



Examining interactional features of everyday conversations involving Thai
persons with aphasia: symptoms, extended repair sequences,
and actions in multiparty interaction

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Abstract

Research on aphasia in Thailand is still in its early stages compared to global advancements, and studies focusing on the naturalistic interactions between Thai persons with aphasia (PWA) and their significant others are particularly scarce. This thesis investigates the interactional features of everyday conversations involving Thai PWA, with a specific emphasis on symptoms, extended repair sequences, and distinct actions in multiparty interactions.

The study employs a qualitative conversation analysis (CA) approach to examine the everyday interactions of Thai PWA and their families. Data were gathered from video recordings of naturally occurring conversations, with five participants and their families included in the analysis. These recordings were transcribed and analysed to identify recurrent interactional phenomena.

Three key areas of focus emerged during the analysis: first, the study explores how specific symptoms of fluent aphasia with receptive problems manifest in conversations and disrupt the flow of interaction; second, it examines the factors contributing to extended repair sequences in interactions involving both non-fluent and fluent aphasia with receptive problems; and third, it investigates the distinct actions taken by third parties in multiparty interactions.

The findings contribute to a broader understanding of aphasic interaction, shedding light on the unique challenges faced by PWA in everyday communication. This study provides valuable insights into the relatively unexplored areas of fluent aphasia with receptive problems and multiparty interactions. These insights have important implications for the development of future interactional-based assessments and interventions, tailored to the needs of individuals with aphasia.

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1 Introduction

1.1 Motivation of this study

The shortage of speech-language therapists in Thailand fails to meet the increasing demand from individuals with communication disorders. Currently, only one university offers a speech-language pathology course, producing a maximum of fifteen graduates per year due to the lack of lecturers in the field. When I was working as a speech-language therapist at a local hospital in Thailand, I personally experienced the overwhelming caseload. During that time, I genuinely wished to make a more meaningful contribution in the field, recognising that my involvement in education could potentially enhance my ability to contribute further. Consequently, I made the pivotal decision to humbly resign from my position and transition to the Department of Communication Sciences and Disorders at Ramathibodi Hospital, a university hospital affiliated with Mahidol University, my alma mater. The university generously sponsored my pursuit of a master's and PhD, with the condition that I return to serve as a lecturer and help enhance the education of speech-language pathology in Thailand.

Subsequently, in 2019, I embarked on my academic journey in the United Kingdom, immersing myself in my master's and PhD studies. Aphasia, an acquired language disorder often found among the elderly population, has always been my area of interest. Given Thailand's transition into an aging society and its cultural inclination toward multigenerational households, I strongly believe that deciphering the intricacies of

communication between individuals with aphasia and their significant others in everyday settings holds profound significance. Therefore, for my master's dissertation, I utilised the methods of conversation analysis to explore interactions within multiparty contexts in the homes of individuals with aphasia. In this ongoing project, I aim to expand this investigation by involving a wider range of individuals with aphasia, encompassing various types and severities, along with their families. Through this endeavour, I aspire to deepen our understanding of naturalistic interactions between individuals with aphasia and their families in the fabric of their daily lives.

1.2 Research aims

The ultimate aim of this study is to investigate how Thai persons with aphasia (PWA) communicate with their conversation partners (CPs) in everyday interactions, with the goal of understanding the organisation of talk-in-interaction within this particular demographic. The study explores mundane interactions within the Thai aphasic population, which have been previously little studied. Additionally, given that co-residence with families is typical among older individuals in Thailand, this study provides an excellent opportunity to examine conversation in multiparty interactions, an aspect relatively less studied in the context of aphasia.

This study employs the method of conversation analysis (Sidnell, 2010), a qualitative research approach typically used to study social interaction, to investigate interactions

involving Thai speakers with aphasia. Specifically, this study contributes to the field of analysing atypical populations through conversation analysis, focusing on how a specific communication disorder impacts social interaction (Antaki & Wilkinson, 2012; Wilkinson et al., 2020). This type of research utilises a form of ‘comparative analysis’ (Drew & Heritage, 1992), wherein interactions involving one or more individuals with a particular disorder or impairment are implicitly compared with those involving typical speakers. In other words, the focus is on how some interactional features in aphasic interaction differ from those in typical interaction.

The method employed is an inductive, data-driven analytical approach, indicating that no pre-existing research hypotheses were established at the outset of the study. Instead, the data were examined without any predetermined ideas, and the analysis was led by observations of noteworthy phenomena within the dataset. Based on recurrent patterns that emerged from my data, the following specific research aims were formulated and are the focal point of each analysis chapter in this thesis:

1. To investigate how symptoms/impairments of individuals with fluent aphasia with receptive problems (i.e., Wernicke’s aphasia and transcortical sensory aphasia) are evident within, and impact upon, conversation.
2. To examine factors contributing to extended repair sequences, particularly instances involving multiple other-initiations of repair (Schegloff, 2000), within interactions involving both individuals with fluent and non-fluent aphasia and explore differences (and similarities) in their manifestation during interactions.

3. To analyse distinct actions by the third party in multiparty interaction involving both individuals with fluent and non-fluent aphasia.

One common theme among these three aims is that they involve individuals with fluent aphasia with receptive problems (i.e., Wernicke's aphasia and transcortical sensory aphasia). The first analysis chapter focuses on how certain symptoms of individuals with fluent aphasia with receptive problems emerge and impact interactions within conversations. The second analysis chapter investigates the similarities and differences in factors causing extended repair sequences between individuals with non-fluent and fluent aphasia with receptive problems. The final analysis chapter examines distinct actions of the third party in multiparty interactions. Despite not highlighting any specific type of aphasia, it includes interactions involving individuals with fluent aphasia with receptive problems.

1.3 Organisation of the thesis

Chapter 1, the introductory chapter, has outlined the motivation for the study, presented the research aims, and explains the organisation of the thesis.

Chapter 2 serves as a review of relevant literature related to the thesis. It will be divided into three main sections. Firstly, it will provide background information on aphasia, its symptoms, and various types. Secondly, it will present an overview of conversation analysis, the methodology for this research, encompassing its methodologies, key relevant areas of

study, and existing research on aphasia that employs conversation analysis, examining what has been accomplished thus far and identifying relevance to the current study. The final part offers an overview of the Thai culture, Thai language, and research on aphasia in Thailand.

Chapter 3 presents the methodology employed in this research. Initially, it addresses the challenges encountered and adjustments made when conducting research during the COVID-19 pandemic. Ethical considerations regarding the collection of video data from individuals with aphasia and their families are discussed. The chapter then discusses the participant recruitment process, providing details on participant information, including both individuals with aphasia and their families, as well as their linguistic profiles. Subsequently, the chapter outlines the data collection process, including the tools utilised for recording and storing data, along with instructions provided to the families. It further elaborates on the transcription and analysis procedures, explaining how datasets were selected for transcription, and the process of choosing datasets for analysis.

Chapter 4, the first analysis chapter, examines three symptoms observed in individuals with fluent aphasia with receptive problems, including perseveration, inconsistent yes/no responses, and impaired auditory comprehension. The chapter examines how these symptoms manifest within conversation and their subsequent impact. It highlights the challenges these symptoms pose for CPs and offers fresh insights into their emergence during everyday interactions, thereby enhancing our comprehension beyond textbook knowledge and clinical settings.

Chapter 5, the second analysis chapter, explores the factors that potentially lead to extended repair sequences in interactions involving PWA. These factors include the lack of self-repair and problematic responses after the CP's candidates for understanding. The study illustrates the distinct manifestations of these factors between non-fluent and fluent aphasia and demonstrates their impact on conversation, particularly in terms of delaying the progressivity of the talk. Additionally, it examines how CPs of individuals with aphasia manage extended repair sequences.

Chapter 6, the third analysis chapter, focuses on multiparty interactions or those involving more than two participants. It delves into the specific actions taken by third parties (non-aphasic speakers) who are the non-addressed participants at the given moment. The chapter explores the function of these actions, such as assisting PWA in conveying their intended meaning during interactions and adhering to social norms. Additionally, it illustrates how the autonomy of PWA can be either supported or compromised by these actions. Furthermore, it examines the rights of third parties to interrupt the sequence and take such actions, as well as the dilemmas they may face in deciding whether to intervene.

Chapter 7 serves as the discussion chapter of the thesis. The chapter synthesises the findings from the analysis chapters, discussing their theoretical and clinical implications. It also reflects on the study's contributions to the field of aphasiology and outlines the strengths, limitations, and potential directions for future research.

2 Literature review

This chapter provides a review of the literature relevant to this thesis, divided into three parts. The first part discusses aphasia, including its definition, types, common symptoms, impacts, and related research. The second part explores conversation analysis, covering its definition, methodology, key topics, multiparty aspects, and research based on conversation analysis in atypical interactions and aphasia. The final part offers an overview of the Thai culture, Thai language, ageing society in Thailand, and research on aphasia in Thailand.

2.1 Aphasia

Aphasia is an acquired language disorder in which language reception and production across modalities are impaired (Hallowell, 2017). Reception is impaired in terms of auditory and reading comprehension, while production is impaired in terms of the ability to formulate spoken and written language. Aphasia is commonly caused by stroke; however, other causes such as brain trauma, toxemia, brain tumour and progressive neurological disorders are also reported (Brookshire & McNeil, 2014).

Classifications of aphasia are essential in understanding its diverse presentations and impacts on language abilities. Broadly, aphasia can be classified into two types based on speech fluency: fluent and non-fluent aphasia (Clough and Gordon, 2020). Non-fluent

aphasia is marked by increased effort, articulation difficulties, impaired prosody, reduced grammaticality, and a prevalence of content words, typically associated with anterior brain lesions (Goodglass & Kaplan, 1983; Kertesz, 2006). On the other hand, fluent aphasia, linked to posterior brain lesions, is characterised by uninterrupted speech with a variety of grammatical constructions, relatively normal rhythm, prosody, and speech rates, but typically erroneous output (Edwards, 2005; Goodglass & Kaplan, 1983; Kertesz, 2006). However, this broad classification can oversimplify the complex nature of aphasia. Another widely used system to classify types of aphasia is the Boston classification which is based on the Boston Diagnostic Aphasia Examination (BDAE) (Goodglass & Kaplan, 1972; 1983). The Boston classification system categorises aphasia into several types based on fluency, comprehension, and repetition abilities. The following are the main types of aphasia and their characteristics.

2.1.1 Types of aphasia

Broca's aphasia

Broca's aphasia is characterised by non-fluent, effortful speech and relatively good comprehension (Hallowell, 2017). Individuals with Broca's aphasia typically have difficulty forming complete sentences and may omit some words. This type of aphasia is commonly associated with damage to the frontal lobe of the brain, specifically Broca's area, which is crucial for speech production. Patients often exhibit agrammatism, where they speak in short, broken phrases that sound telegraphic. Writing ability is also usually affected, mirroring the problems observed in speech. Despite these expressive difficulties, their

understanding of spoken language is often less impaired, allowing them to follow conversations and instructions better than they can express themselves verbally.

Transcortical motor aphasia

Transcortical motor aphasia is a type of non-fluent aphasia that shares many features with Broca's aphasia but with an important distinction: individuals with transcortical motor aphasia can repeat words and phrases (Brookshire & McNeil, 2014). This condition is associated with damage to the frontal lobe, specifically areas that are anterior or superior to Broca's area. Speech in individuals with transcortical motor aphasia is typically halting and effortful, and they may have difficulty initiating speech. However, unlike those with Broca's aphasia, their ability to repeat spoken language remains intact. Their comprehension of spoken language is relatively preserved, though they may struggle with more complex linguistic constructs.

Wernicke's aphasia

Wernicke's aphasia is characterised by fluent but often nonsensical speech and significant difficulties in understanding spoken language. Individuals with Wernicke's aphasia typically speak in long sentences that lack meaning. Utterances produced by people with Wernicke's aphasia may consist of phonemic paraphasias (Binder, 2015), neologisms (Robson et al., 2003), jargon (Eaton et al., 2011), and perseveration (Stark, 2011). Despite their fluent speech, these individuals are often unaware of their language difficulties, which can lead to frustration in communication. This type of aphasia is associated with damage to Wernicke's

area in the temporal lobe of the brain, a region critical for language comprehension. Reading and writing are also usually severely impaired, mirroring their spoken language deficits (Brookshire & McNeil, 2014).

Transcortical sensory aphasia

The characteristics of transcortical sensory aphasia resemble those of Wernicke's aphasia in most respects, including impaired auditory comprehension and fluent, paraphasic, and empty spontaneous speech (Stark, 2007). However, people with transcortical sensory aphasia have preservation of repetition skills, unlike those with Wernicke's aphasia (Brookshire & McNeil, 2014). Other symptoms found in people with transcortical sensory aphasia include echolalia, and completion phenomenon which is when they automatically complete an utterance (e.g., a nursery rhyme, overlearned statement) initiated by the co-participant (Stark, 2007).

Anomic aphasia

Anomic aphasia is characterised by a significant deficit in retrieving words while other language abilities like understanding spoken language and constructing sentences remain largely unaffected (Harnish, 2018). Individuals with anomic aphasia often use circumlocution, describing the use or characteristics of the item they are trying to name, instead of using the actual word. Writing and reading abilities may also be relatively intact, although word-finding difficulties can be apparent in written language as well (Brookshire & McNeil, 2014).

Conduction aphasia

Conduction aphasia is characterised by relatively fluent speech production and intact auditory comprehension, but with significant difficulties in speech repetition (Ardila, 2010). This type of aphasia is typically associated with damage to the arcuate fasciculus, a bundle of nerve fibers that connects Broca's area and Wernicke's area, as well as the supramarginal gyrus in the parietal lobe (Brookshire & McNeil, 2014).

Mixed transcortical aphasia

Transcortical mixed aphasia is a rare type of aphasia that combines features of both transcortical motor and transcortical sensory aphasia (Brookshire & McNeil, 2014). Individuals with this type of aphasia exhibit severe impairment in spontaneous speech and comprehension, yet their ability to repeat phrases, sentences, and even lengthy segments of speech remains intact. This condition is usually associated with widespread damage that isolates the language areas from other parts of the brain, often involving both the frontal and parietal lobes.

Global aphasia

Global aphasia is the most severe form of aphasia, characterised by profound impairment in all aspects of language function, including speaking, understanding, reading, and writing (Brookshire & McNeil, 2014). Individuals with global aphasia have extensive damage to the brain, often involving both the anterior and posterior language regions, including Broca's and

Wernicke's areas. Their speech is typically limited to a few words or short phrases, and they have significant difficulty understanding spoken and written language. Repetition is also severely impaired.

Based on the Boston classification, non-fluent aphasia includes Broca's, transcortical motor, mixed transcortical and global aphasia, while fluent aphasia includes Wernicke's, transcortical sensory, conduction, and anomic aphasia. Among these types of fluent aphasia, poor language comprehension is a common characteristic of individuals with Wernicke's and transcortical sensory aphasia, whereas those with conduction and anomic aphasia tend to have relatively intact language comprehension (Brookshire & McNeil, 2014). This study will use the term 'fluent aphasia with receptive problems' to describe Wernicke's and transcortical sensory aphasia. This group of aphasia will be a primary focus of this research, specifically in analysis chapters 1 and 2.

2.1.2 Symptoms of aphasia

Aphasia manifests through a variety of symptoms that differ significantly among individuals. It is important to note that not all individuals with aphasia will experience every possible symptom; rather, the specific symptoms present depend largely on the type of aphasia they have. Certain types of aphasia tend to be associated with specific symptoms more frequently than others. While the range of symptoms is extensive, the following symptoms are some common symptoms found in individuals with aphasia.

Word-finding difficulty

Word-finding difficulty, also known as anomia, is a common symptom of aphasia, where individuals struggle to retrieve and produce the correct words during speech (Harnish, 2018). This impairment can manifest in various ways, including hesitation, circumlocution (talking around the word), and the use of nonspecific words or phrases, depending on types of aphasia. For example, Broca's patients may struggle to find words, leading to halting speech, while Wernicke's patients might substitute incorrect words fluently.

Agrammatism and paragrammatism

Agrammatism refers to a type of language impairment characterised by the omission of grammatical elements (Brookshire & McNeil, 2014). This condition is most associated with non-fluent aphasia, such as Broca's aphasia. Individuals with agrammatism often produce telegraphic speech, which primarily includes content words (nouns, main verbs) while omitting function words (articles, prepositions, auxiliary verbs) and inflections. For example, a person might say "want cookie" instead of "I want a cookie". This results in speech that is grammatically simplified and lacks the normal structure of language.

Paragrammatism, on the other hand, is typically seen in fluent aphasia, such as Wernicke's aphasia. It involves the substitution of incorrect grammatical elements or the production of sentences that are syntactically incorrect but fluent (Brookshire & McNeil, 2014). Unlike agrammatism, paragrammatism involves errors where grammatical elements are included

but used incorrectly, leading to speech that is more complex in structure but often nonsensical or difficult to understand. For instance, a person might say, “I can going to the store” or produce jumbled sentences that mix various grammatical structures.

Paraphasia

Paraphasia refers to speech errors produced by individuals with aphasia (Brookshire & McNeil, 2014). These errors involve substituting incorrect words or sounds for the intended words or sounds. Paraphasia is a common symptom in various types of aphasia and is often categorised into two main types: literal (phonemic) paraphasia and verbal (semantic) paraphasia. Literal paraphasia involves phonological errors where incorrect sounds replace correct ones. For example, saying “shooshbruss” instead of “toothbrush”. Verbal paraphasia involves the substitution of an incorrect word for the target word, usually one that is semantically related. For example, saying “door” instead of “window” or “knife” instead of “fork”.

Neologism

Neologisms are invented words that have no meaning to others but are used by individuals with certain types of aphasia as if they have specific meaning (Brookshire & McNeil, 2014). These made-up words often replace intended words during speech, particularly in fluent aphasias like Wernicke’s aphasia. Despite producing nonsensical speech, individuals with neologisms typically maintain normal grammatical structure and prosody, making their speech appear fluent but incomprehensible (Butterworth, 1979).

Perseveration

Perseveration has been defined as “the inappropriate recurrence or uncontrolled repetition of a previously produced or heard response—phoneme, word, syntactic structure, semantic feature, idea, and the like—in place of the correct response” (Stark, 2011, p. 135). PWA have commonly been reported to make recurrent perseverative errors in their speech (Stark, 2011). The prevalence of perseveration in PWA varies across studies, with reported rates ranging from 24% (Basso, 2004) to as high as 93% (Helm-Estabrooks et al., 1998). Studies have found no difference in the frequency of perseveration between speakers with fluent and non-fluent types of aphasia (Basso, 2004; Helm-Estabrooks et al., 1998). However, Stark (2011) noted that perseverative responses from speakers with Wernicke’s aphasia were more complex and longer in duration than those with Broca’s aphasia. The patterns of perseveration in an individual with transcortical sensory aphasia were also discussed in detail in a case study by Stark (2007).

Inconsistent yes/no responses

Inconsistent yes/no responses are another symptom that can be observed in individuals with aphasia. This phenomenon occurs when individuals confuse “yes” and “no” in their replies, leading to frequent errors in answering simple questions. This issue is especially problematic for those with severe aphasia who rely heavily on yes/no answers as a primary mode of communication (Bacon et al., 1992; Gray et al., 1977). Such inconsistencies are often accompanied by gestures indicating the intended response, highlighting a discrepancy

between verbal and non-verbal communication (Kertesz & Poole, 1974). The underlying causes of these inconsistencies may include expressive difficulties such as perseveration and apraxia, rather than purely comprehension problems (Gray et al., 1977; Kertesz & Poole, 1974).

Impaired auditory comprehension

Impaired auditory comprehension is typically found in individuals with Wernicke's and transcortical sensory aphasia (Brookshire & McNeil, 2014). PWA can experience impaired auditory comprehension at various levels. Some individuals may struggle with understanding single words, while others find it challenging to grasp entire sentences. Additionally, some may have difficulty comprehending spoken discourse, such as narratives, which impacts their ability to follow conversations in everyday situations. This range of comprehension difficulties highlights the importance of addressing the diverse needs of individuals with aphasia in different communication contexts.

Reading and writing problems

Reading and writing difficulties vary in nature and severity depending on the type of aphasia and the specific language processes affected by the brain damage (Hallowell, 2017). Individuals with aphasia often experience alexia, which refers to an impairment in reading. This can range from mild difficulties in recognising words to severe impairments where the person cannot read at all. Common symptoms include difficulty recognising written words, reading slowly, misreading words, and problems understanding written sentences and

paragraphs. An impairment in writing or agraphia can also vary from mild to severe. This impacts the person's ability to spell words correctly, form letters, construct sentences, and express ideas in writing. Symptoms include difficulty spelling words correctly, writing letters and words in a jumbled order, writing slowly, producing grammatically incorrect sentences, and omitting or substituting letters and words.

2.1.3 Impact of aphasia

Aphasia has a significant impact not only on those who suffer from it but also on their significant others, including spouses, friends, and family members. To thoroughly explain these effects, the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001) can be utilised. The ICF, developed by the World Health Organization, is a framework that describes all aspects of a person's life who has a health condition, covering Body Structures and Functions, Activities and Participation, and Personal and Environmental Factors. Through the ICF, the comprehensive and systematic exploration and description of aphasia and its repercussions can be achieved.

Body Structures and Functions

The Body Structures and Functions dimension describes a health condition in terms of impairments of anatomical parts of the body and physiological functions of the body systems (WHO, 2001). For example, aphasia language impairments such as word-finding difficulty and difficulty understanding spoken words may be included within the Body

Functions domain, and specific lesions of brain damage that are accounted for noticeable impairments may be included within the Body Structures domain (Simmons-Mackie & Kagan, 2007).

Activities and Participation

The Activities and Participation dimension considers how an individual with a health condition executes tasks and engages in life situations (WHO, 2001). Within this perspective, impacts on a person with aphasia's life can be viewed in terms of activity limitations, such as difficulty asking questions and difficulty calling for help in an emergency, and participation limitations, such as restrictions in keeping relationships and losing participation in leisure activities (Simmons-Mackie & Kagan, 2007).

Personal and Environmental Factors

Another dimension that needed to be considered when exploring the impacts of aphasia on a person's life is the Personal and Environmental Factors. Even though these contextual factors do not directly affect the aphasia's impairments, the negative aspects of these factors can hinder PWA's everyday life participation. Personal Factors within an individual's life, such as personality, habits, and self-esteem, can play a crucial role in a person with aphasia's life post-onset (Threats, 2007). For example, identity change and low self-esteem resulted from aphasia can influence one's willingness to participate in conversations. Similarly, Environmental Factors such as the availability of augmentative communication

resources, conversation partners' skill, and attitudes about aphasia can influence the communication and social engagement of PWA (Simmons-Mackie & Kagan, 2007).

2.1.4 Research on aphasia

A variety of research approaches have been used to study aphasia, all with the ultimate goal of improving the conversational interactions of PWA in everyday life. According to Wilkinson (2010), these approaches can be classified into four types: impairment-focused approach, communication-focused approach, psychosocial-focused approach, and interaction-focused approach. Each approach has been influenced by different dimensions of the ICF framework (WHO, 2001) and focuses on distinctive perspectives. However, the perspectives on which these approaches focus are not mutually exclusive. As mentioned before, all ICF dimensions should be considered to represent the full range of aphasia, and all approaches are essential in their own ways for contributing different aspects of knowledge on aphasia.

The first approach to aphasia research is the impairment-focused approach, also called the language-focused approach. This approach reflects the Body Structures and Body Functions dimension of the ICF, investigating aphasia in terms of language impairments. The impairment-focused approach is considered the more traditional approach, concentrating on the analysis and intervention of specific linguistic structures and language processing skills in PWA (e.g., Kay et al., 1996; Nickels, 2002). Studies using this approach provide a better understanding and possible treatments of specific impairments such as auditory

comprehension deficit, word-finding difficulty, and agrammatism. However, it does not further investigate how these impairments affect PWA in real-life situations, nor does it consider other contextual factors that may affect PWA's lives.

