

The dilemma for staff in "playing a game" with a person
with profound intellectual disabilities: empowerment, inclusion and competence in
interactional practice

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Abstract

Games between staff and people with intellectual disabilities serve to promote social engagement and inclusion. However, when the person has limited and idiosyncratic communicative abilities, it may be hard to gauge what his/her own view of the matter is. We examine video-taped records of two episodes in which a staff member of a group home prompted a resident with profound intellectual disabilities to play a verbal and a non-verbal "game". We examine how the staff member in these two cases designs her actions to solve the dilemma she faces between, on the one hand, abandoning an activity when the resident does not provide clear indications that he wants to continue or, on the other hand, persisting with it until the resident begins to enjoy it or, at least, participate more fully. The solution lies in a pervasive institutional practice: treat resistance or ambiguity as temporary reluctance. We discuss these interactions as examples of the dilemmas faced by 'street-level bureaucrats' (Lipsky, 1980), in particular how principles of empowerment, inclusion and independence play out in the details of everyday interaction.

The dilemma for staff in "playing a game" with a person
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The recent UK Government White Paper 'Valuing People' (Department of Health, 2001a) requires services for people with learning disabilities to promote independence, inclusion, choice and control. When we think about what these values mean in practice, we tend to identify areas of life in which they are most clearly visible or measurable using statistical indices. For example, we might talk about choice over where one lives or what one eats; independence in travelling, cooking or serving oneself drinks; and inclusion in terms of the use of community facilities. While these are all important indices, there is a danger of neglecting the way in which all these issues are played out in more mundane areas in people's lives, at the level of actual, everyday interactions. Such sites are less amenable to statistical description perhaps, but just as important to address. For example, inclusion is not just about being in public spaces, but is also about respectful, mutual exchanges between individuals which are rewarding for both parties. Independence can be thought of as being able to act competently in particular communicative as well as physical environments. As social models of disability (eg Goodley, 2000; Oliver, 1990) have pointed out, if we do not pay attention to how those environments are structured we can promote dependence through the insistence that business is conducted in a way that some actors find difficult or impossible. While this is recognized with respect to the provision of information in accessible formats (eg symbols combined with text, audio, simplified language), the implications are rarely drawn out to include people with a lexicon of only one or two words or symbols (Learning Disability Taskforce, 2004). Finally, choice and control are (or are not) exercised in interaction in countless ways – in how options are offered, in which utterances are and are not taken up, in whether people's choice to initiate or terminate interactions are respected, in how people's preferences are recognized and treated, to name but a few (for examples, see <authors refs>; Williams, 2006).

In this paper, we focus closely on several exchanges between a support worker and a person with profound learning disabilities, in order to see how these issues play out in the details of their interactions. This is particularly important since it is people with severe and multiple impairments who are most excluded, least independent, and most likely to lack choice and control in their everyday lives (Department of Health, 2001a; Hatton et al, 2004; HM Government, 2005; Kishi, Teelucksingh, Zollers, Park-Lee & Meyer, 1988; Learning Disability Taskforce, 2004; Stancliffe, Abery & Smith, 2000). Their interactions with support staff are crucial to whether the values outlined in *Valuing People* will be achieved (Social Exclusion Unit, 2005; Leaning & Watson, 2006). Although some authors have done valuable work looking at how those with limited formal communication might be supported in making choices (eg Beamer & Brookes, 2001; Edge, 2001; Grove, Bunning, Porter & Morgan, 2000; Grove, Bunning, Porter & Olsson, 1999; Lovett, 1996; Puddicombe, 1995; Sanderson, 1998), it is recognized that there is not enough training and information available about how to support people with severe and profound learning disabilities (Learning Disability Taskforce, 2004).

The type of interactions we examine here are games. Although we use the term ‘play’, this is not supposed to imply childish activity. Rather, it is one aspect of the domain of activities which we find in all friendly or intimate human relations. When people are verbally fluent, they engage in a wide range of interactions that seem to have no obvious instrumental purpose, but rather are engaged in as part of sustaining relations, and which are often signalled as enjoyable by both parties (Nind & Hewitt, 2001). This might include bantering, joking, singing, formal and informal games, story-telling, gossiping and so on. When one or both parties has limited formal language, such exchanges are just as important in sustaining fulfilling social relations, but they cannot be based on spoken or signed language to the extent that we find when both parties are fluent speakers. In a service for people with limited linguistic abilities, the staff, then, cannot rely on their usual ways of passing time with other adults. Despite this, studies have found that staff and teachers still do use verbal communication in many of their interactions, often posing questions and making statements in the course of their activities to which the people they are addressing do not appear able to respond (Bradshaw, 2001; Hodapp, Evans & Ward, 1989; McConkey, Morris &

Purcell, 1999; Puddicombe, 1995). However, as Williams puts it: ‘An important achievement of support talk is to give people with learning disabilities the chance to take on roles as full interactional partners’ (2006, p10).

Games are important in services for people with limited formal communicative resources for two reasons. Firstly, they provide opportunities for interaction which is not based on the institutional agendas of care or instruction. Potentially, therefore, they provide moments when the support staff and the residents can interact with each other on a more equal footing, and where they can take pleasure in being together (see Coles, 2001, Taylor & Bogdan, 1989, and Williams, 2006, for discussions of ‘friendliness’ in relationships of support). This potential for a more equal, non-institutional exchange is an aspect of social inclusion which is often neglected. Second, participation in non-instrumental games and play allows the usual rules of linguistic exchange to be suspended, at least temporarily, and the actors can try to interact using communicative resources that might be more suitable for the purpose of simply ‘getting along’. This suspension of the usual tyranny of words and meanings permits interaction in which people with limited formal language can be more competent (see Goode, 1994 for examples of this), and thus potentially exercise more control over what is happening (see Puddicombe, 1995, p 10-11). Although the recent development of ‘Intensive Interaction’ (Nind & Hewitt, 2001) provides a framework for promoting these types of interaction, the staff at the house in which our data was collected were not trained in these techniques, and did not routinely practice them. Rather, what we will see is the creative and spontaneous efforts by one member of staff and one resident to interact using a range of verbal and non-verbal resources. We will focus particularly on how the actors respond to each other, and how the staff member solves uncertainties in the meaning or purpose of the behaviour of the resident. In looking at this, we present an example of a ‘street-level bureaucrat’ (Lipsky, 1980; Hudson, 1993) using her discretion in the implementation of policies of inclusion and empowerment at the level of everyday practice.

