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The staff are your friends: intellectually disabled identities in official discourse and interactional practice

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[revision]

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Abstract

Talk between care-staff and people with learning disabilities may reveal a conflict between official policy and actual social practice. We explore a case in which care staff are in the process of soliciting residents' views on 'relationships'. Ostensibly, this is an empowering part of a group meeting, meant to help the residents understand their relationships with the people around them, and to value those which are positive. However, the talks mutates from solicitation to instruction and, in doing so, provides a vivid case of people with learning disabilities being attributed social rights more limited than is consistent with institutional service policy. We unpack the play of category membership in this episode to illustrate how conflicting agendas can lead to the construction, even in ostensibly empowering encounters, of identities actively disavowed at the level of official discourse.

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<u>Introduction</u>

In one sense, the 'identity' of being intellectually impaired is an official cover-sheet diagnostic fact, recorded on documents. According to the definitions used by authorities such as British Psychological Society (2001), the American Association on Mental Retardation (1992) and the American Psychiatric Association (1994), to diagnose someone as having a learning disability (or mental retardation, in North American usage) is to diagnose them as having a low IQ and to have what is called poor 'social / adaptive functioning'. However, social policy has to go beyond diagnosis, and prescribe what society must do. In the modern discourse of social policy, the person with learning disabilities is not merely someone with cognitive limitations, but someone with rights. As the UK Department of Health puts it, in a key policy document:

> 4.1 People with learning disabilities currently have little control over
> their own lives, though almost all, including the most severely disabled,
> are capable of making choices and expressing their views and
> preferences. The current problems are: Services have been too slow to
> recognise that people with learning disabilities have rights like other
> citizens .... [list continues] (<u>Valuing People</u>, Chapter 4, p 44)

The question for service providers (such as, in Britain, the National Health Service) is, how are those rights to be acknowledged, and, indeed, promoted? There is a potential dilemma at the actual level of everyday social interaction between service providers and people with learning disabilities (henceforth, LD). On the one hand, service providers ought to orient to the official, diagnostic features of having LD: delayed comprehension, limited memory span and the difficulties in social/adaptive skills that are supposed to follow from these cognitive impairments. A member of care staff, for example, acting within the official designation of the intellectual limits of the person with LD, might permissibly (or necessarily) speak to them slowly, less abstractly, and so forth. Indeed, literature on interviewing people with learning disabilities often recommends such

approaches (e.g. Finlay & Lyons, 2001; Prosser & Bromley, 1998). On the other hand - and this may be a conflict - the service provider ought to respect and promote the individual's rights: to personal choice, views and preferences, as the official discourse has it (see the extract from <u>Valuing People</u>, above).

But it is a matter of ordinary observation to say that those who talk to people with learning disabilities often modify what they say, and how they say it, in ways that seem intuitively to assume a greater degree of impairment, and across a broader range of areas of life, than is necessary. This has been termed a 'deficiency perspective' (Booth & Booth, 1994), or a 'deficit intervention' (Goodley, 2000). Some of these ways of talking imply that the person with learning disabilities has reduced rights to choose, express a preference or have a view. To talk with them that way is to imply an 'identity', just as much (or perhaps more) than does the explicit naming as 'deficient', 'retarded' and so on. Such terms are, in themselves, neutral. Indeed, historically they were a welcome replacement of a previous generation of terms like "cretinous", "imbecilic" and the like. For an individual on the receiving end, the descriptive term on his or her case-notes is less important than the treatment they get from the people around them.

If that treatment presumes deficiency, that might be rationalised within a medical model of disability as nothing more than a realistic appraisal of the consequences of the person's cognitive or linguistic limitations. However, social models of disability (e.g. Goodley, 2000; Oliver, 1990) alert us to the ways in which social processes and even the institutions developed to support disabled people can further disable.

It is here that the flexibility of the second aspect of the diagnostic criteria becomes important; recall that people with learning disabilities are identified in part by a measurable impairment in "social and/or adaptive functioning". The British Psychological Society defines this as the individual requiring "significant assistance to provide for his/her own survival …. and/or with his/her social/community adaptation (e.g. social problem solving, and social reasoning)" (British Psychological Society, 2001, p.6). But this assistance, and the 'adaptation' it is meant to provide for, has to be realised

in actual interaction. It is at the interface of rights and self-determination, on the one hand, and assumptions of impairment in comprehension and social awareness and reasoning on the other, where we would expect to see delicate (and indelicate) identity-based negotiations occur between people with learning disabilities and others.

This suggests, we think, that a close study of language in interaction will add to our understanding of intellectual impairment, at least if we are interested in how the intellectually impaired person navigates through the world. Analysis of how such a person is talked to will show up what the reports of people with learning disabilities themselves suggests - that the 'identity problem' for people with LD happens when they're attributed with deficiencies well beyond memory limitations, speech production difficulties and so forth, and when these attributions have implications for their social rights (for examples, see Bogdan & Taylor, 1994; Finlay & Lyons, 2005; Goodley, 2000).

Identities in theory and in practice
We shall be looking, then, at talk, and how a speaker - even one who is institutionally committed to a progressive social services policy - might set the person with LD in a world more restricted than would be defensible on the basis of their official intellectual diagnosis. The broader context is the observation that there are potential sources of difficulty in the social relationships between people with learning disabilities and the staff who are paid to support them. Identities and their associated rights can be conceived as both ideologically mandated (in such discourses as 'mission statements', white papers, formal agendas and other instruments which embody social policy) and discursively produced (in the turn-by-turn architecture of talk), with the possibility of inconsistency, and indeed contradiction, between the two.

In the data we shall be examining, we illustrate how in these two identities - the theoretical and the actual - might conflict. That is, the identities being discursively produced might contradict those that are being ostensibly promoted in the situation. This possibility is an important one to acknowledge in public services, where official service

philosophies and policies encourage the expression of particular, empowered identities and outcomes, as advocated in 'person-centred' approaches (Department of Health, 2001). Here we might find 'lip service' being paid to the philosophy, while actual practice, the enactment of identities and relationships, remains unaffected. Exploring this interplay of identities, then, has the potential to inform the social model of disability, particularly in its attempts to understand how medical/impairment models of disability might persist despite changes in the discursive content of services.

The particular episode we describe involves members of care-staff ostensibly seeking the views of residents with LD about their relationships; and ending up (as we shall argue) coaching the residents in who it is that they may (or ought to) call 'their friend'. Coaching people about who their friends are is a delicate business, fraught with implications about the competence as social beings. Our analysis tries to bring out how, in what they say and do, the care staff cast the residents into a social identity with defective social rights.

It is important to say at the outset that what the reader will find here is a case-study. We want to examine, in detail, one case of how a thoroughly routine piece of business imposes a flawed identity onto persons with an intellectual disability. Case-studies reveal and explicate, but they are not surveys. We cannot say how often cases like this happen, nor speculate why it happened here, in the sense of psychological motivation. This is a single incident, in one group meeting, in one residential home. That the conduct of the meeting it is utterly routine - in the sense that no-one in the episode seems surprised, or put out, by what happens - suggests at least that what we see is something within the range of normal practice; and what we shall see is how there can be (presumably unwanted) disempowering categorisation even in interactions between care staff and residents which are intended to be educative and empowering.

Conversation Analysis

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To get a sound grip on what speakers are doing with their talk, we use the accumulated conceptual apparatus of Conversation Analysis (henceforth, CA), which promises to reveal how social action is achieved through the medium of talk in interaction. In the forty years since the pioneering work of the group around Harvey Sacks (whose lectures were published posthumously as Sacks, 1992), CA has developed into a multidisciplinary enterprise attracting sociologists, linguists and psychologists, among others (for a sense of CA's beginnings, see Sacks, 1992; for overviews of its methods and style, see Hutchby and Wooffitt, 1998, and for a comparison with other forms of discourse analysis, Wooffitt 2005). Within the field of research on learning disability, CA has been used to study the communicative competence of people with a learning disability (e.g. Wootton, 1989), the practices of their assessment (e.g. Antaki, 1999), the manner in which they manage their identities in interviews (e.g. Rapley, Kiernan and Antaki, 1998), and the way they are referred to in case worker consultations (Wareing and Newell, 2005) among other topics.

The signal characteristics of CA are a reliance on recorded data which can be minutely inspected; and an openness to the way the participants in a scene display their own understandings of what they are doing and saying, including the identities they attribute to themselves and others. The theoretical perspective of CA on identities is that they should not be researched as if they were pre-given and enduring, but rather as they come up, and are used, in interaction. As Antaki and Widdicombe (1998) put it, taking up the thread of CA work since Sacks (1992):

> "...a person's identity is their display of, or ascription to, membership of some social category, with consequences for the interaction in which the display or ascription takes place. [...] Membership of a category is ascribed (and rejected), avowed (and disavowed) and displayed (and ignored) in local places and at certain times, and *it does these things as part of the interactional work that constitutes people's lives*." [Antaki and Widdicombe 1998, p 2; emphasis added]

It is important to be clear that we shall see, in the data we analyse, identity-ascription 'doing interactional work' in two distinct ways. One is in how staff talk about third parties. That is, how they instruct residents in what kind of person it is who must be included in the identity-category of 'friend'. The other is in the staff's implicit construction, by this very act of coaching, of the identities of the residents themselves.