The second type of aphasia research is the communication-focused approach. This approach examines communication between PWA and their conversation partners and how to improve it (e.g., Holland, 1991; Nykänen et al., 2013). Since it investigates the effects of aphasia on functional communication at the conversational level, it reflects the Activities and Participation dimension. It also partly reflects some aspects of the Personal and Environmental Factors dimension, as it includes conversation partners of PWA as a crucial factor in the analysis. However, Wilkinson (2010) has questioned whether the findings from this approach can truly represent real-life communication between PWA and their conversational partners, since the analysis is typically based on predetermined communication tasks and limited contexts. Therefore, this approach may not accurately capture the unstructured nature of conversation in various communication activities and participation in real life.

Another type of aphasia research is called the psychosocial-focused approach. This approach focuses especially on the psychosocial perspectives of aphasia on PWA and their conversational partners, including friendship, relationships, quality of life, social participation, and emotional well-being (e.g., Davidson et al., 2008; Shadden, 2005). This approach primarily addresses the Personal and Environmental Factors dimension as well as

the Activities and Participation dimension. For example, Davidson et al. (2008) used communication diaries written by PWA and video-recorded conversations to investigate real-life friendship conversations (Personal and Environmental Factors dimension) and describe the daily communication and social participation of PWA (Activities and Participation dimension).

The last type of research on aphasia is the interaction-focused approach. This approach has been influenced by both the Activities and Participation dimension and the Personal and Environmental Factors dimension. It aims to describe how language impairments influence the ways PWA interact with their significant others in naturally occurring situations. The interaction-focused approach is distinct because its method is based on the principles of conversation analysis (Sidnell, 2010), which investigate aphasia's effect on functional communication by using real-life, unstructured, video-recorded conversations between PWA and their significant others, including any contextual factors in the analysis (Wilkinson, 2015). This approach helps us understand how PWA and their significant others design their interactions in terms of turns, sequences, topics, storytelling, and repair. It should be noted that this study regards itself as an interaction-focused study since it aims to examine the interaction between Thai PWA and their significant others using conversation analysis.

2.2 Conversation analysis

Conversation analysis (CA) is an approach used for investigating human social interaction in everyday life. It is a distinctive set of methods developed by the collaboration of Harvey

Sacks, Emanuel Schegloff and Gail Jefferson during the 1960s that aims to describe real-world events in daily life and discover phenomena of which we were previously unaware (Sidnell, 2010). Initially, CA emerged within the field of sociology, but now it has been applied across disciplines, including psychology, linguistics, and communication. The development of CA during the early to mid-1960s was significantly influenced by Erving Goffman's unique methods of social interaction analysis and Harold Garfinkel's research policy, ethnomethodology, focusing on practical reasoning in everyday activities (ten Have, 2007). However, by the late 1960s, CA has become a distinctive method and analysis of its own that displays little resemblance to Goffman and Garfinkel's studies (Sidnell, 2010).

CA is unique and different from other social and human science approaches in many ways (Sidnell & Strivers, 2012; ten Have, 2007). For example, CA is based on the theory that social interaction is orderly at a moment-to-moment level of detail; this orderliness is assumed to be the outcome of mutual methods of reasoning and action to which all social interactants contribute. Therefore, the analytic purpose is to examine the structure of interactions and explain the shared and intertwined construction of practices, behaviours, and activities among interactants. Moreover, CA is different because it values naturally and spontaneously occurring data rather than invented or artificial ones. Another distinctive attribute of CA is that it is considered an inductive qualitative method; in other words, the analysis is guided by individual cases without predefined theorising leading to generalisations across cases. Additionally, the analysis approach is characterised as emic, emphasising the understanding of social interactions from the participants' own perspectives within their

cultural and situational contexts. Researchers aim to adopt the participants' viewpoints, seeking insights into how they produce talk and conduct to be understandable to recipients, and how recipients display uptake and understanding (or lack thereof) of that talk and conduct.

2.2.1 Methodology of CA

There are various approaches to conducting CA as it does not have a strictly predefined methodology. However, in general, the methods of CA can be broadly classified into three phases: acquiring data, transcribing data, and analysing data (Sidnell, 2010; ten Have, 2007).

Acquiring data

The first step in CA involves acquiring recordings of talk-in-interaction. These recordings serve as the primary data source for interactional analysis in later stages of CA. According to Sacks (1984), it is essential for the recordings to be retrieved from actual conversations rather than invented or hypothetical examples. Sacks (1984) elaborated that using naturally occurring instances allows an analyst to discover a variety of phenomena that no one would have assumed existed. The recordings can be either video or audio recordings; however, video recordings are preferable because they provide richer contextual information from the interaction that audio recordings cannot capture, such as facial expressions, gestures, and eye gaze (Wilkinson, 2015). Moreover, video recordings may be beneficial in analysing

certain interactional talk, particularly in complex settings with multiple speakers (ten Have, 2007).

Data can be obtained in several ways depending on the study's goals and the analyst's preference (ten Have, 2007). For researchers interested in conducting CA studies on social interactions involving individuals with communicative impairments, there are publicly available data sources like the 'TalkBank' website (talkbank.org). This site provides a repository of audio and video recordings, transcripts, and other data related to conversations and various forms of spoken interaction. It features a subsection called 'AphasiaBank', which offers data specifically related to communication in individuals with aphasia.

Another straightforward way to acquire data is to make new recordings. This approach is suitable for analysts who have a specific type of data or population in mind, such as atypical populations. These recordings can be obtained in many ways. One could go to the participant's house to set up the recording device. However, with the advancement of technologies, one could ask participants to make recordings themselves using their own devices. For example, for my master's dissertation (Muangsuwan, 2020), I employed the methods of CA to investigate interactions among Thai PWA and their significant others. I acquired the video recordings by asking the participants to use their mobile phones to record their spontaneous conversations at home. No matter which way the analyst decides to make recordings, some key things that should be taken into consideration are that the recording

device has to be set up in a way that does not interfere with the people conversing naturally and that the participants have to willingly give consent to be recorded (ten Have, 2007).

When acquiring data from participants with communicative impairments, it is common to gather specific information about the individual's condition, such as diagnosis, type of impairment, date of onset, and medical history, as these details are crucial for analysis (Wilkinson, 2024). For example, in studying PWA, understanding the specific type of aphasia and its onset is vital. Researchers must decide early in the planning stage which communication disorder or impairment they wish to study and select participants accordingly. This often involves focusing on a specific variant or subgroup, such as individuals with Broca's aphasia or a particular symptom like agrammatism, to ensure a more homogenous study population due to the heterogeneous nature of many conditions. Information on the date of onset is crucial for determining whether PWA have reached a point in their recovery where their linguistic competence has plateaued, resulting in a relatively consistent daily presentation, or if they are still undergoing spontaneous recovery with ongoing changes. Additionally, researchers should consider the severity of the impairment, as it can significantly impact how participants communicate and interact (Pajo & Laakso, 2020).

Transcribing data

After acquiring data, the next step is making transcripts of recorded conversations. In CA-publications, transcripts are used to represent the phenomena discussed in the analysis

since the readers do not have access to actual recordings. They are also used as a research tool to assist the researcher in identifying, making collections, and analysing particular phenomena of interest (Wilkinson, 2015). Making transcription is an important and challenging process in CA; it involves replaying the recordings repeatedly in order to hear exactly what is being said and display the phenomena of interest in written format (Sidnell, 2010). However, a good transcript has to represent not only what has been said but also how it has been said in the interactions (ten Have, 2007). Therefore, it is important for an analyst to learn to listen to the subtle nuances of intonation, breath, and pacing as these factors can significantly impact how recipients hear what speakers are saying, how they react to it, and how the talk is organised (Sidnell, 2010).

Over the years, many transcription symbols have been developed and designed to reveal how talk-in-interaction is sequentially constructed. The most common transcription system used in CA publications is the one developed by Gail Jefferson (Jefferson, 2004). Jefferson's transcription system identifies the standard layout for arranging transcripts which consists of three main features: speakers are identified before the talk; talk is written as it is realistically produced, not as it might be intended; and a fixed-width font is used to align overlapping talk and any observable behaviour (Hepburn & Boden, 2012). The system also identifies specific patterns of literary notation to represent other aspects of the talk, including the temporal and sequential relationship (e.g., overlapping talk, latching, gap and pauses), speech delivery and intonation (e.g., unit final intonation, volume, pitch variations, the tempo of speech, voice quality), transcriptionist's comments and uncertain hearings,

and features of accompanying talk (e.g., aspiration, laughing, crying) (Hepburn & Boden, 2012).

When transcribing interactions involving individuals with communicative impairments like aphasia, it is crucial to include embodied behaviours such as eye gaze, body movement, and gestures in the transcripts (Wilkinson, 2024). These non-verbal behaviours are particularly significant for participants whose speech or language impairments may cause them to rely more heavily on these embodied resources, potentially using them in unique ways compared to those with typical communicative abilities. Therefore, transcription conventions should be able to capture these nuanced embodied behaviours, as developed by Charles Goodwin (e.g., Goodwin, 1995). Another commonly used transcription system, building on the foundations laid by Jefferson's system, is Lorenza Mondada's multimodal transcription system (Mondada, 2018). This system aims to capture and analyse not only spoken language but also the nonverbal dimensions of communication in interactive contexts, proving especially valuable for investigating how meaning is simultaneously formed and conveyed through various communication modes.

Transcribing and presenting conversations in languages other than English to audiences unfamiliar with the language can pose significant challenges. Hepburn & Bolden (2012) have outlined several key issues. Firstly, when the language of interest does not use the Roman alphabet, transcribers typically choose between three options: (1) using the native writing system, (2) employing a standardised phonetic system, or (3) opting for a Roman

transliteration system. The third option is often preferred due to its accessibility for English-speaking audiences. Secondly, there is no universally accepted method for representing tonal language. However, some options are using a numerical system (e.g., Enfield, 2007, for Lao) and using diacritics (e.g., Moerman, 1988, for Thai). Thirdly, when presenting transcripts of non-English interactions to English-speaking audiences, a multi-linear transcription approach is typically utilised (Sidnell, 2009). The most common practice involves a three-line transcription format: the first line presents the original speech (in its adopted orthography), the second line offers a morpheme-by-morpheme English gloss, and the third line provides an idiomatic English translation aimed at capturing the local and interactional meanings of the original utterances.

Analysing data

Following, in a sense, the preparatory stages of collecting and transcribing data, an analyst can start the core job of CA, the analysis. Analysing data involves observing patterns of interesting phenomena and deciphering the systematic methods of the participants that created them. Sidnell (2010) has provided several suggestions of things an analyst should focus on the first place when beginning the observation process. For example, one might look for patterns that have been seen repeatedly across data samples; one might explore different kinds of patterns within the same data; one might observe how participants select different formats for doing an action (e.g., how a request is formatted at the beginning of a call compared to at the end of a call). Another way to observe the data is by looking at some key topics in CA literature, such as turn-taking, turn construction, sequence organisation,

repair, possible utterance completion and action formatting. After finding a potentially interesting phenomenon, one can begin assembling instances of it into a collection.

Once a collection has been gathered, it is time to work on developing the analysis. It should be noted that there is no one best way to do so; however, Sidnell (2010) has recommended a set of methods to arrange the data in such a way that the relevant features of the talk are noticeable. The first step is to copy each instance onto an individual page, assign it a number, and annotate this with any observations that may be potentially relevant. Secondly, select a few instances of the phenomenon of interest that is most visible and work on an analysis of them, possibly focusing on some key topics in CA literature mentioned above. Finally, when going through the entire collections, classify the instances into subsets based on any criteria that seem pertinent (e.g., the types of response, the location in which the phenomenon occurs). Sidnell (2010) also suggested using index cards when managing with more extensive collections. Using index cards enables the analyst to recognise intersections or groups of instances that belong to more than one subset leading to further observations and more thorough analysis.

2.2.2 Key topics of conversation analysis

Some key topics in CA include the overall structural organisation of interaction, turn-taking and turn construction, sequence organisation, social actions, repair, preferences,

storytelling, and more. However, this review will specifically concentrate on selected pertinent aspects of CA literature that are relevant to this thesis.

Turn-taking and turn construction

One key focus in CA literature has been on how people in conversation take turns in speaking. A fundamental study related to the organisation of turn-taking is a study by Sacks et al. (1974), in which they proposed ‘a simplest systematics’ for turn-taking in conversation. Briefly, the systematics explains how turns are distributed in conversation. It is composed of one set of rules for managing turn constructions and two components: the turn constructional types (turn construction units) for determining transition-relevance place for speakership transfer; and the turn-allocation techniques for deciding who will be the next speaker (Sacks et al., 1974). These turn-allocation techniques include: ‘current speaker selects next’ (the current speaker selects the next speaker using a sequence-initiating action, an address term or gaze direction) and ‘self-selection’ (an interactant chooses himself to speak in the next turn).

Furthermore, one area that CA research has investigated is the topic of turn construction. While we know that a turn may be made of multiple turn construction units (TCUs) (Sacks et al., 1974), the current understanding of how these TCUs are composed and designed are relatively less comprehended. Studies on turn construction often focus on the way turns are organised and how actions are formed in those turns. For example, Sidnell (2010) examined how turns are constructed in different positions within conversations, including at turn-

beginnings, turn-endings, and within the turn. He discussed several types of tokens (e.g., “oh”, “well”, “anyway”) people used at turn-beginnings to convey a relationship between the current turn and the turn before. Regarding the turn-endings, he listed a few methods that people can use to end a turn (other than a turn completion), including utilising tag questions and turn increment. Moreover, he also addressed how the turn is the result of interaction between speaker and receiver in multiple ways.

Social actions and sequences

Another area of CA research is the investigation of social actions. Over decades, CA has been used as a tool to examine how social actions are conducted through language interactionally and sequentially and understood to be the actions that the talk is intended to perform (Drew, 2013). Although the focus on actions may resonate with the other approaches for studying language use, CA is different in that it is not sought to emphasise practices of speaking or actions separately but examine “the relation between practices of speaking and actions-in-talk within sequences” (Sidnell, 2010, p. 73). Some examples of social actions are well-known and familiar actions (e.g., requesting, offering, complaining, inviting, announcing, greeting), actions that have no straightforward labels (e.g., ‘change of state token’ (Heritage, 1984)), and the action of agreeing with another through repetitions of what they have just said or confirming allusions’ (Schegloff, 1996).

As mentioned earlier, CA aims to explain the sequential relationship between practices of speaking and the actions that such practices are designed to perform. Practices of speaking

refer to “relatively stable features which recur across a wide range of utterance types and actions” (Sidnell, 2010, p. 61). There can be a strong association between some practices and particular actions, though the relationship is not definite. For example, a practice like “hello” is strongly associated with the action, greeting. However, in a specific context, “hello” can be used on the telephone to verify whether the receiver hears the caller (Sidnell, 2010). Furthermore, when one participant performs an action, another participant will be expected to provide a responsive action relevant to the previous action. These sequences of paired actions are called 'adjacency pairs' (Schegloff & Sacks, 1973) and are another topic of interest in CA research.

Schegloff & Sacks (1973) explained distinct features of the adjacency pair that it is made up of two utterances that are adjacent to each other and produced by different speakers. Moreover, these utterances are orderly placed as a first-pair part (FPP) and a second-pair part (SPP), and both parts have to be pair-type related (Schegloff, 2007). In other words, a particular FPP makes relevant a particular SPP (e.g., greeting-greeting, question-answer). However, some particular FPPs can be followed by one of multiple SPPs; for example, a complaint can provide for the relevance of a support, an agreement, or a denial as its SPPs. These adjacency pairs are linked together by a relation of conditional relevance (Schegloff, 1968); therefore, the non-occurrence of the expected SPP can be regarded as officially absent. For instance, when an answer is not followed after a question, the answer is treated as noticeably absent.

CA also plays a vital role in describing some vernacular actions that other approaches may not be able to do. For instance, Heritage (1984) used CA to investigate how people produced a 'change of state token' (e.g., "oh") to display the change in their current state of understanding. Moreover, "oh" can be adopted as a response to various conversational actions, such as informing, other-initiated repair and understanding check, depending on the contexts and location in which it is placed. Another example of CA-based studies on actions is a classic study of 'confirming allusions' by Schegloff (1996). He described 'confirming allusions' as the action in which one participant agrees with another by repeating what they have just said to confirm "both its content and its prior implicit conveyance" (Schegloff, 1996, p. 161). These studies are some examples of what CA can contribute to our understanding of the social actions in talk-in-interaction; many more aspects of the organisation of actions and sequences remain to be discovered.

Repair

Repair refers to "an organised set of practices through which participants in conversation are able to address and potentially resolve such problems of speaking, hearing, or understanding" (Sidnell, 2010, p. 110). The investigation of the repair mechanism helps us understand the maintenance of intersubjectivity which is the foundation of a collaboratively constructed course of actions. Before proceeding to this topic, it is necessary to clarify some of the terms that will be used throughout this review. Repair consists of two parts: repair initiation and repair outcome; the latter (often referred to as just 'repair') can either be a solution or abandonment of the problem (Schegloff, 2000). Such problem of speaking,

hearing or understanding with which the repair is addressed to deal is called the ‘trouble source’ or sometimes ‘the repairable’ (Sidnell, 2010). Repair can be initiated by one party and completed by another; for example, repair that is initiated by the speaker of the trouble source but completed by another individual is called self-initiated other-repair (Kitzinger, 2012).

The area of repair was first investigated by Schegloff et al. (1977), in which they described some features of repair and the operation of a preference for self-repair (more specifically, self-correction over other-correction) in the repair organisation. Schegloff et al. explained that since a trouble source usually occurs within a TCU, a speaker of the trouble source, therefore, has the first opportunity to both initiate and complete repair. They also found that when a speaker of a trouble source does not execute self-correction within his turn, others frequently only initiate repair and leave the opportunity for the speaker of the trouble source to execute a correction himself. Furthermore, when other-corrections do occur, they are commonly attuned by further testament to their dispreferred status, and unattuned other-corrections are designed to function as the sign of disagreement (Sidnell, 2010).

Other-initiated repair is one major area of interest within the field of repair organisation. Besides systems for self-initiated repair, CA can also help us understand some techniques for other-initiated repair the recipients use to locate the repairable items. These techniques (ranged from weaker to stronger) include open-class repair initiators, class-specific question, repetition with question words, repetition without question words, and offering a

candidate (Schegloff et al., 1977; Sidnell, 2010). The open-class form (e.g. “huh?”, “what?”) is the weakest form of repair initiators as it only detects a problem in the prior turn but does not explicitly locate the repairable within that turn. The class-specific question (e.g. question words like “who?”, “what?”, “why?”) is more specific as it can indicate a particular trouble source of speech. Repetition with question words (e.g. “the what?”) and repetition without question words are used when the recipients want to be even more specific in locating the repairable item. Finally, offering a candidate or when the recipients provide a possible understanding of the previous turn is the strongest form of repair initiators. Typically, a minimal other-initiation of repair sequence encompasses three turns: the trouble-source turn, the other-initiation of repair, and the repair solution (Kendrick, 2015). The extension of an other-initiation of repair (OIR) sequence beyond its basic structure may occur if a repair solution cannot adequately resolve the trouble source, hindering the progression of the sequence to which the trouble source pertains (Kendrick, 2015). Multiple other-initiations of repair occur when a participant repeatedly initiates repair efforts after a single attempt fails to resolve a communication issue, often due to ongoing difficulties in understanding or hearing a previous turn. This process involves successive attempts to clarify or correct the problem. However, in typical conversations, it is uncommon for such multiple repair initiations to occur more than 2 to 3 times for the same issue (Schegloff, 2000).

2.2.3 Dyadic vs Multiparty interaction in CA

Research on multiparty interaction (conversations among more than two people) using CA is still in its early stages compared to studies on dyadic interaction (conversations between two people). Analysing multiparty interactions with CA can offer unique perspectives on communication that cannot be gleaned from dyadic interactions. Some relevant areas that CA research has investigated include turn-taking, actions, and roles of participants in multiparty interaction.

Turn-taking in multiparty interaction

Sacks et al. (1974) noted differences in the turn-taking system between dyadic (two-party) and multiparty (more-than-two-party) interaction. Firstly, the turn-order bias (bias for the speaker before the current speaker to be chosen as the next speaker) may not affect the dyadic interaction as much as the multiparty interaction. For example, in a three-party conversation, one interactant might be left out; with more parties, more people would be left out. Secondly, while the differential distribution of turns is not relevant for dyadic interaction (since they will have alternating turns), it becomes relevant for multiparty interaction. For instance, with two parties, it is always guaranteed that the next turn will belong to the current non-speaker; therefore, he can pass any given non-obligatory transition-relevance place with complete certainty of becoming the next speaker. On the other hand, with three or more parties, the current non-speaker who wants to speak next (in case the current speaker has not selected anyone in particular) must self-select at the first possible transition-relevance place; otherwise, he might lose possible turns and continuation in talk to other current non-

speakers. Moreover, if the current speaker wants to select another person to speak next, he must do so before others self-select.

In 1993, Lerner employed CA to further investigate the turn-allocation techniques (Sack et al., 1974), focusing specifically on the aspect of multiparty interaction. Lerner noted how the current speaker might choose more than one person to speak next. For example, one might design a sequence-initiating action that requires a responsive action from each recipient (e.g., asking, “you both stay at home?”) (Lerner, 1993, p. 227). Accordingly, in this situation, the problem may arise in terms of who would answer first, potentially causing the next turn to be overlapped. Additionally, Lerner (2003) also found other implicit ways that speakers employed to select the next speaker without explicitly addressing or glancing at that person. That is, a speaker may design a sequence-initiating action in a matter that limits eligible responders to a single participant; this form of action is also known as 'recipient design' (Sacks et al., 1974), which can implicitly achieve addressing and contribute to the next speaker selection (Lerner, 2003).

Lerner (1993) explored another method of allocating turns, known as 'self-selection'. He highlighted that 'self-selection' can pose challenges in certain scenarios, such as when a speaker initiates an action that prompts a response without directing it to anyone in particular (e.g., asking “anybody want any more peas?”) (Lerner, 1993, p. 226). In such cases, at least one recipient is expected to respond in the subsequent turn based on the relevance

of the action requiring a response. Issues that may arise include overlapping speech in the next turn and conversational gaps if no response is provided.

Distinct actions in multiparty interaction

In some multiparty conversations, individual participants may not be considered equal to individual parties (Schegloff, 1995). There may be an occasion when a speaker addresses his talk to co-recipients not individually but as members of a collectivity (e.g., a couple) (Lerner, 1993). For example, one may ask a question to a couple in which that question does not obligate both of them to respond, but only one response from one of them is required. In this case, despite being two individuals, the couple is considered to be one party or one association. Lerner (1993) examined this aspect of addressing recipients as members of an association more closely and described some distinct patterns of actions each participant contributes to a conversation.

For instance, Lerner found that when a participant speaks to an association, a 'reciprocal association' may become relevant. He clarified this by providing an extract of a conversation among two couples, describing "how talk by, and about, one couple can make relevant talk by and about their co-recipients as a couple" (Lerner, 1993, p. 232). Moreover, Lerner reported a situation when a speaker addressed an offer to multiple recipients in such a way that provides a 'shared opportunity' or an occasion in which some or all of these recipients could each individually respond to the speaker. Nonetheless, after the speaker had offered (in Lerner's example, the salesboy offering a newspaper subscription), two participants (a

couple) treated the proposition as a matter of a conjoined reply (one declined the offer on behalf of the two). In other words, the couple turned a 'shared opportunity' into the conjoined participation of an ensemble (Lerner, 1993, p. 234).

CA-based research on multiparty interaction also helps us identify some actions that can never be found in dyadic interaction. For example, there are situations in which a participant other than the addressed recipient of a sequence-initiating action speaks next. Lerner (2019) studied these circumstances and found three intervening actions of other-than-addressed participants after the next speaker has been selected. In short, he concluded that other-than-addressed participants speak instead of the addressed ones "to implement the implicated sequence-responding action, to intercede on behalf of the addressed recipient by blocking the continued relevance of a response, or to interject a supplemental action that expands the sequence before a response is produced" (Lerner, 2019, p. 388). The findings from this study demonstrated that the 'current speaker selects next' technique could be replaced by organisationally specifiable practices, and who in fact got to speak next was not a definite outcome (Lerner, 2019).