Data

Our data are selected from a larger corpus (approximately 10 hours) of interactions that were recorded by one of the authors (CW) on video as part of a nine month

ethnographic study of one National Health Service residential home in the UK. This home, "Ashgrove" (all names are pseudonyms) had a staffing level of 4 members of staff per shift and was home to 10 adults, aged between 34 and 53 years. The residents of this home all experienced significant communication difficulties and all, to differing degrees, depended on the staff for various aspects of intimate care on a day-to-day basis.

The ethical procedures followed in the research were formulated in accordance with Department of Health guidelines for conducting research involving people with learning disabilities (Department of Health, 2001b) and were approved via the NHS Central Office for Research Ethics Committees (COREC) (now the National Research Ethics Service (NRES)) process. Across all three sites, the research was mindful of variability in individuals' capacity to consent (though see Dye & Burton (2004) for a critique of this concept) and where ever possible information about consenting to participate in the research was provided in a form tailored to the individual's level of understanding. The site that is the focus of this paper, "Ashgrove", was, however, home to adults who could not give informed consent to participate in the research. Precisely because, owing to their inability to give informed consent, such individuals are largely absent from research on Learning Disabilities the research team were keen to ensure that the residents of "Ashgrove" were not excluded from participation and did not remain part of the invisible portion of the Learning Disabled population. For these reasons and in accordance with the principle that no-one could give consent on their behalf, all interested parties (parents, relatives or legal guardians) were informed of the intention to involve the residents of "Ashgrove" in the research on the basis of assent. At this stage the parents of one male resident objected to his participation in the research and consequently he was never video- or audio-recorded. For the remaining residents meetings involving the researcher, individual key workers, the home manager and any other interested parties were held to determine whether participation in the research could in any way be contrary to the best interests of the resident. In all cases it was agreed that participation would not be contrary to their best interests and, in fact, might be directly beneficial to them by promoting improvement to the quality of support they received. From that point on all but the one excluded resident were treated as participants in the research and their

interactions with staff and other residents were amenable to video-recording. The issue of assenting to participation in the research did not, however, end there. On all occasions when recording was to take place the residents' reactions to the presence of the researcher and the camcorder were monitored by both the researcher and members of staff for any signs of distress; none were ever observed. In every other respect, the research conformed to usual ethical guidelines; recording did not take place in any situation that could be considered an invasion of privacy and the confidentiality and anonymity of the participants' contributions are respected and assured.

Method

If we are to study the details of how staff and residents interact, we shall need a method that pays very close attention to the details of interaction as they appear in video recordings. Conversation Analysis, the method we report here, is a well-established approach to the study of talk in interaction. For an early account of the history of Conversation Analysis (henceforth, CA), see Heritage (1984); for an overview of its methods and style, see Hutchby and Wooffitt (1998) and ten Have (1999); for the difference between CA and discourse analysis more generally, see Wooffitt (2005). CA inspects recorded data to see how the participants in a scene display their own understandings of what they are doing and saying, as evidenced in the detailed organisation of their talk and, increasingly, their gaze and bodily deportment (Goodwin, 1981).

Within the field of research on intellectual disability, CA has already been used to study, among other questions, the communicative strategies of people with an intellectual disability (e.g. Wootton, 1989); the practices of their assessment (e.g. Antaki, 1999); the interactional production of their alleged 'acquiescence' and 'incompetence' (Rapley, 2004); the manner in which they manage their identities in interviews (e.g. Rapley, Kiernan and Antaki, 1998); and the talk among supporters in meetings (eg Wareing & Newell, 2002, 2004). However, most work has been done on audio-records, and the application of CA techniques to video-records in intellectual disability research is only just beginning to emerge (see [Authors]; Williams, 2006). The use of video-records in the analysis of neighbouring areas of communication

disorder (for example, in aphasia: Goodwin, 1995, 2000; autism: Dickerson et al, 2005; deafness: Mahon, 2003; dysarthria: Bloch and Wilkinson, 2004) suggests that CA will be especially helpful in the study of visual records of interactions involving people with severe intellectual impairments, whose spoken language is very limited.

Aims of the analysis

In this article we shall use the insights of Conversation Analysis, alongside our ethnographic records, to examine video-records of a verbal and a non-verbal "game". We shall present two cases in which a staff member struggles with the dilemmas of empowerment and inclusion, in deciding how far to persist in her exchanges with a resident. In the first case (coded A-VD18, which we refer to as the "tissue game", below) an object initially held by the staff member is pressed casually into use as a plaything; in the other, A-VD42, a question and answer sequence based on a TV programme is used (which we have referred to as the Deal/No Deal game). In both cases, the development of the episode depends very heavily on the staff-member's active construction of the situation, in spite of what may be seen as initial indifference or even resistance from the resident.

We should note at the outset that what the reader will see is a qualitative study of routine events, in their interactional detail. Our aim is to show how small details of interactional practice on the part of staff members can unwittingly produce and sustain certain identities for people with learning disabilities (for further examples of such case studies, although without the benefit of video records, see the outstanding research on identities in interaction of Goode, 1994, and Rapley, 2004). Case studies reveal and explicate (for a general defence of case studies in Conversation Analysis, see Hutchby and Wooffitt 1998, ch 5), but they are not surveys or causal accounts. The cases come from one residential home, and we cannot say how often cases like this happen elsewhere, nor speculate on the motives of those involved here beyond what is manifest in their behaviour as captured on the video. The video record is, of course, not wholly unambiguous, but it allows the inspection of the kind of evidence which is not available to those who rely on contemporary notes. A case study such as this promises to bring to light the organisational details of the phenomenon at hand and, in CA terms, reveal the interactional contingencies that the parties impose on

each other. Here, of course, we shall see that the imposition is largely one-way, staff to resident. That the episodes excite no trouble - no one in the immediate environment seems surprised, or put out, by what happens – suggests that what we see is within the range of normal practice.

