Orienting to affect

Orienting to affect in services for people with severe or profound intellectual disabilities: A

UK-based investigation

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Abstract

Background

This study argues for displays of affect by people with severe or profound intellectual disabilities to be analysed in the course of everyday interactions with the people who support them.

Method

Conversation Analysis is applied to the affective displays of residents of a social care service for people with severe or profound intellectual disabilities to identify how such displays are taken up and form the basis for further action.

Results

Three types of orientations to affect are identified: where the cause of the affect is unknown; where there is a proximal cause; and, where the proximal cause is a prior action by a member of staff. Staff orient to affect as expressions of both feelings and cognitions, thereby providing the basis for self-determination.

Conclusions

Displays of affect are a communicative resource for those with severe or profound impairments and must be studied *in situ* if they are to inform policy and everyday practice.

Introduction

The emotional lives of people with severe or profound intellectual disabilities (SPID) have attracted increased attention in the last 16 years (for general reviews see Adams & Oliver, 2011; Arthur, 2003; Boiger & Mesquita, 2012). This interest is motivated, at least in part, by a greater emphasis on the subjective well-being and general quality of life (QoL) of adults with intellectual disabilities (ID) at the policy level, operationalised in practice through person-centred approaches (Brown, Hatton & Emerson, 2013; Care Act, 2014; Petry, Maes & Vlaskamp 2005; Schalock et al, 2002; Valuing People, 2001; Valuing People Now, 2009).

One recent approach has been to examine physiological measures of affect in people with profound intellectual and multiple disabilities (PIMD) (Vos et al, 2012; Vos, De Cock, Petry, Van Den Noortgate, & Maes, 2010, 2013). The physiological approach sits comfortably alongside research adopting an observational approach to the study of social interaction, particularly that concerned with affective communication (Hogg, Reeves, Roberts & Mudford, 2001; Hostyn & Maes, 2009; Petry & Maes, 2006). Across these approaches, the emphasis has fallen on the development of methods for determining the emotional experiences of people with SPID. These extend to measures of the respiratory, cardiovascular and electro-dermal systems (Vos et al, 2010), proxy (observer) evaluations of positive or negative emotional responses (Hogg et al., 2001) and the combination and correlation of the two (Vos et al., 2013).

Though these techniques have made useful contributions to our understanding of the emotional lives of people with SPID, they are affected by a number of methodological issues including: the reliance on proxy evaluations of the valence (positive or negative) of elicited responses (Hogg et al, 2001; Vos et al, 2013); the heterogeneity of the target population, in terms of idiosyncratic affective responses (Blain-Moraes & Chau, 2012; Vos et al, 2013); and a reliance on quasi-naturalistic interactions as data, in both physiological (e.g., Vos et al,

2010) and observational studies (e.g., Hostyn, Daelman, Janssen & Maes, 2010; Hostyn, Petry, Lambrechts & Maes 2011). Both the above approaches can be described as adopting a primarily intra-individual perspective on emotion, i.e., they are primarily concerned with emotions as phenomena located within the individual, which reduces dynamic emotional events to measures of physiological or behavioural responses. Consequently, these approaches have little to say about how the emotional experiences and expressions of people with SPID are located within everyday situations and activities, and in interactions with others, be they parents, family members, paid carers or others with SPID.

These limitations have not gone unnoticed by those researchers. Vos et al (2013) concede that the use of physiological measures of emotional experience would be unrealistic in daily practice and add little value over and above behavioural observation. Hostyn and Maes (2009) recognised that emotions are only partly a personal condition and that there is a need to recognise how emotions arise in interaction through the participation of both partners. They later made the case for observational research that focussed on "the person with PIMD, the direct support staff, as well as the interacting dyad" and which valued the "experiential knowledge of the interaction partner" (Hostyn and Maes, 2013; p.190). Such observations are consistent with a more socio-dynamic approach to emotions, where emotions are situated, their meaning and function determined, between, rather than within, individuals (Mesquita & Boiger, 2014).

If the study of emotions in people with SPID is to make a meaningful contribution to the translation of policy into personalized practice, then it must engage with emotions as they arise in everyday life, in response to everyday objects and interactional partners, and located within the routines and practices of social and health care services. Such an aim requires that emotions for people with SPID are treated as located in situational contexts, in the course of interactions with others and as arising in response to prior action or stimulus, and that they

are recognised as key resources through which preferences are made known and rights are exercised in the pursuit of those preferences. The growing literature on emotion in interaction as examined through Conversation Analysis (CA) (see Peräkylä & Sorjonen, 2012) provides a technical framework and lexicon for examining emotion as an integral feature of everyday social actions. Within CA, emotion is examined under the concept of *affective stance*, understood as the embodied and socially available "mood, attitude, feeling and disposition, as well as degrees of emotional intensity vis-à-vis some focus of concern" (Ochs, 1996, p. 410). The affective stance comprises non-verbal and verbal components, e.g., the facial displays, vocalisations or utterances of a person with SPID, and is analysed in context. The analysis focuses both on how the affective stance is displayed (through prosody, facial expression, etc.), how any audience responds to it, i.e., how it is treated as an expression of one type of emotion or another, and how it is made relevant to an unfolding sequence of activity, e.g., from simply "hanging out" in a social care setting to exercising choice and control. In so doing, the CA approach provides for the examination of emotion as an organised form of situated social practice (Couper-Kuhlen, 2009; Goodwin, Cekaite & Goodwin, 2012).