Roles of participants in multiparty interaction

According to Goffman's concept of the 'participant framework' (Goffman, 1981), the various roles individuals assume in a conversation or social interaction structure and guide the interaction. Key roles include the principal of the talk (the one whose position, viewpoint, or beliefs are represented by the utterance), the author of the talk (the one who selects the

words and constructs the message), and the animator of the talk (the one who physically produces the utterance). In multiparty interactions, the participant framework becomes increasingly intricate due to the involvement of multiple individuals, whose roles (animator, author, principal) can shift more frequently compared to dyadic interactions.

2.2.4 CA-based research on atypical interaction

Atypical interaction can be defined as social interactions where at least one participant has a communicative impairment, which consequentially impacts the interaction (Wilkinson, 2019). Despite initially being used to investigate typical interaction, CA has now been expanded and applied to examine atypical interaction. According to Wilkinson (2019), the applications of CA within atypical interaction can be classified into three phases. First, during the late 1970s to the 1980s, most publications were isolated studies in which the analysis methods were the combination between CA concepts and analytical tools from other traditions, such as speech act theory. Second, during the mid-1990s, research became more recognisable within the CA traditions in which data from naturally occurring conversation and transcribed extracts were used. Third, during the last decade, CA-based research on atypical interaction has become its own distinct area of study. Research on different communicative impairments has been drawn together, mainly focusing on how individual communicative disorders share certain features that impact interaction.

CA-based research on atypical interaction has been applied with various types of communication disorders. These include communicative impairments with speech (e.g., dysarthria), hearing (e.g., hearing loss), fluency (e.g., stuttering), cognition (e.g., dementia, traumatic brain injury, autism), and language (e.g., aphasia) (Wilkinson, 2019; Wilkinson et al., 2020). As mentioned above, CA has contributed to understanding how these different communication disorders are similar or different in features that impact conversation. Wilkinson (2019) explained these common recurring features across atypical interaction, including the delay in the progressivity, problems of understanding, intelligibility and hearing, and atypical actions.

While CA-based research has broadly demonstrated how atypical interaction involves delays in progressivity, problems of understanding, and extended repair, it is also important to examine how these features emerge in relation to specific communication disorders. The following section reviews CA studies on selected disorders that are closely related to the focus of this study and provide a useful basis for comparison with the present analysis.

Dysarthria

Dysarthria is a motor speech disorder that affects the physical production of intelligible speech due to impairments in the motor speech subsystems, including respiration, phonation, articulation, and resonance (Wilkinson, 2019). Previous CA-based research on interactions involving people with dysarthria has focused on trouble sources and the

organization of repair within interaction. It is well established that other-initiations of repair occur regularly in conversations involving people with dysarthria (Bloch & Barnes, 2020; Bloch & Wilkinson, 2011). This is primarily due to phonetic distortions in the speaker's talk, which make it difficult for recipients to perceive what is being said.

Some trouble sources caused by dysarthric speech can be managed relatively quickly, particularly when recipients are able to pinpoint a specific unintelligible element through other-initiation of repair, and the speaker with dysarthria only needs to self-repair that particular word or phrase (Bloch & Wilkinson, 2011). However, repair sequences can become extended when the trouble source is not primarily influenced by reduced intelligibility. These cases include difficulties stemming from more global issues and/or the overall action in the dysarthric speaker's turn (Bloch & Barnes, 2020; Bloch & Wilkinson, 2011). For example, multiple other-initiations of repair may occur when the speaker has difficulty positioning their talk within the sequential context of conversation and struggles to successfully complete self-repair, particularly third-turn repair (Bloch & Barnes, 2020).

As these studies demonstrate, intelligibility alone does not account for all understanding problems encountered by conversation partners. Bloch and Wilkinson (2011) emphasize the importance of distinguishing between intelligibility (the clarity of speech sounds) and understandability (the recipient's grasp of the utterance's meaning within the interactional context). Achieving mutual understanding therefore requires effort from both speaker and

recipient to manage unintelligibility and collaboratively establish shared meaning (Bloch & Barnes, 2020).

What is particularly relevant to the present study is that aphasia can also lead to frequent repair sequences. However, whereas in dysarthria the primary difficulty often lies in reduced intelligibility, in aphasia the problem is more closely related to language formulation and comprehension. This study therefore considers how different impairments give rise to different kinds of repair trajectories. Extended repair sequences, similar to those documented in dysarthria, are also observed in the present data, particularly in Chapter 5. The factors that lead to these extended sequences will be discussed in detail in that chapter.

Hearing impairment

Studies on hearing impairments have also focused on repair activities and how participants manage hearing difficulties in interaction. Other-initiations of repair are found to occur regularly; however, unlike in interaction involving the speaker with dysarthria, it is the person with the communicative impairment (i.e., hearing impairment) who produces them in response to hearing-related problems. Previous studies investigating the types of other-initiated repair found that the most common forms are open-class repair initiators (e.g., “huh?”, “what?”) and candidate understandings, while less frequently used forms include questioning repeats and specific questions (Caissie & Gibson, 1997; Pajo, 2013). It is also worth noting that speakers with hearing impairments may sometimes initiate repair during

their conversation partner's ongoing turn (Lind, Hickson, & Erber, 2006). This contrasts with typical interactional patterns, where other-initiated repairs are usually delayed until after the prior speaker's turn has reached a hearable completion (Schegloff et al., 1977).

Previous conversation analysis research on interactions involving individuals with hearing impairments has largely concentrated on other-initiated repair within clinical or structured environments (e.g., Ekberg, Hickson, & Grenness, 2017; Lind et al., 2004). Some studies have extended this focus to more naturalistic, everyday conversations, including those involving speakers with varying degrees of hearing loss—ranging from severe hearing impairment (Pajo, 2013) to mild or moderate cases where open-class other-initiations of repair were observed (Laakso et al., 2019). A more recent study by Pajo and Laakso (2020) explored how individuals with differing levels of hearing impairment manage hearing-related difficulties in interaction. They found that individuals with mild hearing impairment produced other-initiated repair as rarely as those with typical hearing. However, those with more severe hearing loss engaged in other-initiated repair more frequently, often in extended and multimodal sequences, which demanded greater attentiveness from their hearing conversation partners.

A key point of relevance to the present study, particularly in Chapter 4, is that impaired auditory comprehension in people with aphasia can also lead to multiple other-initiations of repair, resembling the practices observed in individuals with severe hearing impairment. In the case of hearing impairment, the difficulty arises because the speaker's talk is not heard;

in aphasia, the difficulty arises because the talk is not understood. Examining these similarities and differences allows for a comparison of how distinct impairments can nevertheless generate comparable repair practices.

Dementia

Pragmatic difficulties have been recognized as a major issue of communication in people with dementia, impacting how they use language in interaction with others. CA-based research on dementia interaction has examined various aspects of these interactions, including actions, topic management, turn-taking, and repair (Perkins et al., 1998).

For example, Orange et al. (1996) found that trouble sources may stem from problems such as ambiguity, lexical referencing, topic shifting and deficits in working memory of people with dementia. These issues were more prevalent as the severity progressed (i.e. were found more in middle stage dementia Alzheimer's type (MDAT) than in early-stage dementia (EDAT)). In terms of repair initiation, EDAT dyads employed a range of strategies, while MDAT conversation partners relied more on open-class repair initiators (e.g., "what?", "eh?") and candidate understandings (e.g., "Do you mean...?"), reflecting their challenges in understanding what the person with dementia meant.

One key focus in CA studies on dementia has been how atypical actions by individuals with dementia emerge in interaction and how conversation partners respond to them. For

example, Jones (2015) observed instances in which a person with dementia requests information they have already received or already know. In more severe cases, such as when the speaker confabulates, conversation partners may face a dilemma about how to respond appropriately (Lindholm, 2015).

Of particular relevance to the current study (particularly Chapter 4) is the use of repetitional responses by individuals with dementia. Mikesell (2010), in her study of people with frontotemporal dementia (FTD), found that such responses can serve as a way for speakers to assert agency and claim epistemic authority. This challenges the impairment-based perspective, which often views repetition merely as a symptom of cognitive decline, rather than a meaningful interactional strategy.

Traumatic Brain Injury (TBI)

It is well-established that traumatic brain injury (TBI) can lead to the development of cognitive-communication disorders. CA-based research on TBI has explored how cognitive issues, including impairments in attention, memory, and executive functions, manifest and affect conversation. One impairment related to cognitive-communication disorders following TBI, which is relevant to this study, is verbosity. Verbosity refers to excessive, inefficient, and sometimes irrelevant verbal output (Barnes et al., 2023). This is particularly pertinent because speakers with fluent aphasia with receptive problems also display a similar pattern of producing irrelevant utterances in this study. Previous research has shown

that speakers with TBI tend to produce extended conversational turns and provide more information than required in the previous turn (Friedland & Miller, 1998; Coelho et al., 1993, 2002). Barnes et al. (2023) further investigated verbosity in detail, identifying its characteristics in interaction. These include persistent overlapping talk, frequent self-initiated self-repair, parenthetical inserts, and practices for managing turn discontinuity.

Another difficulty observed in people with TBI is perseveration (Body & Parker, 2005; Frankel & Penn, 2007). This is important to mention because perseveration is one of the impairments observed in this study. Body and Parker (2005) explored topic repetitiveness, where a speaker with TBI repeatedly brings up the same topic. They found that this repetitiveness is influenced by both the person's cognitive deficits and the social dynamics with the interlocutor. For example, a conversation partner's responses in certain ways (e.g., not interrupting or encouraging the same topic), can promote further repetition.

Similarly, Frankel and Penn (2007) found that participants with TBI, despite having intact turn-taking and repair skills, struggle with topic management. In their study, one participant displayed 'recurrent perseveration,' where they repeatedly initiated topics (in this case, requesting information about time and place). Other aspects of topic management were also affected, including topic bias, maintenance, and shift. Another participant exhibited 'stuck-in-set perseveration,' where they had difficulty disengaging from an ongoing topic, leading to problems with inter-topic boundaries. In terms of the conversation partner's influence on perseveration, they also found that the conversation partner plays an important

role in the presence of perseveration in the speaker with TBI. For example, the speaker with TBI produced fewer perseverative utterances when the interlocutor used more open-ended questions and offered a variety of topics, compared to those who tended to offer close-ended questions.

This is particularly relevant to Chapter 4, especially in the discussion of perseveration, where speakers with fluent aphasia and receptive difficulties in the present study were observed to produce repeated utterances in sequentially irrelevant contexts, thereby affecting the course of the conversation. These observations will be examined in detail in Chapter 4.

2.2.5 CA-based research on aphasia

Much attention has focused on repair sequences in interactions involving individuals with aphasia (PWA) (Laakso & Klippi, 1999; Lock et al., 2001; Oelschlager & Damico, 2003). It is well-documented that these sequences occur frequently due to the linguistic impairments of PWA, taking various forms such as self-initiated repair by PWA (when PWA attempt to correct themselves), other-initiated repair by PWA (when they fail to comprehend their conversation partners), and other-initiated repair by conversation partners (when they fail to understand PWA' utterances) (Wilkinson, 2008). CA-based research on aphasia explores how these language impairments influence repair dynamics, often resulting in more frequent and prolonged repair sequences compared to typical interactions (Wilkinson et al., 2003). For example, due to their language difficulties, PWA may find it harder to execute self-

repair quickly compared to non-aphasic speakers (Wilkinson, 2015). The increasing repair activity (e.g., more repair attempts) results in the atypical forms of delay in the progressivity of the TCUs to some degree, which is considered a dispreferred form of TCU. Moreover, this disruption of progressivity may allow more opportunity for interaction to end with other-initiated repair instead of a preferred action, like self-repair (Wilkinson, 2019). In this study, our focus will be on expanding our understanding of repair activities, particularly identifying factors that contribute to prolonged repair sequences and comparing those factors between non-fluent aphasia and fluent aphasia with receptive problems.

Another major aspect of interest in aphasic interaction is the focus on the concept of ‘adaptation’ or adapted behaviour seen in both PWA and their conversation partners (Wilkinson, 2015). This adaptation is often a ‘mutual phenomenon’ (Heeschen & Schegloff, 2003, p. 268), meaning that adaptation by one participant can influence the production of adapted behaviour in the other. More specifically, CA studies on aphasia have explored how PWA and their conversation partners systematically adapt their talk and actions so that PWA’s communication can be more understandable with less repair and delay in progressivity (Wilkinson et al., 2020). For instance, instead of relying solely on verbal output, PWA have been observed to combine direct reported speech with nonverbal resources such as gestures and body movements to facilitate social interactions (Wilkinson et al., 2010). Additionally, from a CA perspective, telegraphic speech can be seen as an adaptive behaviour serving as a strategic resource to engage conversation partners, particularly in interactive storytelling contexts, rather than merely as symptoms or impairments (Heeschen

& Schegloff, 1999). The present study will also examine certain symptoms observed in individuals with fluent aphasia and receptive problems at the interactional level, aiming to enhance understanding of how these symptoms emerge and impact conversations, an area that has not been previously explored.

In studies examining multiparty interactions involving PWA, researchers have investigated the various strategies used by communication partners to facilitate and support the aphasic speaker during conversation (Goodwin, 1995; Klippi, 2003; Oelschlaeger & Damico, 1998). These supportive behaviours, often termed 'speaking-for', encompass a range of roles and actions aimed at aiding the PWA in communication contexts. Croteau et al. (2004) broadly defined speaking-for as answering on behalf of the PWA when addressed directly, while Simmons-Mackie et al. (2004) emphasised the nuanced roles where non-aphasic partners animate talk while acknowledging the PWA's authorship of ideas expressed.

Several studies have delved into these speaking-for behaviours in multiparty interactions, particularly focusing on the roles of spouses in controlled settings such as semi-structured interviews (Croteau & Le Dorze, 2006; Croteau et al., 2004, 2007). These investigations have provided insights into patterns of support and the contributions of spouses in facilitating communication. However, the artificial nature of these settings may limit the discovery of phenomena that might emerge more naturally in everyday contexts, as noted by Purves (2009). Purves explored speaking-for behaviours in family conversations, identifying three distinct patterns: 'speaking in support of', where non-aphasic partners assist the PWA in

navigating conversation challenges; 'speaking on behalf of', where both parties collaborate in constructing narratives; and 'speaking instead of', where non-aphasic partners assume a more dominant role in conversation. These patterns underscore the complexity and variability of speaking-for behaviours influenced by the presence of aphasia and shared interactive experiences. Additionally, Ferguson and Harper (2010) investigated similar behaviours among non-aphasic conversation partners of PWA, identifying patterns like 'speaking support for another', 'speaking on behalf of another', and 'speaking instead of'. While these patterns share similarities with those identified by Purves, nuances in their descriptions highlight different facets of supportive interaction dynamics, reflecting the diverse ways in which communication partners navigate the challenges posed by aphasia in conversation.

Furthermore, in my master's dissertation, I utilised CA to investigate how Thai PWA communicate with their significant others, focusing particularly on the roles and actions of participants that contribute to multiparty interactions (Muangsuwan, 2020). The study identified three primary patterns of actions used by participants to facilitate interactions with PWA. Firstly, 'directing a person what to say to another participant' involves a participant crafting an utterance to prompt someone else to speak to another individual. The second action, 'clarifying on behalf of a person with aphasia', occurs when a non-addressed participant clarifies a difficulty in the speech of a PWA for the benefit of others present. Lastly, 'translating on behalf of a person with aphasia' typically happens when a participant recognises issues in the speech of a PWA and interprets them for the group. However, my

master's dissertation only included two participants with non-fluent aphasia. Therefore, the current study aims to expand on these findings by exploring actions in multiparty interactions involving a wider variety of participants with different types of aphasia. This investigation seeks to determine whether similar patterns emerge or if new observed patterns come to light in these interactions.

2.3 Thailand, Thai culture, and Thai language

As this thesis investigates interactions involving Thai-speaking individuals with aphasia, the following section will offer an overview of the Thailand, Thai culture, Thai language, and research on aphasia in Thailand.

2.3.1 Thailand and Thai culture

Thailand has a rich and diverse cultural history. Influences from Indian, Chinese, Islamic, and European civilisations have significantly shaped Thailand's indigenous culture. (Mishra, 2010). Over the centuries, Thailand has evolved while maintaining its independence and resilience, even during times of regional invasion and colonial expansion in Southeast Asia (Mishra, 2010). Thai culture places great importance on harmony and avoiding conflict. The people of Thailand are known for their peaceful and accommodating nature, often choosing to resolve disagreements through compromise rather than confrontation. This approach reflects deeply rooted societal values that prioritise maintaining relationships (Vongvipanond, 1994). Thai society is built on a hierarchical system, where factors like age,

occupation, and religious status determine social standing (Vongvipanond, 1994). This hierarchy shapes many aspects of daily life, including language, social interactions, politics, and religion. Thailand's tolerance for religious and ethnic diversity is evident in its multicultural families, where members from different religious backgrounds, such as Buddhists, Muslims, and Christians, live together harmoniously (Vongvipanond, 1994).

2.3.2 Thai language

The Thai language is deeply connected to the country's culture and social structure. It belongs to the Tai-Kadai language family, which spans across Southeast Asia, from southern China to parts of India and Indonesia (Vongvipanond, 1994). There are several regional dialects within Thailand, including Northern, Northeastern, Southern, and Central dialects, with the Bangkok dialect recognised as the official standard (Vongvipanond, 1994). In this study, the participants specifically used Standard Thai, or the Bangkok dialect, which serves as the official language and is used in government and educational settings throughout the country.

Thai follows a fixed Subject-Verb-Object (SVO) word order (Sudmuk, 2003) and is classified as an isolating or analytical language. This means it primarily uses free-standing morphemes to express grammatical relationships, rather than relying on inflections (Thiengburanathum, 2013). Unlike English and other Indo-European languages, which use both free-standing morphemes (such as articles) and bound morphemes (like inflectional affixes) to indicate grammatical features such as plurality, Thai solely relies on free-standing morphemes for

these purposes (Sudmuk, 2005). Another notable feature of the Thai language is its use of serial verb constructions, where multiple verbs are strung together within a single clause without the need for explicit conjunctions (Chuwicha, 1993; Muansuwan, 2002). Additionally, Thai is a tonal language where pitch variations, or tones, are phonemic, meaning that different pitch contours can change the meaning of a word—unlike in English, where pitch is used primarily for emphasis or intonation.

2.3.3 Practices for forming yes/no questions in conversational Thai

As Chapter 4 of this study examines how individuals with aphasia respond to yes/no questions, I begin by outlining how such questions are typically formed and answered in Thai conversation. This provides a linguistic baseline against which the participants' responses can be understood and compared in the transcripts.

According to Iwasaki and Ingkaphirom (2009), Thai forms polar (yes/no) questions with four common sentence-final particles: ไหม (mai), หรือเปล่า (rue plao), หรือยัง (rue yang), and หรือ (rue). In this thesis I use a simplified romanization without tone marks, as tone is not the focus and fully marking tones for every word would be impractical. Placed at the end of a clause, these particles convert an otherwise declarative utterance into a question.

ไหม (mai)

This is the default polar question particle and is often used to inquire about the addressee's states, perceptions, or desires. Because zero pronouns are common when reference is recoverable, an utterance like kin mai (eat + mai) can be understood as “Do you want to eat?” According to Iwasaki and Ingkaphirom (2009), mai does not combine with nominal predicates or with negative predicates. It is compatible with affirmative verbal predicates in future time reference, but not typically in past time (except with certain adverbs/aspectual auxiliaries or when the information is construed as belonging to the addressee).

หรือเปล่า (rue plao)

Literally ‘or not’, this particle frames the question in a more “public” way and can occur with nominal predicates. It can also appear in negative questions, even when the information falls within the addressee’s epistemic domain.

หรือยัง (rue yang)

Literally ‘or yet’, rue yang presents an anterior/perfect-like contrast between alternatives (roughly ‘have done’ vs. ‘have not yet done’) and can also point to the immediate future. For example, kin rue yang can mean either “Have you eaten yet?” or “Are you (ready to) eat now?”

หรือ (rue)

(Variants include roe, loe.) This particle is often used when the speaker displays a strong interest in clarifying or extending what they know—i.e., marking curiosity or a search for confirmation.

Thai also employs tag-question formats. ใช่ไหม (chai mai) and ใช่หรือเปล่า (chai rue plao) are used when the speaker has fairly high confidence in the proposition—functionally similar to English tag uses like “right?”—to solicit confirmation or engagement. ไม่ใช่หรือ (mai chai rue) is analogous to English “isn’t it?”, often carrying a tinge of surprise.

In Thai, responses to polar (yes/no) questions follow conventions that differ from English. Affirmative replies typically echo the predicate rather than using the lexical item for “yes”; for example, to ...ไหม (mai) questions a speaker answers by repeating the relevant verb or predicate (e.g., กิน ‘eat’) rather than saying ใช่ (chai). Negative replies are formed with ไม่ใช่ (mai), either alone or followed by the predicate (e.g., ไม่เจ็บ ‘not hurt’). In interaction, the polite particles ครับ (khrap) (male) andค่ะ (khâ) (female) frequently function as affirmative acknowledgments in place of an explicit predicate echo, and interjections such as เหนอ (oe) and อือ (ue) also serve as informal affirmatives akin to English “yeah.” By contrast, ใช่ (chai) is most natural with tag questions (e.g., ใช่ไหม chai mai? ‘right?’) or when affirming identity/correctness; its negative counterpart ไม่ใช่ (mai chai) expresses “no/not correct.”

2.3.4 Ageing society in Thailand

Thailand is experiencing one of the fastest-growing aging populations in the world, making it the second-most aged country in Southeast Asia (Wongboonsin et al., 2020). By 2050, over one-third of the population is expected to be over the age of 60 (Teerawichitchainan et al.,

2019). This shift has significantly increased the demand for healthcare, particularly for age-related conditions like stroke. The prevalence of stroke in Thailand is estimated to be 1.88% among adults over 45 years (Suwanwela, 2014). Stroke remains one of the leading causes of death and disability in the country (Nilanont et al., 2014), and aphasia, a common result of stroke, severely impacts communication abilities. As a result, research on aphasia in Thailand can make valuable contributions to improving communication skills for individuals with aphasia.

The majority of Thai people adhere to the Buddhist principle that emphasises family responsibility, where most long-term care for the elderly is informally provided at home by family members (Suwanrada et al., 2014; Wongboonsin et al., 2020). In contrast to Western nations, where care homes are more prevalent, older Thais typically receive personal assistance with daily activities from relatives (Knodel et al., 2015). However, as more adult children migrate away from home, concerns are growing about the sustainability of this family-based care model in the future (Knodel, 2014). As Thailand's population continues to age, addressing these challenges will be crucial for ensuring the well-being of the elderly.

2.3.5 Research on aphasia in Thailand

Research on aphasia in Thailand is relatively limited and remains in its early stages compared to much of the world. Initial studies on the effects of aphasia on Thai individuals began in the 1980s, primarily conducted by Gandour and Dardarananda. These early studies

focused on theoretical aspects of impairments in Thai persons with aphasia (PWA), examining areas such as tone perception and production (Gandour & Dardarananda, 1983; Gandour, Petty & Dardarananda, 1988), voice onset time (Gandour & Dardarananda, 1982; 1984a), and prosodic disturbances (Gandour & Dardarananda, 1984b). For instance, Gandour and Dardarananda (1983) discovered that Thai PWA generally had deficits in tonal perception across all five lexical tones rather than specific ones, and that the pattern of these deficits was mainly quantitative compared to normal patterns.

Before the 1980s, no language assessments for PWA were available for clinical use in Thailand. The first comprehensive aphasia battery in Thailand was the Thai adaptation of the Boston Diagnostic Aphasia Examination (BDAE) developed by Gandour et al. (Gandour et al., 1981; 1986). Other assessments adapted or modified for Thai PWA included the auditory disturbance section of the Minnesota Test for Differential Diagnosis of Aphasia (MTDEA) (Thammahakien, 1982), the Thai version of the Porch Index of Communicative Ability (PICA) (Manochiopinig, 1984), the Thai adaptation of the Western Aphasia Battery (WAB) (Dardarananda et al., 1995), and the Thai version of the Aachen Aphasia Test (Pracharitpukdee et al., 1998). These assessments are used for various purposes, such as diagnosing the type and severity of aphasia, describing the patient's language abilities, and setting therapeutic goals. However, they only assess language impairments in clinical settings and do not reflect how PWA communicate in real-life situations.