At this point it is useful to record that Matthew is a 36-year-old man. According to his family, he has a vocabulary of about 20 words. However, this would appear to include words Mathew repeats after someone else has spoken them. Very few of these are evident on a day-to-day basis in the group home, and are often used only in response to prompts from staff or in routinized, specially-structured interactions. The most frequent utterance he uses is the word ‘mummy’. Staff respond to this in a variety of ways, including asking him to clarify, telling him they are not his mummy, informing him when his mother will next visit, or simply acknowledging he has spoken. Occasionally this will elicit a further ‘mummy’ from Mathew, but more often he will make no further verbal response, which makes it difficult for the staff to ascertain what the function of this utterance is in any particular case, other than to engage the staff, albeit briefly, in interaction. He also makes use of expressive sounds and gestures to communicate affective responses, such as enjoyment or distress.

Case 1: A non-verbal game (the "tissue-game")

Matthew and Sandy are in the TV corner of the lounge. Matthew is sitting low on the ground, on a bean bag, in front of the television set, on which is playing a videotape of a cartoon that he is understood to enjoy. His back is to the camera (held by one of the authors, CW). Sandy, a staff member, is sitting on a chair of normal height to his right, about arm's length away, looking down at him and side-on to the camera (the image in Figure 1 will help illustrate the scene). She has no other duties at the moment. She clasps a balled-up paper tissue between her hands. Matthew may be attending to the TV, but also occasionally turns his head to scan to his right and behind him. At the beginning of the video, Sandy is leaning over, looking at him and talking. The recording picks up the last syllable of something she has been saying to him, followed by the question ‘Why?’ to which he does not reply. She looks at him for several seconds before sitting up and looking around the room.

[Figure 1 about here]

There then follows a long period of silence. At one point, when Matthew has turned his head to his right and is looking in Sandy's direction, Sandy twice throws the balled tissue up in the air in front of her, catching it each time. When it descends for the second time, she lobs it gently to Matthew. At the same time, he says 'mummy'. Unable to catch such fast-moving objects, it falls onto his bean bag. He bends forward and while he is reaching to pick it up Sandy says *pick it up*. He deposits it to his right and slightly behind him, more or less at Sandy's feet (just in the bottom right corner of the image in Figure 1). She picks it up from the floor and throws it back to him.

For the next two minutes or so this pattern continues. In all, Sandy throws the tissue at, or to, Matthew fourteen times, and each time he tosses it on the floor to his right, about a foot away from her shoe. At two points there is a variation: she offers him the tissue to take in his hand, but on both occasions he shies away. In both cases she resumes her practice of tossing it towards him.

After the penultimate exchange of throws, Matthew for the first time looks up directly towards Sandy's face and tilts his head slightly. It is hard to see from the tape whether he is smiling, but she smiles and laughs softly at this point, and also tilts her head while returning his gaze. She picks up the tissue and tosses it on him. He picks it up, throws it on the floor, but this time she does not pick it up. They both watch the TV, and after a few seconds another member of staff comes in to the lounge and asks generally *who wants coffee?* The camera leaves Matthew and Sandy's corner to pan around the room to capture the various responses.

Analysis.

This episode is spontaneous, uses a simple object to hand, and is conducted almost wholly non-verbally. At a gross level it is an attempt at solving a perennial problem facing both Matthew and Sandy: *how should they interact with each other?* Sandy has tried to interact verbally with Matthew (asking him 'Why?') but he has not responded. Later, during Sandy's first throw, he has said 'mummy', and she has not responded verbally. For this house, structuring interactions so that both actors can participate is a

pervasive social problem for both staff and residents. We often observed staff members posing questions to, and directing comments at, residents to which the residents did not seem able to respond, and, in turn, staff not responding to utterances or non-verbal movements on the part of residents. Sandy then initiates a different type of interaction, in which Matthew might be more able participate. If it is pleasurable for him, it is a welcome example of good practice. But is it in fact pleasurable?

The staff member's throwing of the tissue would be understandable by Matthew, as a competent member of the same culture, as being 'playful'. That is, as a non-instrumental action, enjoyable in its own right, and inviting a prompt co-operative reciprocal response (most obviously, that Matthew throw the tissue back in such a way as to allow a repeat). Yet he might also regard it as a nuisance.

The question for Sandy (and the watching observer) is what to make of Matthew's initial and subsequent responses. Without the codification that spoken language allows, and without a full range of conventional signs and gestures, his non-verbal actions are amenable to multiple interpretations. Sandy must ask herself: *what attitude can she infer from Matthew's behaviour?* If it is a negative one, she then has a dilemma: *is she nevertheless to persist in the game, and cajole him into enjoying it, or stop now, to respect his immediate wishes?*

The dilemma of immediate abandonment *versus* sustained insistence is a common one for staff in their dealings with people with an intellectual disability. In the following analysis, we shall look carefully to see what evidence is available to Sandy in making her decision to press on with the game, and how she designs her actions in view of the risks and benefits of the dilemma she confronts.

Interpreting Matthew's initial response.

Mathew's prompt response to Sandy's first throw does not come unambiguously. He could throw the tissue back at Sandy (it would be within his physical powers), but he does not; nor does he look directly up at Sandy in acknowledgement, nor indeed does his face change expression. He does pick the tissue up but simply deposits it on the floor (figure 2). But his choice of location is ambiguous. He does not drop it in

Sandy's home position for collecting (directly in her mid-line, between her feet), but neither is it so far away that she cannot reach it. What is Sandy to make of this?