Previous CA research has examined explicit verbal identification of an affective stance as a feature of interactions occurring in institutional settings, rather than in more informal everyday interactions. For example, in Voutilainen's (2012) analysis of psychotherapy sessions and in Hepburn and Potter's (2012) analysis of calls to a helpline, the psychotherapists and call takers are shown to explicitly identify the affective stance of the client or caller. By doing this, the affective stance is made relevant to the topic of talk, i.e., the issue under discussion in therapy or the reason for the call to the helpline, and so becomes part of the problem to be addressed. In social care services for people with SPID, and particularly in the UK where there is an institutional imperative to provide person-centred

support (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), support staff ought to be concerned with recognising, interpreting and responding to affective stances, as communicating evaluative responses and/or expressions of personal preference, in order to provide support that is tailored to the individual's personal preferences, needs, wishes and choices.

The following analysis represents an initial, exploratory attempt to examine how affective stances adopted by people with SPID are recognised and engaged with by support staff, and, thereby, to advance CA as a method by which we might arrive at a context-sensitive understanding of the role played by emotion in shaping the lives and experiences of people with SPID in social care settings. In so doing, the analysis will answer the following research questions: 1) What behaviours are treated as constituting the affective stances of people with SPID? 2) How are affective stances acted upon in the course of social care provision? 3)What are the implications of such actions for the negotiation of rights and authority between people with SPID and those who work with them?

Method

Data

The excerpts presented below are taken from a corpus of naturalistic video recordings of social interactions in social care services located within an NHS Care Trust in the south of England. The service, "Ashgrove", was home to ten adults; the parents of one resident insisted that he not be involved in the research project in any way. Of the nine residents for whom consent was gained to participate in the project, there were 6 men and 3 women, they ranged in age from 33 to 52 years ($M = 41.2$ years, $SD = 6.4$ years) and all had severe or profound intellectual disabilities. No formal assessments of communicative ability were

conducted, however, based on residents' files and 9-months of ethnographic observations, researchers observed that residents had few intelligible words, phrases or signs.

On each shift three members of staff supported the residents. The staff team was highly changeable, and comprised of permanent and agency staff, of whom, 9 consented to participate in the study. The names of all residents and members of staff have been replaced with pseudonyms and any other potentially identifying information has been changed. The study and its procedures were reviewed and approved by a UK NHS Research Ethics Committee (REF: 05/Q2501/83).

Procedure

The video recordings, the data on which the following analysis is based, were made primarily to support examination of the practices through which staff promoted choice and independence in the service and were made only in the public parts of the service (the dining room, living room, kitchen, hallway and garden). The residents were highly reliant on members of staff to have their basic physical needs met and to have their, often idiosyncratic, signs, gestures and vocalisations interpreted. Consequently, the strategy for recording interactions was simply for the first author (and the video camera) to be with the residents when they were in the public areas of the service and to record interactions between residents and members of the support staff as and when they arose, consent allowing. This yielded a corpus of approx. 10 hours of video recordings.

This corpus was screened by the first author for occasions where staff verbally oriented to the behaviour (gestural, postural, facial expression or vocalization) of a resident with SPID as reflecting an affective state (or, in the terms of this analysis, as constituting an affective stance). Given that discrete emotion terms are rarely used, this search was purposefully inclusive and admitted instances that rely on an appreciation of British colloquialisms. For example, the enquiry "why are you looking at me like that?" provides the basis for inclusion

because the identified "look" is treated as having some underlying, possibly affective, meaning. This search yielded only 14 such instances across the entire corpus and these *orientations to affect* will be the focus of the following analysis.

The sampling strategy has two immediate and obvious consequences. It does not admit instances when facial expressions, non-verbal behaviours and vocalisations, which could have reflected an affective state, were exhibited by residents but elicited no response. Nor does it admit instances where the affective stance is oriented to non-verbally by a member of staff, e.g., by returning a smile, as promoted within Intensive Interaction (Nind & Hewitt, 1994). The exclusion of these instances does not negate their potential interest to researchers nor their importance in interactions involving people with SPID. They are excluded here because they provide no basis for an analysis of how staff *verbally* respond to the behaviour of people with SPID as constituting an affective stance and consequently, individually or collectively, pursue the causes and/or motivations of those affective stances. That is to say, the following analysis is concerned only with those occasions when an affective stance on the part of a person with SPID is explicitly recognised and verbally responded to as the basis for some further action by members of staff. It is only on occasions such as these that we can see how the subjective emotional states of people with SPID are incorporated into, or resisted in the course of, the everyday provision of person-centred services.

