

“Communicative Participation” as a Way of Facilitating and Ascertaining Communicative Outcomes

In this article, communicative participation is developed as a unit of analysis for gaining information about children’s communication in everyday contexts. A construct is proposed that consists of five interrelated layers: lifeworld participation, participant structure, participant stance, participant accommodation, and participant resources. Although each of these five dimensions can be pulled apart for the sake of analysis, their impact becomes evident when viewed in relation to each other as they constitute the greater communicative context. Given that communication is central to how people go about building their social worlds, managing their lives, and constructing their identities, communicative participation is a relevant framework for documenting the outcomes of language intervention. Key words: *intervention, language and social interaction, language disorders, outcomes, participation*

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AS PART OF a federally funded project,¹ we helped Head Start teachers address the language and literacy needs of children with disabilities in their classrooms. On the first day of school, we met a nonverbal child, fictitiously named Justin, who had significant developmental, motor, and communicative delays. Our goal, shared by Justin’s teacher and parents, was to facilitate his participation in classroom activities and to meet his communication and educational needs within regular classroom contexts. Given this intent, we developed a multi-tiered model that guided our intervention and helped us obtain relevant outcome information. The model provided us with a more comprehensive view of Justin’s com-

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municative abilities as a participant in the social world.

When we initiated this project, we were concerned about the “forest and the trees problem” where practitioners and researchers “become so absorbed in fixing” and measuring “isolated language and speech behaviors [the trees] that they lose sight of the whole picture [the forest]” (Nelson, 1998, p. 8). Our intention was to develop a unit of analysis for depicting communication that was sensitive to specific facets of human interaction and the broader, inclusionary, communicative context. In this article, the communicative participation framework is presented and each of its component layers is illustrated with examples. The authors close with a discussion of how the framework assisted their understanding of Justin’s communicative abilities and their evaluation of their intervention.

THE CONSTRUCT OF COMMUNICATIVE PARTICIPATION

Simply put, communicative participation refers to how individuals participate in talk and interaction. Communicative participation is a construct that has grown out of research on language as social interaction (Atkinson & Heritage, 1984; Duranti, 1997; Duranti & Goodwin, 1992; Hanks, 1996; Hymes, 1964; Stewart, 1995), childhood language socialization (Crago, 1988; Fishman, 1988; Heath, 1983; Philips, 1983; Shieffelen & Ochs, 1986), and clinical discourse (Damico & Damico, 1997; Kovarsky & Duchan, 1997; Kovarsky, Kimbarow, & Kastner, 1999; Panagos, 1996; Simmons-Mackie & Damico, 1999; Stillman, Snow, & Warren, 1999). This unit of analysis has

been implicated in a number of studies including the retrospective reactions of caregivers to the receipt of catastrophic diagnostic news (Mastergeorge, 1999), the manner in which professionals evaluate complaints about service delivery among adults with hearing aids or brain injury (Kovarsky, Singer, Beatty, Iacono, & Franklin, 2000), interactions involving adults who use augmentative communication devices (Higginbotham & Wilkins, 1999), participation and nonparticipation in deaf and hearing communities among individuals with severe hearing difficulties (Maxwell, Poeppelmeier, & Polich, 1999), and professional team meetings directed toward the evaluation and treatment of children with hearing impairments (Maxwell & Kovarsky, 1993). In fact, the importance of communication to inclusion in everyday social life led Beukelman and Mirenda (1992) to develop a participation model of assessment that focused on the identification and removal of barriers to participation among those with severe disabilities.

The model of communicative participation presented here consists of five overlapping layers. From broadest to most specific, these components are:

1. lifeworld participation,
2. participant structure,
3. participant stance,
4. participant accommodation, and
5. participant resources.

We will describe each of these components and then illustrate how we used them to develop an understanding of Justin’s communicative participation.

Lifeworld Participation

Lifeworld participation, the broadest level of the model, refers to the social iden-

tities, agendas, values, experiences, and histories of communicative participants. As the philosopher Martin Buber noted (1970), people do not simply exist in a material world the way an apple is housed in its skin; rather, they participate intersubjectively in building the worlds they inhabit and experience. Language, “the paradigmatic site of everyday coping” (Stewart, 1995, p. 110), is the major means through which people go about constructing their social worlds and identities: participation through language “is basic to an individual’s sense of well-being” (Maxwell, 1999, p. 126). Lifeworld participation manifests itself in, at least, three interrelated ways: (1) through the expressed agendas, identities, and values of the participants; (2) through watershed events and activities; and (3) through experiences of inclusion and exclusion. Each is discussed briefly.

Agendas, identities, and values of lifeworld participation

Sometimes participants display their agendas and orientations toward the types of services they receive by how they talk about their experiences—and in doing so, they reveal their sense of identity regarding their disability. During group language intervention, one woman (fictitiously named Pam) with a traumatic brain injury told a speech-language pathologist (SLP), “I don’t think you’re working on my goals at all.” The SLP replied that one of Pam’s goals was to “pay attention.” Pam retorted “that’s one of YOUR goals. I don’t think you’re doing what I need.” As this interaction progressed, it became clear that Pam was concerned about things related to her loss of professional identity: “they tell me [my] school teacher’s days are over now.” In this in-

stance, Pam’s identity transition resulting from a closed head injury was tied to her lifeworld concerns. This was revealed in her criticism of the goals and objectives of the SLP who was focused on games to improve the recall of listed words (Kovarsky, Kimbarow, & Kastner, 1999). To reconstitute this clinical interaction in a way that supports lifeworld participation outcomes, the clinician might have said: “You are right. We have not focused enough on your goals. Let’s spend some time talking about what you want. I don’t know whether you will be able to return to teaching or not, but let’s concentrate on the skills and strategies that move you toward meeting your goals for your own life.”