In the 1990s, Gandour continued his work with other researchers, contributing further to Thai aphasiology. Studies from this period, still primarily impairment-based, investigated various impairments in Thai PWA, including timing deficits in vowel production (Gandour et al., 1992), tonal coarticulation (Gandour et al., 1993a; 1996), control of speech timing at both the word level (Gandour et al., 1993b) and sentence level (Gandour et al., 1994), and tone and intonation (Gandour et al., 1997). Despite these newer studies, the focus remained on impairment aspects of aphasia. For example, Siriboonhipattana et al. (2021) investigated the pattern of time reference impairment in Thai speakers with agrammatic aphasia, finding significant difficulties in processing future references compared to the present in both production and comprehension tasks, while past and present references were equally impaired. Siriboonhipattana et al. (2022) characterised Thai agrammatic speech, analysing the use of verbs and polite particles. They found that, similar to other languages, Thai agrammatic speakers spoke slowly with short utterances and produced fewer verbs, particularly struggling with serial verb constructions. However, the use of polite particles was preserved, with agrammatic speakers using more polite particles than non-brain-damaged speakers, potentially influenced by context.

Although these studies significantly advanced understanding of impairments in Thai aphasiology, they did not address other aspects such as psychosocial impacts, social interaction, and functional communication. One study has shifted focus beyond specific impairments. Jiaranai et al. (2019) examined the outcomes of aphasia group therapy, not only on the impairment aspect but also on the quality of life of Thai PWA. This study assessed

speech and language skills using the Thai adaptation of the WAB test (Dardarananda et al., 1995) and measured quality of life via the Thai version of the Stroke Impact Scale (SIS) 3.0 (Khampolsiri, 2006). This study was the first to mention the impact of aphasia on the quality of life of Thai PWA in a published work. However, the SIS 3.0 scores were based on responses from relatives or caregivers, which may not accurately represent the PWA's experiences. Additionally, the SIS was designed for general stroke patients, not specifically for PWA. Overall, while research on aphasia in Thailand has progressed, there remains a need for studies that go beyond clinical assessments to capture the real-life communication experiences of PWA.

3 Methods

This chapter details the methodology employed in this study. It begins by describing the participant recruitment process, addressing ethical considerations, and presenting participant profiles. Given that this study was conducted during the COVID-19 pandemic, it will also describe the adaptations made to ensure all procedures were conducted online, eliminating face-to-face contact between the researcher and participants. Following this, the chapter will elaborate on the data utilised in this study, encompassing the data collection and selection processes, transcription methods, and data analysis.

3.1 Design

This qualitative research study aimed to use conversation analysis (CA) to examine everyday interactions involving Thai persons with aphasia (PWA) and their family members. As the study progressed, several themes emerged from the analysis, and three prominent themes were selected as the focus of this thesis. A commonality among these three themes is that they involve interactions with people who have fluent aphasia with receptive problems. Other findings will be presented in future work beyond this thesis. The study was conducted during the Covid-19 pandemic when face-to-face contact was discouraged. Consequently, all research activities, including participant recruitment, explaining the research project, obtaining consent forms, and data collection, were managed without face-to-face contact between the researcher and participants.

3.2 Participant recruitment process

Participants included native Thai speakers diagnosed with aphasia, their significant others, and other conversation partners (e.g., family members and friends). The study initially aimed to recruit ten to fifteen families, each with at least one member diagnosed with aphasia, regardless of the type and severity. Participants with aphasia were patients at the speech and language clinic at a university hospital in Thailand.

3.2.1 Selection criteria

Inclusion criteria

That the person with aphasia must:

- be an adult aged 18 years or older
- be a native Thai speaker (has Thai as his/her native language)
- be diagnosed with any type and severity of aphasia with at least 6-month post-onset
- be entirely willing to participate in the project

That the significant other of a person with aphasia must:

- be a native Thai speaker (has Thai as his/her native language)
- be an adult aged 18 years or older
- be a family member who speaks to a person with aphasia regularly

- be able to record conversations between a person with aphasia and others for 60 minutes in total
- be entirely willing to participate in the project

That the conversation partner must:

- be a native Thai speaker (has Thai as his/her native language) - be an adult aged 18 years or older
- be entirely willing to participate in the project

The following types of person were excluded from the study:

- a person with aphasia who has significant hearing problems
- a person with aphasia or a significant other with impaired mental capacity
- a significant other who was not able to record the conversation between a person with aphasia and others for 60 minutes in total
- any participant wanted to discontinue participation

3.2.2 Ethical approval

This research project has received ethical approval from the University of Sheffield on 12/07/2021 (see Appendix 1) and Mahidol University on 07/04/2021 (see Appendix 2).

3.2.3 Recruitment during the Covid-19 pandemic

The recruitment process was conducted with the assistance of my colleagues, who are speech-language therapists at a university hospital in Thailand. Initially, they informally inquired during routine speech therapy sessions if their patients with aphasia and significant others were interested in participating. If interested, the speech-language therapists provided them with the participant information sheet and referred them to me for further explanation of the project. Meetings between the researcher and potential participants were conducted remotely via phone or Zoom. Additionally, potential participants were offered opportunities for further discussion through phone or online methods to address any concerns or questions. Once they were satisfied with the project explanations and decided to participate, they were asked to sign a consent form to confirm their agreement to take part in the project.

3.2.4 Participant information sheet and consent forms

There are four versions of the participant information sheet (Appendix 3):

1. One for PWA (see appendix 3.1 for English version and appendix 3.2 for Thai version)
2. One for PWA with moderate to severe severity: a simplified version with visual aids to help PWA better understand the project before deciding to participate (see appendix 3.3 for English version and appendix 3.4 for Thai version)
3. One for their significant others, (see appendix 3.5 for English version and appendix 3.6 for Thai version)

4. One for other CPs (see appendix 3.7 for English version and appendix 3.8 for Thai version)

There are also four versions of the consent forms (Appendix 4):

1. One for PWA (see appendix 4.1 for English version and appendix 4.2 for Thai version)
2. One for PWA with moderate to severe severity: a simplified version with visual aids to help PWA better understand the project before deciding to participate (see appendix 4.3 for English version and appendix 4.4 for Thai version)
3. One for their significant others, (see appendix 4.5 for English version and appendix 4.6 for Thai version)
4. One for other CPs (see appendix 4.7 for English version and appendix 4.8 for Thai version)

3.3 Data collection

Once participants fully understood their expectations in the project and signed the consent forms, the process of data collection began. Three types of data were collected in this study: video recordings of spontaneous conversations between Thai PWA and their conversation partners, PWA's scores from the Thai Adaptation of the Western Aphasia Battery (WAB) test, and participants' background information.

3.3.1 Video recordings

The first type of data comprised video recordings of spontaneous conversations between Thai PWA and their significant others or conversation partners at home. These recordings were made using participants' mobile phones to minimise face-to-face contact between the researcher and participants. Significant others of PWA were asked to record whenever they and the PWA felt comfortable. Because CA favours naturally and spontaneously occurring data, participants were instructed to communicate as they normally would in everyday life. They were given approximately three months to record a total of at least 60 minutes of video.

Participants were asked to share video data with the researcher exclusively via University of Sheffield Google Drive. For those unfamiliar with using Google Drive, the researcher's colleagues, who are speech-language therapists, provided assistance and helped upload the videos during routine speech therapy visits at the hospital. Participants receiving telepractice services who did not visit the hospital received help via phone call or other online methods.

Asking the significant others of PWA to record data themselves using their own devices had some drawbacks, as evident in the data I received. These included difficulties in capturing all participants in one frame, often seeing only one speaker (usually the person with aphasia), inability to observe non-verbal communication of all participants, and poor sound and visual quality. Additionally, in some instances, the significant other may start recording at a point where a conversational problem has already occurred (e.g., when the person with aphasia experienced a word-finding problem). Consequently, the buildup to these problems

was often missed. However, using their own devices allowed for more dynamic data collection, including interactions outside the home, which is relatively scarce in the field. This type of data can provide insights into various contexts in the lives of PWA, reflecting their daily experiences such as ordering food at a restaurant and visiting the hospital, offering new perspectives compared to the traditional, static sofa-sitting setting.

3.3.2 WAB scores

Another type of data collected in this study was the PWA's scores from the Thai Adaptation of the Western Aphasia Battery (WAB; Dardarananda et al., 1995). The WAB is a test used to assess the linguistic skills of people with suspected language disorders. It consists of two parts, each composed of four subtests. Part 1 (spontaneous speech, auditory verbal comprehension, repetition, naming and word-finding) is necessary for calculating the Aphasia Quotient (AQ), a composite score that measures the severity of aphasia (lower scores indicate greater severity). Part 2 includes optional assessments of reading, writing, apraxia, and constructional, visuospatial, and calculation tasks, which can be selected based on individual treatment goals.

The WAB data used in the study were either collected as part of the patients' clinical assessment with speech-language therapists at a university hospital in Thailand or by the researcher using online digital means (e.g., via Zoom). PWA were asked to provide informed consent for the researcher to access their WAB scores from their speech-language

therapists. Those without recent scores consented to participate in the WAB test conducted by the researcher via Zoom. The WAB scores were used solely to provide background information and to represent the linguistic profiles of the PWA. For example, the WAB scores were used to classify types of aphasia, such as non-fluent aphasia and fluent aphasia with receptive problems. This classification enabled the analysis to focus on the interactional features of specific groups and allowed for comparisons. However, the WAB scores themselves did not become part of the analysis.

This study aimed to obtain the Aphasia Quotient (AQ) for each individual with aphasia by utilising only Part 1 of the WAB assessment, which took approximately 30-45 minutes to administer. The assessments were conducted around the video recording period (within three weeks before or after participants started recording videos) to ensure the results accurately reflected the current language impairments and characteristics of the individuals with aphasia. The WAB scores were stored in plain text files and securely saved in the University of Sheffield Google Drive. The WAB scores for each participant with aphasia are presented in Section 4.3 (Participants and video recordings) under Table 3.2.

The modification of WAB for online assessment

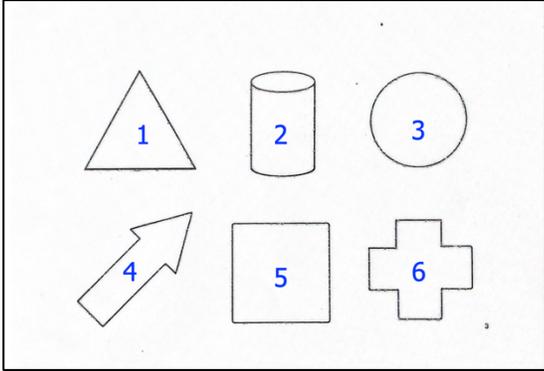
The WAB assessment was modified for online delivery based on guidelines by Dekhtyar et al. (2020) with some additional adjustments. Instead of using Zoom, this study used other online platforms preferred by participants that have a screen-sharing function, such as the RAMA app, LINE, and Messenger, since some participants were more familiar with these

platforms. The researcher also ensured that participants' devices (e.g., computer, tablet, phone) were equipped with a microphone and camera.

Another adjustment was made for the auditory word recognition part. Instead of using remote access function for participants to click on target picture stimuli as Dekhtyar et al. (2020) suggested, participants were instructed to point to items they heard, and significant others said the assigned numbers under each item. All test stimuli were scanned and uploaded as a PDF file for participants to interact with. Significant others of PWA were instructed not to provide feedback on performance and to assist with setting up the camera and test materials during certain sections of the assessment. Full details of the modifications are explained in Table 3.1.

Table 3.1: Modifications for online assessment

Section	Modification
Spontaneous speech	
Conversational Questions	<i>2. Have you been here before?</i> is replaced with “Have you been here (in my room/in the clinic) before” for clarification (based on the researcher’s location)
Picture Description	The test picture was scanned as a pdf file and shared with patient via share screen function.
Auditory Verbal Comprehension	
Yes/No Questions	<i>10. Are the lights on in this room?</i> is replaced with “Are the lights on in my room” for clarification <i>11. Is the door closed?</i> is replaced with “Is the door closed in my room” for clarification

	<p>The researcher has set up camera in a position that the patient can clearly see the lights and the door in the researcher's room.</p>
<p>Auditory Word Recognition</p>	<p>The patient was instructed to point to each item that they hear from the researcher. All stimuli were scanned and as a pdf file and shared with patient via share screen function.</p> <p>Since the assessment was performed online, the researcher could not see where the patient points. Therefore, the significant other of the patient would assist by saying the assigned number of the item that the patient point to. The significant other was instructed to only say the numbers and not to provide feedback on the test.</p> <p><i>Real objects</i> The test objects were photographed together in one picture and uploaded as a pdf file for the PWA to point at. Numbers were assigned for each item (see a picture below).</p>  <p><i>Drawn objects/Forms/Letters/Numbers/Colours</i> Picture cards were scanned as a pdf and numbers were assigned for each item (see an example below).</p> 

	<p><i>Furniture</i> Some items were replaced with comparable items if the patient’s room did not have certain furniture. For example, “Door” was replaced with “floor” if necessary.</p> <p><i>Right/Left</i> “Left knee” and “Left ankle” are replaced with “right eyebrow” and “left eye”</p>
Sequential Commands	<p>The significant other was informed to prepare the test objects (book, pen, and comb) beforehand. The significant other would assist in setting up camera in a position that the researcher could see the patient’s manipulation of objects.</p> <p>4. “Point to the window, then to the door.” are replaced with “point to the floor, then to the ceiling”</p>
Naming	
Object naming	<p>The researcher displayed the objects in front of the camera. Tactile cues could not be provided.</p>

3.3.3 Participants’ background information

The last type of data collected in this study is participants’ background information, which includes age, gender, age of onset, previous occupation, previous education, languages spoken, relationship status, and handedness. Participants were asked to provide informed consent for the researcher to access their background information from existing case histories provided by their treating clinicians or via phone/online contact with the researcher. The data were saved in plain text files and stored in the University of Sheffield Google Drive.

3.4 Participants and video recordings

Initially, thirteen participants with aphasia and their families agreed to participate in this project. Each participant was assigned a number from 1 to 13 based on the order in which they agreed to participate. The participants with aphasia were then assessed online with the WAB by the researcher. WAB scores were used to present the type and severity of aphasia and to represent participants' linguistic profiles. After that, the significant others of the participants with aphasia were expected to record their interactions at home and share the recordings with the researcher via Google Drive within one month of the assessment date. However, two families (participants numbered 8 & 10) did not share the video data with the researcher at all, and four families (participants numbered 3, 4, 7 & 12) shared videos that were less than the expected amount (each less than 10 minutes). Additionally, although the data from the families of participants numbered 9 and 11 were of acceptable length, the data were unusable due to their unnaturalness and poor quality (e.g., background noise too loud, inaudible audio). Consequently, these eight families were excluded from the study by default. Table 3.2 provides information on each participant with aphasia, including age, gender, date of onset, length of video data provided, aphasia type, and WAB scores.

Table 3.2: Participant with aphasia information

No	Age (year.mo)	Gender	Date of onset (D/M/Y)	Length of videos (mins)	Aphasia Type	WAB scores				
						AQ	Fluency	Auditory comprehension	Repetition	Naming
1	64.8	Male	13/12/15	21:46	Transcortical motor	70.9	4	8.25	8.6	6.6

2	72.6	Male	05/01/21	177	Transcortical sensory	65.5	6	5.45	10	5.3
3	45.7	Male	20/10/16	9:21	Anomic	94.2	9	10	9.4	9.7
4	64.6	Male	12/06/15	8:02	Broca's	66.7	4	6.45	7	7.9
5	48.3	Male	13/08/16	14:36	Broca's	59.5	4	6.25	6.6	4.9
6	60.2	Male	29/10/13	181:41	Wernicke's	62.3	6	5.85	4.9	6.4
7	76.5	Male	7/10/20	2:56	Wernicke's	56.4	5	6.8	3.2	6.2
8	57.1	Female	23/02/16	0	Anomic	98	9	10	10	10
9	62.9	Female	07/04/16	56:25	Anomic	74.5	6	7.35	7.4	8.5
10	69.4	Male	09/03/20	0	Anomic	90.8	8	10	9.8	8.6
11	53.5	Female	15/12/08	50	Anomic	90.3	8	8.75	9.8	9.6
12	69.4	Female	06/05/14	4:02	Transcortical motor	66.9	4	6.35	8.8	6.3
13	60.5	Male	15/09/17	45:43	Anomic	83.5	5	9.55	10	8.2

Only data from the families of participants numbered 1, 2, 5, 6, and 13 were used in this thesis. Participants numbered 1, 2, 5, 6, and 13 were given the pseudonyms Adam, Bill, Ben, Alex, and Brad, respectively. It should be noted that names starting with 'A' refer to individuals with non-fluent aphasia, and names starting with 'B' refer to individuals with fluent aphasia. Conversation partners of the person with aphasia were also given pseudonyms based on their relationship to the person with aphasia. For example, a name starting with 'W' refers to the wife of the person with aphasia. This thesis also used additional video recordings of interactions involving Adam and Alex (data from my master's dissertation), which were 22.44 and 24.32 minutes long, respectively, for data analysis. Details on the total length of video recordings each family recorded and shared, as well as information on who appeared in the videos and their relationship to the PWA, will be presented in Table 3.3. It should be noted that the list of conversation partners presented in the table is not comprehensive; it only includes those who appear in the extracts presented

in this thesis. Table 3.4 presents a focused tabulation of information about the participants, including concomitant impairments, social history, and living circumstances.

Table 3.3: Details on video recordings

Participants with aphasia	Conversation partners	Relationship to the person with aphasia	Length of videos
Adam	Wendy Dora Dia	Wife Daughter 1 Daughter 2	43:30
Bill	Demi Claire Nina Riley Rose	Daughter Caregiver Niece Relative 1 Relative 2	177
Alex	Sarah Clara Nancy Nabia Tanya Tessa	Sister Caregiver Neighbour 1 Neighbour 2 Therapist 1 Therapist 2	39:08
Ben	Wera Dina	Wife Daughter	181:41
Brad	Wanda Nico Sofia	Wife Nurse Restaurant staff	45:43

Table 3.4: Information about the participants

Participants with Aphasia	Aphasia Type	Age	Concomitant Impairments	Previous Work	Living Circumstances
Adam	Transcortical motor	64;8	Rt. Hemiparesis	Engineer	At home with wife and two daughters
Bill	Transcortical sensory	72;6	Rt. Hemiparesis	Senior manager at an insurance company	At home with a sister and a carer

Alex	Broca's	48;3	Rt. Hemiparesis	Doctor	At home with a sister and a carer
Ben	Wernicke's	60;2	Rt. Hemiparesis	Government Officer (Surveyor)	At home with wife and one daughter
Brad	Anomic	60;5	Rt. Hemiparesis, Apraxia of speech	Business Owner	At home with wife

While this study ultimately involved all male participants with aphasia and all female conversation partners, this was not the result of an intentional sampling strategy. The aim was to include individuals with aphasia regardless of type, severity, or gender. Initially, four female participants with aphasia were recruited, but they were later excluded for reasons described earlier. The fact that all conversation partners were female was also coincidental and not due to specific selection criteria. All participants lived at home rather than in institutional settings, which is common in the Thai context where care homes are relatively uncommon.

3.5 Data analysis

The data were analysed using the methodology of conversation analysis (Sidnell, 2010), as outlined in Chapter 2.

3.5.1 Data selection

After receiving the data, the researcher reviewed all the videos to observe any distinctiveness in interactions involving PWA compared to typical participants. Data containing noteworthy phenomena were organised into folders labelled with the relevant features of the phenomena. When videos with particular interactional features were identified, they were placed into the corresponding folders. Once a folder contained a substantial amount of videos, the videos were transcribed. The researcher then conducted another round of review with a specific aim: to find recurrently identified phenomena. These videos were transcribed and compiled into collections.

3.5.2 Transcription

The video data in this study were transcribed using a template developed by Wilkinson and Beeke (2012) (see Appendix 5), which is based on Jefferson's transcription system (2004). A two-line transcription system was employed in all the transcripts. The first line represents the Thai Romanisation of literal utterances transcribed from the videos, and the second line provides an understandable English translation. Although non-verbal language can be crucial in interactions involving PWA, this study opted not to use Mondada's multimodal transcription system (Mondada, 2018). The decision was made because the main focus was on verbal interactional features rather than non-verbal communication as the latter did not emerge as a significant aspect of interaction for these participants.

While glossing (word-for-word translation) was not included in the transcripts, the translation process was carried out with attention to both linguistic and cultural accuracy. This is because the Thai language itself (e.g., its specific grammatical structures) did not turn out to be the main focus of the analysis. Since this study used an inductive conversation analytic (CA) approach, the findings centred more on broader interactional patterns that emerged across the data, rather than language-specific features. As a native Thai speaker and bilingual speaker of English, I translated the transcripts in a way that prioritised conveying the intended meaning and pragmatic function of utterances, rather than literal word-for-word equivalence.

To ensure rigour in this process, initial translations were cross-checked with another bilingual Thai-English speech-language pathologist who was familiar with working with people with aphasia and the nuances of conversational Thai. Where uncertainties or ambiguities arose, these were discussed and resolved collaboratively to enhance the credibility and trustworthiness of the translated data. This collaborative process helped to ensure that the English translations faithfully represented the original Thai interactions, both in terms of content and interactional intent.

3.5.3 Analysis

The researcher presented collections and video data to the supervisor for viewing and discussion, ensuring that the analysis was thorough and well-supported. Additionally, the

researcher participated in data sessions with another doctoral student to engage in collaborative discussions, which helped to strengthen the analysis skills. Throughout the data analysis period, multiple themes emerged, but only the most robust ones were included in this thesis. The focus ultimately centred on three main themes: (1) how symptoms in persons with fluent aphasia and receptive problems affect interaction, (2) factors contributing to extended repair sequences, and (3) distinct actions of the third party in multiparty interaction.

4 How symptoms of persons with fluent aphasia with receptive problems impact on conversation: Perseveration, inconsistent yes/no responses, and impaired auditory comprehension within interaction

In the first analysis chapter I examine how the impairments of two people with fluent aphasia with receptive problems (one person with Wernicke's aphasia and one with transcortical sensory aphasia) are evident within, and impact upon, conversation. I specifically focus here on three symptoms evident in these conversations: perseveration, inconsistent yes/no responses, and impaired auditory comprehension (here evident in the form of other-initiations of repair (Kitzinger, 2012) where the speaker with aphasia uses expressions such as 'where?' or 'which one?' to highlight a problem in understanding something another speaker has just said).

While a significant amount of work has been carried out over the last thirty years applying CA to aphasia, there is still very limited information on how Wernicke's aphasia and transcortical sensory aphasia impact on conversation, with virtually no information available on how the three symptoms we examine here present within conversation and may lead to difficulties for the conversational participants.

4.1 Perseveration

Previous studies have demonstrated that perseveration is a significant symptom in both traumatic brain injury (TBI) and aphasia, though it manifests in varied ways. In TBI, Body and Parker (2005) identified topic repetitiveness as a jointly managed behaviour, while Frankel and Penn (2007) distinguished between recurrent perseverations, such as AA's inappropriate recycling of single lexical items, and stuck-in-set perseveration, as seen in PB's persistence with closed topics. Frankel, Penn, and Ormond-Brown (2007) further linked perseveration to executive dysfunction, showing how MS became trapped in extended self-repairs, while Barnes et al. (2023) highlighted how verbosity and topic perseveration in TBI were sustained or constrained by partner responses. In aphasia research, perseveration has more often been examined in structured tasks such as picture naming, where repetition of a prior response in place of the correct target is classified as perseveration (Stark, 2011). Yet, there remains limited evidence of how perseveration manifests in everyday conversation involving people with aphasia, and how it disrupts sequential organisation and requires interactional management. This chapter therefore examines perseveration in conversation, contributing to the understanding of perseveration as a pragmatic and co-constructed phenomenon rather than solely a linguistic or neuropsychological error.

In this study, perseveration was evident in conversations involving Bill (a man with transcortical sensory aphasia). It was not present in the conversations involving Ben (a man with Wernicke's aphasia). I will present three examples from Bill's conversations here. These extracts highlight three main sets of findings about aphasic perseverations in conversation.