An explicit note is in order on the very notion of 'disabled identities'. The reader will not see anyone in these data, explicitly call another person 'disabled' or use any more or less polite alternative (say, 'intellectually challenged' or 'retarded') still less an offensive one ('cretin', 'mongol' and the like). Certainly that happens in other times and places, and it is fair then to say that one has seen someone being ascribed an 'disabled identity'. But identity ascription is more subtle and pervasive. It is very important for our argument that someone can be ascribed a disabled identity not just by naming but being *treated* as disabled.

To see how that treatment cashes out, we shall be mobilising CA's observation that it a speaker can ascribe an identity by, as it were, 'hinting' (see, for example Sacks on the conceptual apparatus required to permit such things as a reference to being a 'hair stylist' to be, at least in the time he was writing, an index of sexual orientation; Sacks, 1992, Vol 1 Part I, lecture 6). We shall see two main ways of hinting (or of exploiting the category-bound features of an identity category, to use more technical terminology) and it may help orient the reader if we prefigure the analysis in outline. We shall be looking at talk among members of staff who are facilitating a routine discussion among a group of residents who have learning difficulties. First we shall see that the facilitators of the group suggest to their learning-disabled residents, in a discussion of 'relationships', that the category 'care worker' belongs naturally in among a the categories 'family members and friends'. That is identity-work in its own right, but seemingly concerns the identity of care workers - what implication does it have for the listening learning-disabled residents? It has an indirect, but powerful implication for the hearers' identity. They are being treated as folk for whom the 'natural' boundaries between professional staff and intimate family and friends does not obtain: the residents are too 'disabled' to enjoy the distinction.

The second is more direct. It is to treat the residents as not being able to form their own sense about who their friends are, and whose feelings ('natural' in anyone else) have to be explicitly coached.

Data and Analysis

Our data come from a residents' meeting recently held in a residential home in Britain[1]. According to the manager of the home, the aims of these meetings were to empower clients, to discuss day-to-day concerns that residents may have had, and to offer a social venue to facilitate group interaction and communication. Other staff members saw the meetings as providing an opportunity for residents to have a say in the running of the home, to air their grievances, and to contribute to planning future activities. The meetings were also used for instructional purposes. In the meeting we examine, the staff members had the following (pre-written) agenda items in their hands: do we all know what to do in case of fire?; ask clients where are the fire points?; ask clients what they would do in case of fire; update clients with the procedures for night and day. The meetings were attended by the residents of the home and whichever staff were on duty at the time. Two staff members and eight residents were present at the meeting we discuss here. Personal and place names, and other identifying details, have been changed.

The talk we shall discuss comes some 13 minutes into the session. The pre-written agenda item reads as follows: *the Day Centre is doing a course on relationships - ask clients what is a relationship, in their view; ask clients what they know of relationships*. An official characterisation of this episode of the group meeting would be that the staff members are pursuing the institutional goal of encouraging discussion and instructing the residents in 'relationships', presumably with the aim of increasing their understanding of the term so that they are better able to describe their social situation and, perhaps, improve it.

Our extract starts with "Melanie", one of the two staff members present, introducing the topic thus : *Right, d'you all know what relationships are?* This is initially met with silence, until the other staff member "Ann" rephrases the topic as a question and directs it (line 3) at a particular resident. (Notation, which attempts to approximate the way the speakers delivered their words, is explained in Appendix 1. A continuous transcript of the episode can be found in Appendix 2.)

Extract 1

```
01      Mel     right (.7) >d'you all know what< relationships are
02              (1.2)
03      Ann     Kelly (.8) what's a relation[ship
04      Tim                                 [(      [    )
05→     Kat                                         [cousins=
06      Ann     =don't know
07              (.4)
08      Mel     yes
09      ?       (hurry up [duck)
10      Tim              [is it (        )=
11→     Kat     =niece
12              (.3)
13      Mel     mhmm
14              (1.2)
15→     Kat     uncle
16              (.)
17      Mel     uhmm
18              (.3)
19      Ann     Tim knows this one don't you [Tim
20      Tim                                  [(I was already
21              here doing)=
```

We shall not go through all of the episode in detail, but we note at the start that at least one of the residents ("Katherine", rendered here as "Kat") essays answers which are within the broad range of what could be counted as 'knowing about relationships'. They are both types of 'relationships' but also 'relations', a contraction of the word 'relationships' (note that there is overlapping talk which begins half way through the word 'relationships' on line 3). The arrowed lines signal her contributions of *cousins, niece* and *uncle*. It is important that we establish this, as later we shall see that the residents' competence in knowing what relationships they have, and being able to given them a proper name, is precisely what becomes an issue.

What is 'a relationship'?

The next extract, which follows on immediately, shows that Tim is says he doesn't know, but Kat's answer in terms of family relationships is indeed acceptable to the staff: Mel explicitly instructs Tim that *it can be your mother*.

Extract 2

22	Ann	=yeah what's a relationship=
23	?	=hoo (bit obvious)
24		(.5)
25	Tim	dunno what it is[no
26	Ann	[(sighs)
27		(.2)
28	Kat	eh
29		(.)
30	Mel	It can be your m<u>o</u>th [er:,
31	Tim	[(r'ship-)=
32	Kat	=m<u>o</u>th [er

Kat echoes *mother*, but staff member Mel (below) comes in, in overlap, to launch a list of terms which, like *mother*, denote family relationships:

Extract 3

33	Mel	[father, (.6) husband or [wi̱ fe
34	Tim	[(network,
35		network-) (.) [(doing it at-)
36	Mel	[br̲others, [(.) sis:ters
37	Kat	[>brothers<
38	Val	a̲unties,
39	Tim	([ )
40	Mel	[aunties,
41	Tim	( )
42		(.5)
43→	Ann	ca:re workers, =
44	Tim	=yeah.
45		(.)
46	Val	uncle[s
47→	Ann	[and friends
48		(.2)
49	Tim	friends yeah
50		(.3)
51	Mel	ye:[s
52	Tim	[Bob's doin it
53		(.2)
54	?	(oo bottle)=
55	Mel	=what else Val

What we want to draw attention to in the extract above is Ann's contribution at line 43
(arrowed). So far we have seen that the care staff have initiated a discussion (to use a
rough characterisation) of 'relationships'; Mel, prompted by one of the resident's (Kat's)
initial suggestion of family relationships (or relations), has been listing a series of further
family roles. Val, one of the residents, has entered the spirit of the exercise and has

contributed *aunties*; this is ratified, in a confirming echo, by Mel. At various points another resident, Tim, has taken turns which are difficult to hear on the tape, and have not been picked up on by the staff.

Now Ann, the other care staff member, moves the list on from family to other people with relationships to the clients, saying *care workers*. The way she says it is in "list intonation" (see Jefferson, 1990 on using lists in interaction), showing that it disattends Tim's turn, and is meant to add another item to the catalogue of family roles that Kat and Mel have established and Val has extended. Val continues to list family relations after this, but Ann continues the list with another apparently anomalous category: *friends*. In the list of people who one has relationships with, then, we find 'care-workers' located, apparently naturally, among family relations and friends.

Different kinds of relationships

Here we may pause, to consider the categorical connection between family member terms such as *sister, father* and so on (we shall get to *friends* in a moment), and occupational role holder terms such as *care worker*. Semantically, they clearly come from different domains. Yet by not marking any disjunction in the developing list, Ann proposes the item *care worker* a member of the same set as family relations. Lists are what Sacks would call "membership categorisation devices" (Sacks, 1992, Vol 1, Part I, lecture 6): ways of shepherding together otherwise disparate entities according to some criterion which they have, or can be alleged to have, in common. Certainly care-workers and family members are all roles or figures in societally-sanctioned institutions. In either institution one can have a 'relationship', in some sense, with another member of the same group.

But the two forms of institution, and the two kinds of relationship, are different in important ways. Families can be thought to be held together by ties of nature, mutual obligation and affection. Residential homes operate through one group of people (care staff) being paid to provide support and enact policy on behalf of their employers, for the

benefit of those who live there. Yet Ann, by adding the word 'care workers' to a list so far composed only of family terms, is inviting the residents to see their relation to care home workers as being comparable to their relations to their family members. Moreover, recall that Ann finished off the list with *and friends*; yet friends, even more than family members, are people one chooses, and with whom one has a relation sustained by discovered shared values and interests as well as mutual affection. In this company, *care worker* appears to be semantically out of place.

We might at this point take a short detour to set this observation about how category-terms change their senses according to the company they keep (for fuller accounts, see the collections of work in Antaki & Widdicombe, 1998 and Hester and Housley, 2002) . Sacks (1992, e.g. Vol 1, Part I, lecture 6; Part II lecture 7; Part III, lectures 1 and 2) notes that one understands the force of a single category-term like (say) 'teacher' according to the band of co-terms it is being recruited into. Thus a sentence like "the teacher spent the morning with the Year 1 students" implies, because of the accompanying "year 1 students", that sense of 'teacherness' that carries with it authority over children, control, pedagogic direction and so on. But a sentence like "the teacher spent the morning with the school inspectors" implies that sense of teacherness which is professional, documentary and accountable; and the implications have interactional consequences. So for Ann to align *care worker* with *brother* and *auntie* deletes the merely workaday features of the job and implies that element of being a care worker that shares something with family members (and does not share with, say, *manager* or *cleaner*). We shall say more about what these features are as the interaction progresses and the theme recurs more vividly.