Issues of personal identity have also been expressed by parents who described their reactions to the receipt of catastrophic diagnostic news about their children (Mastergeorge, 1999). One woman recounted the impact of a physician’s words soon after her son received a diagnosis of traumatic brain injury:

The doctor’s words will always stay with me: “Remember this is not, nor will not be the same little boy you had eight hours ago.” And those words have always stuck in my mind. Since the accident, he will forever be different and he will never be the same . . . the doors closed. (Mastergeorge, p. 249)

Perhaps, in retrospect, this catastrophic news about the child’s lost identity could have been delivered in a way that was more supportive of positive lifeworld participation outcomes: the news could have been presented in a way that expressed a movement toward rehabilitation and change. In response to such devastating lifeworld circumstances, professional practitioners

should support and empower children and families so that they receive appropriate educational, medical and social services (Dunst, Trivette, & Deal, 1994).

Watershed events and activities

Watershed events like the one just described involving a child with a traumatic brain injury (Mastergeorge, 1999) provide important information regarding lifeworld participation and potential outcomes. Kovarsky, Snelling, and Meyer (2000) described the efforts of the members of a pediatric intensive care unit to treat a 17-year-old boy who had been permanently paralyzed after a swimming pool accident. Given the severity of the accident, the father, a prominent attorney, was struggling with whether or not to request that life support be withdrawn. However, after a period of time, his son regained the ability to speak. Based, in part, upon his son's reawakened capacity to communicate verbally, the father decided not to request the termination of life support procedures; an outcome that was viewed quite favorably by most of the pediatric staff.

Even in contexts where it is not possible, there is a tremendous lifeworld value placed on talking. Higginbotham and Wilkins (1999) recounted the experiences of a sociologist by the name of Robillard (1994) who, because of an accident, could no longer speak and had to use an augmentative communication device to communicate. At one point a nurse reacted to Robillard's efforts to use the device and said "I am the nurse from hell and do not try any of that communication shit with me" (Robillard, 1994, p. 388).

Inclusion and exclusion

When modes of communication—talk, sign language, and augmentative devices included—do not permit social participation, a sense of separateness and isolation from the community can result, thereby creating a lifeworld of social exclusion. Maxwell, Poeppelmeyer, and Polich (1999) examined the narratives of members of the deaf community and individuals with hearing loss who were not members of the deaf community. With respect to the latter, there was the reported experience of feeling isolated and separated from others like themselves:

I was never with hearing-impaired people when I was growing up. And it would have been helpful just to know that I had somebody to share with, like the frustrations, for example. There was another girl, Sandra. She was born deaf and I lost my hearing at 2 1/2. . . . We knew each other, but we were never allowed to mix together, to be friends. We didn't even have parties together. I think we were deliberately kept apart. After her phone call, we became friends. We became the friends that we never were. (Vicki) (Maxwell, Poeppelmeyer, and Polich, 1999, p. 129).

From a clinical perspective, when experiences of communicative isolation and separation are evidenced, it becomes important to identify and overcome barriers to participation in social life (Beukelman & Miranda, 1992; Nelson, 1998).

In sum, it is the communicative values, agendas, social identities, experiences, and histories of those who interact with one another that comprise the participant lifeworld. We may catch a glimpse of our clients' lifeworlds by uncovering their watershed experiences and discussing their hopes and concerns for intervention. When

we seek to evaluate the outcomes of our interventions, attention must be paid to the intersubjective experiences of those participants whose beliefs and values help constitute the client's lifeworld (e.g., parents, siblings, friends, and partners).

Participant structure

Philips (1972) first coined the term participant structure to describe different ways that teachers structured and arranged classroom interactions with their students (p. 377). These structural arrangements for participation involved such things as how to access the interactional floor and when to talk (Hymes, 1964). Participant structures create expectations "for ways in which knowledge is offered, asked for and assessed" (Shugar & Kmita, 1990, p. 274). In a traditional, North American classroom lesson, for example, the allocation of student turns at talking is controlled by the teacher who dictates that children should raise their hands and wait to be selected before speaking (Sturm & Nelson, 1997; Crago, Eriks-Brophy, Pesco, & McAlpine, 1997). Teachers, SLPs included, and students also participate in three-part initiation, response, evaluation sequences where the teacher makes a request for known information, the student responds, and the teacher evaluates that response (Cazden, 1988; Mehan, 1979; Panagos, 1996). These three-part sequences serve to control the distribution and evaluation of information (Kovarsky, 1990). Consistent with this adult controlled instructional sequence, children may believe that the purpose of intervention or instruction is to have their responses evaluated or corrected (Kovarsky & Maxwell, 1992).