1. how an element of talk is hearable as a perseveration:

an element of talk, such as a word or phrase, can be heard (in the first instance, by the conversation partner(s) in the conversation) as a perseveration due to the fact that (a) it can sound erroneous in the context in which it is produced, and (b) it is a repeat of something that was said earlier in the conversation. The repeat can be of something the person with aphasia has previously said (Extract 1) or something another speaker has said (Extracts 2a and 2b). While some of these errors could, in isolation, be judged to be other types of aphasic error, such as a paraphasia, it is the fact that within its sequential context it can be seen to be a repeat of an earlier element of talk that means it can be at least presumed to be a perseveration.

2. how conversation partners react to the perseveration:

Bill's co-participants regularly recognise the perseverations as errors (i.e., as something the person with aphasia did not mean to say) and treat them as 'repairable' (Schegloff et al., 1977; Sidnell, 2010) i.e., as elements of talk which are to be corrected either by the person with aphasia or a conversation partner. However, as I will also show (Extract 2b), recognising an element of talk as a perseveration/error is not always straightforward and can depend on certain attributes of the listener, such as that listener knowing something about the phenomenon that the speaker with aphasia is talking about at that point.

3. how perseverations impact on the conversation:

In each of the three extracts in this section it will be seen that the perseveration leads to notable delays in the forward progress (or ‘progressivity’: Schegloff, 2007) of the conversation. This is due in part to the fact that instead of moving the conversation forward by building on what the person with aphasia has said with their own new content, at these points the conversation partners instead stop to deal with the perseveration by carrying out forms of repair activity, such as other-correction. The delay is also due in part, however, to the fact that regularly Bill does not respond to, or engage with, the conversation partners’ repairs. This can lead to further repair work by the conversation partners, thus causing added delay to the forward progress of the conversation. In addition, the repairs highlight Bill’s linguistic ‘difference’ and non-competence.

These three phenomena are evident in Extract 4.1, which was gathered from a conversation between Bill and Demi. The focus will be on lines 11, 14, and 17 where Bill produces perseverations (in all extracts, the lines containing perseverations are marked with a rightwards-facing arrow, i.e., →). Prior to this extract, Bill was telling Demi (his daughter) a story that she could not understand, and the extract begins when Demi requests Bill to start over with his storytelling (line 1).

Extract 4.1

- 01 Demi: ao mai pa cha put rueang arai=
start over what are you talking about=
- 02 Bill: =khao [khui kan wa]
=they talked about
- 03 Demi: [ue ue]

yeah yeah

- 04 Bill: hoei thammai man khui kan
hey why did they talk to each other
- 05 (1.5) lae khon chuai kan
(1.5) and people help each other
- 06 Demi: umm: (1.2) muearai ni anni muearai ni
umm: (1.2) when was this when
- 07 Bill: ho tangnan laeo
oh long time ago
- 08 [tangtae mina]
in March
- 09 Demi: [laeo laeo laeo laeo]
and and and and
- 10 rueang nai koet thinai
which story happened where
- 11 Bill: [tangtae mina]
in March
- 12 Demi: [thinai rue ti] rongphayaban
here or at the hospital
- 13 thinai
where
- 14 Bill: aa thi thi thi thi mina
um at at at at March
- 15 Demi: thinai aa thinai
where where
- 16 (1.0)
- 17 Bill: mina nia
it's March
- 18 (3.3)
- 19 Bill: rao ko (.)
we then (.)
- 20 long ma gon hai p- plian chue pup
came down first let him ch-change name
- 21 laeo go ok pai
then he went out

After Demi makes her request (line 1), Bill begins recounting the story (lines 2, 4-5). Evidently, his utterances still do not make much sense to Demi as she tries to clarify his story by asking when it occurred (line 6). Bill answers with “oh long time ago” (line 7), followed by “in March” (line 8). Demi then asks where the story took place (lines 9-10). Instead of responding with a location, Bill again produces “in March” (line 11). While the phrase is well-produced in itself, it is its production in this sequential context (following a question about place) that exposes it as an error, and the fact that it is a repeat of an earlier response that allows it to be seen as a perseveration. Demi responds to the perseveration by pursuing the same line of questioning about location and attempting to make the question clearer (lines 12-13). Bill’s answer again perseverates on “March” (line 14), and this type of sequence is repeated when a further question by Demi about where the events took place is responded to by Bill perseverating on “March” (lines 15-16). As such, Demi’s pursuit of an answer to her query about location, while understandable as an attempt to get Bill to produce the relevant information, has the consequence of delaying the progressivity of the conversational topic previously underway (Bill’s storytelling). This changes following Bill’s third perseveration, which is followed by silence (line 18), with Demi evidently abandoning her attempt to get an appropriate answer from Bill and thus avoiding delaying the progress of the storytelling any further. Bill then continues his storytelling with the issue of location remaining unaddressed (lines 19-21).

Demi's questions which follow Bill's perseverations (lines 12-13, 15) implicitly function here as other-initiations of repair (Kitzinger, 2012), treating Bill's answers as inadequate. Following an other-initiation of repair the expectation is that the participant who is being repaired will then revise (or 'self-repair') their prior attempt (Kitzinger, 2012), typically along the lines prompted by the other-initiation of repair. In the case of Extract 4.1, therefore, there is an expectation on Bill to infer why his prior attempt was problematic for Demi and repair it accordingly (i.e., to address the issue of location). Typically, people with most types of aphasia appear to recognise this feature of other-initiations of repair and at least attempt to revise their subsequent attempt accordingly (Schegloff et al., 1977). It is notable, however, that Bill here shows no awareness of this feature of other-initiations of repair, perseverating on time ("March") rather than place and showing no insight into the problematicity of this type of response nor any attempt to alter it. As such, Demi pursues her attempts to get Bill to self-repair, thus delaying the conversational progress and also highlighting Bill's linguistic and communicative non-competence.

Another example of how perseveration shows up within, and impacts upon, conversation can be seen in extract 4.2a. This extract involves three participants: Bill, Demi, and Claire, Bill's carer. The extract starts with Claire saying that Bill cannot go out and eat at the restaurant because of the covid situation (lines 1-2), and Bill seems to agree with her (line 3). He then uses reported speech, apparently voicing a staff member at a restaurant (lines 6-7). He appears to be wanting to depict the staff member as saying something like "sir may you please wear a face mask" but instead the reported speech emerges as "sir may you please

wear covid” (line 6). The mention of “covid” is hearable as a perseveration because it repeats the mention of covid earlier by Claire (line 2) and is produced in a slot (i.e., after the verb ‘wear’) where it sounds sequentially inappropriate.

Extract 4.2a

01 Claire: pai kin thi ran mai dai na
you can't eat at the restaurant

02 [covid] [covid]
covid covid

03 Bill: [ho maidai na] [phrungni] oe
oh you can't tomorrow yeah

04 **(5.0)**

05 man man pai thueng
it it arrives

→ 06 phi khrap (.) ropkuan phi sai covid duai
sir (.) may you please wear covid

07 khao bok ((laughs))
he says ((laughs))

08 Claire: sai mask
wear a mask

09 **(2.2)**

10 Claire: maichai sai covid
not wear covid

11 **(2.7)**

12 Claire: sai mask
wear a mask

13 **(3.0)**

14 Claire: sai pha pit chamuk
wear a face mask

15 **(4.4)**

16 Claire: maichai sai covid

not wear covid

17 Bill: ((points above his mouth))

18 ni rao (.) rao rao sai bok (.) ni du di
here we (.) we we wear saying (.) here look

Claire responds to Bill with an other-correction (Kendrick, 2015), replacing Bill's perseverative error with what she assumes Bill meant to say (line 08). In typical conversation, other-corrections are rare (Kendrick, 2015). In part this is because those who could produce them often avoid doing so since they mark a difference between the two speakers, highlighting one (the corrector) as competent and the other (the corrected) as incompetent in relation to the item of talk being repaired. Here, however, Claire chooses not only to correct Bill immediately after his perseverative error (line 8); she goes on to repeatedly emphasise his error by both producing further other-corrections of it (lines 12 and 14) and also by repeating his error back to him (lines 10 and 16). This extended focus on Bill's perseverative error appears to be linked to a feature of other-corrections; namely, that in response to one, the corrected person regularly acknowledges it in some way, such as by repeating the correction (Kendrick, 2015). Here, in contrast, Bill, while gazing at Claire, simply stays silent following each of her corrections and repeats of his error (lines 09, 11, 13, 15), neither acknowledging them nor indeed showing any awareness of their production. This pattern is only broken when Bill turns his gaze to Demi, points to above his upper lip and starts to talk about something else (lines 17-18).

In Extract 4.2b, which follows directly on from Extract 4.2a, Bill produces further perseverations. It emerges later (lines 23-30) that what Bill is trying to tell Demi in lines 17-

18 is that he had had a shave (it becomes evident that Claire had shaved off Bill's moustache earlier). There is, however, no mention of shaving in line 18, and instead there is the production of "wear" which appears to be a perseverative error, a repeat of the lexical item used previously both by Bill (line 6) and by Claire (lines 8, 10, 12, 14, 16).

Extract 4.2b

- 17 Bill: *((points above his mouth))*
- 18 ni rao (.) rao rao sai bok (.) ni du di
here we (.) we we wear saying (.) here look
- 19 Claire: khao riak arai
what do you call it
- 20 Demi: khao riak arai aa
what do you call it
- 21 Bill: khao riak rao sai mask
it's called we wear mask
- 22 Demi: oe sai mask chai pa
yes wear mask right
- 23 Claire: konnuat
shaved
- 24 Demi: oh konnuat *((laughs))*
oh you shaved ((laughs))
- 25 Bill: oi *((touches his mouth))*
ouch ((touches his mouth))
- 26 Claire: [nai mi ik pao]
what is there more
- 27 Demi: [oh wanni] wanni konnuat ro
oh today today did you shave
- 28 *((laughs))*
- 29 Claire: kon maki a
just shaved a moment ago

30 Demi: oh
oh

The responses by Claire and Demi to Bill's utterance in line 18 are notably distinct. Claire, who clearly knows about the shaving since she carried it out, is a 'knowing recipient' (Goodwin, 2013) in relation to what Bill is trying to say here and appears to intuit his meaning and to realise that "wear" is an error. It becomes evident later that her question in line 19 ("what do you call it?") is produced as an attempt to prompt Bill to self-repair his error (changing "wear" to "shave"). In response, however, Bill perseverates again, answering with "It's called we wear mask" (line 21) which repeats the lexical item "wear" which has been used several times earlier, and also combines it with "mask". These two lexical items were used previously together by Claire (Extract 4.2a, lines 8, 12, 14). In response to Bill's further perseveration, Claire, as in Extract 4.2a, other-corrects it (line 23).

Demi, on the other hand, is an 'unknowing recipient' (Goodwin, 2013) as regards what Bill is attempting to communicate in lines 17-18, since she does not know about the shaving. Her question in line 20 appears to treat Bill's use of "wear" (line 18) not as a perseverative error, but rather as an incomplete phrase which she is here prompting him to complete. And indeed, when Bill subsequently produces the utterance "it's called we wear mask" (line 21), she confirms this as the type of appropriate answer she was apparently prompting him to produce (line 22). It is only after Claire produces the other-correction of "shaved" (line 23) that Demi displays a realisation that Bill was communicating about shaving earlier that day (lines 24 and 27).

As such, it can be seen that perseverative errors are not always recognised as such by other conversational participants, and that such recognition may be linked to features of listeners, such as their knowledge concerning the matters being discussed. While Claire, who knows about the shaving, recognises Bill's production of "wear" and "wear mask" as errors, Demi, who does not know about the shaving, does not.

4.2 Inconsistent yes/no responses

The second phenomenon examined here is the inconsistent production of yes/no responses. For instance (as will be seen in Extract 3 below), the person with aphasia may initially respond with a 'no' to a question by a conversation partner, but later answer in a way which is inconsistent with that prior response (e.g., with a 'yes' to the same question).

Why might such an inconsistency be problematic? On one level, of course, it can lead to an uncertainty for listeners in knowing what the facts are, or what the person with aphasia believes. In our data, for example, these yes/no answers are regularly produced as responses to a guess by a conversation partner concerning what the person with aphasia has been trying to tell them; inconsistent responses mean that the conversation partner may feel that they do not know whether the latest response can be believed or not, and therefore whether their guess was correct or not. In this situation, the conversation partner regularly proceeds to double-check, thus delaying the progressivity of the conversation.

There is, however, another, possibly more profound, issue at stake for the participants. Conversation, and social life more generally, rely on an assumption of trust (Garfinkel, 1963) i.e., that all involved can be assumed to be talking and acting in ways which are in line with certain principles of co-operation. Grice (1991), for example, argues that it is participants' orientation to a general 'co-operative principle' that underlies the possibility of successful communication. Of relevance for the phenomenon explored in this section is that one feature of this co-operative principle that Grice discusses is the 'maxim of quality' whereby speakers can be assumed to 'try to make your contribution one that is true' (Grice, 1991). In these cases of inconsistent yes/no responses, the situation can become disorientating for the listener(s), since it is clear that at least one of the speakers with aphasia's responses is not true. In addition, in our data the speaker with aphasia displays no awareness of, or account for, this discrepancy. As such, it is the conversation partners here who orient to the inconsistency and make attempts to resolve it.

Inconsistent yes/no responses are evident in the talk of both Bill and Ben, and one example from each are analysed here involves Ben and his daughter (Dina) during a mealtime. The conversation begins with Dina offering her food to Ben (line 1). Ben rejects the offer and looks around for something (line 2). Dina then asks him what he wants (line 3); however, Ben struggles to find words to answer (lines 4-5). Dina then offers a guess, "chopsticks" (line 6), which Ben rejects. This is the start of a prolonged series of 'hint and guess' sequences (Laakso & Klippi, 1999), with Ben rejecting Dina's guesses but being unable to convey what it is that he actually wants (lines 6-19). Of relevance here is the fact that Ben first rejects the

guess “vinegar” (lines 8-9) but then changes his response to “yes” (line 21) when provided with the same guess later (lines 20-21).

Extract 4.3

- 01 Dina: kin ma
you wanna eat this
- 02 Ben: mai ((looks around))
no ((looks around))
- 03 Dina: ao rai
what do you want
- 04 Ben: [(2.0)] an:
(2.0) **that:**
[((looks around))]
- 05 (4.2) muean ni ((looks at his food)) muekon
(4.2) like this ((looks at his food)) before
- 06 Dina: takiap
chopsticks
- 07 Ben: mai [(2.2)]
no (2.2)
[((hand gesture))]
- 08 Dina: namsomsaichu
vinegar
- 09 Ben: mai (yang)
no (like)
- 10 Dina: namtan
sugar
- 11 Ben: ((closes his eyes)) mai uhm (mai kin)
((closes his eyes)) no uhm (don't eat)
- 12 **(1.4) ((clicks his tongue)) (3.1)**
- 13 ((looks to his left)) ((points)) nia
((looks to his left)) ((points)) here
- 14 thaew thaew nia
around here
- 15 ?: **((someone screams off camera))**

- 16 Dina: a arai a huh
whoa what huh
- 17 Ben: thaew thaew thaew nia
around around here
- 18 Dina: namtan
sugar
- 19 Ben: maichai
no
- 20 Dina: namsomsaichu
vinegar
- 21 Ben: oe
yeah
- 22 Dina: (?) chai mai
(?) right?
- 23 Ben: oe
yeah
- 24 Dina: ti mi phrik kup nam saisai
that has chili and clear liquid
- 25 Ben: oe
yeah

When Ben accepts Dina’s guess in line 21 with “yeah,” his response becomes a trouble source for Dina, as it contradicts his earlier rejection of the same guess in line 8. This inconsistency disrupts the ‘common ground’, the mutual knowledge they had established together (Clark, 1996), and undermines the grounding criterion, that is, the level of shared understanding required for participants to move forward (Clark & Brennan, 1991). Dina’s “right?” (line 22) can therefore be seen as an initiation of repair designed to restore intersubjectivity before the conversation can progress. Her utterance creates another opportunity for Ben to clarify his stance, either by confirming or rejecting the guess, and potentially by providing an account of the inconsistency.

05 Claire: [oe]
yeah

06 Demi: mi si chin na ro
there were four pieces right

→ 07 Bill: oe [maidai mi] taohoo
yeah there were no tofu

08 Demi: [oe laeo yangngai]
ok and then what

09 mi- hhh [nan mai ru la]
there were- hhh there now I don't know

10 Claire: [hhhhh]
hhhhh

11 [man pen-] ((pokes Bill))
it was- ((pokes Bill))

12 Demi: [thi Julia] kin ro Julia kin chaimai
that Julia ate right Julia ate right

13 Bill: ((turns to Claire)) [chai]
((turns to Claire)) yes

14 Claire: [man] pen
it was

15 man pen taohu chaimai
it was tofu right

16 Demi: mai mai mai
no no no

→ 17 Bill: maichai taohu
not tofu

As with Ben in Extract 4.3, Bill in line 7 does not display any awareness of the fact that he is apparently contradicting himself. Both Demi and Claire orient to the contradiction; Demi laughs and says, “there now I don’t know” (line 9), indexing her confusion concerning where there was tofu or not, and Claire also laughs (line 10). Claire then proceeds to double-check

where there was tofu or not (lines 14-15) and Bill declares again that there was no tofu (line 17).

Confusion arises because inconsistent yes/no responses undermine the assumptions that participants rely on to build mutual understanding. In ordinary conversation, yes/no questions project a type-conforming response (Raymond, 2003), and once a response is given it is usually treated as establishing what is on record as true. When a person with aphasia later reverses or contradicts their earlier response, this creates uncertainty about even basic facts or intentions. Co-participants can no longer be sure what has been jointly understood, which disrupts the common ground (Clark, 1996) and violates the grounding criterion that sufficient evidence of mutual understanding is in place to move forward (Clark & Brennan, 1991).

Notably, both Claire and Demi treat Bill's changed response as a trouble source. Demi continues to propose a candidate understanding that Bill is referring to something Julia ate (line 12), while Claire further pursues clarification by checking again whether he means tofu (line 15). These moves stretch the repair opportunity space, initiating a repair sequence that delays the progressivity of the talk, as participants cannot move on to other topics or sequences until the inconsistency is addressed.

4.3 Impaired auditory comprehension

When a participant in conversation has a problem with hearing or understanding what another person is saying, the most common method of displaying this problem is by means of an other-initiation of repair. Other-initiations of repair can take various forms, including 'open' forms such as 'huh?' or 'pardon?' and 'category-specific interrogatives' such as 'where?' and 'who?'. (Kendrick, 2015). Producing an other-initiation of repair makes it expectable that the speaker who produced the utterance which has proved hard to hear or understand will re-do it. In typical conversation one such re-doing is usually sufficient to resolve the problem, and the conversational topic will then progress following this delay of two turns. Occasionally, one re-doing is not sufficient, and a second other-initiation of repair is produced, further delaying the progressivity of the conversation. In typical conversation, (i.e., conversation involving non-communication-impaired speakers), it is rare that a second re-doing is not sufficient to resolve the hearing or understanding issue (Schegloff, 2000).

Ben displays distinctive patterns of other-initiations of repair compared to what is known about typical speakers. Two examples will be analysed here, each involving Ben, his wife Wendy, and his daughter, Dina. In both, it will be seen that Ben produces more than two other-initiations of repair on the same utterance, meaning these repair sequences are longer than that usually seen in typical conversation. In addition, in each case, the form of the other-initiation of repair is also atypical. Neither of these patterns is evident in the talk of Bill.

At the beginning of Extract 4.5, Dina and Wendy are talking about a relative, Anna, who is going to receive a covid vaccine called 'Sinopharm' provided by Jane (another relative)'s

healthcare benefits (lines 1-9). Between lines 10 and 25, Ben produces six utterances, and all of them are other-initiations of repair, as he attempts to understand what Dina and Wendy have been talking about from lines 1-9.

Extract 4.5

- 01 Dina: ao tae diao Anna khao cha pai chit laeo
oh but soon Anna will get her shot
- 02 chai pa
right
- 03 **(1.6)**
- 04 Wendy: oe pai chit khong phi Jane
yeah will get Jane's quota
- 05 Dina: [oe]
yeah
- 06 Wendy: [Sinopharm]
Sinopharm
- 07 Dina: Sinopharm
Sinopharm
- 08 Wendy: phrungni mang rue yangngai mai ru
perhaps tomorrow I'm not sure
- 09 Dina: nacha phrungni lae
probably tomorrow yeah
- 10 Ben: Anna ro
Anna is it
- 11 Wendy: oe pai chit thithamngan ai Jane
yes getting her shot at Jane's workplace
- 12 Ben: roe (2.0) Sinopharm
really (2.0) Sinopharm
- 13 Wendy: oe
yeah
- 14 Ben: Sinopharm thinai a ((gazes at Dina))
Sinopharm where ((gazes at Dina))

15 Dina: Willow
Willow

→ 16 Ben: trongnai a
where

17 Wendy: Westbrook
Westbrook

18 Dina: trong trong trong Westbrook a
at at at Westbrook

19 condo phi Pat
Pat's condo

20 **(1.5)**

→ 21 Ben: trongnai na
where

22 Wendy: trong thanakhan Unity samnaknganyai
at Unity bank headquarter

23 Dina: Westbrook
Westbrook

24 **(3.6)**

→ 25 Ben: thinai na
where

26 Dina: Westbrook (2.7) We-
Westbrook (2.7) We-

27 Wendy: ruchak Westbrook mai
do you know Westbrook

28 Ben: (kwan)
(kwan)

29 Wendy: Westbrook salapao a
Westbrook salapao

30 Ben: ao ro
oh really

Ben's first other-initiation of repair (line 10) is an understanding check (Kendrick, 2015) that it is indeed Anna who will get the vaccine. When this is confirmed (line 11), he repeats

‘Sinopharm’, checking this is indeed the type of vaccine she is receiving (line 12). When this in turn is confirmed (line 13) he asks “Sinopharm where” (line 14), presumably checking where Anna will receive this vaccine (information already given in line 11).

This query about the location of where Anna will receive the vaccine is repeated three further times (lines 16, 21, 25), despite on each occasion the query getting a response from Wendy or Dina (lines 15, 17-19, 22-23, 26). As such, Ben’s comprehension problem is very evident in this episode, with these multiple other-initiations of repair significantly delaying the forward progress of the topical talk that Dina and Wendy were engaged in concerning Anna receiving the covid vaccine.

In addition to the noticeably large number of other-initiations of repair produced by Ben in this episode, the form of some of the repairs are also atypical. It is notable that the final three other-initiations of repair here all have the same form: the category-specific interrogative “where?” (lines 16, 21 and 25). This repetition of the same linguistic form across multiple repair tries is unusual, since during multiple other-initiations of repair on the same utterance, speakers typically shift from one form to another, usually to display their increasing grasp of what the speaker meant (Kitzinger, 2012). In Ben’s case, however, this repeat of the same form shows no evidence that he has been able to glean useful information from Wendy and Dina’s responses to his queries.

A second example of how Ben’s auditory comprehension problems become evident in, and impact upon, conversation can be seen in Extract 4.6. Just prior to this extract, Ben has been complaining that his tea is undrinkable because it does not taste sweet enough. Ben is known and often teased by the family for having a sweet tooth and in lines 1 and 2 of the extract Wendy appears to be teasing Ben by offering him her drink to taste instead (black coffee with no sugar, which will be less sweet than his tea). Ben appears to have a problem in understanding what Wendy is saying in lines 1 and 2; in line 3 he produces the first of four other-initiation of repairs (the others occur in lines 5, 7 and 10). Four times Wendy re-does her suggestion to try to make it understandable to Ben (lines 4, 6, 8-9, 11) and it is only following the last of these that Ben appears to understand Wendy’s suggestion and takes her coffee to try it (line 12).