We skip a number of turns in which the staff directly question two residents who have not yet spoken; one does not respond, and the other responds with talk that is apparently off-topic. The staff reiterate the official, agenda-item version of the question, thus:

Extract 4
84   Mel   sorry (.8) <u>what</u> <u>was</u> <u>thi</u>s (1.4) <u>Natalie:</u> (1.8)

13

85		>what do you know< about relationships come
86		along Nat tell me (.) you haven't spoken (.) please
87		(.6)
88	?	((belch))
89	?	(ooh)
90		(.8)
91	Nat	>I wa'< thinking=
92	Mel	=oh (.) go:od (because) I can hear ticking
93		(1.0)
94	Ann	>what's your relationship< with your care-worker
95		Natalie.
96		(3.5)
97	Nat	e's er I dunno
98		(.8)
99	Ann	what's he there for.

Mel's initial, view-soliciting question is met by uncertainty, and Ann, the other staff member, attends to the problem (as she has done before; see extract 1) by respecifying the question at line 94. Notice that she does so in a way that although simpler for the resident to answer, nevertheless smuggles in a tendentious reading of the situation. She asks *what's your relationship with your care worker?*. This kind of question, because it allows a one -word answer (for example 'good', or 'okay') is much less demanding than Mel's original question, which asks *what do you know about relationships*. In that sense, it is a 'repair' of a problem with the question (Houtkoop-Steenstra, 2000).

But the effect is to nominate 'your care worker' as the first candidate for a relationship for the resident to talk about. This re-establishes Ann's development of 'relationships' (which we have seen started off as family member terms) to include occupational roles; moreover, not only in the abstract, but the residents' own care-worker. In response to Nat's answer of 'I dunno' to the first repair, Ann makes a second repair, respecifying the question of relationships into one of function (line 99: *what's he there for*). The clue to

describing a relationship in this sequence, then, rests on describing the function of the person. As we shall see, this becomes crucial to the later elision of 'care-worker' with 'friend'.

What seems to have started out, then, as a solicitation of resident's views about 'relationships' is being steered towards a consideration of just one sort of relationship, in the service of making *care worker* comparable to family members and friends. The residents have still not fully voiced their agreement of the staff's proposition, and the subject is pursued.

<u>Pursuing confirmation of a particular kind of relationship</u>

The staff member has asked the resident what her relationship is with her care worker, and then, to make it even more concrete, *what he is there for*. This process of modifying general questions by making them more specific is one that has been noted in previous conversation analytic work looking at interactions with people with learning difficulties, and has been identified as one of the ways that people can be led towards producing positive statements about their lives or the services they use (Antaki 1999, 2002; Houtkoop-Steenstra and Antaki, 1997). In the first part of the following extract (which carries on immediately form the one above) we see Natalie answer the question of function: the care worker *help(s)*. Notice, however, how Ann redirects the direction of Natalie's description:

<u>Extract 5 (follows on immediately from extract 4)</u>
100   (.6)
101   Kat   help
102   (.7)
103   Ann   °um°
104   (.5)
105   Kat   <u>help</u>
106   (.4)

15

```
107→   Ann     talk to:

108             (.2)

109     Nat     yes

110             (1.3)

111→   Ann     and do you >go and talk to him↑<

112             (.8)

113     Nat     (do) you want he:r

114             (.3)

115     Ann     her

116             (.2)

117     Nat     yeah

118             (.6)
```

Ann suggests (line 107), in a candidate answer (Pomerantz, 1988; see also Houtkoop-Steenstra 2000 pp 30-31), that the care worker is someone that Natalie can *talk to*. Note the elongated 'to:', a device that is commonly used in teaching or parent/child interactions to indicate the other person is expected to finish the sentence (see, for example, Edwards and Mercer, 1987) and we might speculate the word being prompted here is either 'you' or 'him'. "Someone you can talk to" is a description that, in British culture at least, is often heard as warmly personal, and perhaps even non-institutional. One may say that a doctor, apart from being efficient, is *someone you can talk to*; conversely, if someone is merely officious, and unable or unwilling to unbend, then however good at their job, she or he *isn't someone you can talk to*. Ann is inviting Natalie, then, to evaluate the care worker as someone who is likeably informal - to have a social presence in her life, as well as an official one. Nat's response at line 109 is apparently a minimal agreement; but her further response to Ann's *do you go and talk to him* is not well formatted (line 113). Mel presses for an explicit response:

Extract 6 (follows on immediately from extract 5)

```
119     Mel     what kind of relationship do you have with her ↓dear
```

120		(1.9)
121	Nat	<u>al</u>right
122		(1.0)
123	Mel	umm
124		(.3)
125	Tim	(coughs)=
126→	Nat	=(is) she (.) she's <u>al</u>right
127		(.2)
128	Mel	she's <u>al</u>right=
129	Nat	=yeah=
130→	Ann	=<u>so</u> she's a <u>friend</u>=

Nat twice (in lines 121 and 126) volunteers her opinion that the care worker is *alright*. This, in British idiom, is a minimally positive assessment. Mel echoes it for confirmation (line 128) and Nat confirms. In a direct latch, Ann then immediately draws out the implication of what Nat has said as *so she's a friend*.

Notice that Ann put this to Nat as a *formulation* (Heritage and Watson, 1979). Heritage and Watson note that the practice is formatted as a conversational adjacency pair, with a preference for agreement. That is, if one speaker formulates what has just been said (either by summarising the gist of it, or by drawing out its relevant implication or upshot, as Ann does here), then the other speaker is expected to take the opportunity to acknowledge that formulation, and to ratify it.

The point about a formulation of this sort - which is much more common in institutional talk, as opposed to the egalitarian talk of ordinary conversation (Drew, 2003), is that it can offer a reading which is pregnant with interpretation, and not necessarily in tune with the original speaker's professed interests. Here we see Ann use it to bring out the (alleged) implication of the description Nat has offered: that, given what has been said, then *she's a friend*. This is built to get agreement (see Sacks, 1987, on the preference for agreement in interaction). Not to agree with a formulation is to go

against the norms of conversation, and may cause turbulence; and indeed, as we see in the extract below (which carries on immediately after the one above) Natalie agrees with Ann's formulation. Yet what Kat had said was the minimal description that the care worker was *alright*; to infer that that meant she was a friend is remarkably tendentious. Nevertheless, Ann agrees:

Extract 7 (follows on immediately from extract 6)

```
131    Nat      =yeah (.) °she's a [friend°
132    Ann                        [yeah
133             (.5)
134    Nat      Stacey's a friend
135             (.2)
136    Mel      right (.6) so er (.3) the carer the (.2) >night carer<
137             who comes on this evening what is she to you
138             (1.0)
139    Kat      h [elper
140    Mel        [what relationship is that to you
141             (1.2)
142    ?        °a- e::r°
143    Nat      help me
144             (.3)
145→   Mel      yeah but what do you always say (.) she is (.) my:
146             (.3)
147    Nat      friend
148             (.3)
149    Kat      friend
```

The last extract, above, has the final mention of institutionally-based relationships in this episode. In line 136 Mel brings up a different member of staff (*the night carer)* and asks about her relationship to Kat or Nat (both at times respond to this sequence of questions).

Kat answers 'helper': an institutional relationship. Mel then reformulates the question, indicating that the answer is inadequate. Nat tries 'help me', which is again treated as inadequate. Mel then uses a suggestive incomplete sentence *what do you always say she is my...*, elongating the final word and leaving a pause to elicit the answer. Nat, and then Kat, come up with 'friend'. Once again, what was proposed by the resident has been trumped by the staff, who pursue the description until it is cast as a personal, non-institutional one.

In all of this, then, we have seen staff apparently pursuing an official agenda item of finding out what residents know about, and their views on, 'relationships'. In so doing, however, they have overruled the resident's assessments of care-workers in the residence, and substituted 'friend' for a care worker originally described merely as *alright*, and for a night-carer originally described as *helps me*. Close inspection of the talk showed that they did so by a subtle play of categorical terms (inserting *care-worker* into a list of family member terms and *friend*), pursuit of otherwise adequate answers, and tendentiously formulating residents' talk. We consider the upshot of all this in the concluding section.

Discussion

This article was about identities at play in a single episode of interaction between care-staff and a group of people with learning disabilities. We focussed on one particular exchange within the episode to argue that 'disempowerment' is a danger even in what is on the agenda is a (supposedly empowering) solicitation of residents' views. We should make it clear that we do not want to single out these particular care staff personnel, nor imply that their conduct is uniformly negative. We mean, rather, to use them to illustrate a standing dilemma for any institutional personnel who have to realise, in everyday interaction, the aspirations of official discourse. That is the promise of case-studies of routine practice. It ought to identify the workings, and the effects, of ways of working which are embedded in (but might be contradictory to) institutional normality. We remind the reader that we do not know how often this practice happens, nor its

distribution according to standard sociological or psychological factors (whether it is more common among, say, more or less experienced care staff, or in more or less well regulated residential homes, and so on). But we can say that when it happened in this case, it came off as routine; and it had the effect of ascribing a disempowered identity to the people on the receiving end.