Different participation structures are realized through the forms of communication that are accepted, the ways in which knowledge is exchanged, and the manner in which opportunities to participate are distributed. Philips (1972) demonstrated how certain participation structures of the classroom ran counter to the communicative expectancies of students raised on the Warm Springs Indian Reservation. At home, these children had different ways of sharing and evaluating information and accessing the interactional floor that resulted in a negative classroom outcome: "Indian children fail[ed] to participate verbally in classroom interaction because the social conditions for participation to which they [had] become accustomed in the Indian community [were] lacking" (p. 392).

Participation structures are psychologically real to clinicians, although they may not be called that. During an interdisciplinary team meeting, where potential communicative and educational recommendations for a child with a hearing impairment were being discussed, an audiologist suggested that an FM amplification system be used by the child and family during dinner time (Maxwell and Kovarsky, 1993). The idea was to pass the microphone around the dinner table as different family members were speaking; by doing this, the fidelity of speech input provided the child would be improved significantly.

After listening to this recommendation, a speech-language pathologist said in disbelief while rolling her eyes "dinner table round robin conversations . . . you mean pass the microphone around wow," a psychologist added "no family's gonna sit for that," and a student trainee followed with

“that’s out of the norm.” The audiologist countered by discussing how a deaf man known to the team used an FM system “routinely with all of us when we go to dinner.” Additionally, the audiologist could “list fifteen other families that [did] this.”

Team members in this example held different communicative expectancies for appropriate ways to participate in talk and interaction. For some, the participant structures associated with ordinary conversation at the dinner table did not align with the recommendation made by the audiologist to pass a microphone around the table. When it comes to intervention, practitioners might (or might not) seek to change the communicative expectancies of a particular genre such as a dinner table conversation or a traditional classroom lesson. By changing the interactional rights and responsibilities of those involved, including turn-taking expectancies and the manner in which information is distributed and evaluated, participation structures can be manipulated to create different ways of interacting. On the other hand, teachers and SLPs might decide to support a child’s ability to participate in a pre-established participation structure like a traditional classroom lesson. In either case, outcomes could be documented according to the child’s ability to take part in various types of participation structures.

Participant stance

Borrowing from Goffman (1981) and his discussion of participant framework, participant stance refers to the speaker and audience roles that individuals can assume in a communicative event: “all those who happen to be in perceptual range of the event will have some sort of participation status relative to it” (p. 3). Goffman described the

speaker roles of animator, author, and principal. The *animator* (or the “sounding box”) refers to who is actually producing the message, while the *author* is responsible for the selection of the words being conveyed. The *principal* is the party held accountable for the conveyed message. All three roles may be distinct in political situations where, for example, a Press Secretary might deliver a message (the animator) that was created by a staff writer (the author) and said on behalf of the President (the principal).

In the Head Start preschool, one of Justin’s classmates, who we will call Bethany, demonstrated her awareness of these different speaker roles when she asked an adult to read her a storybook. Shortly after beginning to read, Bethany stopped the adult and said “no I wanna read it.” Although she could not decode the written text in any formal sense, she began orally telling the story of *The Three Bears* while pointing to the pictures and turning the pages. Through her use of intonation, prosody, and gesture, Bethany clearly displayed the “voice,” or verbal/ideological perspective (Bakhtin, 1981), of a storyteller (animator) who was “reading” words authored by someone else.

These speaker roles may become particularly visible among those who use augmentative communication devices. Higginbotham and Wilkins (1999) described how one woman would “pre-store anticipated utterances prior to [a] conversational encounter” (p. 72) on her Dynavox speech output device. That is, she would author specific messages in advance that could then be animated by the Dynavox by pushing a button.

With respect to audience, Goffman (1981) distinguishes between ratified and unratified participants; the former are those who are entitled and expected to be part of

the communicative activity, while the latter are by-standers who may overhear or eavesdrop. Justine, another preschooler enrolled in the Head Start classroom, displayed a great deal of social tact as an audience member when engaged in teacher led group discussions. As a *primary recipient* of teacher talk, Justine would respond to teacher questions by raising her hand and waiting to be called upon before speaking, a communicative expectation that teachers sought repeatedly to instill in her peers. As a *secondary recipient* who was expected to follow discussions of teachers and other children during circle time, she would sit quietly and display her attentiveness through the use of back channel cues (Yngve, 1970) such as eye gaze, smiling, and head nodding at appropriate junctures in the talk of others.

These various audience roles also made themselves evident in concerns raised by adults who were being interviewed about their hearing aids (Kovarsky et al., 2000). As recipients of talk, even when hearing aids were worn, there were difficulties hearing in group situations. One adult, Sam, commented:

If we were standing around a cocktail party [with] a lot of people [and] a lot of jabber . . . or a sales meeting, you want to get rid of a lot of chatter so you can concentrate on what the people around you are talking about and not miss a lot of stuff. . . . Forget the cocktail party bit, just a party in your home watching television and people over here [and] other family members want to discuss something that comes out on television. [It] drives you crazy. (Kovarsky, et al., 2000, p. 156)

In this instance, Sam complained about his difficulty hearing when multiple parties were speaking; a problem he experienced irrespective of whether or not comments were

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being directed toward him or talk was being addressed to others. Evidence for improvement might be documented through Sam's use of strategies for conveying how he needs his partners to modify their roles in noisy communicative settings.

