of another person, is understood by that person, and is responded to in a manner that leads to a desired outcome" (Dunst & Lowe, 1986, p. 11) rather than on the forms of communication behaviors. The core concept is that "conversation is a collaborative operation by two or more [conversation] participants" (Damico, Oelschlaeger, & Simmons-Mackie, 1999, p. 670). In other words, conversation partners cooperatively work together to build mutual awareness of the conversation for each other through taking turns during their conversation (Bloch & Wilkinson, 2004; Goodwin, 1995; Leahy, 2004; McTear & King, 1991). The processes of co-construction are completed "naturally, without preplanning precisely what will or will not be said" (Leahy, 2004, p. 71). Achieving co-construction secures highly possible successful conversation in order to get communication goals across and to achieve communicative competence (McTear & King, 1991).

Over time, a body of literature (e.g., Bloch & Beeke, 2008; Oelschlaeger & Damico, 1998; Olsson, 2004) has been developed regarding co-constructions between individuals with communication disorders and their typically speaking conversation partners. Oelschlaeger and Damico (1998) investigated the co-construction between an individual with aphasia and his spouse (i.e., a familiar partner). Results showed that his spouse provided a word when the husband indicated that he needed a word he could not think of. By providing words for the man, his spouse was trying to co-construct his conversation turn. Moreover, his spouse extended information that the husband initiated with phrases or clauses in their conversation. Oelschlaeger and Damico indicated that his spouse with similar shared world knowledge, shared personal experience, and motivation, perceived the husband with aphasia as communicatively competent and therefore provided information that "contextualizes and clarifies its meaning" (p. 474). They found that his spouse collaboratively completed the incomplete turns initiated by her spouse, whereby his spouse was in the position to complete her spouse's turns. As a result of his incomplete turns, his spouse contributed more conversation turns to their conversation than the individual with aphasia. Asymmetrical contributed conversation turns were seen in their conversation when his spouse assumed greater responsibility in order to reduce her spouse's conversational responsibility.

Olsson (2004) examined how a child with severe multiple disabilities, in the pre-symbolic communication stage, and his caregiver (i.e., a familiar partner) co-constructed meanings in their dyadic conversation. Olsson found that the caregiver tried to interpret each intended communication behavior from the boy, and elaborated these behaviors further. Olsson made the determination that the caregiver took more conversation turns to co-construct meanings contributed by the child in their dyadic conversation. In a similar vein, Bloch and Beeke (2008) also investigated conversation turns in two dyads: one participant with dysarthric speech and his mother (i.e., a familiar partner), and the other participant with aphasia and two of his direct care providers (i.e., a familiar partner). The familiar partners cooperatively completed the conversation turns for the partners with dysarthria and aphasia (Bloch & Beeke, 2008).

In summary, these familiar conversation partners did occupy much more turns than the individuals with communication disorders. Both of them coordinated verbal and nonverbal communication behaviors through a sequence of conversation turns while constantly monitoring the course of the conversation and continually maintaining mutual consideration of the other (Duchan, Maxwell, & Kovarsky, 1999; Kretschmer & Kretschmer, 1989). A key factor for these familiar conversation partners was that they did not treat the conversation turns from the partners with communication disorders as problematic; rather they treated these conversation turns as the opportunity to contribute to the ongoing construction of conversation turns (Bloch & Beeke, 2008).

With the growing emphasis on these dyads, a great deal of study (e.g., Farrier, Yorkston, Marriner, & Beukelman, 1985; Light, Collier, & Parnes, 1985; Muller & Soto, 2002) had been directed recently toward the conversational skills of individuals who use AAC in conversation with typically speaking conversation partners. Asymmetrical conversation turns had been described in dyadic conversations between individuals who use AAC and their typically speaking conversation partners (Farrier et al., 1985; Light et al., 1985; Muller & Soto, 2002). Asymmetrical conversation turns was observed in the work of Farrier et al. (1985). This study examined conversation control of five dyadic conversations between speaking partners and individuals who simulated the use of AAC devices in two tasks (i.e., direction-giving and decision-making) under two conditions (i.e., speaking condition using speech and gestures, and the AAC condition using AAC only). These partners were acquainted with one another before the investigation. Conversation turn was one of the dimensions in the measure of conversation control in the study. They found that the familiar partners demonstrated more conversation turns than the AAC users did in their dyadic conversation.

Light et al. (1985) and Muller and Soto (2002) also investigated conversations with individuals using AAC. Light et al. (1985) analyzed the conversations between eight nonspeaking children with physical disabilities who use AAC and their primary caregivers. These primary caregivers (i.e., considered familiar partners) were adults, had primary responsibilities taking care of the individual in the home environment, had normal speech and language abilities, and were familiar with the