Results

Analytic Method

These data were analysed through the use of Conversation Analysis (CA) with attention being given to the multi-modal nature of interactions (e.g., Goodwin, 1984; Mondada, 2009; Author ref). This method allows close examination of all features of an interaction, e.g., gesture, facial expression, gaze direction, vocalisations and talk, and their sequential

organisation. This approach is well-suited to the analysis of interactions involving people with SPID because it allows examination of all the modalities through which individuals may communicate or be treated as communicating. The aim of CA is to explicate the resources and practices through which participants in an interaction display their understanding of what they and their interactional partners are saying and thereby doing (Sacks, 1992). In the below analysis, we are specifically concerned with identifying the practices through which behaviours, including facial expressions, gestures and vocalisations, are oriented to as constituting an affective stance, how their valence and/or intensity is made relevant, how the eliciting stimuli are identified and how an appropriate next course of action is determined. Given the small data set, each excerpt was analysed individually and the following groupings were identified.

The analysis allowed the 14 instances to be grouped into three types. The first is where affect is noticed and oriented to as unconnected to any other activity, with the consequence that the affect is momentarily made the topic of conversation. The second type includes instances where the cause of the affect is immediate and obvious within the local context, providing the basis for consequential actions, including the generation of socially shared knowledge about the individual in question. The third type may be seen as a sub-set of the second, but is distinguished by the actions of the member of staff being the putative cause of the affective stance. Each of these types of orientations to affect will be evidenced, analysed and discussed in turn.

Noticing affect

Excerpts 1-3 include examples of support staff simply orienting to the affective stance of a person with SPID. In all three instances the orientation to the affective stance arises apropos of nothing, except for the "look" or vocalisation from the person with SPID. Prior to the turns shown in Excerpt 1, the residents (Damien and Matthew) are seated next to each other on the

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sofa while music plays loudly; only Sandy, one of the support workers, and Chris, the researcher, are present and neither is interacting with any of the residents. The camera is focussed on Damien and Matthew, with Sandy out of shot to their right. At line 1 Damien's head and gaze are oriented towards Sandy and that gaze is held for 1.86 seconds. Given the shadows across his face it is unclear whether Damien is smiling, though his lips are clearly parted.

Excerpt 1 (Ashgrove22*)

1   Damien: ((sat back on sofa, his head is oriented to the right towards Sandy;

2   his face is in shadow but his lips are clearly parted))

3   Sandy: [hu hu (.5) why're you looking at(h) m(h)e like th(h)at?

4   Damien: [((head moves to left; gaze is away from Sandy))

5   Damien: ((head swings back to right then back to centre; left hand raised

6   and then bounced on sofa arm; he is clearly smiling))

7   Chris: a hu hu hu [hu

8   Damien: [(((swings head from centre to right and back to centre,

9   with a nod on the return to centre; smiling throughout))

10   Damien: ((moves head/gaze back to right and back to centre, again with a nod,

11   before coming to rest looking to right, i.e. at Sandy; smiling throughout))

12   Sandy: awww Damien

*All recordings in the data set are labelled to indicate the site in which they were collected and the number of the recording, hence excerpt 1 is a segment from the 22nd recording made at "Ashgrove".

Sandy effectively treats Damien's gaze and facial expression as an initiation, and her utterance at line 3 is timed just as Damien breaks off the gaze and begins to move his head

and gaze back to centre. The turn begins with two laughter particles, marking something about Damien's facial expression as humorous and/or having a positive valence. Either Damien's facial expression and affective stance are positive, in which case Sandy's laughter is reciprocal, or they are negative, in which case Sandy's laughter constitutes a complementary response. Considering that the orientation to the facial expression is phrased as an interrogative – "why're you looking at me like that?" – which may be heard as accusatory and challenging, the latter possibility seems the more likely. The phrase "like that" implies that the look conveys some meaning. However, the laughter particles that intersperse it may mark the question as being asked ironically; it is a mock reprimand, a joke about the apparently negative affective stance and whatever might underlie it, e.g., an evaluation of Sandy. This interpretation is supported by Damien's response in lines 5&6; he begins clearly to smile and bounce his hand on the arm of the sofa. Chris's laughter in line 7 functions as a receipt of this more obviously positive affective stance. The interaction ends with Damien gazing towards Sandy whilst clearly smiling. This elicits the change of state response token (Heritage, 1984) - "awww Damien" (line 12) - marking Sandy's own affective stance towards Damien as either a source of disappointment or pity, or as cute or endearing (Palacio & Gustilo, 2016). Given the generally positive valence of the preceding turns, the latter interpretation seems the more likely.

To summarise excerpt 1, a member of staff orients, verbally and prosodically, to the apparent affective stance, made up of facial expressions and non-verbal behaviours, of a person with SPID before a third-party audience. Sandy makes Damien's apparent affective stance towards her the topic of conversation, but does not pursue this topic beyond her initial interrogative in line 3. In Goffman's (1974/1986) terms, and based on Sandy's orientation to his affective stance, Damien is clearly "in frame" and has full "participation status"; the interrogative recognises his authority over and knowledge of his affective stance. However,

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Damien cannot respond verbally to Sandy's question and he cannot make explicit what underlies his affective stance. Following Roberts (2004), the interrogative at line 3 may also be interpreted as designed for Chris (as a co-present third party), as much as for Damien, to publicly mark Damien's affective stance and invite joint discussion of it. Within this interpretation, Damien may also therefore be considered "out of frame"; as someone who can be talked about even when co-present. This dual status of people with SPID, as both in and out of frame, is a recurring feature of orientations to affect and of the wider dataset.