We saw staff ascribe a disempowered identity to the residents in two ways. Neither were signalled by anything so obvious as name-calling. Both were matters of the residents' *treatment* by the staff.

The first is revealed simply in the process of interaction, in the ways in which turns are taken, troubles signalled and so on. What we see is that the staff direct the interaction towards certain statements, signal when a resident's utterance is a source of trouble and lead the residents to producing particular types of statements. All this is manifest in the use of answer pursuits, candidate answers, leading sentences with one word missing, formulations and so on. In doing so, the identities of the residents as incompetent and dependent, and the identities of the staff as knowledgeable and as in charge are acted out in the moment-by-moment details of the interaction. It might be argued that here we see the bald operation of power: it is the staff who control the interaction and its outcome, and judge whether an utterance is adequate or not, even though the agenda item they are following mandates them to *find out the residents' views*. The content of the discussion is almost irrelevant here – it is in the process that relationships and identities are enacted. The process of the group discussion, then, while meant to empower the residents by encouraging them to speak up, disempowers them and treats them as deficient – people to be coached – thus reinforcing impairment models of the identity of people with learning disabilities. Note that they do this in similar ways, using similar conversational forms, to those that have been observed in other services and with other interactants since the first close inspection of such talk (Marková, 1991), so we have some confidence that this is a more general phenomenon that can happen in services for people with learning disabilities. These findings fit into the social model of disability (Oliver, 1990), which

claims that there is a distinction between impairment and the way society and its institutions disables people through its reactions to impairment.

The second way in which identity became an issue is, we think, more subtle and interesting. It is revealed in the interplay between the staff's account of the identities of third parties, not present in the interaction and the implied identities of the residents to whom the staff are talking. The staff worked to set (non-present) 'care-workers' in a collection of person categories including friends and family members. That collection was meant to coach the residents in who they ought to count as their friends. But coaching someone implies that they need coaching, and the content of the instructions reveals the nature of the deficit they are supposed to suffer. In effect, the staff treated the residents as having an identity impaired in its powers of basic social discrimination. They are treated as being unable to tell who their friends were, and being in need of having to count care-staff among them.

Recall that, according to the key Department of Health document, Valuing People (2001), people with learning disabilities are to be accorded ordinary rights. With regard to relationships, this includes "the right to a decent education, to grow up
to vote, *to marry and have a family, and to express their opinions*, with
help and support to do so where necessary." (Department of Health, 2001, p XX; emphasis added). If they have the right to marry, then, *a fortiori*, they have the right to know and choose their friends.

We must ask what functions it might serve an institution to have people publicly state that a staff member is their friend rather than their carer (or indeed their teacher, their protector, their servant, or their advocate, to list other possible institutional roles). As we noted above when discussing CA's analysis of category terms and their implications (Sacks 1992), to specify a category is also to specify imply roles, hierarchies, obligations, and repertoires of behaviour. The identity of 'friend' might imply a range of things such as equality, mutual support, enjoyment of each others company, familiarity, ease of social interaction, and absence of ulterior motives. When one acts for a friend, the moral order

requires we try to act in their best interests. Each of these associations answers a problem for a residential institution, and each overcomes alternative constructions of the relationship (and therefore identity) between staff member and resident.

Why might it be desirable for a residential home to construct staff/service-user relationships in terms of friendships? Firstly such a construction implies happy people, a lack of conflict between staff and residents, and a harmonious social environment. This over-rides more difficult negotiations about relations between those paid by the state of a non-governmental organisation and accountable to those bodies, and those they are there to support, and in particular the issue of power and control. If staff are constructed as acting on the basis of friendship, then their motivations, and loyalties, are not brought into question. Secondly, it implies an equality in the humanity of the service-user and the staff. This is just and right, and negates stigmatizing conclusions which are always latent in social constructions of people with learning disabilities, but the danger, as we have seen, is that it becomes 'lip service' if it obscures the ways in which identities are actually enacted.

Overall, we might see, in this single case study, the operation of the dilemma between care and control that is well-known to students of the caring professions, but given specific discursive form. It is a standing danger for any institution that its official account of the people with whom it works may not be consistently respected in its officials' routine day-today dealings with them. As we have seen here, even in ostensible empowering guidance on relationships may, under pressure to reach interactional goals of closure, result in the attribution of people with learning disabilities with an unwarrantedly limited social identity.

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Appendix 1: Transcription Symbols

`(.)`	Just noticeable pause
`(.3), (2.6)`	Examples of timed pauses
`word [word`	
`     [word`	The start of overlapping talk.
`.hh, hh`	In-breath (note the preceding full stop) and out-breath respectively.
`wo(h)rd`	(h) shows that the word has "laughter" bubbling within it
`wor-`	A dash shows a sharp cut-off
`wo:rd`	Colons show that the speaker has stretched the preceding sound.
`(words)`	A guess at what might have been said if unclear
`(    )`	Very unclear talk.
`word=`	
`=word`	No discernible pause between two sounds or turns at talk
`word, WORD`	Underlined sounds are louder, capitals louder still
`°word°`	Material between "degree signs" is quiet
`>word word<`	Faster speech
`<word word>`	Slower speech
`↑word`	Upward arrow shows upward intonation
`↓word`	Downward arrows shows downward intonation
`→`	Analyst's signal of a significant line
`((sobbing))`	Attempt at representing something hard, or impossible, to write phonetically

Appendix 2: Continuous transcript of the episode analysed in the article. All names and identifying details have been altered.

```
01      Mel     right (.7) >d'you all know what< relationships are
02              (1.2)
03      Ann     Kelly (.8) what's a relation[ship
04      Tim                                 [(       [    )
05      Kat                                          [cousins=
06      Ann     =don't know
07              (.4)
08      Mel     yes
09      ?       (hurry up [duck)
10      Tim               [is it (          )=
11      Kat     =niece
12              (.3)
13      Mel     mhmm
14              (1.2)
15      Kat     uncle
16              (.)
17      Mel     uhmm
18              (.3)
19      Ann     Tim knows this one don't you [Tim
20      Tim                                  [(I was already
21              here doing)=
22      Ann     =yeah what's a relationship=
23      ?       =hoo (bit obvious)
24              (.5)
25      Tim     dunno what it is[      no
26      Ann                     [(sighs)
27              (.2)
28      Kat     eh
```

29		(.)
30	Mel	It can be your m<u>oth</u> [er:,
31	Tim	[(r'ship-)=
32	Kat	=m<u>o</u>th [er
33	Mel	[f<u>a</u>ther, (.6) husband or [w<u>i</u> fe
34	Tim	[(network,
35		network-) (.) [(doing it at-)
36	Mel	[br<u>o</u>thers, [(.) sis:ters
37	Kat	[>brothers<
38	Val	<u>au</u>nties,
39	Tim	([ )
40	Mel	[aunties,
41	Tim	( )
42		(.5)
43	Ann	ca:re workers, =
44	Tim	=yeah.
45		(.)
46	Val	uncle[s
47	Ann	[and friends
48		(.2)
49	Tim	friends yeah
50		(.3)
51	Mel	ye:[s
52	Tim	[Bob's doin it
53		(.2)
54	?	(oo bottle)=
55	Mel	=what else Val
84	Mel	sorry (.8) <u>wh</u>at <u>was</u> <u>th</u>is (1.4) <u>Natali</u>e: (1.8)
85		><u>wh</u>at do you <u>know</u>< about relationships come
86		<u>along</u> Nat <u>te</u>ll me (.) you haven't <u>spok</u>en (.) please
87		(.6)

88	?	((belch))
89	?	(ooh)
90		(.8)
91	Nat	>I wa'< <u>think</u>ing=
92	Mel	=oh (.) go:od (because) <u>I</u> can hear ticking
93		(1.0)
94	Ann	><u>what</u>'s <u>your</u> <u>rela</u>tionship< with your care-worker
95		Natalie.
96		(3.5)
97	Nat	e's er I dunno
98		(.8)
99	Ann	<u>what</u>'s <u>he</u> there for.
100		(.6)
101	Kat	help
102		(.7)
103	Ann	°um°
104		(.5)
105	Kat	<u>hel</u>p
106		(.4)
107	Ann	talk <u>to:</u>
108		(.2)
109	Nat	yes
110		(1.3)
111	Ann	and <u>do</u> you >go and talk to him↑<
112		(.8)
113	Nat	(do) you want <u>he:r</u>
114		(.3)
115	Ann	her
116		(.2)
117	Nat	yeah
118		(.6)

119	Mel	what kind of relationship do you have with her ↓dear
120		(1.9)
121	Nat	alright
122		(1.0)
123	Mel	umm
124		(.3)
125	Tim	(coughs)=
126	Nat	=(is) she (.) she's alright
127		(.2)
128	Mel	she's alright=
129	Nat	=yeah=
130	Ann	=so she's a friend=
131	Nat	=yeah (.) °she's a [friend°
132	Ann	[yeah
133		(.5)
134	Nat	Stacey's a friend
135		(.2)
136	Mel	right (.6) so er (.3) the carer the (.2) >night carer<
137		who comes on this evening what is she to you
138		(1.0)
139	Kat	h [elper
140	Mel	[what relationship is that to you
141		(1.2)
142	?	°a- e::r°
143	Nat	help me
144		(.3)
145	Mel	yeah but what do you always say (.) she is (.) my:
146		(.3)
147	Nat	friend
148		(.3)

149   Kat   friend

* Document showing textual changes

The staff are your friends: intellectually disabled identities in official discourse and interactional practice

Abstract

Talk between care-staff and people with learning disabilities may reveal a conflict between official policy and actual social practice. We explore a case in which care staff are in the process of soliciting residents' views on 'relationships'. Ostensibly, this is an empowering part of a group meeting, meant to help the residents understand their relationships with the people around them, and to value those which are positive. However, the talks mutates from solicitation to instruction and, in doing so, provides a vivid case of people with learning disabilities being attributed social rights more limited than is consistent with institutional service policy. We unpack the play of category membership in this episode to illustrate how conflicting agendas can lead to the construction, even in ostensibly empowering encounters, of identities actively disavowed at the level of official discourse.

