Plenary Speakers: Titles and Abstracts

Recipient-Side Test Questions: Supporting Adults with Intellectual Impairments by Guiding their Answers

Charles Antaki, Loughborough University

A common teaching practice is to ask the 'test question', where all parties are perfectly aware that the questioner already knows the answer, by dint of established expertise and authority. I have my eye on a curious - but institutionally useful - variant. In examining interactions between staff and adults with intellectual disabilities (IDs), I saw a lot of cases where the staff member asked a question about something which, on the face of it, the client seemed to be in a good (often, a better) position to know (their dinner preferences, say, or what they did that morning); yet when the client gave their answer, the staff member seemed apparently perfectly entitled to confirm it as right, or treat it as wrong and probe for a better attempt. This 'recipient-side' variant of the test question ('recipient-side' because it seems to ask for something at the recipient's end of the epistemological gradient) is useful to the staff insofar as it allows them to get their client's personal understanding on record, then (as was often the case) shepherd it towards a 'better' (more complete, adequate, relevant or so on) account. But it has its risks. In working though some examples of what can go wrong (as well as what happens when things go right), we shall see that what is at stake is the dilemma between allowing someone to harbour a faulty (but possibly genuine and personally felt) idea, versus marshalling them towards a better (but tutored and possibly evanescent) one. I suppose that recipient-side test questions can have currency only in situations where the questioner is entitled to make such unusually penetrating claims on the recipient's own territories of knowledge. There is suggestive evidence that parents might do it to their children; but it certainly does seem to happen, with some frequency, where questioner and recipient are bound together in the institutions that support intellectual disability.

Toward a Sociology of Autism Assessment

Doug Maynard, University of Wisconsin-Madison

This presentation is in the spirit of what Antaki and Wilkinson (2013) describe as the “recent thread” in CA research that “diverts attention away from the expressive deficiencies” of atypical populations and toward interactional ability in these populations. I review clinical, psychological testing for Autism Spectrum Disorder (ASD) and draw implications for well-known experimental studies involving Theory of Mind (ToM), which is the ability to impute mental states to others or to “mentalize” (Baron-Cohen 1993; Frith 2001). *Against Theory of Mind* (Leudar and Costall (2009) and other critiques have already raised questions about the ToM notion. My tack is to look closely at both the

instruments (examinations) and the *practices* by which clinicians and experimentalists implement instrumental items in interaction. This approach increases understanding of the social organization by which the phenomena of autism become consolidated as deficit, and also provides a pathway toward appreciating autistic intelligence.

Atypical Interaction in Schizophrenia

Rose McCabe, Barts and the London School of Medicine

Having a ‘theory of mind' means that one appreciates one’s own and others' mental states, and that this appreciation guides interactions with others. It has been proposed that theory of mind is impaired in schizophrenia and experimental studies show that patients have problems with theory of mind. The model predicts that communicative problems will result from theory of mind deficits.

Outpatient encounters between psychiatrists and people with chronic schizophrenia were analysed to identify how the participants used or failed to use relevant skills in social interaction.

In general, patients had no problem appreciating, talking about and warranting their own and others’ mental states. However, difficulties arose when they raised the ‘reality’ or ‘validity’ of ‘psychotic’ experiences. Patients recognized that others did not share their delusions and attempted to reconcile others’ beliefs with their own. However: (a) they failed to provide convincing evidence to warrant their claims; (b) they were confused by their failure to convince others of their claims; and (c) they maintained their claims despite repeated exposure to competing formulations from others.

Moreover, psychiatrists displayed a preference for agreement by avoiding disagreeing with the patient’s claims when they were first raised. However, patients re-raised these claims, at which point psychiatrists explicitly disagreed with them. Although it was evident that these claims had been disputed in previous encounters, patients did not display a preference for agreement and, although highly dispreferred, exposed disagreement.

While the contrast between experimental evidence and natural interactions demonstrates the power of the conversation analytic approach, the latter does not unravel the character of the condition. An adequate account will need to address why patients have experiences they themselves identify as anomalous, why their accounts are so resistant to competing formulations and why they find others’ accounts incommensurate with the phenomena they are attempting to explain.

Purist or Pluralist? Conversation Analysis meets Clinical Linguistics

Mick Perkins, University of Sheffield

Academics have the luxury of being able to exercise considerable choice both over their specialism and their theoretical and methodological orientation. Health practitioners such as speech and language therapists (SLTs), on the other hand, have little choice but to be theoretical and methodological pluralists by virtue of the specific needs of individual clients and the eclectic range of assessment and intervention materials available to address these needs. Such materials are as likely to be informed by cognitive neuropsychology as by theoretical linguistics, to name but two approaches. Some are even informed by Conversation Analysis. But even for the SLT who happens to be an avid protagonist of CA, the bulk of clinical work focuses on problems with phonetics, phonology, syntax, semantics and pragmatics – areas where research from a CA perspective is still in its infancy even for typical – let alone atypical – communication. In this talk, I will attempt to address this practical reality head-on by focusing on the use of CA as just one approach among others in accounting for communication breakdown. This will involve a) consideration of theoretical issues such as the viability of a more purist 'interactional reductionism' compared with a more pluralist 'interactional constructivism' (Levinson 2005); b) a brief look at cross-disciplinary work on typical communication involving CA and its potential application to atypical communication; and c) analysis of data from interactions involving children with communication difficulties where, although CA contributes important insights, an arguably more holistic account is only possible when other complementary modes of analysis are added.