[Figure 2 about here]

Sandy can eliminate several possibilities. Matthew has not entered into the activity as a fully-reciprocal game of physically-equal turns (each throwing, to the best of their ability, the tissue directly towards the other's grasp). But he is not obviously and actively resisting the game (for example, by throwing the tissue away out of her reach or keeping it clutched in his hand). Equally, he is not showing passive resistance by ignoring the presence of tissue and turning back to the TV. This leaves two further and contrasting possibilities. One is that his actions are consistent with a less exactly equal game, one in which she throws, and he *pretends* not to respond, but nevertheless keeps the game moving by actively placing the tissue where she can collect it and repeat the throw. The other possibility is that he is actively resisting the enterprise, and getting rid of the offending object as best he can, or at least performing under duress. Which will she choose?

Pretending not to like something

In choosing to pursue the game, Sandy is embodying a practice that is pervasive in this, as in other residences we have studied: to *treat the resident's ambiguous participation or non-compliance as initial reluctance, or temporary failure to understand*. We have seen this in getting residents: to come to dinner; to go to the toilet; to move to another room; and so on (e.g. authors' ref). In each case the staff treat resistance (sometimes what seems, on the video record, to be utterly unambiguous resistance) as something to be overcome, by firm but friendly (or not so friendly) means. They find, or impose, a more positive interpretation on the residents' behaviour.

In the case of the tissue game, Sandy is not imposing an interpretation on Matthew without basis. The common culture provides 'teasing' as a ready template for her action and a positive spin on Matthew's initial response. If her throwing of a tissue was a distracting 'tease' away from the television (which did not seem to engage him

anyway) then his response is fully understandable and indeed would have been predictable. As Drew (1987) describes it, the teased person, if he or she is not to merely shut down the interaction, will give a 'po-faced response' to the tease; this shows that he or she does not agree with the content of the tease, but is nevertheless willing to allow the teaser to press on with a further round. Here is an example:

Extract XX from Schegloff (1988, pp 119 and 125, lines renumbered). Carol has just come into the room.

1 [door squeaks]
 2 Sherri: Hi Carol. =
 3 Carol: = [Hi::
 4 Ruthie: [CA:ROL, HI::
 5→ Sherri: You didn' get an ice-cream sandwich,
 6 Carol: I kno:w, hh I decided that my body didn't
 7 need it,
 8 Sherri: Yes but ours di:d

Sherri teasingly 'notices' that Carol hasn't brought ice-cream. Carol does not apologise, but responds as if seriously, with a cod 'account' for why not (*her body didn't need it*). This allows Sherri to see that Carol is ready to play the game again: *but ours did*, she counters. The analogy with Matthew and Sandy is that Sandy's first throw is the initial tease; Matthew doesn't respond 'seriously' by throwing it back in a perfect reciprocal gesture, but neither does he simply turn away or toss the tissue out of her reach: he does something which allows Sandy to read him as responding, like Carol, 'po-faced' to the tease. That permits Sandy, like Sherri, to press on for another round.

From pretence of indifference to a display of authentic enjoyment

Now that the 'game' is launched, it continues in this vein for thirteen more exchanges. There is no need to chart every one, but we want to make one further analytic point: that Sandy shows a concern for *upgrading Matthew's response to an unambiguously positive one*. Although the po-faced response to the tease was sufficient to get the game off the ground, it would be more easily kept up in the air if Matthew now showed signs of 'serious' enjoyment.

In the absence of Matthew showing such signs spontaneously, Sandy must elicit them. Again she can draw on a common institutional practice in this residential home (and

others): ask a question (or, in this case, provide an action) which presumes a response even more positive than the one currently on the table.

What we mean is that she does the physical equivalent of asking Matthew *would you like to have a go?* To ask such a question would be to assume that his actions are not merely consistent with a passive-pretend version of the game, but can be upgraded to an active, fully reciprocal one. She does not do so verbally, but by putting the tissue right up against Matthew's chest, looking directly at him, and holding it there for him to grasp (then, presumably, throw back).

[Figure 3 about here]

As we noted in the gloss with which we began consideration of this episode, Matthew on the first occasion shies away from the proffered tissue; when Sandy tries again, after six further rounds of the game, he again turns away, this time also dropping his hands away from any chance of contact with the tissue. In other words, Sandy's attempts to get Matthew to upgrade his participation to that of an active player of the game are twice conspicuously rejected. Yet she continues. Clearly, the practice of treating Mathew as "not really unwilling" is very robust. Before the final round of throws, Matthew looks directly up into Sandy's face, and this, if anything, might be taken as a sign of his positive orientation to the interaction. Indeed, Sandy engages his gaze, smiles and laughs.

Summary of the "tissue-game" analysis

There is more detail to be mined from the three minutes of interaction in the game, but we leave it at this juncture. We have extracted our main point: that a game poses a staff member with a dilemma if the resident does not immediately and unambiguously display approval of what is happening; and that the dilemma is routinely solved by treating approval as merely deferred. We identified two practices by which the staff member prosecutes the solution in this non-verbal case: by treating the resident's ambiguous initial response as the response to a 'tease', permitting a further round; and, having used that practice to establish the game, trying to upgrade the resident's participation status by soliciting a more unambiguously positive engagement. That her

persistence with the game is proof against rebuff at two such points is testament to the power of the institutional practice it embodies.

Case 2: A verbal game: "Deal or No Deal"

The next scene was recorded several weeks after the tissue game. Again it involves Sandy and Matthew. This time the game is based on words. The background is that Matthew regularly watches a game-show on TV called '*Deal or No Deal*'. At various points in the show contestants are offered differing amounts of money, which they must decide to accept (Deal) or reject (No Deal). If they reject the offer, they continue with the game in the hope of winning even more money. 'Deal or No Deal?' is a phrase repeated by the presenter throughout the show.