The interaction presented in excerpt 2 follows approximately 94 seconds after that in excerpt 1. Music still plays loudly in the background, Matthew and Damien are still seated on the sofa and Sandy and Chris are not interacting with them but are talking to each other.

Excerpt 2 (Ashgrove22)

1	Matthew:	((hands clasped at chin height, head movement from left to right
2		directs gaze upwards towards Sandy, clearly not smiling))
3	Sandy:	do(h)n't look at me like that
4	Matthew:	((head movement back to centre, eyes close and head drops))
5	Sandy:	hu huh
6	Chris:	ahu huh
7	Sandy:	hu hu

Excerpt 2 displays many properties similar to those of excerpt 1: a person with SPID clearly orients their head, gaze and facial expression towards a member of staff; this is treated as an initiation; and is responded to in a way that has some accusatory force, though this may be done humorously (note the laughter particle in "do(h)n't" (line 3)). However, the directive response clearly does not provide the same basis for development as did the interrogative in excerpt 1. Again, the phrase "like that" implies that the facial expression potentially conveys

an affective stance and underlying that some evaluation of its object. Given that Matthew cannot verbally respond to the directive, i.e., he cannot verbally explain what underlies his "look" and he cannot challenge Sandy's assumed right to issue directives (even if issued jokingly), he does one of the only things he can do. He physically acquiesces by changing his bodily orientation, returning his head to centre, dropping his chin and closing his eyes. Again, the consequent laughter from Sandy and Chris at this response marks the exchange as humorous, retrospectively softening the original directive.

The first two excerpts deal with orientations to facial expressions where the phrase "like that" potentially indexes some affective stance and underlying evaluation. Though they differ in the form of response, interrogative vs. directive, both responses treat the "look" as in some way problematic, even if for humorous effect. The inability of the individuals with SPID to respond verbally to either an interrogative or directive means that whatever might underlie their "look" is never established.

These sequences may be regarded as malfunctioning forms of a type identified by Schegloff (1992) where third position repair provides the basis for intersubjectivity among communicatively able individuals. In these excerpts the "look" of the person with SPID is treated as an initiation and so occupies the turn 1 position (T1). The response from the member of staff in the turn 2 position (T2) treats the T1 "look" as problematic, as the source of some interactional trouble. In Schegloff's analysis, and normatively, the first speaker would then produce a turn in the third position (T3) that addresses the trouble with T1, thereby providing for intersubjectivity; a shared understanding of social reality and the speakers' respective positions within it. In these excerpts, the inability of the person with SPID to provide a verbal response at T3 that would repair the problem with T1 means that intersubjectivity, about the nature of their look and its possible meaning, is not achieved. The inevitability of this outcome – based on her experience with these residents Sandy cannot

realistically expect them to produce a repair in the T3 position – is likely the source of the

ironic stance, marked prosodically by the laughter tokens, of Sandy's T2 responses.

Excerpt 3 (Ashgrove44)

1	Dev:	going on Monday ehh eh he ha(h)a:::w:::
2	Chris:	h huh he [hu
3	Jill:	[ah ha [h a:::::r (.85) what's so funny?
4	Dev:	[(knock him down)
5		(.64)
6	Dev:	(one fun a fen on [there)
7	Jill:	[what's funny? (1.3) huh?
8	Dev:	(oh god I give up)
9	Jill:	say 'where's that sun gone' (.7) where's it gone Dev?

The same sequence is clearly repeated in excerpt 3, this time involving a more verbally

able resident, Dev. From general observations, while some of Dev's utterances are intelligible

others are not, and few are obviously designed for a recipient. Prior to the interaction in

excerpt 3, Dev was talking aloud to himself while seated in the garden with other residents.

The laughter at the end of turn 1, though not obviously addressed to either Chris or Jill and

not, therefore, obviously an initiation, is sufficient to elicit reciprocal responses from both,

with Jill's laughter being followed by the interrogative "what's so funny?" (line 3). As above,

an initial affective stance (T1) is receipted with a interrogative (T2) regarding the cause of

that affect. The T2 response and its contracted repetition at line 7 fail to elicit a T3 repair, and

Jill abandons pursuit of an answer at line 9. Again, the cause of a potential affective stance

remains undetermined.