In the give and take of communication, the stances or roles that participants assume are negotiated and shift. People take on "participant roles and social identities relevant to the moment" (O'Connor & Michaels, 1996, p. 68). Individuals can align themselves in complex ways to these various roles according to the type of genre they are participating in and their negotiated interests. To understand communicative participation requires attention to how interactants construct their role participation in different contexts.

Participant accommodation

Participant accommodation, previously referred to as recipient design (Schegloff, 1979) or listener adaptation (Glucksberg, Krauss, & Higgins, 1975), addresses the manner in which speakers modify their messages to accommodate to the needs of their audience. Participant accommodation becomes particularly visible in cases where one of the interactants has limited verbal resources. In such instances, the communicative workload may be distributed asymmetrically with one or more of interactants assuming greater conversational responsibility than others. Goodwin (1995), for ex-

ample, described a conversation between a man with severe expressive aphasia who could only speak three words (“yes,” “no,” and “and”), his wife, and a nurse. The man was asked whether he would like toast or an English muffin for breakfast. In terms of transcription conventions, a square bracket ([]) indicates where an utterance overlaps with the one below it, the “?” refers to upward intonation, and “:” represents the elongation of a sound.

Nurse: English muffin?
(3.4 seconds of silence)

Rob: Yes
(.4)

Nurse: A:[nd what would you like on it.

Wife: Just one.

Nurse: Jelly?

Rob: No:
(.8)

Wife: Butt[er?

Nurse: Butter?
(.3)

Rob: Yes.
(.6)

Nurse: Okay
(Goodwin, 1995, p. 237)

Through a series of yes/no questions tailored to Rob’s limited verbal resources, the participants were able to achieve communicative meaning.

As savvy practitioners know, there are times when the outcomes of our interventions may reside not so much in fixing the person deemed problematic, but in changing how others participate in interaction with that person. In such cases, the manner in which messages are designed by others may become the target of intervention. Alternatively, AAC techniques might be used to help Rob meet the needs of unfamiliar listeners: a written message could be constructed that said “I have a problem that

keeps me from being able to say anything but ‘yes,’ ‘no,’ or ‘and.’ I would like to talk to you, but give me a little time to answer your questions.” The outcome of improved communicative participation could be measured as the independent use of this strategy with novel communication partners and the willingness of these interlocutors to remain in the conversation. The manner in which interactants accommodate to one another’s communicative needs over time, including how they distribute the communicative workload to achieve understanding, is important to documenting both the nature of intervention and its outcomes.

Participant resources

Participant resources refer to the verbal and nonverbal devices and strategies interactants bring to the task of constructing meaning in interaction. Verbal resources include knowledge and use of the grammatical, lexical, and phonological systems of language. Nonverbal resources consist of gesture, facial expression, body position and movement, spatial arrangement, and/or reference to graphic or contextual information.

Even when the verbal communicative workload is asymmetrical, as in the previous case of the man with aphasia (Goodwin, 1995), there are additional communicative resources that participants may draw upon as they work to construct meaning during interaction.

One approach to improving communicative outcomes for individuals with limited verbal ability would be to help the individual acquire a broad array of other resources to affect meaning (Marshall, Freed, and Philips, 1997). This was the case for

“Betty,” a woman with aphasia and severe apraxia of speech, whose therapy included practice in using varied communicative resources (pointing, drawing, writing, gesturing, talking) while being supplied with props to facilitate her efforts (e.g., an atlas, a pencil, paper, and a calendar). We transcribed one videotaped excerpt from this study retrospectively. In the example that follows, Betty attempted to convey a written message to an unfamiliar listener (Doug) that said “she drives the car to Eugene.” The SLP began by saying “Okay?” to see if Betty understood the written message, and then Betty started constructing the written message.

1. Betty: (drawing a picture of a car) Mm hm hmm hm hmm
2. Doug: So someone’s dr[ivin’ a car
3. Betty: (vertical head nodding while writing the city name Portland) Mhm mhm
4. Betty: Um Portland (drawing a line from Portland to the left side of the page, then writing the city name Eugene)
5. Doug: [G
6. Betty: Ah
7. Doug: You’re goin’ from Portland [to Eugene
8. Betty: Uhuh uhuh uhuh
9. Betty:(writing) Mm hmm mm hmm (looks at Doug)
10. Doug: [So somebody’s drivin’ from Portland to Eugene
11. Betty: (pantomiming driving a car) Mmmm
12. Betty: (holding hands open and nodding head vertically) Mm hm mmhmm

To support Doug’s guesses at the meaning of the written message, Betty relied upon a few words, drawing and writing, gesture, and a vocal expression (“Mhm”) that functioned as a turn holding device (Schegloff, 1982). Even though Betty’s verbal linguistic output was extremely limited, she was able to draw upon other resources to

convey unknown information to a listener. Although the accurate transmission of the message in this example provides evidence of communicative participation, a more long range goal would involve documenting Betty’s ability to use similar resources and strategies with novel partners in less contrived circumstances.