Over recent weeks Sandy and Matthew have developed a game whereby Sandy acts the part of the presenter. It is purely ludic: there is no prize at stake. Usually Sandy will start by saying 'Deal?' or 'Deal or no deal?', and Matthew will make an utterance (eg 'de dee') that Sandy takes to be the reciprocal response. He often smiles and claps during the activity. Occasionally, as further evidence that the activity is enjoyable to him, it is Matthew who initiates the routine (with what Sandy has come to treat as the 'no deal' expression in the catechism). Given Matthew's limited verbal engagement with people, his part in the game is treated as an institutional cause for celebration (as well as laughing and clapping, Sandy may call other staff to listen). However, the initiation of such a game can be a site of ambiguity which poses Sandy with the familiar dilemma of whether to pursue, or abandon, the activity.

Analysis

We pick up the scene in the lounge. The camera is on Matthew, who is sitting alone against the wall. To his left, off-screen, is Sandy. To his right is the TV, which he is watching. It is broadcasting the news, which remains audible in the background. A close inspection of how the 'game' starts is helpful.

Extract A-VD42 – 1.39-2.02 (for transcription conventions, see Appendix)

01 S Matthew, (3.0) [>a'you gunnu watch it <] [today,
 02 M [lowers then brings hands up] [claps
 03 M (leaning back, clapping, looking at TV)

- 04 S *yea:::h, °hh° ((smiley voice))*
 05 M *(flexing fingers – hands together)*
 06 S *[YEa:::h (.) we gonna watch it today aren't we.]*
 07 M *[looks left towards Sandy, flexing fingers – thumbs together]*
 08 M *(looks right to TV)*
 09 → S *NO:: [de:::al,]*
 10 M *[closes hands, looking at TV]*
 11 M *[(gently squeezing hands together, looking at TV)]*
 12 *[(9.0 seconds)]*
 13 M *(lowers then raises hands, turns head away from TV so it is*
 14 *midway between Sandy and TV, looks down at hands, then*
 15 *closes eyes)*

There is a powerful institutional imperative at work here: *upgrade passive sitting to active interaction*. In pursuit of this imperative, Sandy incrementally elevates the passive episode into a full-scale active game. At first Sandy begins by asking him if Matthew (and just he) is going to watch 'it' today (we assume 'it' means the game show). Without looking away from the TV, he begins to clap, which she responds to with a prolonged 'yeaaahh' in a 'smiley' intonation (line 4). As her word tails off he turns from the TV to look at her. Now she reissues her initial positive assessment, but upgrades it into a call to joint action: *yeah, we're gonna watch it today aren't we*. He turns his head back to the TV. At this point (line 9) she proposes a still further upgrade, to actively playing the game that is associated with it, right now: she issues the formula *no deal*. Matthew stops moving his hands together, and continues to look at the TV for 9 seconds. Then he looks down at his hands, and shuts his eyes.

At this point, Sandy has a choice. Should she now abandon the game, accepting that Matthew has made a decision not to take part? It is exactly in these micro-moments that policy goals of choice and control are embodied, and it is here the discretion of workers in implementing policy can be seen (Lipsky, 1980). To persist in the face of his clear non-uptake might, in this light, be seen as pestering or bullying him, as interfering with his life (and watching the TV is not an inconsiderable part of Matthew's life in this residential home).

Sandy has little to go on here. Matthew has made no overt response. But there is one feature of his behaviour that she can grasp at: he has turned his head so that while it was at 180 degrees to her when he was watching TV, it is now at 90 degrees, mid-way

between the TV and her. Sandy might take this as an indication that, while not fully engaging in her proposal to upgrade the interaction into a game, Matthew is at least not committing himself to the rival attraction of the TV. In this sense it is like his response to the tissue game – although he has not responded in a way that would indicate full engagement, he has nevertheless made what might be taken as a partial response. In this case, she treats him as disengaging from the TV, and allowing her a further turn in the pre-game.

Instruction rather than invitation

Now, though, she attempts to dispel all ambiguity by upgrading her invitation to its maximum: she issues an explicit, bald instruction - *say deal* (line 15 below). This illustrates the premium that Sandy puts on the getting Matthew to "speak his lines".

Extract XX A-VD42 – 2.01-2.22 (continues immediately from extract above)

- 15 S: say dEA:l.
 16 M: (*continues looking down; opens and closes LH, looks*
 17 *to TV, raises hands to partially cover face on S's side*) (8.0)
 18 M: (*scratches temple, [(lowers LH onto RH)*
 19 → M: [(dee dee)
 20 S: no:: [deɑ::l.]
 21 M: [(claps)] (*claps twice*)

Eight seconds pass in which Mathew does not respond to Sandy's directive. He does not look at her nor speak, but looks back towards the TV, hands apparently shielding his view of Sandy (line 18). In ordinary conversation this turning away, shielding his face, and long silence would be a highly marked rejection of an instruction. But then, while still looking at the TV, he says (what we transcribe as) *dee dee* (line 19).

"Dee dee" is the sound which he has used in previous 'deal / no deal' games. It seems, then, that he is complying, even after this very long delay. He drops his hands and turns to face forward, midway again between Sandy and the TV. Sandy immediately responds 'no deal'. There are two further exchanges (which we will not reproduce for reasons of space) which seem unambiguously positive. Matthew claps and says 'de dee', and when Sandy repeats 'no deal' again he turns to look at her, smiling. Again he says 'ne dee', claps, then turns to smile at the camera or at CW who is operating it. Sandy again says 'no deal' and claps herself. Matthew looks at her, smiling broadly,

and she repeats the phrase again while clapping. This part of the exchange shows the game at its most successful phase – they are responding verbally to each other and indicating mutual enjoyment with laughter, clapping and smiles.