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Introduction

In one sense, the 'identity' of being intellectually impaired is an official cover-sheet
diagnostic fact, recorded on documents. According to the definitions used by authorities
such as British Psychological Society (2001), the American Association on Mental
Retardation (1992) and the American Psychiatric Association (1994), to diagnose
someone as having a learning disability (or mental retardation, in North American usage)
is to diagnose them as having a low IQ and to have what is called poor 'social / adaptive
functioning'. However, social policy has to go beyond diagnosis, and prescribe what
society must do. In the modern discourse of social policy, the person with learning
disabilities is not merely someone with cognitive limitations, but someone with rights. As
the UK Department of Health puts it, in a key policy document:

<div style="margin-left:2em;">

4.1 People with learning disabilities currently have little control over
their own lives, though almost all, including the most severely disabled,
are capable of making choices and expressing their views and
preferences. The current problems are: Services have been too slow to
recognise that people with learning disabilities have rights like other
citizens .... [list continues] (Valuing People, Chapter 4, p 44)

</div>

The question for service providers (such as, in Britain, the National Health Service) is,
how are those rights to be acknowledged, and, indeed, promoted? There is a potential
dilemma at the actual level of everyday social interaction between service providers and
people with learning disabilities (henceforth, LD). On the one hand, service providers
ought to orient to the official, diagnostic features of having LD: delayed comprehension,
limited memory span and the difficulties in social/adaptive skills that are supposed to
follow from these cognitive impairments. A member of care staff, for example, acting
within the official designation of the intellectual limits of the person with LD, might
permissibly (or necessarily) speak to them slowly, less abstractly, and so forth. Indeed,
literature on interviewing people with learning disabilities often recommends such

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approaches (e.g. Finlay & Lyons, 2001; Prosser & Bromley, 1998). On the other hand - and this may be a conflict - the service provider ought to respect and promote the individual's rights: to personal choice, views and preferences, as the official discourse has it (see the extract from <u>Valuing People</u>, above).

But it is a matter of ordinary observation to say that those who talk to people with learning disabilities often modify what they say, and how they say it, in ways that seem intuitively to assume a greater degree of impairment, and across a broader range of areas of life, than is necessary (this has been termed a 'deficiency perspective' – Booth & Booth, 1994; or a 'deficit intervention' - Goodley, 2000). Some of these ways of talking imply that the person with learning disabilities has reduced rights to choose, express a preference or have a view. <u>That is to imply an 'identity', just as much (or perhaps more) than does the explicit naming as 'deficient', 'retarded' and so on. Such terms are, in themselves, neutral. Indeed, historically they were a welcome replacement of a previous generation of terms like "cretinous", "imbecilic" and the like. For an individual on the receiving end, the descriptive term on his or her case-notes is less important than the treatment they get from the people around them.</u>

<u>If that treatment presumes deficiency, that might be rationalised within</u> a medical model of disability, as nothing more than a realistic appraisal of the consequences of the person's cognitive or linguistic limitations. However, social models of disability (e.g. Goodley, 2000; Oliver, 1990) alert us to the ways in which social processes and even the institutions developed to support disabled people can further disable.

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 It is here that the flexibility of the second aspect of the diagnostic criteria becomes important; recall that people with learning disabilities are identified in part by a measurable impairment in "social and/or adaptive functioning". The British Psychological Society defines this as the individual requiring "significant assistance to provide for his/her own survival …. and/or with his/her social/community adaptation (e.g. social problem solving, and social reasoning)" (British Psychological Society, 2001, p.6). But this assistance, and the 'adaptation' it is meant to provide for, has to be realised

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in actual interaction. It is at the interface of rights and self-determination, on the one hand, and assumptions of impairment in comprehension and social awareness and reasoning on the other, where we would expect to see delicate (and indelicate) identity-based negotiations occur between people with learning disabilities and others.

This suggests, we think, that a close study of language in interaction will add to our understanding of intellectual impairment, at least if we are interested in how the intellectually impaired person navigates through the world. Analysis of how such a person is talked to will show up what the reports of people with learning disabilities themselves suggests - that the 'identity problem' for people with LD happens when they're attributed with deficiencies well beyond memory limitations, speech production difficulties and so forth, and when these attributions have implications for their social rights (for examples, see Bogdan & Taylor, 1994; Finlay & Lyons, 2005; Goodley, 2000).

Identities in theory and in practice
We shall be looking, then, at talk, and how a speaker - even one who is institutionally committed to a progressive social services policy - might set the person with LD in a world more restricted than would be defensible on the basis of their official intellectual diagnosis. The broader context is the observation that there are potential sources of difficulty in the social relationships between people with learning disabilities and the staff who are paid to support them. Identities and their associated rights can be conceived as both ideologically mandated (in such discourses as 'mission statements', white papers, formal agendas and other instruments which embody social policy) and discursively produced (in the turn-by-turn architecture of talk), with the possibility of inconsistency, and indeed contradiction, between the two.

In the data we shall be examining, we illustrate how in these two identities - the theoretical and the actual - might conflict. That is, the identities being discursively produced might contradict those that are being ostensibly promoted in the situation. This possibility is an important one to acknowledge in public services, where official service

philosophies and policies encourage the expression of particular, empowered identities and outcomes, as advocated in 'person-centred' approaches (Department of Health, 2001). Here we might find 'lip service' being paid to the philosophy, while actual practice, the enactment of identities and relationships, remains unaffected. Exploring this interplay of identities, then, has the potential to inform the social model of disability, particularly in its attempts to understand how medical/impairment models of disability might persist despite changes in the discursive content of services.

The particular episode we describe involves members of care-staff ostensibly seeking the views of residents with LD about their relationships; and ending up (as we shall argue) coaching the residents in who it is that they may (or ought to) call 'their friend'. Coaching people about who their friends are is a delicate business, fraught with implications about the competence as social beings. Our analysis tries to bring out how, in what they say and do, the care staff cast the residents into a social identity with defective social rights.

It is important to say at the outset that what the reader will find here is a case-study. We want to examine, in detail, one case of how a thoroughly routine piece of business imposes a flawed identity onto persons with an intellectual disability. Case-studies reveal and explicate, but they are not surveys. We cannot say how often cases like this happen, nor speculate why it happened here, in the sense of psychological motivation. This is a single incident, in one group meeting, in one residential home. That the conduct of the meeting it is utterly routine - in the sense that no-one in the episode seems surprised, or put out, by what happens - suggests at least that what we see is something within the range of normal practice; and what we shall see is how there can be (presumably unwanted) disempowering categorisation even in interactions between care staff and residents which are intended to be educative and empowering.

Conversation Analysis

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To get a sound grip on what speakers are doing with their talk, we use the accumulated conceptual apparatus of Conversation Analysis (henceforth, CA), which promises to reveal how social action is achieved through the medium of talk in interaction. In the forty years since the pioneering work of the group around Harvey Sacks (whose lectures were published posthumously as Sacks, 1992), CA has developed into a multidisciplinary enterprise attracting sociologists, linguists and psychologists, among others (for a sense of CA's beginnings, see Sacks, 1992; for overviews of its methods and style, see Hutchby and Wooffitt, 1998, and for a comparison with other forms of discourse analysis, Wooffitt 2005). Within the field of research on learning disability, CA has been used to study the communicative competence of people with a learning disability (e.g. Wootton, 1989), the practices of their assessment (e.g. Antaki, 1999), the manner in which they manage their identities in interviews (e.g. Rapley, Kiernan and Antaki, 1998), and the way they are referred to in case worker consultations (Wareing and Newell, 2005) among other topics.

The signal characteristics of CA are a reliance on recorded data which can be minutely inspected; and an openness to the way the participants in a scene display their own understandings of what they are doing and saying, including the identities they attribute to themselves and others. The theoretical perspective of CA on identities is that they should not be researched as if they were pre-given and enduring, but rather as they come up, and are used, in interaction. As Antaki and Widdicombe (1998) put it, taking up the thread of CA work since Sacks (1992):

"...a person's identity is their display of, or ascription to, membership of some social category, with consequences for the interaction in which the display or ascription takes place. [...] Membership of a category is ascribed (and rejected), avowed (and disavowed) and displayed (and ignored) in local places and at certain times, and *it does these things as part of the interactional work that constitutes people's lives*." [Antaki and Widdicombe 1998, p 2; emphasis added]

It is important to be clear that we shall see, in the data we analyse, identity-ascription 'doing interactional work' in two distinct ways. One is in how staff talk about third parties. That is, how they instruct residents in what kind of person it is who must be included in the identity-category of 'friend'. The other is in the staff's implicit construction, by this very act of coaching, of the identities of the residents themselves.