Such sequences neatly encapsulate a key problem for staff in services. Potential affective stances of people with SPID are often clearly visible, though the particular affect displayed may be ambiguous. In the absence of an obvious eliciting stimulus, effort and interaction are required to uncover it. Typically, this is pursued by promoting the person with SPID adopting an epistemic stance in relation to their affective stance, i.e., the individual making socially available their knowledge of what underlies their affect. Pursuit of such knowledge provides the basis for intersubjectivity. The social accountability of affect and its potential to provide for intersubjectivity are sufficient for staff to pursue repair and clarification. However, staff pursue repair from individuals who they know lack the verbal skills to provide it and this, therefore, requires further explanation. Three possible interpretations arise: one is that staff do this because there is an institutional agenda to identify individuals' preferences, indeed anything that might underlie their affective stances, in the provision of person-centred care; a second is that they are simply doing what is normative in the pursuit of intersubjectivity, (i.e., staff do this because to do so is to be, and to demonstrably treat others as, social human beings); a third is that, even if pursuit of repair is a normative practice and even if no such repair might reasonably be expected, pursuing it has the additional benefit of creating a slot (T3) within which the person with SPID can make a contribution of some kind and thereby continue the interaction; note that both Damien and Matthew do something in that third position.

Affect as a response to some local stimulus

Of the three types of orientations to affect, this second type is the simplest in that the affective stance is clearly a response to a local stimulus. Consequently, there is no trouble, such as identifying a cause (as in excerpts 1-3), to be resolved. Excerpts 4 and 5 establish that members of staff orient to the affective stances of people with SPID, with immediate consequences for their status as interactional partners. Prior to the sequence contained in

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excerpt 4, the residents, the researcher and one member of staff, Sandy, were in the lounge listening to music.

Excerpt 4 (Ashgrove20)

1   Damien: ((lifts head, gaze directed towards Chris, slight smile))

2   Chris: [you're on camera Day

3   Damien: [((smiling, head moves to right and back to centre, gaze directed at

4   Chris and camera))

5   Damien: ((smiles more broadly, makes more extensive head movements, first

6   to his right, swings back to his left (his whole upper body moves)

7   and [back to centre))

8   Sandy: [aw::: ↑he like it[he like the (inaudible) (0.8) you like the

9   song?

10   Damien: [((gaze directed towards Sandy, head held

11   still))

    Damien's facial expression and his extensive and energetic bodily movement at lines 5-7 are clearly treated by Sandy as constituting a positive affective stance on the song that is playing. The change of state token "aw:::" followed by the declarative "he like the", and the interrogative "you like this song?" (line 8), mark Sandy's transition from a state of not knowing Damien's (apparent) liking for The Weather Girls' "It's Raining Men" to having that knowledge and seeking confirmation of it. Damien is, however, unable to speak, though he can indicate agreement non-verbally with a nod. The declarative is clearly not designed for Damien (it is for Chris), but the interrogative clearly is designed for Damien. Again, Damien's participation status is variable; he is both in and out of frame, available to be addressed and simultaneously dissattendable.

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Similar actions are repeated in excerpt 5 where the residents were seated in the picnic area of a local park. Steven had been given the mobile phone of one of the members of staff, Juliana, on which to listen to music.

Excerpt 5 (Ashgrove26)

1   Steven: ((listening to music on a mobile phone he is holding to his left

2   ear with his left hand))

3   Steven: [((moves mobile from his ear and places it on the table in front

4   of him))

5   Steven: [well done (.2)

6   Juliana: well do:ne: (.9)

7   Steven: [well done (.2)

8   Steven: [((smiles and [claps hands before clasping them at chest height))

9   Juliana: [we:ll do::ne: was that go:od↑ (.3)

10   Chris: [well done Steven

11   Steven: (play) two

12   (1.1)

13   Juliana: listen to the music↑ (.3)

14   Steven: ((begins to smile; head movements from side-to-side; hands

15   clasped under chin))

16   Steven: de de de [dee

17   Juliana: [o:h <u>lovely</u>::=

18   Steven: =lovely

19   [(4.8)

20   Steven: [((smiling broadly, head movements from side-to-side; hands

21   clasped under chin))

22 Juliana: >oh that's a< lovely s<u>mi</u>:le↑

In line 5, Steven announces the end of the song to which he was listening with the assessment "well done"; the movement of the phone away from his ear, presumably at the end of the song, begins before the utterance. That this announcement is phrased as an assessment provides for the repeated, with emphasis, "well do:ne:" of Juliana in line 6. This assessment, unlike Steven's original, takes Steven as its object; it is he who is identified and celebrated, through Juliana's positive prosody and affective stance, as having done well. This apparent praise and affective stance is receipted and echoed by Steven both verbally and non-verbally (lines 7 & 8), occasioning a further repeat from Juliana, with further emphasis and heightened prosody (line 9). It is now Steven's affective stance that is being celebrated, a stance for which the cause is subsequently made explicit. Juliana's interrogative "was that go:od↑" nominates the music to which Steven had been listening as the candidate cause of his positive affective stance. The design of Sandy's and Juliana's interrogatives in excerpts 4 and 5 respectively, including candidate causes and requiring only confirmation, constitute a shallow knowledge gradient between them and the people with SPID with whom they are interacting (Heritage, 2012). Both Damien (in excerpt 4) and Steven (in excerpt 5) are credited with knowing more about their affective stances than do Sandy and Juliana, though they (Sandy and Juliana) reasonably claim some knowledge of their possible causes (evident through the candidate causes in their interrogatives) based on their co-location within the immediate situational context; in non-CA terms, while both Sandy and Juliana have an idea as to their causes they demonstrably recognise Damien and Steven's privileged status on the matter of the causes of their affective stances.