Return to ambiguity

However, after this flurry of comparatively prompt reciprocation Matthew shuts his eyes. He puts a finger in each eye socket. Although he is smiling, his orientation is again ambiguous. Sandy might take his behaviour as a sign he wishes to stop. Again, she has a choice. And again she persists, and in a laughing voice offers ‘no deal’. He takes his fingers from his eyes, but keeps his face covered and she offers, in a louder voice: ‘deal or no deal’. In the same position, he says ‘ne dee’ (line 49), and the game is back on course. Indeed, it is maintained for another three minutes. But Matthew's responses grow less prompt and confident. At one point Sandy recruits another member of staff, Nahib, to join in the game. Matthew responds verbally to somewhat less than half of Sandy's ‘deal / no deal’ utterances, and eventually the game peters out.

Summary of the ‘deal/no deal’ game

The verbal deal / no deal episode is further illustration, and development, of the two themes established in the analysis of the non-verbal tissue game: the pursuit of an institutional imperative to action, and the solution of an institutional dilemma.

First, the game is made to be an institutional success. Sandy has cajoled or encouraged Matthew into a reciprocating verbal game, despite Matthew having severely limited verbal communication. Both parties smile/laugh, clap and persist, clearly responding to each other. In this latter sense the scene is even better than the tissue game which, although it provided a context in which they could both perform competently, visible signs of enjoyment were not so noticeable.

Second, Sandy has again solved the institutional dilemma of responding to Matthew's ambiguous participation at the beginning of the game and at various other points in just the way she did in the tissue game: by persevering. At various points, Matthew's behaviour might be taken as indicating that he does not want to participate in the

game (preferring to watch the TV), or that he wants to stop the game. He covers his face, sticks his fingers in his eyes, turns away to watch the TV, and most importantly, declines to reply. These might be taken as even clearer signs of resistance than occurred in the tissue game. However, there are other ways of reading these signs, and other indications that contradict this reading, and it is these that Sandy appears to orient to. For example, although Mathew only says 'de dee' intermittently, when he does he often smiles and claps. Since it seems hard to predict on which occasion he will respond, Sandy's choice is either to persist, knowing that many of her turns will produce no response, or to stop. The latter would perhaps avoid the danger of ignoring his preference (although we can not be sure what his preference is in this case), but would close down the opportunity to produce a truly mutual exchange which Mathew appears to (intermittently) enjoy.

Coda: producing incompetence

In interactions between residents and staff in Ashgrove, there is always the danger that one party will produce a turn, whether verbal or non-verbal, to which the other does not or can not respond. If the deal/no deal game is to develop, either Mathew or Sandy must introduce new elements which the other must take up in some way. If this is not done, the game becomes repetitive, limited to the simple format we have seen. However, the danger is that the interaction changes from one in which both are performing competently, to one in which incompetence is produced.

After the stretch above, Sandy begins to introduce new elements into the game. Matthew puts his hands over his face and does not respond. She asks 'are you thinking Matthew?', and then 'Are you ready for the question Matthew?' She repeats both questions several times, but he does not respond. Then she offers 'deal or no deal' again, and this time he does respond 'no deal'. She then begins to add monetary values (e.g. "10,000, deal or no deal"). This leads to new questions which appear to exclude him still more irredeemably from participation, such as 'are you sure?'; 'is 30,000 small?'; 'what about 50,000?' When he does not respond, she asks 'are you thinking?' She then tries to bring the other staff, Nahib, into the game, and directs Matthew to 'ask Nahib, deal or no deal', to which, again, he does not reply. Then she

continues to ask him questions about the size of monetary values (e.g. 'is 50,000 small?'), and to offer him numbers ('50? 100?').

It is at best unclear how Matthew is supposed to participate. These questions are well outside the type of language that he is used to responding to, or using himself. The game has changed from one in which he was a competent actor to one in which he has become incompetent. Indeed, the relevant audience for Sandy's questions at this point might not be Matthew at all, but Chris, behind the camera, and the other staff member, Nahib; one way of looking at this is that Mathew has become the butt of a joke. However, again it is not so simple. While Sandy's behaviour is producing Mathew as an incompetent actor, it is also potentially attributing him, respectfully or in jest, with knowledge of numbers, or at least the form of the game show. It is not impossible that he might have made a response at some point in this later exchange: he might have produced the phrase 'deal or no deal' (or something like it, rather than his usual 'de dee'), directed at Nahib; he might have alternated 'dee' and 'de dee' to different monetary values; he might even have repeated a number. And any of these could have become the basis for a new version of the game. On this occasion he does not, and so the game ends, for us as analysts, looking less positive – Mathew has become excluded and incompetent.

There is an important caveat here. Perhaps naturally, it is easier for us to comment on Sandy's verbal behaviour, and to recognize when she is adding new elements to the game. We are less sensitive to noticing new things Mathew might have been doing, which were not picked up by Sandy. To give just two examples, he positioned his hands in various ways during the tissue game that might have been used by Sandy to vary her throws, and his covering of his face in the deal or no deal game might have been imitated by Sandy for her own speech. These are the types of behaviours that those practicing 'intensive interaction' might have noticed and responded to. However, we notice Sandy's behaviour because it seems more forceful, because she uses direction and it is verbal. But we must not forget that, in a quieter way, Mathew's behaviour might also be the spur for the development of the game, and therefore much of what he does might not be picked up by Sandy.

Concluding comments: The interactional gains and risks of 'games'

We set out in this article to examine staff members' initiation and pursuit of 'games' with residents. We picked a verbal and a non-verbal game, and looked carefully at the visual record, backed up by ethnographic notes. The comments we make here do not, we think, apply only to this particular pair of resident and staff member: the practices that the latter used, and the ambiguous behaviour shown by the former, are, in our view, emblematic of the life of the residential home in general. It is incidents like these which make up the social life of the house.