Interaction among the components

Although each component has been described as a fairly discrete entity for the sake of written clarity, these layers actually overlap and help constitute one another as they comprise the broad construct of communicative participation. The linguistic and non-linguistic resources that participants bring to bear as they accommodate one another are realized as they negotiate their stance (or role) in an interaction. In turn, the communicative resources, accommodations, and roles that interactants negotiate do not take place in a vacuum; rather these more local aspects of interaction are built upon communicative expectancies that participants hold for participating in different genres (from conversation to classroom lessons) and their experiences in the lifeworld.

For example, when the seventeen-year-old described earlier was injured in a swimming pool accident, he temporarily lost the ability to speak, a valued communicative resource (Kovarsky, Snelling, & Meyer, 2000). This had significant implications for his lifeworld participation; perhaps the most dramatic implication was his father’s consideration to withdraw life support. However, when this adolescent regained the ability to talk, he was able to hold brief conversations in which he assumed the role of

both speaker and audience. It was the ability of both interlocutors to meet the communicative expectancies associated with the participation structure of conversation that led the father to refrain from requesting the termination of life sustaining medical treatment. Simply put, the resources, the accommodations, roles, and expectancies or structures of communication, all impact upon and help constitute the lifeworld, including one's participation in it. We will now return to our earlier description of Justin to illustrate how this five-dimensional framework might be applied to documenting outcomes.

COMMUNICATIVE PARTICIPATION APPLIED TO INTERVENTION WITH JUSTIN

When Justin arrived for his first day of preschool at Head Start, he walked with an unsteady gait from the school bus to his classroom; a backpack was strapped firmly to his shoulders. For the first part of the day, he would not remove his backpack; perhaps this was related to his own set of expectancies for what it meant to participate in school. Justin would smile and maintain eye contact with teachers, an aspect of interactional style that would help earn him the reputation of a "sociable child." He would also tilt his head up and back when gazing at people and objects in his immediate vicinity. The fact that Justin had cranial shunts served as an explanation for the position of his head when communicating with others.

At one point during his first day of school, Justin began to cry for no apparent reason. Haley, his teacher, then asked a series of yes/no questions: "Do you want the ball?" "Do you want this plate?" "Do you want your blanket?" Although it was not clear that Justin ever received what he was seeking or if he was seeking anything, he eventually stopped crying.

Justin's teachers were very concerned about his unsteady gait, particularly since he had two

cranial shunts. On his first day of attendance, he had fallen twice. With sixteen other children to watch, teachers were apprehensive about their ability to monitor him closely. They were worried about their own physical inability to keep him safe when classroom participation demanded a simultaneous focus of attention on Justin and his peers. A review of the health records revealed that he was "hydrocephalic" and had "ventricular peritoneal shunts;" that multiple surgeries had been done to repair a hernia; that he had a "club foot;" and that he had a severe milk allergy. All were aware that his medical status required careful monitoring.

In addition to worries about his physical participation during the school day, Haley was concerned about his lack of speech: "Justin's inability to communicate his needs to other children and adults makes his day difficult." During Justin's first day of school, another child asked Haley "why doesn't he [Justin] talk?" Although Justin did not speak, he did produce some strangled intonation contours with eye contact directed toward others.

Faced with the desire to ensure that the inclusionary Head Start context provided opportunities for Justin to participate and to enhance his communication, we undertook a series of field observations and applied them to the communicative participation framework to guide and evaluate the intervention. Goals for Justin could have been framed solely within a traditional approach by targeting the meanings of words he could identify, determining the number of signs he produced, or describing his responsiveness to statements or questions. However, such indices would have had limited relevance to documenting his need to participate communicatively in important life contexts.

In what follows, we use the case study of Justin to document outcomes along the dimensions of the communicative participation framework. Each layer of the framework provided information about Justin's

communicative participation and, in turn, helped guide intervention. Because of space constraints, we will not describe the field methods used to collect and analyze communicative data; however, the reader is referred to the article by Simmons-Mackie and Damico in this volume for further information. We begin by describing Justin's participation during the first month of school according to the layers of the framework. After each layer is discussed, a general description of intervention is presented. This is followed by a discussion of the outcomes according to each component.

Lifeworld participant

Early observations

On a physical level, Justin's unsteady gait made it difficult for him to negotiate the spaces of the classroom and the playground. This, coupled with worries over the maintenance of his cranial shunts, led teachers to express concerns about his safety and motor skills. On a communicative level, teachers and parents also voiced their concerns about his inability to speak. Because of his inability to talk and his physical limitations, teachers were worried that the amount of time spent watching over and communicating with Justin would restrict their ability to interact with other children in the classroom.

Both parents were excited about the prospect of Justin playing and interacting with other children in the classroom and on the playground. In fact, they expressed a desire to speak with other children about Justin's special needs in order to make his experience at Head Start more positive. They also wanted to see his communication skills improve.

Other children in the classroom took note of the fact that Justin could not speak. He was, at best, a marginal participant in peer group activities.

Justin's parents, both of whom worked, had to interact with numerous professionals (pediatricians, neurologists, educators, therapists) to ensure his medical well being and to plan his future educational needs. In response to a lifeworld that required the parents not only to meet Justin's medical needs while raising two other young children, but to advocate for appropriate educational services, Haley was concerned that they develop ways to participate successfully in educational decision-making.