Extract 4.6

- 01 Wendy: long kin thi chan kin si
try having what I have
- 02 a long kin kafee thi [chan] kin ma
ok try having coffee that I have
- 03 Ben: [nai]
where
- 04 Dina: [long chim noi]
try tasting it
[(hands over a cup of coffee)]
- 05 Ben: annai a
which one
- 06 Wendy: [nia kafee chan long kin di]
here my coffee try it
[(places the cup in front of Ben)]
- 07 Ben: nai

where

- 08 Wendy: nia chap kin long kin
here hold it try drinking
- 09 long kin du noi
try drinking some of it
- 10 Ben: khue arai
what is it
- 11 Wendy: kafea khong chan long kin si
my coffee try drinking it
- 12 Ben: **((sips coffee))**
- 13 Wendy: yang nan a
like that

Ben's series of other-initiations of repair clearly delay the progressivity of the conversation in that Wendy's suggestion in lines 1 and 2 is only responded to by Ben in line 12, with nine turns being needed to bring Ben to an understanding of what Wendy was saying in these first two turns. As well as this understanding problem taking more turns to resolve than would be the case in a typical conversation, the form of some of Ben's other-initiations of repair are also atypical. "Where" (line 3), "which one" (line 5), and "where" (line 7) are clearly not the appropriate forms to use to produce other-initiations of repair on Wendy's utterances here (an open form, such as 'what?' or 'pardon?' is more appropriate in a situation where the participant understands little or nothing of what the prior speaker has said). Some hypotheses as to why Ben's other-initiations of repair here take these forms will be presented in the Discussion. It is notable that Wendy does not allude to Ben's other-initiations of repairs here despite their prolonged and atypical nature. Again, this may be due to Wendy trying to avoid threatening Ben's face.

4.4 Chapter summary

This analysis chapter examined the participation of persons with fluent aphasia with receptive problems in conversations. The focus was on how three symptoms found in these patients became evident within conversations and impacted upon them. In general, I found that problems in conversations involving these participants differ from issues in other types of aphasic conversations (e.g., non-fluent aphasia). The prominent challenges observed in these patients are not linguistic impairments but rather the atypicality characterised by a lack of adherence to social norms during conversations. For instance, a ‘perseveration’ became sequentially inappropriate within the context in which it was produced, despite being linguistically well-formed. ‘Inconsistent yes/no responses’ emerged as atypical behaviour, defying the social expectation that speakers should provide truthful answers (Grice, 1991). ‘Impaired auditory comprehension’ which manifested through patterns other-initiations of repair by PWA became a unique interactional feature as it is usually the conversation partners who produce other-initiations of repair to deal with PWA’s utterances. Moreover, other-initiations of repair were produced multiple times (more than two) beyond what is typically observed in typical interactions (Schegloff, 2000), and each time it was produced as if it was the first time (i.e., without incorporating information from previous responses or indicating what was wrong with them).

In terms of impacts on conversation, all three symptoms pose unique challenges for conversation partners. Firstly, ‘perseveration’ becomes an error that conversation partners

have to manage. In cases where the meaning of the perseveration is unclear, the conversation partners must decide whether to address it (e.g., by initiating repairs) or simply move on. In cases where the conversation partners understand what the person with aphasia is attempting to convey, they must choose between correcting it or letting it pass. Secondly, the presence of 'inconsistent yes/no responses' creates confusion for conversation partners, leading them to constantly double-check the accuracy of the response. Thirdly, to address the challenge of 'impaired auditory comprehension', the conversation partners must develop strategies to assist PWA in understanding, even though they have tried to self-repair for multiple times without knowing the specific reasons behind PWA's lack of comprehension. All three symptoms also caused delays in the progressivity of the talk to some degree. 'Perseveration' caused delays by extending repair sequences. Instead of providing the repair solution after other-initiations of repair, the person with aphasia produced perseverations, failing to resolve understanding issue and prompting the CP to generate further other-initiations of repair (e.g., extract 4.1). This type of delay in progressivity differs from what has been previously reported in conversations involving PWA, where the conversation becomes stuck due to word finding difficulties that hinder completing repairs (Wilkinson, 2019). As for 'inconsistent yes/no responses', the progressivity of the conversation is delayed because CPs constantly need to verify the accuracy of the person with aphasia's responses. This extends what should have been a single question-answer sequence into multiple sequences. 'Impaired auditory comprehension' also delays in the form of prolonged repair sequences. The conversation gets stuck because the person with aphasia struggles to understand the repair solutions and

keeps producing additional other-initiations of repair. Furthermore, this analysis chapter offers new insights into how these symptoms manifest in conversations, differing significantly from their presentation in clinical settings. A more detailed discussion of these findings will be provided in Chapter 7 (Discussion).

5. Examining factors contributing to extended repair sequences in persons with non-fluent aphasia and fluent aphasia with receptive problems

In this second analysis chapter, I delve into the factors contributing to prolonged repair sequences, particularly instances involving multiple other-initiations of repair (Schegloff, 2000), within interactions involving PWA. These contributing factors, while observable in both non-fluent aphasia and fluent aphasia (with receptive problems), exhibit nuanced differences in their manifestation during interactions. The chapter aims to explore these distinctions and similarities, providing insights into how these factors delay the progressivity of the talk.

Before delving into the factors that contribute to the extension of repair sequences, it is essential to discuss the structure of other-initiation of repair. Typically, a minimal repair sequence encompasses three turns: the trouble-source turn, the other-initiation of repair, and the repair solution (Kendrick, 2015). Extract 5.1 serves as an illustrative example taken from a speech therapy session with Alex, an individual with Broca's aphasia, and two speech therapists, Tanya and Tessa. Tanya initiates the conversation by inquiring about Alex's potential chewing or swallowing issues (lines 1-2). Following a brief silence (line 3), Alex responds with a paraphasic utterance, "thueng thueng bang" (line 4), constituting the trouble-source turn. While 'thueng thueng' lacks meaning in this context, 'bang' refers to

'some' in English. Tessa then produces an other-initiation of repair by proposing a candidate understanding, suggesting that Alex meant to say, "mi bang" or "have some" (line 5). The following turn is where Alex should self-repair or provide clarification for the identified trouble source. In line with this expectation, Alex accepts this candidate with a "yes" (line 6), thereby achieving repair resolution and allowing the conversation to progress to subsequent sequences.

Extract 5.1:

01	Tanya:	mi samlak rue mie panha do you choke or do you have any problems
02		nai kan khiao kluen mai kha in chewing or swallowing
03		(1.0)
04	Alex:	/thueng thueng/ bang /thueng thueng/ some
05	Tessa:	mi bang [mi samlak] you have some [you choke]
06	Alex:	[khrap] [yes]

However, not every repair sequence remains minimal. The extension of an other-initiation of repair (OIR) sequence beyond its basic structure may occur if a repair solution cannot adequately resolve the trouble source, hindering the progression of the sequence to which the trouble source pertains (Kendrick, 2015). This analysis chapter identifies two potential factors leading to the expansion of OIR sequences, including (1) the lack of effective self-repair and (2) problematic responses after the conversation partner's candidates for

understanding. In addition, it considers how OIRs produced by communication partners can shape and, at times, exacerbate problematic trajectories of repair.

5.1 The lack of effective self-repair

The first potential factor that may result in extended repair sequences is the lack of effective self-repair. The following extracts demonstrate instances where a person with aphasia produces a problematic utterance or a ‘trouble source’, and the conversation partner deals with it by producing an other-initiation of repair in the subsequent turn. The focus will be on what the person with aphasia does in the self-repair slot (i.e., after the conversation partner’s other-initiations of repair) that is not effective in solving the trouble source, resulting in the CP generating additional other-initiations of repair. The lack of effective self-repair prolongs the repair sequence, delaying the progressivity of the talk. This section will examine the factors that contribute to the ineffectiveness of these self-repair attempts, differentiating these factors between individuals with non-fluent aphasia and those with fluent aphasia with receptive problems.

To facilitate reader comprehension, the naming system used throughout all this thesis should be reminded. Individuals with names starting with ‘A’ (Adam and Alex) are those with non-fluent aphasia, while names beginning with ‘B’ (Bill and Ben) denote individuals with fluent aphasia with receptive problems. Other letters signify the relationship of the person to the individual with aphasia; for example, ‘D’ corresponds to the daughter, ‘W’ to the wife, and ‘S’ to the sister. In this subsection, the trouble source turn will be indicated by a small

arrow (\rightarrow), the CP's other-initiation of repair will be represented by a double arrow (\Rightarrow), and the turn where the person with aphasia is expected to self-repair will be marked by an arrow (\rightarrow).

5.1.1 Non-fluent aphasia: The lack of new information in the PWA's self-repair

In this study, I observe that individuals with non-fluent aphasia may frequently struggle to offer a successful repair solution during a turn where self-repair is anticipated, primarily due to the lack of new information in their self-repair attempts. By not adding new useful details, the conversation partner remains at stuck at their current level of understanding, making the process of finding a repair solution difficult to achieve.

The first instance of such phenomena is evident in Extract 5.2, extracted from a conversation between Adam (a person with transcortical motor aphasia) and Dora (his daughter). The conversation begins with Dora telling Adam that she is going to 7-Eleven (a convenient store) and asking him if he wants anything from the store (lines 1-2). His answer "cake cake" (line 5) becomes a trouble source as Dora does not understand the referent. She then produces an other-initiation of repair (line 6) and additional ones (lines 11, 14) for Adam to clarify the referent. The focus will be on turns after these other-initiations of repair where Adam is doing self-repair (lines 8-10, 12-13, 15-16).

Extract 5.2:

01 Dora: pa::: (1.0) dieo luk cha pai Seven
dad::: (1.0) I'm going to Seven

02 cha ao arai mai
do you want anything

→ 03 Adam: °ko° (0.4) ko (1.8) arai ai (.) arai a
°well° (0.4) well (1.8) what um (.) what

→ 04 **(4.1)**

→ 05 cake cake a
cake cake

⇒ 06 Dora: cake ara(h)i hhh
what cak(h)e hhh

⇒ 07 pa maikhoei hai sang cake loei [na
you've never ordered cake before=

→ 08 Adam: [hoei
hey

→ 09 ko ni ngai ko cake ai ni ngai
it's this it's cake um that one

→ 10 **((hand gesture))**

⇒ 11 Dora: cake arai (.) Foithong
what cake (.) Foithong

→ 12 Adam: [(1.0)]
[((hand gesture))]

→ 13 [oe] (0.2) [ai
yeah (0.2) um
[((nods))]

⇒ 14 Dora: [Foithong
Foithong

→ 15 Adam: Foithong ((gazes away)) ai ((waves))
Foithong ((gazes away)) um ((waves))

→ 16 [thi:]
that:
((hand gesture))

Dora employs an interrogative word with a partial repeat “what cake” (line 6) to indicate a problem with the identification of a referent, ‘cake’, from the previous turn. She proceeds to explain her difficulty in identifying the referent by mentioning that Adam has never ordered cake before (line 7). The next turn is where Adam should engage in self-repair and clarify what he means by ‘cake’. However, due to his limited linguistic ability, he fails to provide any new information for Dora (lines 8-10). Dora repeats the repair initiation, “what cake”. followed by a candidate for understanding, “Foithong” (a type of Thai cake) (line 11). After one second of silence, Adam hesitatingly answers with “yeah”, but then shortly produces a search token, “um” (lines 12-13). This implies that ‘Foithong’ may not be the word he is looking for. Dora then repeats her candidate for understanding, ‘Foithong’ (line 14), to recheck Adam’s response. However, Adam replies with certain features, including gazing away from Dora and producing search tokens (e.g., ‘um’, ‘that’), signifying that he is still searching for something else (lines 15-16).

It is worth noting that after each other-initiation of repair by Dora (lines 6-7, 11, and 14), Adam does not add any new information during his self-repair attempts (lines 8-10, 12-13, 15-16). Therefore, Dora’s state of understanding remains as it was before she produced other initiations of repair. In a way, these self-repairs can be considered ineffective as they fail to clarify the referent and do not contribute to any improvement in Dora’s understanding. The repair sequence concludes with Dora ultimately offering the correct candidate for understanding that Adam wants ‘Swiss roll’, by relying on her prior knowledge rather than additional information from Adam.

In terms of Dora's OIRs, she escalates their strength across the sequence, from an initial "what + trouble source" (line 6) to more specific candidate understandings, such as "Foithong" (lines 11 & 14). However, given Adam's limited verbal expression, this strategy does not help him retrieve or produce the intended word. His contributions are largely restricted to yes/no responses, and when he rejects a candidate, he is unable to provide new information that would guide Dora further. As a result, the sequence concludes with Dora supplying the correct candidate (Swiss roll), which Adam merely repeats and agrees with (not shown in this extract). This demonstrates that relying on candidate understandings may be of limited effectiveness for Adam, whose verbal resources are highly constrained. Alternative strategies, such as prompting him to use gestures, pointing to letters, or selecting from pictures, might have offered more effective ways of supporting repair in this case.

Another example showcasing Adam's failure to introduce new information during his self-repair attempts, resulting in extended repair sequences, is evident in Extract 5.3. This extract is drawn from a conversation involving the same person with transcortical motor aphasia, Adam, and his family, comprising his older daughter, Dia, his younger daughter, Dora, and his wife, Wendy. This extract begins at the point where they are about to order food, and Adam is attempting to tell his daughters what he wants. Unfortunately, the conversation leading up to line 1 is not available, but it can be assumed from the context (e.g., line 1) that Adam attempted to say that he wants to 'buy all', a statement that his daughters found problematic and treats it as the trouble source. Extract 5.3 shows how the daughters initiate

multiple other-initiations of repair to address the challenge of comprehension, driven by Adam's inability to provide effective self-repairs.

Extract 5.3:

- ⇒ 01 Dia: sue arai mot (0.6) ko dieo nu pai sue pet
buy what all (0.6) I'm going to buy the duck soon
- 02 **(1.5)**
- 03 Adam: [ai (laeo)]
um (and)
- ⇒ 04 Dora [khanom]
snack
- ⇒ 05 Dia: bami
noodle
- 06 Adam: maichai (.) sue mot
no (.) buy all
- 07 **(1.2)**
- ⇒ 08 Dia: sue mot khue arai a (.) maithueng baep [(???)]
buy all what is it (.) you mean like (???)
- 09 Dora: [online]
online
- 10 Adam huei::: maichai
hey::: no
- 11 **(1.0)**
- 12 sue mot ko khue, (2.5)
buy all is, (2.5)
- ⇒ 13 Dia: hai sang ma o
you want to order delivery
- 14 Adam: mmaichai (0.2) sue mot
nno (0.2) buy all
- 15 **(1.7)**
- ⇒ 16 Dia: chai ngoensot
pay in cash

17 (1.2)

→ 18 Adam oe chai ngoensot laeo ko (.) arai (ik)
yeah pay in cash and then (.) what (else)

→ 19 (0.3) sue mot ko khue, (1.6) [h
(0.3) buy all is, (1.6) h

⇒ 20 Wendy: [sue thang chut
buy the whole set

21 Adam: a sue thang /khut/ a
yeah buy the whole set

The extract begins with Dia producing the first other-initiation of repair, “buy what all”, followed by an explanation that she is going to purchase the duck (line 1). We can assume that Adam may have uttered the phrase “buy all” in the prior turn. After 1.5 seconds without any response from Adam, Dora offers a candidate for understanding, suggesting he wants ‘snack’ (line 4), overlapping with Adam’s attempt to self-repair (line 3). Dia also proposes another candidate, suggesting he wants ‘noodles’ (line 5). However, he rejects these candidates and reiterates the phrase “buy all” (line 16). Dia then repeats the trouble source followed by a question, “buy all what is it”, and offers another candidate for understanding, “you mean like ...” (line 8), which overlaps with Dora’s candidate, “online” (line 9). Again, Adam can only reject the candidates and provide the same information that the daughters have already known (lines 10-12).

This attempt at self-repair does not function as an effective solution because it fails to provide any new information that would enhance the daughters’ understanding beyond their initial attempts at repair. However, it is evident that Adam is attempting to recall the correct

word, as his self-repair still aligns with the daughters' other-initiations of repair (e.g., line 12). After a 2.5-second pause, during which Adam is unable to retrieve the word, Dia continues to propose more candidates for understanding (lines 13 & 16). Once again, Adam reacts to these candidates without adding any additional details to clarify what he means by 'buy all' (lines 14, 18-19), thus prolonging the repair sequence, as the daughters still struggle to comprehend his intended meaning.

Only when Wendy suggests that Adam's "buy all" means "buy the whole set" (line 20) does he accept the candidate (line 21), thereby concluding the repair sequence. Eventually (not shown in the extract), it becomes clear that he intends to have the entire suki set (Thai-style hotpot, which at this restaurant was typically ordered together with roast duck). In this sense, Adam's "buy all" refers to wanting both suki and duck. Importantly, Wendy arrives at the correct understanding not through any additional information provided by Adam in his self-repair attempts, but rather because of her relatively greater epistemic access compared to the daughters. Her knowledge of Adam's preferences and the restaurant's ordering practices allows her to propose the candidate that fits. Without Wendy's presence, the repair sequence would likely have continued to extend.

In terms of the conversation partners' OIRs, Adam's daughters primarily rely on candidate understandings that he can either accept or reject. Dia in particular appears to use a strategy of proposing topics that Adam often concerns himself with, such as ordering delivery food (line 13) or his preference for paying in cash (line 16). However, looking back at Adam's

utterance “buy all is,” it seems he is engaged in a search for a specific food item. While offering topical guesses may be helpful in some contexts, in this case it becomes a drawback, as Adam must process and reject each proposal, which may further disrupt his ongoing word search. Moreover, when the daughters offer candidates, they do not allow much time for Adam to respond; after a rejection, they quickly move on to another guess without waiting for further cues or prompts from him. This practice also contributes to Adam’s inability to provide new information, as the pace of the daughters’ candidate generation limits the opportunity for him to elaborate. As this extract illustrates, relying on a single strategy (repeatedly offering candidates for understanding) does not work well for Adam, whose verbal resources are highly constrained. Without Wendy’s later intervention and clarification, the repair activity may have continued to extend.

Extract 5.4 features a conversation between Alex, a man with Broca’s aphasia, and Nabia, his neighbour. Prior to this extract, they were discussing the food Alex had at a house party. In the beginning of the extract, Nabia inquires about other foods Alex had. However, his responses are evident to be challenging for Nabia to comprehend. This prompts Nabia to initiate multiple other-initiations of repair to address the understanding problem arising from the lack of new information during Alex’s self-repair attempts.

Extract 5.4:

01 Nabia: kin [kap arai]
ate with what

→ 02 Alex: [ai] ((gazes at Clara))

um ((gazes at Clara))

→ 03 ((drinking-like gesture))

 04 Nabia: nam
 nam (water/liquid)

→ 05 Alex: nam [nia] ((continues his gesture))
 nam this ((continues his gesture))

⇒ 06 Nabia: [nam] arai
 nam what

→ 07 Alex: nia nia ((points and gazes at Clara))
 this this ((points and gazes at Clara))

⇒ 08 Nabia: nam arai
 nam what

→ 09 Alex: ((hand gesture)) ((air-writes a word))

→ 10 nia
 this

⇒ 11 Nabia: nam (.) namplao na si
 nam (.) water isn't it

→ 12 Alex: hue ((shakes head)) mai
 nah ((shakes head)) no

→ 13 ((continues to air write))

⇒ 14 Nabia: namwan namcoke
 sweet drink coke

 15 Alex: ((stops writing))

→ 16 nia ((gazes and point at Clara))
 here ((gazes and point at Clara))

⇒ 17 Nabia: arai wa
 what is it

After Nabia’s question in line 1, Alex initially appears to encounter word-finding difficulty but eventually responds with a drinking-like gesture (lines 2-3). Nabia interprets this gesture as ‘nam’ (line 4), a term in Thai that can refer to water or serve as a prefix for words related to liquid or drink. Alex reinforces her interpretation with a word-search token “nam this” (line

5), suggesting that he is searching for a word that begins with the syllable 'nam' and is not just 'nam' alone, indicating it may be the first part of another word. Ultimately (not shown in the extract), we learn that the word Alex aims to produce is 'namnomkhao', referring to 'rice milk'.

Nabia finds Alex's response in line 5 problematic as she is still uncertain about the type of 'nam' he is referring to. She initiates another repair by repeating the trouble source with the interrogative word "nam what" (line 6). Similar to Adam in the previous two extracts, Alex fails to provide an effective self-repair, offering no new details to enhance Nabia's understanding (line 7). Consequently, Nabia repeats the same repair, "nam what" (line 8), giving Alex another opportunity to self-repair. This time, Alex attempts to respond with gestures and air-writes the word, but it proves insufficient to improve Nabia's understanding (lines 9-10).

Nabia then employs a stronger other-initiation of repair by suggesting a candidate for understanding, proposing that it is 'namplao' or 'water' (line 11). Alex rejects the offer and attempts to air-write the word. Once again, this self-repair does not provide any new information to Nabia. She proposes another candidate, suggesting that Alex may want to refer to either 'namwhan' (sweet drink) or 'namcoke' (coke) (line 14). Alex responds affirmatively and signals to Clara (his caregiver who went to the house party with him) to provide him with the word (line 16). However, he fails to offer any additional details for Nabia. Due to the lack of effective self-repair, the conversation becomes stuck in the repair sequence, hindering progression to other sequences. It is evident that Nabia still struggles

to understand what Alex means, prompting another initiation of repair with “what is it” (line 17).

The conversation partners of Alex also play a role in extending the repair sequence. Notably, throughout the extract Alex consistently directs his gaze towards Clara, his caregiver who attended the party with him and who is epistemically K+ in this situation. Clara would almost certainly know what Alex had eaten. However, due to the limited camera frame in the recording, it is unclear whether Clara noticed Alex’s gaze. She does not intervene until later (not shown here), when she finally provides more accurate candidate understandings of what Alex ate. Had she stepped in earlier, the extended repair sequence might have been resolved much sooner. This highlights how reliance on a single strategy (repeatedly offering candidates for understanding) does not prove effective in this case. Compared to Adam, Alex shows greater resourcefulness, as he supplements his limited verbal expression with other modalities such as gestures and air-writing. Encouraging or foregrounding these non-verbal contributions may have enabled Nabia to generate more accurate candidate understandings, potentially reducing the length of the repair sequence.

5.1.2 Fluent aphasia with receptive problems: the inability to provide sequentially relevant self-repair

The lack of effective self-repair is also noticeable in individuals with fluent aphasia with receptive problems in our data. However, unlike persons with non-fluent aphasia where the

main problem is inability to provide new information during their self-repair attempts, people with fluent aphasia with receptive problems are able to introduce relatively more utterances. However, these utterances may sometimes be irrelevant within the context in which they are produced (i.e., in a self-repair slot after other-initiations of repair). In other words, they are not fulfilling its action of what self-repair should be doing that is clarifying the trouble source.

The first example of how sequentially irrelevant self-repairs can induce multiple other-initiations of repair is evident in extract 5.5. In this conversation Bill (a man with transcortical sensory aphasia) is telling Demi (his daughter) a story about someone eating food (line 1). It should be mentioned that Bill uses the word 'khao', a gender-neutral pronoun in Thai to refer to this person. Demi, who is unsure of the identity of the person Bill is describing, treats this turn as a trouble source and produces multiple other-initiations of repair. The specific focus here is on Bill's responses (lines 4-5, 8-9, 11-13) following Dina's other-initiations of repair, where he provides irrelevant self-repairs to her repair initiations.

Following the trouble source in line 1, Demi initiates an other-initiation of repair, seeking to identify the person Bill is referring to, by using an interrogative word with a partial repeat, "who went eating?" (line 2). However, instead of clarifying the referent, Bill introduces new information that this person ate Anne's (presumably a relative) food (lines 4-5). Notably, this information does not contribute to making Demi understand better as it seems irrelevant and not what Demi is expecting after her repair initiation (i.e., she wants to know who was eating not whose food it was). This is evident by Demi attempting another repair initiation

“yeah...who?” (line 6) to allow another opportunity for Bill to clarify the referent. Yet, Bill once again fails to provide a repair solution and produces more irrelevant utterances that can be perceived as rather problematic than helpful (lines 8-9, 11-15).