What we hope to have shown is that the staff have available a series of mundane conversational moves at their command, which they can deploy to either abandon a game or sustain it. In sustaining it (by treating the resident's ambiguous response as in fact a willing pretence, as in the tissue game, or by escalating the invitations until they become an instruction, in the deal / no deal game), the staff member puts into visible practice the institutional imperative to encourage social interaction and make witnessable signs of enjoyment by the residents - at the expense of the potential danger of disrespecting their choice to remain passive. In this sense, what we see in this 'social' interaction is similar to what we see when staff encourage residents to come to eat, come to the toilet, step on the weighing scales, and so on (author ref). However, it is in such moments, which are purely ephemeral, that abstract policies of empowerment and social inclusion are made live (see Lipsky, 1980, for the general point of how policy is 'made' by front-line workers). Although each episode is brief - lasting two or three minutes - each is in its own way a microcosm of the world in which the resident lives, and which the staff member plays a powerfully large part in shaping.

In games such as these, we can see that goals of social inclusion, in the sense of promoting non-instrumental 'social' interactions in which both actors can play a part, can potentially rub up against goals of empowerment and promoting independence. In both games, Sandy could be more sensitive to Mathew's mode of responding - they are very much on her terms, in that she persists when he does not respond, issues directives, and delivers the first turn to which Mathew is to respond. In the coda to the deal/no deal game, Sandy's behaviour turns the interaction from one in which he is

competent into one in which he looks, to us, incompetent. This section of the interaction illustrates par excellence one of the central tenets of social models of disability – that disability can be produced by the way in which the context is structured (for discussions of other ways in which the social model of disability might apply to people with severe and profound learning disabilities see Coles, 2001; Ferguson, 1987; Goodley, 2001). However we must also note that in Ashgrove, a service in which verbal language is often the first recourse of the staff, rarely did we see non-instrumental interactions involving Mathew that were so prolonged, that contained so many successful turns and, in the case of the deal no deal game, that was accompanied by such apparent signs of enjoyment. Still, the games would be yet more empowering, and would allow him more opportunities for competence if they were more fully on his terms. The work of David Goode (1994) and the techniques of Intensive Interaction (Nind & Hewitt, 2001) provide examples of how one might engage more fully and sensitively with Mathew's ways of being in the world.

One of the problems we often encounter when trying to understand empowerment in practice is in trying to decide when encouragement becomes direction, and when playfulness tips over into disempowerment. For the actors, as for us, this is not an easy question. In the examples described here, we come up with a different reading of what is going on if we take seriously the idea that Mathew might be exercising just as much direction as Sandy. For example, his throwing of the tissue onto the ground rather than onto Sandy's lap might be read as a tease on his part, forcing her continually to bend down to retrieve the tissue from the floor. His 'de dee' utterances, which we have read as responses to Sandy's utterances, might also be glossed quite differently. Given the long silence before he says it, we might read this as his having declined to take up second position, and instead as his initiation of a new round. Sandy's rapid response to his utterance would certainly be consistent with this reading, and in other examples of this game we do in fact see Mathew start up the game by offering 'de dee'. But we do not naturally read it this way; because he speaks less often than her, and because of Sandy's institutional position, we are inclined to see her as proactive, him as reactive.

We end, then, on this note. The 'game' format is a site for institutional success. But it is also dangerous territory. With its provision for multiple turns at talk, for competition, for skilled jousting, and for persistence beyond what might seem reasonable, the 'game' provides an instance of how principles of social inclusion and exclusion, empowerment and disempowerment, and competence and incompetence play out, often ambiguously, in the everyday lives of people with profound learning disabilities.

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References

- Antaki, C. (1999) Assessing quality of life of persons with a learning disability: How setting lower standards may inflate well-being scores. *Qualitative Health Research*, 9, 437-454
- Beamer, S. & Brookes, M. (2001) *Making decisions: best practice and new ideas for supporting people with high support needs to make decisions*. VIA: London
- Bloch, S. and Wilkinson, R. (2004) The understandability of AAC: A conversation analysis study of acquired dysarthria. *Augmentative and Alternative Communication* 20(4), 272-282.
- Bradshaw, J. (2001) Complexity of staff communication and reported level of understanding skills in adults with intellectual disability. *Journal of Intellectual Disability Research*, 45, 233-243
- Coles, J. (2001) The Social Model of Disability: what does it mean for practice in services for people with learning difficulties? *Disability and Society*, 16, 501-510
- Department of Health (2001a). *Valuing People*. London: Her Majesty's Stationery Office
- Department of Health (2001b). *Seeking Consent: Working with People with Learning Disabilities*. London: Department of Health Publications
- Dickerson, P., Rae, J., Stribling, P., Dautenhahn, K. and Werry, I. (2005) Autistic children's co-ordination of gaze and talk: Re-examining the 'asocial' autistic. In K. Richards & P. Seedhouse (eds) *Applying Conversation Analysis*. Basingstoke: Palgrave Macmillan, pp. 19-37.

- Drew, P (1987) Po-faced receipts of teases. *Linguistics*, 25, 219-253
- Dye, L. and Burton, M. (2004) Capacity to consent to participate in research – a recontextualization. *British Journal of Learning Disabilities*, 32, 144-150
- Edge, J. (2001) *Who's in control?: decision-making by people with learning difficulties who have high support needs*. London: Values Into Action.
- Ferguson, P.M. (1987) The social construction of mental retardation. *Social Policy*, Summer, 51-56
- Goode, D. (1994) *A world without words: the social construction of children born deaf and blind*. Philadelphia: Temple University Press
- Goodley, D. (2000). *Self-advocacy in the lives of people with learning difficulties*. Buckingham: Open University Press.
- Goodley, D. (2001) 'Learning Difficulties', the Social Model of Disability and Impairment: challenging epistemologies. *Disability and Society*, 16, 207-231
- Goodwin, C. (1981) *Conversational Organization: interaction between speakers and hearers*. New York: Academic Press
- Goodwin, C. (1995) Co-constructing meaning in conversations with an aphasic man. *Research on Language and Social Interaction*, 28, 233-260.
- Goodwin, C. (2000a) Pointing and the collaborative construction of meaning in aphasia. *Proceedings of the Seventh Annual Symposium about Language and Society*, Austin. Austin, Texas; University of Texas Press, pp 67-76.
- Grove, N., Bunning, K, Porter, J. & Morgan, M. (2000) *See what I mean: guidelines to aid understanding of communication by people with severe and profound learning disabilities*. Wolverhampton: BILD.
- Grove, N., Bunning, K, Porter, J. & Olsson, C. (1999) See what I mean: interpreting the meaning of communication by people with severe and profound intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 12, 190-203
- Hatton, C., Emerson, E., Robertson, J. Gregory, N., Kessissoglou, S. & Walsh, P.N. (2004) The Resident Choice Scale: a measure to assess opportunities for self-determination in residential settings. *Journal of Intellectual Disability Research*, 48, 103-113
- Heritage, J. (1984) *Garfinkel and ethnomethodology*. Cambridge: Polity Press
- HM Government (2005) *The Government's Annual Report on Learning Disability, 2005*. Norwich; TSO