Intervention

Facilitating Justin's participation in the lifeworld required an awareness of the values and experiences of his family and the Head Start setting. We could not positively influence the lifeworld context without being aware of what Justin's parents and teachers viewed as important with respect to his communicative participation. In addition to helping Justin develop new communicative skills for supporting lifeworld experiences, to be addressed when participant resources are discussed, we sought to help the family and the teachers recognize his capacity to communicate and their capacity to facilitate his communication. We also wanted to arrange and increase the number of positive inclusionary activities that Justin experienced (Paley, 1992). By increasing his meaningful participation in classroom activities and his interactions with other children, and by creating successful experiences that would be significant enough to become positive and memorable events, we hoped to enhance Justin's

lifeworld participation. In fact, it was hoped that some of these experiences would be positive enough to become watershed events for his parents. Finally, we, like Haley, hoped Justin's parents would become empowered as advocates and effectively obtain appropriate educational services for him.

Later observations and outcomes

Changes in lifeworld manifest themselves through the values and experiences of those who participate in it. Observations and reports suggested positive changes in the lifeworld for both Justin and his family in at least three interrelated areas: safety and well being, educational decision making, and social inclusion.

To begin with, as a result of mutual concerns regarding his unsteady gait and fatigue, Justin's school day was shortened and it was decided that he would wear a helmet during outdoor play. In addition, with the support of Head Start, his parents were able to negotiate and weigh decisions about educational placement. Regarding their interaction with other professionals, the parents complained to the Head Start Case Manager that the public schools had missed an appointment to discuss his special needs. The next day, the public schools issued an apology and arranged a meeting to address placement options for Justin. Due, in part, to Haley's efforts to empower the parents, they took more control over the placement process and a decision was made to enroll Justin in a public school program designed for preschoolers with special needs. Justin's parents were learning to negotiate the complex rules of special education placement. After being enrolled in Head Start for five months, Justin transitioned successfully to this public school placement.

The family and the Head Start program placed a heavy value on Justin's social inclusion in school-based activities with peers. Watching him interact with other children was very important to Justin's parents. The first time Justin's parents saw him playing with other children on the playground, they cried. According to the education coordinator at Head Start, both parents were "thrilled that Justin continues to increase the amount of time he interacts with peers."

Another lifeworld shift that encouraged Justin's inclusion in classroom activities occurred as Haley and the parents became more successful at reading his communicative intentions. When modes of communication, such as gestures and signs, permitted social participation, a sense of connection to the classroom community resulted, thereby creating a lifeworld of social inclusion for Justin. As Justin's communication became more readable and more conventional, including some early word approximations after leaving the Head Start, he was viewed as a speaking interactant more capable of participation in the lifeworld.

In sum, there were significant changes with respect to Justin's lifeworld participation as evidenced by the different events and experiences just recounted. Not only were the parents able to affect educational decision making in a way that all deemed positive for his continued development, Justin was becoming more of an included, communicative participant in activities with his peers and teachers.

Participant structure

Early observations

During circle time activities such as story telling or attendance taking, when children

were typically expected to participate by sitting quietly on a rug and speaking after being granted a turn by the teacher, Justin would often get up and begin wandering about different parts of the classroom. At one point, for example, while the teacher was telling a story, Justin wandered back and forth between the rug, a play kitchen, and a field observer smiling and carrying a plastic teapot. Justin was allowed to roam freely, with Haley's classroom aide watching him so that he would not fall, damage his cranial shunts, and hurt himself.

Intervention

Our goal was to create participant structures that would provide Justin with positive, inclusive social experiences. We wished to increase Justin's sense of being part of the social world of the classroom. Because lifeworld participation is constituted, in part, by taking part in events and activities with socially normative communicative expectancies, we worked to create and identify participant structures that would give Justin those positive social experiences. Structuring successful interactions and arranging participatory contexts fit with our goal of enhancing Justin's lifeworld. By arranging the participation or activity structures associated with mealtime, center-based activities, free play, and outdoor play, we sought to provide positive communicative experiences for Justin and those who interacted with him.

We also modified pre-established participant structures and the manner of his involvement in them. For example, since Justin did not conform to the communicative expectancies associated with circle time, he was not expected to take part in the same manner as other children. In addition, certain repetitive elements, like hand clapping

while singing, were added circle time activities to engage his participation.

Later observations and outcomes

In terms of outcomes, we were able to observe differences in how Justin, his peers, and teachers took part in various activities.

Justin continued to increase the amount of time he spent in circle time activities, particularly those that involved group physical activities like singing and clapping hands. The children also began to encourage his participation. For example, during the telling of a story, Justin was wandering around the room. One of his classmates, Danielle, observed this and gestured for Justin to join her by patting the carpet space between her legs. Justin smiled, walked over and sat in front of her. Danielle put her arms around his waist and they both watched as Haley told the story.

Even though Justin continued to leave during certain circle time activities, like class discussions led by Haley, he would purposefully seek out other adults to engage in dyadic interaction; and, as part of the intervention process, teachers were encouraged to support interactions that he initiated. He exhibited a preference for participation structures that involved reciprocal displays of positive affect during dyadic interactions with adults. At one point, for example, Justin carried a book to Haley and the two engaged in a short book reading routine. Haley would ask him "what's that?" while pointing to and looking at specific pictures. Justin would respond by smiling, pointing to the same pictures, and producing speech-like intonation contours.