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It should be noted that the interaction continues with Juliana making two further orientations to Steven's positive affective stance at lines 17 and 22. Both take the form of a change of state token "oh", followed by a positive assessment of Steven's verbal or non-verbal behaviour (his singing and his smile), and both have positive prosody with heightened emphasis and pitch. It would be entirely reasonable to interpret these turns as designed for Steven; they are responses to and celebrate some action by him, but they do not require a response from him, they are complete and project no next turn. It would also be reasonable to suggest that the turns are simultaneously designed, in the manner of a commentary, for the other staff members, researcher and video camera that are co-present. In that view, Steven is assigned the same dual participation status as evident above; as in-frame and having full participation in one turn, out of frame and disattendable in the next (Goffman, 1974/1986).

Staff orientations to the affective stances of people with SPID, in situations where the cause is relatively obvious and there is consequently a shallow knowledge gradient between the respective parties, are designed in ways that respect the authority of the individual on the cause of their affective stance and afford them the opportunity to assert that authority. That the adults with SPID in question possess limited capacity to make such a response - a fact of which the staff are aware - does provide for the alternative interpretation that these utterances are, at least in part, also designed for the benefit of the non-ID individuals co-present. By treating the person with SPID as out of frame and able to be talked about even when co-present, staff generate socially shared knowledge about that individual, her or his likes and dislikes. Both interpretations describe staff orientations to affect that are, in terms of their functions and consequences, valid, even desirable, features of the provision of person-centred social care.

The final section will examine orientations to negative affective stances, and their consequences in terms of determining next actions, in interactions where that stance is

sequentially located as a response to an action by a member of staff. Following Stevanovic (2011), deontic status is used to refer to the position of authority that an individual occupies relative to others within a local order. In these data, it concerns the respective authority of members of staff and people with SPID, made apparent through adopting a deontic stance, to determine what happens next, for example, the authority of a member of staff to deny a resident access to a particular room or object.

 Orienting to affective responses to staff action

   In the final three excerpts, members of staff orient to the affective stances of people with SPID where the candidate cause of that affect is a proximal action by the staff member. In these three examples the affective stance is negatively valenced and treated as some form of complaint about the initiating action. Excerpt 6 begins on a sunny day with Matthew lying face down on the lawn in the back garden of the home. His sleeveless shirt and shorts require Sandy to apply sun cream to his exposed arms and legs.

Excerpt 6 (Ashgrove37)

1   S: ((Approaches from out of shot, kneels beside Matthew))

2   S: I know you are gonna lie down there he doesn't care

3   if he has sunburn or not

4   S: ((applies sun cream to Matthew's left leg and foot))

5   M: nnnnnnnnnnnnnnnnnnn (low vocalization lasting 3 secs)

6   M: ((slight head turn to his left (towards Sandy) and then back

7   to centre))

8   S: what?

9   (2.5)

10   S: y' [want me to stop (4.0) hmm (.6)(oh god)(.5) Janet's there

11   S: [((applies sun cream to Matthew's left arm and hand))

The sequence begins in lines 2 and 3 with a turn that establishes Matthew's dual status. From the outset, he is, like the residents in the preceding excerpts, simultaneously in and out of frame. This turn both announces and accounts for, to Matthew and Chris respectively, Sandy's imminent action. In what follows, and in greater detail, Matthew's vocalisation in line 5 is oriented to as a negatively valenced affective, and thereby potentially evaluative, stance on Sandy's action. As in the above examples, there is a shallow knowledge gradient in this interaction; there is little ambiguity as to what Matthew's vocalisation is a response. The second interrogative in line 10 repairs the ambiguity of the first - "what?" in line 8; the trouble is not with identifying the cause of Matthew's affective stance, so much as determining an appropriate next action. By treating the vocalisation as an affective stance that serves some communicative function, Sandy also treats Matthew as having the requisite deontic status (Stevanovic & Peräkylä, 2012; 2014) to determine the next action, i.e., the continuation or cessation of the application of sun cream. That Sandy continues to apply sun cream in the absence of a response from Matthew has two possible interpretations. Either the lack of a repeated vocalisation, and the absence of any other response, is treated as Matthew assenting to the continued application of the sun cream. Alternatively, Matthew is again treated as having dual status and Sandy's utterance at line 10 is designed for Chris, to mark recognition of Matthew's affective stance rather than any deontic stance. He is simultaneously in frame, with full affective and deontic status, able to take an evaluative stance on and exercise authority over actions performed upon him by others, and out of frame, with reduced participation status, wherein his affective stance and any simultaneous deontic stance may be acknowledged for the benefit of a third party, but ultimately overridden by a staff member exercising their duty of care.