- Hudson, B. (1993) Michael Lipsky and street-level bureaucracy: a neglected perspective. In M. Hill (ed) *The Policy Process: A reader*. Harvester Wheatsheaf: Hemel Hempstead.
- Hutchby, I and Wooffitt, R (1998) *Conversation Analysis*. Oxford: Polity Press.
- Kishi, G., Teelucksingh, B., Zollers, N., Park-Lee, S. & Meyer, L. (1988) Daily decision-making in community residences: a social comparison of adults with and without mental retardation. *American Journal on Mental Retardation*, 92, 430-435
- Leaning, B. & Watson, T. (2006) From the inside looking out – an Intensive Interaction group for people with profound and multiple learning disabilities. *British Journal of Learning Disabilities*, 34, 103-9
- Learning Disability Taskforce (2004) *Rights, Independence, Choice and Inclusion*. London: Learning Disability Taskforce.
- Lipsky, M. (1980) *Street-level Bureaucracy: dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Lovett, H. (1996) *Learning to listen: positive approaches and people with difficult behaviour*. London: Jessica Kingsley
- Mahon, M. (2003) Conversations with young deaf children in families where English is an additional language. In C. Gallaway & S.A. Young (eds) *Deafness and Education in the UK: Research Perspectives*. London: Whurr.
- McConkey, R., Morris, I. & Purcell, M. (1999) Communications between staff and adults with intellectual disabilities in naturally occurring settings. *Journal of Intellectual Disability Research*, 43, 194-205
- Nind, M. & Hewett, D. (2001) *A Practical Guide to Intensive Interaction*. London: BILD Publications.
- Oliver, M. (1990). *The Politics of Disablement*. Basingstoke: Macmillan
- Puddicombe, B. (1995) *Face to face: communicating with people who do not use language*. London: Values Into Action
- Rapley, M. (2004) *The social construction of intellectual disability*. Cambridge: Cambridge University Press
- Rapley, M. Kiernan, P. & Antaki, C. (1998) 'Invisible to themselves or negotiating identity? The interactional management of "being intellectually disabled"', *Disability and Society*, 13, 807-827
- Sanderson, H. (1998) A say in my future: involving people with profound and multiple disabilities in person centred planning. In L. Ward (ed) *Innovations in advocacy and empowerment for people with intellectual disabilities*. Chorley: Lisieux-Hall Publications

- Schegloff, E A (1988) Goffman and the analysis of conversation. In P Drew and A Wootton, (eds) *Erving Goffman: Exploring the Interaction Order*. (89-135). Cambridge: Polity Press.
- Social Exclusion Unit (2005) *Improving services, improving lives: evidence and key themes*. Interim report. Office of the Deputy Prime Minister; London.
- Stancliffe, R.J., Abery, B.H. & Smith, J. (2000) Personal control and the ecology of community living settings: beyond living-unit size and type. *American Journal on Mental Retardation*, 105, 431-454
- Taylor, S.J. & Bogdan, R. (1989) On accepting relationships between people with mental retardation and non-disabled people: towards an understanding of acceptance. *Disability, Handicap and Society*, 4, 21-36
- ten Have, P., 1999, *Doing Conversation Analysis*, London: Sage
- Wareing, D. & Newell, C. (2002) Responsible choice: the choice between no choice. *Disability and Society*, 17, 419-434
- Wareing, D. & Newell, C. (2005) Commonsense and the doing of supported care: a case study. *Journal of Intellectual and Developmental Disability*, 30, 104-114
- Williams, V. (2006) Doing Support Talk. Paper presented at the *Conference on Communication, Medicine and Ethics (COMET)*, Cardiff.
- Wooffitt, R (2005) *Conversation Analysis and Discourse Analysis*. London and New York: Sage
- Wootton, A (1989) Speech to and from a severely retarded young Down's syndrome child. In M. Beveridge, G, Conti-Ramsden, and I Leudar (eds) *The language and communication of mentally handicapped people*. London: Chapman-Hall.

Appendix

Transcription Symbols

| | |
|---------------------|---|
| (.) | Just noticeable pause |
| (. 3) , (2 . 6) | Examples of timed pauses |
| word [word | |
| [word | The start of overlapping talk. |
| .hh, hh | In-breath (note the preceding full stop) and out-breath respectively. |
| wo(h)rd | (h) shows that the word has "laughter" bubbling within it |
| wor- | A dash shows a sharp cut-off |

| | |
|--------------------|--|
| wo:rd | Colons show that the speaker has stretched the preceding sound. |
| (words) | A guess at what might have been said if unclear |
| () | Very unclear talk. |
| word= | |
| =word | No discernible pause between two sounds or turns at talk |
| <u>w</u> ord, WORD | Underlined sounds are louder, capitals louder still |
| °word° | Material between "degree signs" is quiet |
| >word word< | Faster speech |
| <word word> | Slower speech |
| → | Analyst's signal of a significant line |
| ((sobbing)) | Attempt at representing something hard, or impossible, to write phonetically |



Figure 1. Mathew(left) and Sandy



Figure 2. Mathew deposits the tissue on the carpet



Figure 3: Sandy presents the tissue for Matthew to take: he declines