From book reading to blowing someone a kiss, Justin engaged adults in a number of joint action routines over a number of turns. Both Haley and Justin's parents were ex-

cited to see him participate more fully in classroom activities that were led by the teacher and activities that he initiated. His classmates also responded positively by seeking to include him in circle time activities. In terms of ascertaining outcomes, it was important to document changes and differences in how he participated in various communicative genre, as well as how others evaluated his participation.

Participant stance

When communicating, interlocutors can potentially assume various roles or stances as speakers (animator, author, principal) and as audience members (ratified, unratified). Individuals can align themselves to these various roles according to the type of participant structure they are constructing and their negotiated interests.

Early observations

At the beginning of the school year, Justin was more of a bystander or an unratified participant who did not consistently attend to the teacher during circle time. He hovered on the periphery of officially sanctioned classroom activities, occasionally checking in for a visit to see what the other children were doing. In contrast, many of his classmates, like Justine who was mentioned earlier, displayed a great deal of social tact as audience members when engaged in teacher-led group experiences. During these times, Justin would engage in singular activities like moving dishes in the play kitchen.

Justin was not a ratified participant in many participant structures in the classroom, in part, because he was not expected to be part of the communicative activity. While the other children were expected to

remain seated during circle time and to raise their hands to secure a turn at talk from the teacher, conscious efforts to include Justin as anything other than an unratified bystander were minimal.

In nonverbal ways, Justin did assume the speaker role, although his communicative intentions were not always clear. He would, for example, initiate social interactions with adults by handing them objects and engaging their attention while smiling. Because of his limited communicative resources, there were no indicators that he could assume different speaker roles like animator and author.

Intervention

There was concern about what roles Justin could assume and which contexts for assuming these roles would foster positive communicative encounters. We sought to create and arrange communicative roles that would move him away from being a bystander on the periphery to an active participant in classroom activities. With some limited success, certain modifications in communicative roles were arranged. For example, Justin's participation as an audience member was invited during group storybook retellings by having him help turn the pages of the book. When dramatically re-enacting these stories with the children, Justin would be assisted in physically manipulating props and in making gestures consistent with the actions of the story characters. With respect to his role as a speaker, Justin was encouraged to be the teacher's "voice" by, among other things, beckoning the other children to come to lunch using a gesture. In this instance, he assumed the stance of an animator conveying a message that was authored by his teacher.

Later observations and outcomes

As a ratified audience member, Justin's attention to and engagement in certain classroom activities like group storybook retellings increased. During this and other circle time activities, his peers would also encourage his audience participation by gesturing for him to come join the group. As an animator of messages authored by the teacher, Justin became more successful. At the same time, as an author and animator of his own messages, Justin would more frequently solicit interactions with and assistance from others through a variety of non-verbal means.

Participant accommodation

Early observations

Our interest was in the extent to which participants adjusted their communications to meet each other's needs. From the beginning, the teachers at Head Start designed their messages in special ways for Justin. One morning, for example, Justin had just finished eating breakfast and Haley said to him "let's put your dishes in the sink." At the same time that she issued this directive, she helped him hold his cereal bowl as they walked to the sink together. In this instance, her verbal directive was coupled with physical assistance.

Because Justin was limited in his ability to alter or repair his communicative acts if his intentions were not identified, the communicative workload was asymmetrical: it was his teachers and peers who bore most of the burden in constructing meaning when interacting with Justin. For example, when it appeared that Justin was agitated or wanted something, others would ask a series of yes-no questions and offer him objects

until it seem that he was satisfied: "What do you want Justin? Do you want the cereal? Do you want the bowl? Do you want the ball?" In this instance, after the teacher had made several guesses, Justin accepted one of the objects and stopped crying.

Intervention

In order to facilitate mutual intelligibility, the manner in which teachers designed their messages was targeted. They were encouraged to design their messages in ways that took advantage of the immediate, concrete nonverbal context and to develop predictable, repetitive communicative routines. By focusing on the immediate, nonverbal context, all the participants could draw upon Justin's developing nonverbal communicative resources to construct meaning. By developing communicative routines with predictable communicative expectancies, it became easier for all participants to read each other's intentions. In other words, the teachers were encouraged to make communicative accommodations that would support a context of mutual understanding with Justin.

Later observations and outcomes

As time passed, adults and children became increasingly able to modify their messages to Justin by utilizing yes-no questions and gestures. In addition, communicative routines, such as dyadic storybook reading with adults, developed that allowed him to initiate and modify his communications when interacting with others. Overall, communicative interactions involving Justin were becoming more successful. Not only would teachers utilize more gestures and signs when interacting with Justin, his peers began to rely more heavily on gestures and

body language to affect meaning. When lining up for outdoor recess, for example, the other children would use grand gestures to indicate where Justin was to stand and physically assist him in finding his appropriate place. He would respond by smiling at his peers and moving to the indicated location.

While the teachers and children made more accommodations, Justin also adjusted his communication in order to achieve certain ends. He became more insistent and persistent in having his communicative acts read and responded to. He was particularly interested in sustaining the attention of others during activities like book reading. Through the repetition of certain nonverbal communicative actions (smiling, leaning, pointing) at appropriate points, he was able to construct coherent interactions over an increasing number of conversational turns.