An explicit note is in order on the very notion of 'disabled identities'. The reader will not see anyone in these data, explicitly call another person 'disabled' or use any more or less polite alternative (say, 'intellectually challenged' or 'retarded') still less an offensive one ('cretin', 'mongol' and the like). Certainly that happens in other times and places, and it is fair then to say that one has seen someone being ascribed an 'disabled identity'. But identity ascription is more subtle and pervasive. It is very important for our argument that someone can be ascribed a disabled identity not just by naming but being *treated* as disabled.

To see how that treatment cashes out, we shall be mobilising CA's observation that it a speaker can ascribe an identity by, as it were, 'hinting' (see, for example Sacks on the conceptual apparatus required to permit such things as a reference to being a 'hair stylist' to be, at least in the time he was writing, an index of sexual orientation; Sacks, 1992, Vol 1 Part I, lecture 6). We shall see two main ways of hinting (or of exploiting the category-bound features of an identity category, to use more technical terminology) and it may help orient the reader if we prefigure the analysis in outline. We shall be looking at talk among members of staff who are facilitating a routine discussion among a group of residents who have learning difficulties. First we shall see that the facilitators of the group suggest to their learning-disabled residents, in a discussion of 'relationships', that the category 'care worker' belongs naturally in among a the categories 'family members and friends'. That is identity-work in its own right, but seemingly concerns the identity of care workers - what implication does it have for the listening learning-disabled residents? It has an indirect, but powerful implication for the hearers' identity. They are being treated as folk for whom the 'natural' boundaries between professional staff and intimate family and friends does not obtain: the residents are too 'disabled' to enjoy the distinction.

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The second is more direct. It is to treat the residents as not being able to form their own sense about who their friends are, and whose feelings ('natural' in anyone else) have to be explicitly coached.

Data and Analysis

Our data come from a residents' meeting recently held in a residential home in Britain[1]. According to the manager of the home, the aims of these meetings were to empower clients, to discuss day-to-day concerns that residents may have had, and to offer a social venue to facilitate group interaction and communication. Other staff members saw the meetings as providing an opportunity for residents to have a say in the running of the home, to air their grievances, and to contribute to planning future activities. The meetings were also used for instructional purposes. In the meeting we examine, the staff members had the following (pre-written) agenda items in their hands: do we all know what to do in case of fire?; ask clients where are the fire points?; ask clients what they would do in case of fire; update clients with the procedures for night and day. The meetings were attended by the residents of the home and whichever staff were on duty at the time. Two staff members and eight residents were present at the meeting we discuss here. Personal and place names, and other identifying details, have been changed.

The talk we shall discuss comes some 13 minutes into the session. The pre-written agenda item reads as follows: *the Day Centre is doing a course on relationships - ask clients what is a relationship, in their view; ask clients what they know of relationships*. An official characterisation of this episode of the group meeting would be that the staff members are pursuing the institutional goal of encouraging discussion and instructing the residents in 'relationships', presumably with the aim of increasing their understanding of the term so that they are better able to describe their social situation and, perhaps, improve it.

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[1] We are grateful to Treena Jingree for access to these data

Our extract starts with "Melanie", one of the two staff members present, introducing the topic thus : *Right, d'you all know what relationships are?* This is initially met with silence, until the other staff member "Ann" rephrases the topic as a question and directs it (line 3) at a particular resident. (Notation, which attempts to approximate the way the speakers delivered their words, is explained in Appendix 1. A continuous transcript of the episode can be found in Appendix 2.)

Extract 1

01	Mel	right (.7) >d'you all know what< relationships are
02		(1.2)
03	Ann	Kelly (.8) what's a relation[ship
04	Tim	[([ )
05→	Kat	[cousins=
06	Ann	=don't know
07		(.4)
08	Mel	yes
09	?	(hurry up [duck)
10	Tim	[is it ( )=
11→	Kat	=niece
12		(.3)
13	Mel	mhmm
14		(1.2)
15→	Kat	uncle
16		(.)
17	Mel	uhmm
18		(.3)
19	Ann	Tim knows this one don't you [Tim
20	Tim	[(I was already
21		here doing)=

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We shall not go through all of the episode in detail, but we note at the start that at least one of the residents ("Katherine", rendered here as "Kat") essays answers which are within the broad range of what could be counted as 'knowing about relationships'. They are both types of 'relationships' but also 'relations', a contraction of the word 'relationships' (note that there is overlapping talk which begins half way through the word 'relationships' on line 3). The arrowed lines signal her contributions of *cousins, niece* and *uncle*. It is important that we establish this, as later we shall see that the residents' competence in knowing what relationships they have, and being able to given them a proper name, is precisely what becomes an issue.

What is 'a relationship'?

The next extract, which follows on immediately, shows that Tim is says he doesn't know, but Kat's answer in terms of family relationships is indeed acceptable to the staff: Mel explicitly instructs Tim that *it can be your mother*.

Extract 2

22	Ann	=yeah what's a relationship=
23	?	=hoo (bit obvious)
24		(.5)
25	Tim	dunno what it is[no
26	Ann	[(sighs)
27		(.2)
28	Kat	eh
29		(.)
30	Mel	It can be your m<u>o</u>th [er:,
31	Tim	[(r'ship-)=
32	Kat	=m<u>o</u>th [er

Kat echoes *mother*, but staff member Mel (below) comes in, in overlap, to launch a list of terms which, like *mother*, denote family relationships:

33	Mel	[f<u>a</u>ther, (.6) husband or [w<u>i</u> fe
34	Tim	[(network,
35		network-) (.) [(doing it at-)
36	Mel	[br<u>o</u>thers, [(.) sis:ters
37	Kat	[>brothers<
38	Val	<u>au</u>nties,
39	Tim	([ )
40	Mel	[aunties,
41	Tim	( )
42		(.5)
43→	Ann	ca:re workers, =
44	Tim	=yeah.
45		(.)
46	Val	uncle[s
47→	Ann	[and friends
48		(.2)
49	Tim	friends yeah
50		(.3)
51	Mel	ye:[s
52	Tim	[Bob's doin it
53		(.2)
54	?	(oo bottle)=
55	Mel	=what else Val

What we want to draw attention to in the extract above is Ann's contribution at line 43
(arrowed). So far we have seen that the care staff have initiated a discussion (to use a
rough characterisation) of 'relationships'; Mel, prompted by one of the resident's (Kat's)
initial suggestion of family relationships (or relations), has been listing a series of further
family roles. Val, one of the residents, has entered the spirit of the exercise and has

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contributed *aunties*; this is ratified, in a confirming echo, by Mel. At various points another resident, Tim, has taken turns which are difficult to hear on the tape, and have not been picked up on by the staff.

Now Ann, the other care staff member, moves the list on from family to other people with relationships to the clients, saying *care workers*. The way she says it is in "list intonation" (see Jefferson, 1990 on using lists in interaction), showing that it disattends Tim's turn, and is meant to add another item to the catalogue of family roles that Kat and Mel have established and Val has extended. Val continues to list family relations after this, but Ann continues the list with another apparently anomalous category: *friends*. In the list of people who one has relationships with, then, we find 'care-workers' located, apparently naturally, among family relations and friends.

Different kinds of relationships

Here we may pause, to consider the categorical connection between family member terms such as *sister, father* and so on (we shall get to *friends* in a moment), and occupational role holder terms such as *care worker*. Semantically, they clearly come from different domains. Yet by not marking any disjunction in the developing list, Ann proposes the item *care worker* a member of the same set as family relations. Lists are what Sacks would call "membership categorisation devices" (Sacks, 1992, Vol 1, Part I, lecture 6): ways of shepherding together otherwise disparate entities according to some criterion which they have, or can be alleged to have, in common. Certainly care-workers and family members are all roles or figures in societally-sanctioned institutions. In either institution one can have a 'relationship', in some sense, with another member of the same group.

But the two forms of institution, and the two kinds of relationship, are different in important ways. Families can be thought to be held together by ties of nature, mutual obligation and affection. Residential homes operate through one group of people (care staff) being paid to provide support and enact policy on behalf of their employers, for the

benefit of those who live there. Yet Ann, by adding the word 'care workers' to a list so far composed only of family terms, is inviting the residents to see their relation to care home workers as being comparable to their relations to their family members. Moreover, recall that Ann finished off the list with *and friends*; yet friends, even more than family members, are people one chooses, and with whom one has a relation sustained by discovered shared values and interests as well as mutual affection. In this company, *care worker* appears to be semantically out of place.

We might at this point take a short detour to set this observation about how category-terms change their senses according to the company they keep (for fuller accounts, see the collections of work in Antaki & Widdicombe, 1998 and Hester and Housley, 2002) . Sacks (1992, e.g. Vol 1, Part I, lecture 6; Part II lecture 7; Part III, lectures 1 and 2) notes that one understands the force of a single category-term like (say) 'teacher' according to the band of co-terms it is being recruited into. Thus a sentence like "the teacher spent the morning with the Year 1 students" implies, because of the accompanying "year 1 students", that sense of 'teacherness' that carries with it authority over children, control, pedagogic direction and so on. But a sentence like "the teacher spent the morning with the school inspectors" implies that sense of teacherness which is professional, documentary and accountable; and the implications have interactional consequences. So for Ann to align *care worker* with *brother* and *auntie* deletes the merely workaday features of the job and implies that element of being a care worker that shares something with family members (and does not share with, say, *manager* or *cleaner*). We shall say more about what these features are as the interaction progresses and the theme recurs more vividly.