Extract 5.5

- 01 Bill: khao pai kin khao (1.1) a: (0.6)
(s)he went eating (1.1) um: (0.6)
- ⇒ 02 Demi: khrai pai kin
who went eating
- 03 **(1.1)**
- 04 Bill: khao khao pai kin khao khong (1.0)
(s)he (s)he went eating food of (1.0)
- 05 i Anne
Anne
- ⇒ 06 Demi: oe (0.8) khrai
yeah (0.8) who
- 07 **(1.7)**
- 08 Bill: wan raek a i Anne man
the first day Anne she
- 09 man maichai khon (.) khon diao chai ma
she was not the (.) the only one right
- 10 Demi: a
yeah
- 11 Bill: man ko (0.4) oe: tam (0.7) khao pai du
so she (0.4) um: went (0.7) inside and looked
- 12 oe: ai (0.7) hai hai tae la khon ha kan
um: um (0.7) let let them find each other
- 13 (0.3) a i Anne khrai jang non jang ni (0.5)
(0.3) um Anne who this and that (0.5)
- 14 a cha khai cha khai ban maeng
um would unlock would unlock the house damn
- 15 pai rue rue rue chiphaiwaiwot
to tear tear tear what a mess

16 Demi: muarai nia
when was this

17 Bill: tangnan laeo (.) kon thi i Anne
long time ago (.) before Anne

18 man cha- man cha
would- she would

19 **(1.3)**

⇒ 20 Demi: laeo khrai kui kap i Anne
and who was talking to Anne

After Bill fails to clarify the referent twice, Demi employs another strategy to gain more context from Bill's storytelling by requesting the timeframe when it happened (line 16). Bill appropriately responds with "long time ago" but continues to narrate the story without addressing the issue of the referent (lines 17-18). This demonstrates that Bill's responses do not always be sequentially irrelevant to the prior turn; for example, he can answer the question "when was this". However, what he lacks is the awareness or ability to realise what Demi is seeking from his self-repair. Bill's inability to offer relevant self-repair causes Demi to initiate multiple other-repair repair, consequently impeding the progression of the conversation to other topics. This is evident when Demi ends up having to initiate another repair (line 20) to address the same trouble source.

As we can see, the lack of effective self-repair leading to multiple other-initiations of repair can be found in both individuals with non-fluent aphasia and individuals with fluent aphasia with receptive problem. However, distinctions exist between these two groups. For individuals with non-fluent aphasia, the primary challenge lies in their inability to furnish new

information for their conversation partners following the conversation partners' other-initiations of repair. On the other hands, individuals with fluent aphasia with receptive problems can provide more information and engage in self-repair through more extended utterances. However, these linguistically well-formed utterances often fail to serve as effective repair solutions due to their apparent inappropriateness within the given context. Those with fluent aphasia with receptive problems seem to struggle with understanding their conversation partner's expectations and lack awareness of the appropriate course of action, unlike those with non-fluent aphasia. Their behaviour shares similarities with individuals with cognitive impairments, such as those with dementia and traumatic brain injuries (Wilkinson, 2019).

It is also worth noting that Demi's design of other-initiations of repair contributes to the extended repair sequence. On all three occasions, she repeats the question "who" (lines 2, 6, and 20), which prompts Bill to respond but leads him to produce increasingly verbose talk that is even harder to understand. By keeping her OIRs minimal and identical, Demi provides Bill with little scaffolding to narrow down the intended referent. Had she strengthened her OIRs, for example, by proposing candidate understandings (e.g., offering possible names) or by at least delimiting the category of persons under consideration (such as family members, friends, or neighbours), her repair initiations may have been more useful. Such strategies could have provided Bill with more accessible cues, making it easier for him to converge on the intended referent.

Another instance of Bill’s producing sequentially irrelevant self-repairs following other-initiations of repair is evident in Extract 5.6. This extract was drawn from a video-call conversation between Bill and Riley, his relative. The video begins with Bill mentioning ‘khaomankai’ (chicken on rice) (line 1). Riley then asks about the person who bought it (line 6). Bill responds vaguely once again, utilising the gender-neutral pronoun ‘khao’, which can be translated as he or she bought it by him/herself (line 7). This turn becomes the trouble source to Riley because she does not understand the referent. Riley subsequently initiates repair (and continues to do so multiple times) to prompt Bill to clarify the referent. The focus will be on Bill’s responses after these instances of other-initiation of repair (lines 10-12, 16, 23, 27-30), where he fails to self-repair effectively by providing irrelevant information that the other-initiation of repair does not seek.

Extract 5.6

01	Bill:	mi	(2.0)	mi khaomankai
		there was	(2.0)	there was khaomankai
02			(1.2)	
03	Riley:	khaomankai		khaomankai
04	Dina:	[chai]		yes
05	Bill:	[oe]		yeah
06	Riley:	mi khaomankai	(0.4)	khrai sue ma
		there was khaomankai	(0.4)	who bought it
→ 07	Bill:	ao ko khao sue ma eng		oh so (s)he bought by her/himself
08			(1.0)	

⇒ 09 Riley: ko khrai sue la
well who bought it

→ 10 Bill: ko:: (0.4) k- (0.9)
so:: (0.4) s- (0.9)

→ 11 khon pai tuenten du wa mi khao arai (.) ma mang
people went excited saw what food (.) is there

→ 12 ko ao khaomankai ma: thi diao
so brought khaomankai for: one serve

⇒ 13 Riley: khrai a khrai tuenten khrai tuenten
who who was excited who was excited

⇒ 14 (0.8) khrai tuenten
(0.8) who was excited

15 **(1.5)**

→ 16 Bill: Emma ko tuenten si
Emma was excited

17 **(1.2)**

⇒ 18 Riley: Emma kiao arai kap hia wa
what does Emma have to do with you

19 Bill: ao
ao

20 Riley: E- l- Emma (3.0)
E- an- Emma (3.0)

⇒ 21 khrai ao khaomankai ma hai hia wannia a
who bought you khaomankai today

22 **(0.8)**

→ 23 Bill: wanni khao ao khaomankai ma
today (s)he brought khaomankai

24 **(0.5)**

⇒ 25 Riley: ue (0.4) laeo khrai ao ma la
yeah (0.4) and who brought it

26 **(0.6)**

→ 27 Bill: ko (.) phuean phuean kan
so (.) they're friends

→ 28 khrai khrai ko wa ao ma (.) khao ma chak trongnan
who who just brought (.) went in from there

→ 29 (0.2) khon nai (0.3) ao ao chopchai
(0.2) which person (0.3) took took satisfied

→ 30 pai khao khaomankai kan kan pai
went in khaomankai tototogether

31 **(1.2)**

32 Riley: toklong yen ni kin arai nia
so what did you eat this evening

Following the trouble source in line 7, similar to the previous example, Riley employs an interrogative word with a partial repeat to address the referent problem (line 9). The subsequent turn is crucial for Bill to self-repair and clarify the individual who bought this 'khaomankai'. Despite initially appearing to encounter with word-finding difficulties (line 10), Bill delivers sequentially out-of-context utterances that fail to identify the person (lines 11-12). This unsuccessful attempt at self-repair becomes evident as Riley persists in initiating further repair efforts, using both an interrogative word ("who") and an interrogative word with a partial repeat ("who was excited") (lines 13-14). After 1.5 second silence, Bill is able to respond with "Emma was excited" (line 16).

While this self-repair seems to be aligning with the prior turn (i.e., providing a person's name), Riley still treats his response as invalid (or almost impossible) by asking "what does Emma have to do with you" (line 18). This question can be viewed as another other-initiation of repair, addressing the new trouble source introduced in line 16. Bill reacts to the question with an exclamation "ao", which in Thai conveys disbelief or surprise (line 19). Consequently, Riley mentions 'Emma' again, seemingly desiring to pursue the repair (line 20). However, she abandons the repair and returns to addressing the original trouble source by asking "who

bought you khaomankai today” (line 21). Nevertheless, Bill responds vaguely, using the same referent without attempting to identify the person (line 23). This prompts Riley to initiate another repair (line 25). Yet, Bill still offers long and sequentially irrelevant information, failing to provide a successful repair solution (lines 27-30). These multiple ineffective self-repair attempts by Bill result in Riley abandoning the repair and moving on to another sequence (line 32).

Similar to Extract 5.5, Riley’s design of OIRs in this extract is not particularly effective. Across five instances, she relies on the same form, using “who” to pursue the referent (lines 9, 13, 14, 21, and 25). This repeated use of a minimal interrogative provides Bill with little scaffolding and results in his inability to offer useful information; indeed, his responses often become increasingly verbose and difficult to interpret. Specific forms of OIR, such as candidate understandings or categorically delimiting the possibilities (e.g., suggesting particular names, or narrowing the category to family members, friends, or neighbours), may increase the likelihood of a successful repair. Had Riley pursued these strategies, the repair sequence may have been resolved more efficiently rather than prolonged.

The final example is taken from a conversation in the car between Ben (a man with Wernicke’s aphasia) and Dina (his daughter). In Extract 5.7, Ben mentions that he wants to buy ‘meat’ for his coworker, but Dina struggles to comprehend what kind of ‘meat’ he is referring to. This instance illustrates how Dina is compelled to initiate multiple other-initiations of repair because Ben repeatedly fails to clarify the specific type of meat he wants

to buy. This difficulty is partly caused by Ben occasionally offering irrelevant self-repairs that do not align with Dina's other-initiations of repair.

Extract 5.7

- 01 Ben: wan wanchan cha hai
mon monday I will give
- 02 (1.2) nuea nuea
(1.2) meat meat
- ⇒ 03 Dina: nuea arai eoi
what meat
- 04 Ben: nuea thi (0.6) ko hen=
meat that (0.6) I saw=
- 05 Dina: =oe
=yeah
- 06 **(1.0)**
- 07 Ben: khong Dina na
it's yours
- ⇒ 08 Dina: huh
huh
- 09 **(2.3)**
- 10 Ben: nuea nuea
meat meat
- ⇒ 11 Dina: nuea
meat
- 12 Ben: nuea (1.0) hai ai (0.9) ai (1.2)
meat (1.0) I'll give um (0.9) um (1.2)
- 13 ai (.) khonnia chue chue wa (1.0)
um (.) this person the name name is (1.0)
- 14 m m mi Michael m m Michael (1.0) Michael
m m mi Michael m m Michael (1.0) Michael
- 4 lines removed -**
- ⇒ 19 Dina: sue nuea thinai
where do you buy the meat

20 (1.3)

21 Dina [hai-
[give-

22 Ben: [((raises hand))

23 Dina: a khoikhoi khoikhoi
ok easy easy

→ 24 Ben: a (2.5) cha cha kasian mot laeo nia
well (2.5) I will will all be retired

→ 25 cha hai man
I will give him

- 21 lines removed -

⇒ 47 Dina: laeo laeo cha hai arai
and and you will give what

→ 48 Ben: hai (0.6) ai Mike
give (0.6) um Mike

⇒ 49 Dina: ha- mai laeo hai hai arai
giv- no and give give what

→ 50 Ben: nuea nuea=
meat meat=

⇒ 51 Dina: =nuea
=meat

→ 52 Ben: nuea
meat

⇒ 53 Dina: ao ma chak nai
where will you get it from

54 (1.0)

→ 55 Ben: nuea muean muean khunnai kop sue ma
meat like like madame frog bought

→ 56 (0.7) nuea
(0.7) meat

⇒ 57 Dina: man mai nao ro
won't it get spoiled

→ 58 Ben: oe (1.0) nua rao gin took-

he calls his
wife 'madam
frog'

yeah (1.0) meat we eat every-

→ 59 (0.8) [muarai]
 (0.8) [when]

⇒ 60 Dina: [nuea thot] a ro
 [fried beef] right

61 Ben: oe:
yeah:

The conversation begins with Ben stating that he wants to give ‘meat’ on Monday (lines 1-2). This statement becomes the trouble source for Dina, who struggles to understand the type of ‘meat’ to which he refers. She then produces the first other-initiation of repair in the form of interrogative with partial repeat, “what meat” (line 3) to seek clarification. Ben answers vaguely with “meat that I saw” (line 4). Dina provides a go-ahead token, “yeah”, possibly wanting Ben to continue to give her more information (line 5). Ben then adds “it’s yours” (line 7) which Dina immediately treats it as a problem by producing an open-class repair initiator, “huh” (line 8).

After a 2.3-second silence, Ben still responds with “meat meat” (line 10), repeating the same initial response that has been the trouble source for Dina. His response suggests that he answers as if it were the first time he was asked the question, without realising that his answer is problematic and without attempting to search for more words to provide clarification (e.g., there is no indication of word-search in his response). This illustrates a lack of awareness on Ben’s part, as he seems oblivious to what Dina expects from these repair attempts (i.e. to identify the type of meat). Consequently, Dina proceeds to initiate another repair by repeating “meat”, providing another opportunity for Ben to clarify the type

of meat he wants (line 11). Instead, he produces a sequentially irrelevant self-repair, stating that he will give the meat to Michael (lines 12-14). This response falls short of serving as an effective self-repair, as it does not align with what Dina is seeking. This results in the repair sequence persists without reaching a resolution or abandonment.

Dina who may notice Ben's lack of attempt to self-repair then employs a stronger other-initiation of repair by asking "where do you buy the meat", seeking to establish the context of the meat the context of the meat Ben wants (line 19). However, in the context where Ben should specify a location in alignment with the question 'where', he responds unexpectedly, mentioning his retirement and his intention to give the meat to someone (lines 24-25). Another instance of self-repair deviating from the expected context occurs when Dina asks about what Ben will give (line 47), and he responds with a person's name, Mike, instead of specifying the object he plans to give (line 48). When Dina repeats the question (line 49), Ben still answers "meat meat" (line 50), without realising that this response is inadequate as a repair solution. Following this response, Dina repeats the trouble source "meat", but Ben still does not further clarify the trouble source and simply repeats "meat" (line 51). This suggests a lack of awareness regarding the problematic nature of his response and an absence of attempts to further clarify his meaning.

Only when Dina asks where Ben will acquire the meat (line 53) does Ben offer a fitting self-repair, stating that it is the meat his wife bought (lines 55-56). He attempts to provide additional context by mentioning it is the meat they eat regularly, either daily or monthly

(lines 58-59). This allows Dina to offer a plausible candidate for understanding, identifying that he meant “fried beef” (line 60). This highlights the fact that it is not always the case that Ben provide irrelevant self-repair. When he successfully generates an appropriate and effective self-repair, it facilitates the progression of the repair sequence, ultimately culminating in the attainment of a resolution or the termination of the repair sequence.

Looking at Dina’s OIRs here also shows how her design choices impact intersubjectivity. Similar to the previous extracts, she relies heavily on one strategy, which makes it difficult to reach a repair solution. Most of her OIRs are in the form of “what + trouble source,” such as “what meat” (lines 3, 11, 47, 49, 51). These repeated formats only elicit irrelevant self-repairs from Ben, rather than helping him clarify the referent. Although she does vary her design at one point, for example, asking “where do you buy the meat” (line 19), Ben fails to provide a relevant answer in that moment. However, when Dina asks the same “where” question again later (line 53), it proves more effective: Ben finally provides a clue that it was the meat his wife usually bought, which eventually enables Dina to propose a successful candidate (“fried beef,” line 60). This sequence suggests that had Dina varied her OIR design earlier or pursued a different strategy when her initial repair initiations were unsuccessful, the repair sequence may have reached resolution sooner.

5.2 Problematic responses after CP’s candidates for understanding

The second factor influencing prolonged repair sequences in aphasic interactions involves problematic responses following CP’s candidates understanding. This occurs when

individuals with aphasia respond in a manner that creates challenges in reaching a repair solution. Specifically, individuals with aphasia may exhibit inconsistent or indefinite responses to the CP's candidates understanding, making it difficult for the CP to definitively ascertain the intended message.

5.2.1 Fluent aphasia with receptive problems: inconsistent responses

As previously discussed in Chapter 4, the responses after candidates for understanding in people with fluent aphasia with receptive problems can be inconsistent, possible due to understanding problem. Consequently, CPs find themselves consistently verifying the responses of the person with aphasia. The uncertainty regarding the accuracy of each response from the person with aphasia contributes to the prolonged repair sequences. Please note that in this subsection and the following one, the turns where inconsistent responses occur will be marked with an arrow (→).

Extract 5.8 (previously Extract 4.3) was drawn from a conversation between Ben (a man with Wernicke's aphasia) and Dina (his daughter) during a mealtime. In this example, Ben seems to be searching for something to put in his food and Dina is offering guesses of what he wants. The focus will be when he initially says 'no' to Dina's guess (line 9) but then change to 'yes' (line 21) when provided with the same guess ("vinegar").

Extract 5.8

01 Dina: kin ma
you wanna eat this

02 Ben: mai ((looks around))
no ((looks around))

03 Dina: ao rai
what do you want

04 Ben: [(2.0)] an:
[(2.0)] **that:**
[((looks around))]

05 (4.2) muean ni ((looks at his food)) muekon
(4.2) like this ((looks at his food)) before

06 Dina: takiap
chopsticks

07 Ben: mai [(2.2)]
no [(2.2)]
[((hand gesture))]

08 Dina: namsomsaichu
vinegar

→ 09 Ben: mai (yang)
no (like)

10 Dina: namtan
sugar

11 Ben: ((closes his eyes)) mai uhm (mai kin)
((closes his eyes)) no uhm (don't eat)

12 **(1.4) ((clicks his tongue)) (3.1)**

13 ((looks to his left)) ((points)) nia
((looks to his left)) ((points)) here

14 thaew thaew nia
around here

15 ?: **((someone screams))**

16 Dina: a arai a huh
whoa what huh

17 Ben: thaew thaew thaew nia
around around here

18 Dina: namtan
sugar

19 Ben: maichai
no

20 Dina: namsomsaichu
vinegar

→ 21 Ben: oe
yeah

22 Dina: (???) chai mai
(???) **right**

23 Ben: oe
yeah

24 Dina: ti mi phrik kup nam saisai
that has chili and clear liquid

25 Ben: oe
yeah

The extract begins with Dina offering Ben food (line 1), which he rejects while seemingly searching for something else (line 2). Dina then asks what he is looking for (line 3). The following turn is where Ben should provide an answer; however, because of word-finding difficulties, his talk becomes the trouble source (lines 4-5). Dina responds by initiating repair, offering a candidate for what he might be searching for “chopstick” (line 6). Ben denies this and produces a hand gesture (rubbing his fingers as if adding something to his food) (line 7). Eventually, it becomes clear that the target word is “vinegar.” Yet when Dina first proposes this candidate (line 8), Ben denies it with “no” and continues to display signs of word-search (line 9).

If Ben had accepted Dina’s initial guess of “vinegar” (line 9), the repair sequence would have concluded at that point, with Dina able to provide what he wanted. Instead, his rejection

establishes a new piece of common ground (Clark, 1996) that “vinegar” is not what Ben wants. On this basis, Dina pursues other options, offering “sugar” (line 10), which Ben also rejects. Interestingly, Dina later returns to these same candidates: first repeating “sugar” (line 18) and then repeating “vinegar” (line 20). It is only at this later point that Ben accepts with “yeah” (line 21).

This pattern shows how inconsistent responses from Ben contribute to the stretching of the repair opportunity space (Schegloff et al., 1977). While Dina is able to generate and recycle plausible candidates, Ben’s inconsistent responses make it difficult for her to rely on his answers with certainty. The result is an extended repair sequence in which participants must repeatedly test and re-test potential solutions. What could have been resolved by line 9 continues much longer, as Dina has to reconfirm Ben’s responses and introduce additional confirmation turns (lines 22 & 24). This illustrates how inconsistent self-responses not only disrupt intersubjectivity but also generate further repair activity, delaying the progressivity of the conversation.

Looking back, Dina could have improved her strategy for dealing with the referential problem. Rather than relying on a single approach (offering candidate understandings verbally) she might have incorporated other modalities, such as presenting real objects or encouraging Ben to point to or select from visible options. Multimodal resources, including gesture, gaze, and object manipulation, have been shown to play a central role in facilitating repair and establishing intersubjectivity (Goodwin, 2000; Mondada, 2019). By drawing on

these embodied strategies, Dina could have provided clearer scaffolding for Ben, reduced the reliance on his limited verbal comprehension, and enabled the repair sequence to reach resolution more quickly, thereby reducing confusion and delay.

Extract 5.9 (previously Extract 4.4) is taken from a conversation between Bill and his family members. The trouble source in this interaction arises from Bill's inconsistent talk about tofu. Initially, Bill accepts Demi's candidate guess that it was tofu (line 3), but shortly afterwards he contradicts himself by saying "there were no tofu" (line 7). This inconsistency prompts his conversation partners to repeatedly double-check his responses to ensure they have understood him correctly. As a result, the repair sequence is extended, with progressivity delayed by the ongoing need to verify what Bill actually means.

The search for the food Bill wants to mention has already been underway for some time before this extract begins. At line 3, Demi offers the candidate "tofu," which Bill accepts enthusiastically with "yeah yeah yeah yeah" (line 4). His acceptance here appears strong, as he repeats "yeah" four times. In typical interaction, such a response would ordinarily bring the search sequence to a close. However, perhaps because Bill has previously displayed inconsistent responses, Demi does not fully treat his acceptance as reliable. In the next turn, she re-checks his intended word (line 6), elaborating on what she means by "tofu." This is similar to the earlier case with "vinegar" (Extract 5.8), where even after the person with aphasia accepted the candidate, the conversation partner still went on to explain what vinegar was in the following turn.

Extract 5.9: Tofu

- 01 Demi: mue klangwan (.) [thi mi khao]
the lunch (.) with rice
- 02 Claire: [mue klangw-]
the lun-
- 03 Demi: kup taohu [chaimai]
and tofu right
- 04 Bill: [oe oe] [oe] oe
yeah yeah yeah yeah
- 05 Claire: [oe]
yeah
- 06 Demi: mi si chin na ro
there were four pieces right
- 07 Bill: oe [maidai mi] taohoo
yeah there were no tofu
- 08 Demi: [oe laeo yangngai]
ok and then what
- 09 mi- hhh [nan mai ru la]
there were- hhh there now I don't know
- 10 Claire: [hhhhh]
hhhhh
- 11 [man pen-] ((pokes Bill))
it was- ((pokes Bill))
- 12 Demi: [thi Julia] kin ro Julia kin chaimai
that Julia ate right Julia ate right
- 13 Bill: ((turns to Claire)) [chai]
((turns to Claire)) yes
- 14 Claire: [man] pen
it was
- 15 man pen taohu chaimai
it was tofu right
- 16 Demi: mai mai mai
no no no

→ 17 Bill: maichai taohu
not tofu

With the repair still unresolved, there is a risk that it may not be completed as the repair opportunity space becomes stretched. Bill's subsequent turn illustrates this. Although he initially appears to agree with Demi's candidate by saying "yeah", he then contradicts himself by adding "there were no tofu" (line 7). This contradiction generates confusion for both Demi and Claire, as shown by Demi's puzzled response (lines 8–9) and Claire's laughter (line 10). Bill's changed response once again extends the repair opportunity space, prolonging the sequence and compelling the conversation partners to continue initiating further repairs (e.g., lines 12 and 14–15).

5.2.2 Non-fluent aphasia: indefinite responses

Individuals with non-fluent aphasia may also exhibit a distinct response pattern following CP's candidates for understanding, marked by their occasional indecisiveness. Although they can normally respond promptly and consistently to CP's candidates for understanding or guesses, there are instances where their responses become 'indefinite'. This occurs when the CP's understanding is close to, but not exactly aligned with, the intended communication of the person with aphasia, echoing the concept of Goodwin (1995)'s "in-the-ballpark response". Consequently, individuals with aphasia may find it challenging to provide a straightforward yes or no response, leading them to initially affirm a guess with a "yes" and subsequently negate it with a "no" (or vice versa).

In contrast to people with fluent aphasia with receptive problems, these inconsistent responses appear to stem from limitations in verbal expression rather than comprehension issues. It seems to convey the idea that due to their aphasic impairment; this is the best they can articulate. Therefore, the term ‘indefinite response’ is employed here to highlight this distinction. This response pattern, akin to a “yes...but” scenario, introduces an element of uncertainty, diverting the CPs from reaching to the repair solution. Extracts 5.10 and 5.11 demonstrate how individuals with non-fluent aphasia prolong the repair sequence by responding indefinitely when the CP’s guess is partially accurate but not entirely so.