Orienting to affect

Excerpt 7 (Ashgrove38)

1	Sandy:	((rubs sun cream onto D's left arm))
2	Steven:	((claps [once still smiling))
3	Sandy:	[it's eno [ugh
4	Sandy:	[(((tries to apply sun cream to Steven's moving right
5		arm))
6	Steven:	((left hand raised to mouth and bitten, [tries to wrestle right arm
7		free from Sandy, whole body wriggles))
8	Steven:	[UUURRUUUGF ((loud
9		vocalisation)) (.2)
10	Sandy:	(okay)
11	Sandy:	((releases D's right arm, retrieves bottle and moves backward out
12		of shot))
13	Steven:	((bite relaxed, left hand drops from mouth, claps gently, looks
14		after Sandy smiling broadly))
15	Sandy:	y' don't need to shout (1.5) just tell m(h)e (h)it's e(h)nough (.4)
16		hu hu
17	Steven:	((smile fades, hands clasped to chin and lower left cheek, sits
18		still))

The interaction contained in excerpt 7 is much like that in excerpt 6. A resident, this time Steven, is seated in the garden on a sunny day with exposed arms and legs. A member of staff, again Sandy, begins to apply sun cream. It should be noted that Sandy's utterance at line 3 – "it's enough" – is interpretable as signalling the end of the activity, i.e., that sufficient sun cream has been applied. That she continues to apply sun cream following this

announcement provides one candidate explanation for Steven's change of state from passive, apparently happy, recipient, to active resistance. In lines 6-8 Steven adopts an affective stance through both gestural and vocal modalities. He brings his left hand to his mouth and bites it, whilst also trying to wrest his right arm from Sandy. Overlapping this, Steven issues a loud and intense vocalisation.

Taken together, and as will be seen again in excerpt 8, staff routinely treat these actions as constituting a negative affective stance. This affective stance is acknowledged through Sandy's consequential change of activity token (Gardner, 2001) – "okay" (line 10) – and is treated as a complaint about the application of sun cream (lines 11-12). By responding to Steven's vocalisation in this way, Sandy effectively recognises both Steven's affective stance (constituted by the intense and loud vocalisation) and his deontic status as one who has the right to determine what actions others can perform upon him. Having done all this, Sandy then proceeds in line 15-16 to issue her own complaint, albeit in joking tones, about the manner in which Steven issued his complaint and exercised his authority, i.e., the complaint was legitimate but the manner of his affective stance was disproportionate – "y' don't need to shout" (line 15). Even in this teasing rejoinder Sandy recognises Steven's right to determine what happens to him.

Excerpt 8 shares many similarities with excerpts 6 and 7. A resident, again Steven, adopts an affective stance, through a loud and intense vocalisation, in response to an action initiated by a member of staff. The excerpt begins with Melissa guiding Steven into the living room of the house, Steven having just been to the toilet.

Excerpt 8 (Ashgrove18)

1   Melissa: would you like a- what d' you want?

2   Steven: ((moves his hands down Melissa's arm to her right hand))

3   Steven: [°in (toilet)°

4   Steven: [((turns to his left, turning Melissa as he does so, both now face back

5   the way they came but Steven does not move towards the door))

6   Melissa: okay we'll go this way then (.4) where d' you wanna go? (.9)

7   Melissa: [((Melissa moves in front of Steven and brings her face close to his))

8   Melissa: [where do you want to go? (.)

9   Steven: MMMMMEE[RR ((loud vocalization))

10   Melissa: >no listen Steven< you can't go back in the toilet you've just been to

11   the toi [let

12   Steven: [MMMMMEERR (loud vocalization)

13   Melissa: would you like to go in y' room and listen to music?

14   Steven: ((sways from side to side, may be smiling))

15   Melissa: YEah come on then

   From the outset, Melissa is concerned with identifying some activity or location that will

be agreeable to Steven. It is important to note that, in response to Melissa's repaired open

question at line 1, Steven unambiguously states his preference to return to the toilet (line 3).

Though clearly audible, Steven's choice is not acknowledged. From the video recording,

Melissa's change of activity response token in line 6 is best understood as a response to

Steven's movement rather than his utterance. Melissa's repeated interrogatives in lines 6 and

8 do not demonstrate any orientation to Steven's expressed choice, except implicitly to treat it

as invalid. These repeated interrogatives, and the apparent rejection of his clearly stated

preferred next activity/location, elicit the first of two loud vocalisations from Steven (line 9),

clearly constituting and responded to as an affective stance.

   The vocalisation is well-timed as a response to the second interrogative and well-placed as

a complaint at his initial choice having been repeatedly ignored. The interpretation of Steven

having being heard but his response ignored or discounted, and that this constitutes legitimate grounds for complaint, is supported by Melissa's response at lines 10 and 11. The turn can be broken down into three parts. This first is a call for Steven's attention. This is issued with increased rate of speech, clearly mirroring the affective urgency of the vocalisation, but also problematising the complaint as based on lack of attention and/or understanding. Steven's affective stance is therefore recognised but treated as invalid on epistemic grounds. The importance of epistemic matters – what Steven may or may not know - is evident in the two remaining parts of Melissa's turn, the first of which is an explicit rejection of Steven's prior, and now evidently heard, choice – "you can't go back in the toilet" (line 10). This is justified by the third and final part, an appeal to their equal epistemic status – "you've just been to the toilet" (lines 10-11). Steven's loud vocalisations are clearly treated as constituting affective stances, through which he issues complaints and attempts to determine next actions. He is treated as having the deontic status necessary to do that, except on this occasion where his epistemic status, underlying both his affective and deontic stances, is called into question, (i.e., he is treated as not knowing that one does not immediately return to the toilet having just been).