Participant resources

Changes in the linguistic and nonlinguistic resources that participants use to construct meaning are important to document.

Early observations

When Justin first arrived at Head Start, he did not speak. Instead, he would smile, cry, or produce strangled intonation contours. His inability to speak was noted by both teachers and peers among whom talk was the primary mode of communication. Justin's capacity to signal readable communicative intentions—accomplished through vocalizations, gestures, and eye gaze—was limited. He would, for example, laugh when clapping his hands to the beat of a song; he would cry when upset.

Intervention

There was concern regarding whether or not the expectations for taking part in the participant structures of the classroom were appropriate given Justin's existing communicative resources. Because of this, attention was focused on increasing the readability of his current resources and expanding the size of his repertoire. Because Justin's lack of participation, as well as his limited conventional communication, could have resulted from his not understanding or having the conceptual or attentional resources to participate, communicative contexts and routines were modified in order to increase the possibility of producing readable intentions (see participant accommodations). In addition, Justin received explicit instruction from his teachers to produce the manual signs for "eat," "book," and "more."

Later observations and outcomes

During his stay at Head Start, Justin's communicative abilities improved steadily. After five months in the program, he imitated the gestures for "eat," "book," and "more." The number and appropriate use of communicative resources at Justin's disposal had grown: he produced speech-like intonation contours, an occasional vowel sound, a range of gestures, and he was beginning to talk. With the systematic use of these resources, his communicative acts and intentions were becoming more readable. Justin's coordinated use of pointing, smiling, and body positioning, coupled with the production of speech-like intonation contours, were used effectively to solicit interactions with and assistance from others.

In addition, Justin began to approximate words as he imitated sign language gestures

Overall, Justin was able to make better use of a growing repertoire of communicative resources to sustain interactions with others.

for the words “eat,” “book,” and “more.” For example, shortly before leaving the Head Start program, Haley asked, “Justin do you want to eat?” while compressing her fingers and placing them on her mouth. In response, Justin brought together a number of communicative resources: he imitated the gesture for eat; he smiled; and then he produced the vowel /i/. His parents also indicated that he was beginning to use signs and gestures at home more frequently and consistently.

Overall, Justin was able to make better use of a growing repertoire of communicative resources to sustain interactions with others. He would, for example, approach an adult with an open book while smiling and vocalizing. If the adult’s gaze strayed from him or the book, he would lean into that person’s face, smile, and produce a louder vocalization in order to recapture that person’s attention.

DISCUSSION

The multi-tiered model for communicative participation provided a useful framework for facilitating intervention and documenting outcomes relevant to enhanced lifeworld participation. The components of the model, when viewed in relation to one another, permitted us to see specific facets of Justin’s communicative abilities in their

broader interactional context. His increased capacity to display an expanding repertoire of conventional nonverbal and verbal communicative resources manifested itself in the participant structures of intervention. As teachers facilitated the construction of communicative activities in which Justin could assume different speaker and audience roles, he became more of a ratified, intentional participant in ongoing classroom interactions and at home. He more frequently engaged others, particularly adults, in familiar communicative routines and was able to sustain meaningful interactions over an increasing number of conversational turns.

Overall, there were, at least, two related ways in which Justin’s growing success as a communicator could be explained within the context of our communicative participation framework. First, adults and peers began to accommodate their messages in special ways when interacting with Justin. At the same time, Justin would engage interlocutors in conversation and sustain their attention by repeating speech-like intonation contours and gestures within their appropriate turn space. Through repetition, he was contributing to the construction of a coherent set of conversational turns with an interactant. As Justin became more of a ratified participant across a variety of communicative activities, expectancies for his lifeworld participation began to grow. Justin’s parents and his Head Start teacher, for example, advocated strongly for an alternative educational placement that would support his developing communicative abilities and his transition into the public schools; a placement in which the expectations for kindergarten could be modeled and taught explicitly.

Second, the number and appropriate use of communicative resources at Justin's disposal had grown dramatically: he produced speech-like intonation contours, an occasional vowel sound, a range of gestures, and was beginning to talk. These behaviors did not occur in isolation. Rather, they were part of an orchestrated effort to construct meaning as interlocutors designed their messages to accommodate the needs of their listeners according to their communicative roles; roles that, in turn, were implicated in certain types of participation structures that helped constitute the lifeworld. As this second point illustrates, while each of the five dimensions of our framework can be pulled apart for the sake of analysis, their impact becomes evident only when viewed in relation to one another as they comprise the greater context of participation.

There are, at least, two important caveats. First, the development of communicative participation as a descriptive unit of analysis

is still in its infancy. As more cases are profiled, the unit can be judged and refined according to how well it captures differences within and between individuals over time. Second, this framework is not intended to supplant pre-existing mechanisms for assessing outcomes, but to supplement them. By developing communicative participation as a way of documenting outcomes that was sensitive to the "forest and the trees problem" (Nelson, 1998) described at the outset of this article, we have proposed a unit of analysis that seeks to link the broader lifeworld to the actual communicative resources that participants utilize through a series of five interrelated layers. Given that communication is central to how people go about building their social worlds, managing their lives, and constructing their identities, we believe that both researchers and practitioners need to treat communicative participation as a key to evaluating the outcomes of language intervention.

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