We skip a number of turns in which the staff directly question two residents who have not yet spoken; one does not respond, and the other responds with talk that is apparently off-topic. The staff reiterate the official, agenda-item version of the question, thus:

Extract 4
84   Mel   sorry (.8) <u>wh</u>at <u>was</u> <u>th</u>is (1.4) <u>Natali</u>e: (1.8)

13

85		>what do you know< about relationships come
86		along Nat tell me (.) you haven't spoken (.) please
87		(.6)
88	?	((belch))
89	?	(ooh)
90		(.8)
91	Nat	>I wa'< thinking=
92	Mel	=oh (.) go:od (because) I can hear ticking
93		(1.0)
94	Ann	>what's your relationship< with your care-worker
95		Natalie.
96		(3.5)
97	Nat	e's er I dunno
98		(.8)
99	Ann	what's he there for.

Mel's initial, view-soliciting question is met by uncertainty, and Ann, the other staff member, attends to the problem (as she has done before; see extract 1) by respecifying the question at line 94. Notice that she does so in a way that although simpler for the resident to answer, nevertheless smuggles in a tendentious reading of the situation. She asks *what's your relationship with your care worker?*. This kind of question, because it allows a one -word answer (for example 'good', or 'okay') is much less demanding than Mel's original question, which asks *what do you know about relationships*. In that sense, it is a 'repair' of a problem with the question (Houtkoop-Steenstra, 2000).

But the effect is to nominate 'your care worker' as the first candidate for a relationship for the resident to talk about. This re-establishes Ann's development of 'relationships' (which we have seen started off as family member terms) to include occupational roles; moreover, not only in the abstract, but the residents' own care-worker. In response to Nat's answer of 'I dunno' to the first repair, Ann makes a second repair, respecifying the question of relationships into one of function (line 99: *what's he there for*). The clue to

Deleted: situation: she

describing a relationship in this sequence, then, rests on describing the function of the person. As we shall see, this becomes crucial to the later elision of 'care-worker' with 'friend'.

What seems to have started out, then, as a solicitation of resident's views about 'relationships' is being steered towards a consideration of just one sort of relationship, in the service of making *care worker* comparable to family members and friends. The residents have still not fully voiced their agreement of the staff's proposition, and the subject is pursued.

Pursuing confirmation of a particular kind of relationship

The staff member has asked the resident what her relationship is with her care worker, and then, to make it even more concrete, *what he is there for*. This process of modifying general questions by making them more specific is one that has been noted in previous conversation analytic work looking at interactions with people with learning difficulties, and has been identified as one of the ways that people can be led towards producing positive statements about their lives or the services they use (Antaki 1999, 2002; Houtkoop-Steenstra and Antaki, 1997). In the first part of the following extract (which carries on immediately form the one above) we see Natalie answer the question of function: the care worker *help(s)*. Notice, however, how Ann redirects the direction of Natalie's description:

Extract 5 (follows on immediately from extract 4)

100		(.6)
101	Kat	help
102		(.7)
103	Ann	°um°
104		(.5)
105	Kat	help
106		(.4)

15

```
107→  Ann     talk to:
108           (.2)
109   Nat     yes
110           (1.3)
111→  Ann     and do you >go and talk to him↑<
112           (.8)
113   Nat     (do) you want he:r
114           (.3)
115   Ann     her
116           (.2)
117   Nat     yeah
118           (.6)
```

Ann suggests (line 107), in a candidate answer (Pomerantz, 1988; see also Houtkoop-Steenstra 2000 pp 30-31), that the care worker is someone that Natalie can *talk to*. Note the elongated 'to:', a device that is commonly used in teaching or parent/child interactions to indicate the other person is expected to finish the sentence (see, for example, Edwards and Mercer, 1987) and we might speculate the word being prompted here is either 'you' or 'him'. "Someone you can talk to" is a description that, in British culture at least, is often heard as warmly personal, and perhaps even non-institutional. One may say that a doctor, apart from being efficient, is *someone you can talk to*; conversely, if someone is merely officious, and unable or unwilling to unbend, then however good at their job, she or he *isn't someone you can talk to*. Ann is inviting Natalie, then, to evaluate the care worker as someone who is likeably informal - to have a social presence in her life, as well as an official one. Nat's response at line 109 is apparently a minimal agreement; but her further response to Ann's *do you go and talk to him* is not well formatted (line 113). Mel presses for an explicit response:

Extract 6 (follows on immediately from extract 5)

```
119   Mel     what kind of relationship do you have with her ↓dear
```

16

120		(1.9)
121	Nat	alright
122		(1.0)
123	Mel	umm
124		(.3)
125	Tim	(coughs)=
126→	Nat	=(is) she (.) she's alright
127		(.2)
128	Mel	she's alright=
129	Nat	=yeah=
130→	Ann	=so she's a friend=

Nat twice (in lines 121 and 126) volunteers her opinion that the care worker is *alright*. This, in British idiom, is a minimally positive assessment. Mel echoes it for confirmation (line 128) and Nat confirms. In a direct latch, Ann then immediately draws out the implication of what Nat has said as *so she's a friend*.

Notice that Ann put this to Nat as a *formulation* (Heritage and Watson, 1979). Heritage and Watson note that the practice is formatted as a conversational adjacency pair, with a preference for agreement. That is, if one speaker formulates what has just been said (either by summarising the gist of it, or by drawing out its relevant implication or upshot, as Ann does here), then the other speaker is expected to take the opportunity to acknowledge that formulation, and to ratify it.

The point about a formulation of this sort - which is much more common in institutional talk, as opposed to the egalitarian talk of ordinary conversation (Drew, 2003), is that it can offer a reading which is pregnant with interpretation, and not necessarily in tune with the original speaker's professed interests. Here we see Ann use it to bring out the (alleged) implication of the description Nat has offered: that, given what has been said, then *she's a friend*. This is built to get agreement (see Sacks, 1987, on the preference for agreement in interaction). Not to agree with a formulation is to go

against the norms of conversation, and may cause turbulence; and indeed, as we see in the extract below (which carries on immediately after the one above) Natalie agrees with Ann's formulation. Yet what Kat had said was the minimal description that the care worker was *alright*; to infer that that meant she was a friend is remarkably tendentious. Nevertheless, Ann agrees:

Extract 7 (follows on immediately from extract 6)

```
131    Nat      =yeah (.) °she's a [friend°
132    Ann                        [yeah
133             (.5)
134    Nat      Stacey's a friend
135             (.2)
136    Mel      right (.6) so er (.3) the carer the (.2) >night carer<
137             who comes on this evening what is she to you
138             (1.0)
139    Kat      h [elper
140    Mel        [what relationship is that to you
141             (1.2)
142    ?        °a- e::r°
143    Nat      help me
144             (.3)
145→   Mel      yeah but what do you always say (.) she is (.) my:
146             (.3)
147    Nat      friend
148             (.3)
149    Kat      friend
```

The last extract, above, has the final mention of institutionally-based relationships in this episode. In line 136 Mel brings up a different member of staff (*the night carer)* and asks about her relationship to Kat or Nat (both at times respond to this sequence of questions).

Kat answers 'helper': an institutional relationship. Mel then reformulates the question, indicating that the answer is inadequate. Nat tries 'help me', which is again treated as inadequate. Mel then uses a suggestive incomplete sentence *what do you always say she is my...*, elongating the final word and leaving a pause to elicit the answer. Nat, and then Kat, come up with 'friend'. Once again, what was proposed by the resident has been trumped by the staff, who pursue the description until it is cast as a personal, non-institutional one.

In all of this, then, we have seen staff apparently pursuing an official agenda item of finding out what residents know about, and their views on, 'relationships'. In so doing, however, they have overruled the resident's assessments of care-workers in the residence, and substituted 'friend' for a care worker originally described merely as *alright*, and for a night-carer originally described as *helps me*. Close inspection of the talk showed that they did so by a subtle play of categorical terms (inserting *care-worker* into a list of family member terms and *friend*), pursuit of otherwise adequate answers, and tendentiously formulating residents' talk. We consider the upshot of all this in the concluding section.

Discussion

This article was about identities at play in a single episode of interaction between care-staff and a group of people with learning disabilities. We focussed on one particular exchange within the episode to argue that 'disempowerment' is a danger even in what is on the agenda is a solicitation of residents' views. We should make it clear that we do not want to single out these particular care staff personnel, nor imply that their conduct is uniformly negative. We mean, rather, to use them to illustrate a standing dilemma for any institutional personnel who have to realise, in everyday interaction, the aspirations of official discourse. That is the promise of case-studies of routine practice. It ought to identify the workings, and the effects, of ways of working which are embedded in (but might be contradictory to) institutional normality. We remind the reader that we do not know how often this practice happens, nor its distribution according to standard

Deleted: discourse.¶

sociological or psychological factors (whether it is more common among, say, more or less experienced care staff, or in more or less well regulated residential homes, and so on). But we can say that when it happened in this case, it came off as routine; and it had the effect of ascribing a disempowered identity to the people on the receiving end.