In the final three excerpts it is the role that affective stances play in shaping next actions, the central importance of epistemic and deontic stances and statuses in determining how affective stances are treated, and the fact that speakers (here the staff) explicitly orient to these issues when determining and negotiating next actions with people with SPID that are worthy of note. Staff, at least in the excerpts presented here, demonstrably treat their interactional partners with SPID as possessing the necessary cognitive capabilities to adopt a range of affective, epistemic and deontic stances in interaction and as having the requisite statuses, with the occasional exception of epistemic status, to do those things. Finally, it is

worth mentioning that in all cases it is the authority of the resident that ultimately wins out, no more sun cream is applied and Steven eventually returns to the toilet.

Discussion

Hostyn and Maes (2009) called for an examination of the emotions of people with intellectual disabilities that recognised the emotional component "as mutually created in the interaction through the participation of both partners" (p.309). This analysis, the first multi-modal CA-based analysis of naturalistic sequences of interaction involving displays of affect by people with SPID, represents a preliminary attempt to answer that call and, in doing so, establishes a number of key issues. First, such displays are participants' concerns, for both people with SPID and those who support them, and are, for both parties, multi-modal phenomena, incorporating facial expressions, gestures, vocalisations, prosody, etc. Secondly, displays of affect by people with SPID require an attentive and motivated interactional partner if they are to be recognised as such, their object and/or function determined, and if they are to constitute an effective resource by which the preferences, needs and wishes of the individual are to be made public, acted upon and entered into experiential and institutional knowledge. Thirdly, these displays are, however, potentially challenging when they are displays of negative affect, particularly so when they occur in response to actions by support staff. On such occasions, displays of affect may challenge the social structures and power relations operating within social care services, and are, therefore, a precarious resource, i.e., they might not always be recognised, might not be explored and/or might be subordinated in pursuit of some institutional agenda or personal preference of their interactional partner.

The analysis also demonstrates the potential limitations and implications of the strategies that staff adopt when verbally orienting to affect. Adoption of the verbal modality has consequent implications for the continued participation of people with SPID. Support staff

often respond in ways that ascribe to people with SPID dual participation status; they can be spoken to and about to others, as if they were not there, within the same utterance. In defence of the members of staff, it should be remembered that they do these things for a variety of reasons. The practices they adopt when orienting to affect are entirely normative. They pursue intersubjectivity despite past experience of the limited utility of such efforts. They individually and collectively generate shared understandings of the preferences of people with SPID, and in these excerpts, they were, ultimately, respectful of individuals' right to self-determination, albeit within the constraints of social care provision.

The above observations may seem obvious or common sense. Indeed, explicating the interactional mechanisms on which mundane practices and common-sense understandings rely is the business of CA. But, by making such mechanisms and their normative functions explicit, CA also reveals the potential implications of their absence. It is sobering to imagine the consequences if staff in services, in response to displays of affect, did not to pursue intersubjectivity, if they did not ascribe to residents cognitive abilities at least equal to their own, or if they did not interactionally recognise the rights of people with severe or profound intellectual disabilities to express preferences and exercise self-determination. Failure to do such things would amount to the denial of basic humanity.

By identifying the above issues, the analysis highlights the potential value of adopting a socio-dynamic approach to emotions and the value of applying multi-modal CA to the examination of naturalistic data. There are admittedly limitations to the above analysis. The data set is small, but naturalistic recordings of interactions in social care services are ethically and practically challenging data to collect and, as can be seen here, orientations to affect occur infrequently. The sampling strategy of examining only verbal orientations to affect imposes another limitation on the analysis, but examination of non-verbal orientations to affect, their trajectories and functions simply represents an opportunity for further research.

Given access to a sufficient corpus of naturally occurring data, fine-grained multi-modal CA represents a valuable method of detecting and cataloguing regularities in displays of affect by people with SPID, in whether, when and how support staff respond to those displays, and in their consequences, for both the individuals involved and the instantiation of policy-led practice.

Conclusions

Displays of affect represent a valuable resource for people with SPID who might have limited access to other communication strategies. However, the social function of any display of affect demonstrably depends upon its uptake by an interactional partner, and their response may be shaped by a range of factors, from normative practices to contextual and/or institutional concerns.

Recommendations

All of the above points to two key recommendations. First, the need to examine naturally occurring displays of, and responses to, affect in services for people with SPID, and, in doing so, to conceive of emotions as distributed social phenomena. Second, the need to adopt methodologies capable of capturing and analysing such phenomena. Conversation Analysis represents one method that might meet this need, but more extensive data sets of video recordings of naturally occurring interactions between people with SPID and those who support them are required to support that task.

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