We saw staff ascribe a disempowered identity to the residents in two ways. Neither were signalled by anything so obvious as name-calling. Both were matters of the residents' *treatment* by the staff.

The first is revealed simply in the process of interaction, in the ways in which turns are taken, troubles signalled and so on. What we see is that the staff direct the interaction towards certain statements, signal when a resident's utterance is a source of trouble and lead the residents to producing particular types of statements. All this is manifest in the use of answer pursuits, candidate answers, leading sentences with one word missing, formulations and so on. In doing so, the identities of the residents as incompetent and dependent, and the identities of the staff as knowledgeable and as in charge are acted out in the moment-by-moment details of the interaction. It might be argued that here we see the bald operation of power: it is the staff who control the interaction and its outcome, and judge whether an utterance is adequate or not, even though the agenda item they are following mandates them to *find out the residents' views*. The content of the discussion is almost irrelevant here – it is in the process that relationships and identities are enacted. The process of the group discussion, then, while meant to empower the residents by encouraging them to speak up, disempowers them and treats them as deficient – people to be coached – thus reinforcing impairment models of the identity of people with learning disabilities. Note that they do this in similar ways, using similar conversational forms, to those that have been observed in other services and with other interactants since the first close inspection of such talk (Marková, 1991), so we have some confidence that this is a more general phenomenon that can happen in services for people with learning disabilities. These findings fit into the social model of disability (Oliver, 1990), which claims that there is a distinction between impairment and the way society and its institutions disables people through its reactions to impairment.

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The second way in which identity became an issue is, we think, more subtle and interesting. It is revealed in the interplay between the staff's account of the identities of third parties, not present in the interaction and the implied identities of the residents to whom the staff are talking. The staff worked to set (non-present) 'care-workers' in a collection of person categories including friends and family members. That collection was meant to coach the residents in who they ought to count as their friends. But coaching someone implies that they need coaching, and the content of the instructions reveals the nature of the deficit they are supposed to suffer. In effect, the staff treated the residents as having an identity impaired in its powers of basic social discrimination. They are treated as being unable to tell who their friends were, and being in need of having to count care-staff among them.

Recall that, according to the key Department of Health document, <u>Valuing People</u> (2001), people with learning disabilities are to be accorded ordinary rights. With regard to relationships, this includes "the right to a decent education, to grow up to vote, *to marry and have a family, and to express their opinions*, with help and support to do so where necessary." (Department of Health, 2001, p XX; emphasis added). If they have the right to marry, then, *a fortiori*, they have the right to know and choose their friends.

We must ask what functions it might serve an institution to have people publicly state that a staff member is their friend rather than their carer (or indeed their teacher, their protector, their servant, or their advocate, to list other possible institutional roles). As we noted above when discussing CA's analysis of category terms and their implications (Sacks 1992), to specify a category is also to specify imply roles, hierarchies, obligations, and repertoires of behaviour. The identity of 'friend' might imply a range of things such as equality, mutual support, enjoyment of each others company, familiarity, ease of social interaction, and absence of ulterior motives. When one acts for a friend, the moral order requires we try to act in their best interests. Each of these associations answers a problem

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for a residential institution, and each overcomes alternative constructions of the relationship (and therefore identity) between staff member and resident.

Why might it be desirable for a residential home to construct staff/service-user relationships in terms of friendships? Firstly such a construction implies happy people, a lack of conflict between staff and residents, and a harmonious social environment. This over-rides more difficult negotiations about relations between those paid by the state of a non-governmental organisation and accountable to those bodies, and those they are there to support, and in particular the issue of power and control. If staff are constructed as acting on the basis of friendship, then their motivations, and loyalties, are not brought into question. Secondly, it implies an equality in the humanity of the service-user and the staff. This is just and right, and negates stigmatizing conclusions which are always latent in social constructions of people with learning disabilities, but the danger, as we have seen, is that it becomes 'lip service' if it obscures the ways in which identities are actually enacted.

Overall, we might see, in this single case study, the operation of the dilemma between care and control that is well-known to students of the caring professions, but given specific discursive form. It is a standing danger for any institution that its official account of the people with whom it works may not be consistently respected in its officials' routine day-today dealings with them. As we have seen here, even in ostensible empowering guidance on relationships may, under pressure to reach interactional goals of closure, result in the attribution of people with learning disabilities with an unwarrantedly limited social identity.

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Appendix 1: Transcription Symbols

`(.)`	Just noticeable pause
`(.3), (2.6)`	Examples of timed pauses
`word [word`	
`      [word`	The start of overlapping talk.
`.hh, hh`	In-breath (note the preceding full stop) and out-breath respectively.
`wo(h)rd`	(h) shows that the word has "laughter" bubbling within it
`wor-`	A dash shows a sharp cut-off
`wo:rd`	Colons show that the speaker has stretched the preceding sound.
`(words)`	A guess at what might have been said if unclear
`(   )`	Very unclear talk.
`word=`	
`=word`	No discernible pause between two sounds or turns at talk
`word, WORD`	Underlined sounds are louder, capitals louder still
`°word°`	Material between "degree signs" is quiet
`>word word<`	Faster speech
`<word word>`	Slower speech
`↑word`	Upward arrow shows upward intonation
`↓word`	Downward arrows shows downward intonation
`→`	Analyst's signal of a significant line
`((sobbing))`	Attempt at representing something hard, or impossible, to write phonetically

Appendix 2: Continuous transcript of the episode analysed in the article. All names and identifying details have been altered.

01   Mel   right (.7) >d'you all know what< relationships are
02   (1.2)
03   Ann   Kelly (.8) what's a relation[ship
04   Tim   [([   )
05   Kat   [cousins=
06   Ann   =don't know
07   (.4)
08   Mel   yes
09   ?   (hurry up [duck)
10   Tim   [is it (   )=
11   Kat   =niece
12   (.3)
13   Mel   mhmm
14   (1.2)
15   Kat   uncle
16   (.)
17   Mel   uhmm
18   (.3)
19   Ann   Tim knows this one don't you [Tim
20   Tim   [(I was already
21   here doing)=
22   Ann   =yeah what's a relationship=
23   ?   =hoo (bit obvious)
24   (.5)
25   Tim   dunno what it is[no
26   Ann   [(sighs)
27   (.2)
28   Kat   eh

```
29                  (.)
30      Mel     It can be your moth[er:,
31      Tim                         [(r'ship-   )=
32      Kat     =moth[er
33      Mel          [father, (.6)  husband or [wi fe
34      Tim                                    [(network,
35              network-) (.)  [( doing it at-)
36      Mel                  [brothers,  [(.) sis:ters
37      Kat                              [>brothers<
38      Val     aunties,
39      Tim     (    [  )
40      Mel         [aunties,
41      Tim     (      )
42              (.5)
43      Ann     ca:re workers, =
44      Tim     =yeah.
45              (.)
46      Val     uncle[s
47      Ann          [and friends
48              (.2)
49      Tim     friends yeah
50              (.3)
51      Mel     ye:[s
52      Tim        [Bob's doin it
53              (.2)
54      ?       (oo bottle)=
55      Mel     =what else Val
84      Mel     sorry (.8) what was this (1.4) Natalie: (1.8)
85              >what do you know< about relationships come
86              along Nat tell me (.) you haven't spoken (.) please
87              (.6)
```

88	?	((belch))
89	?	(ooh)
90		(.8)
91	Nat	>I wa'< thinking=
92	Mel	=oh (.) go:od (because) I can hear ticking
93		(1.0)
94	Ann	>what's your relationship< with your care-worker
95		Natalie.
96		(3.5)
97	Nat	e's er I dunno
98		(.8)
99	Ann	what's he there for.
100		(.6)
101	Kat	help
102		(.7)
103	Ann	°um°
104		(.5)
105	Kat	help
106		(.4)
107	Ann	talk to:
108		(.2)
109	Nat	yes
110		(1.3)
111	Ann	and do you >go and talk to him↑<
112		(.8)
113	Nat	(do) you want he:r
114		(.3)
115	Ann	her
116		(.2)
117	Nat	yeah
118		(.6)

119	Mel	what kind of relationship do you have with her ↓dear
120		(1.9)
121	Nat	alright
122		(1.0)
123	Mel	umm
124		(.3)
125	Tim	(coughs)=
126	Nat	=(is) she (.) she's alright
127		(.2)
128	Mel	she's alright=
129	Nat	=yeah=
130	Ann	=so she's a friend=
131	Nat	=yeah (.) °she's a [friend°
132	Ann	[yeah
133		(.5)
134	Nat	Stacey's a friend
135		(.2)
136	Mel	right (.6) so er (.3) the carer the (.2) >night carer<
137		who comes on this evening what is she to you
138		(1.0)
139	Kat	h [elper
140	Mel	[what relationship is that to you
141		(1.2)
142	?	°a- e::r°
143	Nat	help me
144		(.3)
145	Mel	yeah but what do you always say (.) she is (.) my:
146		(.3)
147	Nat	friend
148		(.3)

149   Kat   friend