In Extract 5.10, Adam seeks to inquire from Dora why a transaction, which he instructed her to complete by withdrawing cash and handing it to his wife earlier that morning, has not been reflected in his passbook. However, he encounters difficulty in articulating the sentence. Dora aids Adam in finding the right words by suggesting possible candidates for understanding. Extract 10 will demonstrate how Adam’s indefinite responses following these proposed candidates can prolong the repair sequence and impede the progress of the conversation.

Extract 5.10 starts with Dora posing the question “what” to Adam (line 1), suggesting that Adam might have a problem conveying something to her before the extract begins. Following this turn, Adam exhibits signs of word-finding difficulty (line 3). Dora responds by suggesting possible topics or candidates for what Adam wishes to discuss (line 5). She proposes three

bank names, with ‘Kasikorn’ being the one Adam accepts in line 7. Subsequently, Adam continues to search for more, evident in his use of the filler “um” and a hand gesture (commonly used when searching for a word) (line 7). However, Dora interprets this as a rejection of her suggested candidate ‘Kasikorn’ (line 8), a misinterpretation that Adam corrects in the subsequent turn (line 9). We can see how Adam is well-monitored regarding the candidates provided by Dora; he can respond appropriately with a yes or no, guiding Dora toward the right direction to retrieve the elusive word. For instance, at this point of the conversation, Dora deduces that Adam likely wants to discuss money related to his ‘Kasikorn’ account. This insight guides her in suggesting subsequent topics related to money.

Extract 5.10

01 Dora: arai
what

02 (2.0)

03 Adam: ai ai (3.0) ai arai aa
um um (3.0) um what

04 (1.1)

05 Dora: Krungthai Krungthep [(.)] Kasikorn
Krungthai Krungthep (.) Kasikorn

06 Adam: [u-]

07 oe Kasikorn a (0.9) ai ((waves))
yeah Kasikorn (0.9) um ((waves))

08 Dora: phit
wrong

09 Adam: maichai maichai (0.8) ai: arai na
no no (0.8) um: what is it

10 (1.5)

11 arai wa=
what is it=

12 Dora: =update banchi maidai
=(you) can't update the account

13 Adam: maichai maichai (0.7) ai
no no (0.7) um

14 Dora: kiaokap ngoen thi hai mai pai mai
is it about the money you gave mom

15 (1.0)

→ 16 Adam: oe (0.6) thi man pen- (.) ai
yeah (0.6) that it is- (.) um

17 Dora: chai rue maichai
yes or no

→ 18 Adam: maichai ai (1.0) [thi wa
no um (1.0) that

19 Dora: [kiaokap pa
about you

20 Adam: thi wa (.) rao (1.7) rao arai a
that (.) we (1.7) we what

21 (2.1)

- 13 lines removed -

34 Dora: samutbanchi
passbook

35 Adam: oe (.) samutbanchi nia (0.8) ai nia
yeah (.) passbook it is (0.8) um this

36 (0.7) ai thi:: (1.9) nia nia
(0.7) um that:: (1.9) this this

37 **((raises his fingers))**

38 Dora: chet phan
seven thousands

→ 39 Adam: oe chet phan nia
yeah seven thousands it is

40 (1.5) ai (0.5) thon thon ma chak nai

(1.5) um (0.5) get get the change from where

41 (0.9)

42 Dora: ao (.) [thon ma chak nai
ao (.) withdraw from where

43 Adam: [thon-
get the change-

44 Dora: ao (.) ko pa pen khon hai bat luk ma a
ao (.) you're the one who gave me the card

45 Adam: a oh (.) laeo tammai a
a oh (.) and why

46 (2.1)

47 Dora: laeo man yang mai khuen yot chaimai
and the transaction still hasn't shown right

48 Adam: [oe oe]
yeah yeah

49 Dora: [nai samutbanchi] a
in the passbook

50 Adam: oe
yeah

51 Dora: OOI::: pa: luk bok pa ropthi ha la na
OOI::: dad: I've told you for the fifth time now

52 wa (.) khrueng update man sia
that (.) the passbook entry machine was broken

53 Adam: oe oe=
yeah yeah=

54 Dora: =luk update maidai
=I couldn't update it

The focus is on Adam's response following Dora's candidate in line 14, where she proposes a candidate for understanding that he wants to discuss the money he gave to her mom. Initially, Adam agrees with the candidate but struggles to provide additional information (line 16). However, when Dora asks him again with "yes or no" (line 17), he changes his response

to no (line 18). These indefinite responses cause Dora to deviate from coming up with the correct guess, leading her to propose additional unsuccessful candidates.

In a later interaction, when Dora reintroduces the same topic in line 38, suggesting that he wants to talk about 'seven thousand' (the amount of money he gave to his wife), Adam accepts this by repeating (line 39) and introduces the query "thon ma chak nai" (line 40), which can be translated to English as "get the change from where". It is worth noting that Adam may pronounce "thon" with an incorrect tone, potentially intending to convey a rising tone (indicating 'withdraw') instead of a mid tone (meaning 'get the change'). Consequently, Dora corrects him, saying "withdraw from where" (line 42), and reminds him that he was the one who provided her with the card (line 44). Despite the tone problem, the information aids Dora in realising that Adam is inquiring about why the transaction has not appeared in his passbook yet if she has already withdrawn the money. With this information, she can finally propose the correct candidate for understanding in line 47, a statement that Adam accepts in line 48.

For instance, had Adam maintained his initial response in line 18 and confirmed his desire to discuss the money he gave to his wife, Dora would have reached a resolution more quickly, sparing unnecessary time spent on exploring alternative candidates for comprehension. It is also worth noting the general lack of new information, making it challenging for Dora to make accurate guesses. Not until line 40 does Dora grasp more of what Adam is trying to convey.

In terms of Dora's role, her practices also contribute to the extension of the repair sequence. When Adam initially accepts her candidate (line 16) but then withdraws agreement (line 18), Dora treats this as uncertainty and continues to generate further candidate understandings. However, most of these candidates are unsuccessful, as they are produced without new information from Adam to guide her. Instead of pausing to let Adam elaborate, or shifting strategy, Dora pursues a series of guesses that keep the repair space open. Her direct "yes or no" question (line 17) may also pressure Adam into providing an indefinite response, which does not advance intersubjectivity. Consequently, Dora's reliance on repeated candidate proposals, coupled with limited variation in her repair strategies, contributes to prolonging the repair sequence until much later in the interaction.

Extract 5.11 is derived from a conversation involving Adam, a man with transcortical motor aphasia, and his daughter Dora, along with Wendy, his wife. In this interaction, Adam attempts to convey a message to Dora but faces word-finding difficulties. Consequently, Dora helps him by offering guesses or candidates for understanding of what he wants to discuss. It is important to note that preceding this extract, Dora used her credit card to order food from the restaurant called 'MK'. Ultimately, we know that Adam intends to inquire about the safety of using the credit card to purchase food from 'MK'. However, due to word-finding difficulties, Adam struggles to formulate his thoughts into sentences.

Extract 5.11

01 Dora: pa wa arai
 what did you say

02 (0.5)

03 Adam: [u-

04 Dora: [ko mueaki cha bok wa arai
a moment ago what were you saying

05 Adam: (0.6) (mai) (0.7) paep (.) ai (0.5) ai=
(0.6) (no) (0.7) wait (.) um (0.5) um=

06 Dora: =bat
=card

07 Adam: bat
card

08 Dora: (0.5) bat arai
(0.5) what card

09 Adam: bat arai
what card

10 Dora: bat MK
MK card

→ 11 Adam: [oe]
yeah

12 Dora: [bat] atm
atm card

13 Adam: maichai
no

14 (1.0)

15 Dora: [bat-
card-

16 Adam: [ai (.) ai:: (0.4)
um (.) um:: (0.4)

17 Wendy: bat lot
discount card

18 Adam: ai ai:
um um:

19 (1.5)

20 Dora: MK
MK

→ 21 Adam: oe MK a=
yeah MK=

22 Dora: =chai o
=is it

→ 23 Adam: maichai (.) [ai
no (.) um

24 Dora: [suanlot
discount

25 **(0.7)**

26 Adam: M (1.7) ai a ai
M (1.7) um uh um

27 Dora: **((take her wallet out))**

28 M arai paa:: ko rao sang MK
M what dad:: we just ordered MK

29 Adam: uem uem [u-
yeah yeah u-

30 Dora: [bin (.) baiset
bill (.) receipt

31 Adam: mai- oe bai bai nia
no- yeah this this one

32 **((moves his hand toward the wallet))**

33 Dora: **((opens the wallet))**

34 ngoen
money

35 Adam: [ni ni]
this this
[((searches the wallet))]

36 Wendy: [bat lot a ro]
is it discount card

37 Dora: [ko bat atm] (0.6) khong luk
it's atm card (0.6) it's mine

38 Adam: [nia (.) ai]
here (.) um
[((continues searching))]

39 Dora: [mi ngoen thaorai]
how much money do you have

40 Wendy: [batlot rueplao]
is it the discount card

41 Adam: **((picks out a card))**

42 ni (.) nia nia ((points at the card))
this (.) here here ((points at the card))

43 (0.7) [ai
(0.7) um

44 Dora: [bat a- debit maichai credit
debit a- no credit card

45 **(1.0)**

46 Adam: ai (1.2) [ai
um (1.2) um

47 Wendy: [tammai a
why

48 Dora: pa cha chai eng [rue ngai
you want to pay by yourself or what

49 Adam: [ai
um

50 ai
um

51 Dora: plotphai mai
is it safe

52 Adam: oe plotphai mai
yeah is it safe

53 Dora: ui:: plotphai si pa
ui:: it's safe dad

The focus lies on Adam's responses to Dora's guesses, particularly regarding 'MK card' (lines 10, 20 & 22), initially accepting (lines 11 & 21) and later rejecting it (line 23). This inconsistency may suggest Adam's desire to discuss the 'credit card' used to buy food from

'MK' (hence saying yes to the guess), not an 'MK card' (i.e., a membership card for MK) that Dora suggests (hence saying no to the guess). The ambiguity in his yes or no responses contributes to the confusion, causing Dora to provide additional incorrect guesses, impeding the flow of the conversation.

The interaction commences with Dora questioning Adam about his intended message (lines 1 & 4). Adam attempts to respond but grapples with finding the right words (line 5), marked by pauses and search tokens. Subsequently, the conversation unfolds into a series of hint and guess sequences (Klippi & Laakso, 1999), with Adam offering hints and Dora proposing guesses based on those hints. Following Adam's initial difficulty (line 5), Dora's first guess is "card" (line 6), seemingly influenced by a possible prior mention of the term. Adam appears to accept this guess by repeating the word (line 7). While the reason Dora came up with this guess remains unclear, it can be assumed that Adam had referred to a 'card' before the video began. Dora then seeks clarification on the specific card Adam is referencing (line 8). After Adam fails to provide clarification (line 9), Dora suggests the term "MK card" (line 9). Adam agrees by saying yes. Interestingly, Dora disregards this acceptance and continues with another guess "ATM card" (line 12), which Adam denies (line 13).

Dora later reintroduces the term "MK" (line 20), which Adam accepts by saying "yeah MK" (line 21). However, Dora questions his response with "is it" (line 22). It is evident that she somehow does not believe that Adam wants to talk about MK, possibly because they have just ordered the food from MK. Adam then changes his response to "no" and follows with a

search token “um” (line 23), indicating it is not that straightforward to answer (like a no...but). Adam’s failure to confirm his initial response (expressing his desire to discuss ‘MK’) prompts Dora to deviate from Adam’s intended topic, proposing three additional incorrect guesses (lines 24, 30 & 34). This extends the hint and guess sequences, moving further away from Adam’s intended message. Wendy also joins the sequence with an incorrect guess (e.g., lines 36 & 40). If Adam had adhered to his initial response regarding ‘MK’, they might have reached the target words sooner.

Another factor contributing to the prolonged hint and guess sequences is Adam’s limited ability to enhance his hints. He struggles to provide any new information that could aid the conversation partners in making accurate guesses. Only when Dora shows her wallet and Adam picks out the credit card (line 41) does she realise that he wants to discuss the credit card (line 44). Even with knowledge of the general topic (the credit card), Dora still has to guess the specific aspect Adam wishes to discuss (lines 48 & 51). Only when she makes the correct guess (line 51) can Adam finally repeat after her and express his intended message (line 52).

In this interaction, both Dora and Wendy play a role in extending the repair sequence through the ways they design their turns. Dora repeatedly produces candidate understandings in rapid succession without fully taking up or exploring Adam’s initial acceptances (e.g., when he agrees to “MK card” (lines 11 & 21), she quickly moves on to other options). By disregarding his early acceptance and continuing with further guesses, she inadvertently

undermines his contributions and keeps the repair space open. In addition, her questions often remain at the same level of specificity (e.g., naming possible cards) rather than shifting strategy by narrowing the category or engaging other modalities earlier, which might have helped Adam articulate his intended meaning. Wendy, when she joins later, follows a similar path by introducing additional guesses (lines 36 & 40) that are also inaccurate. These interventions, while oriented to helping, push the conversation further away from Adam's target meaning, thereby prolonging the hint-and-guess sequence. Thus, the CPs' reliance on repetitive candidate proposals without sufficient variation or scaffolding contributes to the extended trajectory of repair.

5.3 Chapter summary

This chapter has examined two factors that contribute to extended repair sequences in aphasic interactions: (1) the lack of effective self-repair and (2) problematic responses following conversation partners (CP)' candidates for understanding. While both factors were observed across interactions involving individuals with non-fluent aphasia and those with fluent aphasia with receptive problems, they manifested in distinct ways that reflect the differing characteristics of each aphasia type.

Previous research has noted that repair sequences in aphasic interaction are often prolonged (Wilkinson, 2019). The present study advances this understanding by examining *why* such extensions occur. The analysis shows that after an other-initiation of repair, people

with aphasia frequently fail to provide an effective self-repair. In non-fluent aphasia, this ineffectiveness is tied to word-finding difficulties and the inability to provide new information that could move the repair forward. In contrast, in fluent aphasia with receptive problems, ineffective self-repair stems from comprehension difficulties, resulting in responses that are sequentially irrelevant to the repair initiation. In both cases, the absence of effective self-repair prevents the resolution of the trouble source and compels CPs to produce further other-initiations of repair.

A second phenomenon identified concerns the problematic responses following CPs' candidates for understanding. Here, people with aphasia sometimes respond inconsistently (e.g., first rejecting a candidate and later accepting it) or indefinitely (e.g., producing a "yes...but" type response). In fluent aphasia with receptive problems, these inconsistent responses appear to reflect impaired auditory comprehension. In contrast, in non-fluent aphasia, indefinite responses seem to represent an adaptive strategy: a way of signalling that the CP's candidate is partially correct, but not fully accurate. Such responses, however, create uncertainty and prevent straightforward resolution, thereby prolonging the repair sequence.

In addition to the role of the person with aphasia, the design of other-initiations of repair by CPs also contributes to the extension of repair sequences. CPs often rely on a limited set of strategies—such as repeatedly using open interrogatives ("who," "what") or cycling through multiple candidate understandings—that do not always align with what the person with

aphasia is able to provide. In some cases, CPs disregard or re-check even strong acceptances, keeping the repair space open. In others, they move too quickly through guesses without allowing time for the person with aphasia to elaborate, or they fail to vary their strategies (e.g., introducing category restrictions, using real objects, or encouraging non-verbal responses). These practices, while oriented to achieving understanding, can inadvertently sustain or exacerbate problematic trajectories of repair, stretching the repair opportunity space and delaying progressivity.

Together, these findings illustrate how extended repair sequences in aphasia emerge through the interplay between the person with aphasia's limitations in self-repair and the CP's repair-initiation practices. This highlights the importance of examining the interactional practices through which symptoms become consequential in conversation. A more detailed discussion of these phenomena, and their theoretical and clinical implications, will be presented in Chapter 7.

6 Distinct actions in multiparty interaction involving people with aphasia

The last analysis chapter investigates the intricate dynamics of multiparty interactions involving individuals with aphasia. Specifically, it examines scenarios where there are more than two participants, with at least one individual with aphasia actively engaged in the conversation. The primary focus lies on the role of the third party, a non-addressed participant in the conversation, yet significantly influencing its course. These interventions by the third party serve multiple purposes including enhancing the fluency of communication, ensuring the accurate transmission of intended messages by the person with aphasia, maintaining the PWA's autonomy in discourse, and facilitating adherence to social communication norms. However, often one action cannot serve all these purposes and may contradict another action. This dilemma requires the third party to carefully choose the most suitable action for the ongoing conversation. Through observations from my data, this chapter aims to delve into the dilemma confronted by the third party in making choices during conversation, as well as to explore the consequences of these decisions. In doing so, it will shed light on the intricacies of these interactions and underscore the importance of the third party's actions in fostering interaction within multiparty aphasic interactions.

According to my data, five commonly observed phenomena or actions are undertaken by third parties in multiparty interactions involving individuals with aphasia. These actions include (1) correcting the person with aphasia, (2) clarifying on behalf of the conversation partner of the person with aphasia, (3) co-constructing meaning with the person with

aphasia, (4) interpreting on behalf of the person with aphasia, and (5) directing the person with aphasia what to say. The following remarks, denoting the roles of the participants (A: the person with aphasia, B: the current conversation partner, and C: the third party who is the non-addressed participant in the conversation), will be used throughout this analysis chapter at the beginning of each section to provide readers with a brief summary of the nature of each action and how each action sequentially occurs in conversation. Moreover, throughout this chapter, the lines highlighting third-party actions will be marked with an arrow sign (→).

6.1 Correcting the person with aphasia

- B asks A something → A answers incorrectly → C corrects A's answer

The first action is observed when a third party corrects the person with aphasia after the person with aphasia provides an incorrect answer to a question posed by their current conversation partner. This action by the third party can be regarded as 'other-correction' (Bolden, 2013), in which a person who is not the trouble-source speaker treats part of the speaker's utterance as 'repairable' (Schegloff et al., 1977) and corrects it. This section focuses only on correction as an other-initiated other-repair sequence, excluding other types of correction such as responsive actions (see Bolden, 2024). More specifically, it examines how and why the third party decides to perform other-correction, despite it being generally considered a dispreferred action (Schegloff et al., 1977).

Extract 6.1 exemplifies a scenario where the third party corrects the person with aphasia after the person with aphasia providing an incorrect response to his conversation partner. In this conversation, Alex (a man with Broca’s aphasia) is showing an automatic nail clipper that he purchased online to Nancy (his neighbour). Nancy proceeds to inquire about the cost of the nail clipper (lines 8-9). Upon Alex’s response of “sixty” (line 12), Sarah (his sister) interjects with a different (correct) answer, “six hundred” (line 15).

Extract 6.1

01 Alex: *((hands over his nail clipper))*
 02 *((turns the clipper on))*
 03 Nancy: oh: [:::
 04 Alex: [ue (.) khang nueng
 yeah (.) one side
 05 *((acts like cutting his nail))*
 06 Nancy: phi mo ko tat eng dai
 so you can cut it by yourself
 07 Alex: oe h h h [h h]
 yeah h h h h h
 08 Nancy: [thaorai a]
 how much
 09 thaorai phi mo (.) thaorai thaorai
 how much doctor (.) how much how much
 10 Alex: *((air-writes on the table))*
 11 Nancy: hok
 six
 12 Alex: °hok[sip°]
 °**sixty**°
 13 Nancy: [hok-] hoksip bat
 six- sixty baht

14 Alex: [ue]
yeah

→ 15 Sarah: [hokroi]
six hundred

016 Nancy: hokroi
six hundred

017 (.) hokroi rue hoksip
 (.) **six hundred or sixty**

018 pit yang ngai phi mo
how to turn this off doctor

019 Alex: ni ((turns the clipper off))
here ((turns the clipper off))

020 Nancy: oh:
oh:

Following Nancy’s question about the price of the nail clipper (lines 8-9), Alex initially responds by air-writing the number on the table (line 10), potentially due to his limited verbal expression. Nancy interprets what Alex wrote and suggests a possible number, “six” (line 11). Alex confirms her suggestion by saying “sixty” (line 12). Nancy then acknowledges his answer by repeating the number (line 13). This question–answer sequence should have been completed, as Alex appears to confirm the response with “yeah” (line 14). However, Sarah, who is in a knowledgeable position (K+) (Heritage, 2013), treats Alex’s response (line 12) as repairable, intervenes in the interaction, and provides the correct answer, “six hundred” (line 15), overlapping with Alex’s confirmation.

It should be noted that as a K+ person, Sarah could have answered Nancy’s question (lines 8–9) herself. Thus, her decision to hold back her response and refrain from intervening at this

stage may reflect her conformity to the preference of turn organization, allowing Alex (as the addressed participant) to answer the question himself without interruption. It also suggests that she respects Alex's autonomy as a speaker by quietly observing what he is saying. She only corrects him when he provides misinformation (i.e., telling Nancy the wrong price). But why does she choose to correct him at all?

Other-correction is commonly regarded as a dispreferred action in conversation compared to self-correction (Schegloff et al., 1977). Why, then, did Sarah still choose to perform it, rather than using other possible actions such as producing an other-initiation of repair (and allowing Alex to self-repair) or not interrupting the sequence at all? Bolden (2024) has discussed that one account for other-correction is the orientation to intersubjectivity. Similarly, in this example, what Sarah achieved through other-correction was ensuring that Nancy received the correct information from Alex and possibly from her as well, as a member of the collectivity (Lerner, 1993). That is, she and Alex form a team relationship as members of the same family and hosts of the house, and she seems to feel a responsibility to ensure that Nancy, the guest, receives correct information. Here, she prioritises conveying accurate information over the conversational preference for self-correction rather than other-correction.

In terms of recipient design, Sarah's other-correction was minimal, consisting only of the correction segment without a rejection segment (e.g., "not sixty") (see Bolden, 2024). This allowed her to provide Nancy with the correct information without explicitly emphasising

that Alex’s response was wrong or directly challenging him. She intervened only after Nancy had already acknowledged the incorrect information. Nancy then repeated the corrected number and briefly initiated an other-initiated repair by offering choices for Alex to confirm, “sixty hundred or sixty” (line 17), but quickly abandoned it and shifted to another question, “how to turn this off doctor” (line 18). This may also signify Nancy’s effort to avoid further highlighting Alex’s difficulty. Alex’s lack of response to the correction may also indicate that he treated Sarah’s action as dispreferred. On the other hand, if Sarah had chosen not to interrupt and correct the wrong information, the progressivity of the talk would not have been disrupted, and she would have preserved Alex’s autonomy, but Nancy might have been at risk of receiving inaccurate information.

Another instance of a third party correcting the person with aphasia is illustrated in Extract 6.2, extracted from a conversation between Bill (a man with transcortical sensory aphasia) and Nina (his niece), who paid him a visit. Before this extract, Bill had informed Nina that he had undergone a COVID test at the hospital earlier in the day. When Nina inquires whether he received a positive test result (line 1), Bill responds affirmatively that he has tested positive for COVID (line 2). Subsequently, Demi (Bill’s daughter) interrupts the conversation and offers a different response (line 3), thereby underscoring the inaccuracy of Bill’s previous answer.

Extract 6.2

01 Nina: phon phon pen yan- mai pen mai
 the result the result h- did you get it did you

02 Bill: pen [pen
yes yes

→ 03 Demi: |yang mai ru
don't know yet

04 Nina: Lao pen ro hhhh
what you got it hhhh

05 All: *((laughs))*

06 Demi: khao bok cha song phon thang SMS
they said they will send the result via SMS

07 phainai yisipsi chuamong
within twenty-four hours

The extract begins with Nina inquiring about the COVID test result. Initially, she appears to frame the question as a ‘how’ question (e.g., “how was the test result”), but then opts to modify it into a yes-no question (i.e., “did you get it”) (line 1). This adjustment may stem from her desire to simplify the question for Bill, who has language difficulties, allowing him to respond with a straightforward yes or no. Consequently, Bill responds with a “yes” (line 2), which is evidently an incorrect answer, as Demi promptly provides a different response, “don’t know yet”, in a subsequent turn (line 3).

Here, Demi (a non-addressed K+ participant) self-selects as the next speaker and intervenes to correct the misinformation. Similar to the previous example, her approach is implicit: rather than explicitly telling Bill he was wrong, she simply provides the correct response. In this way, her other-correction contains only the correction segment and not a rejection segment. It should be noted that she could have taken other possible actions; for example, producing an other-initiated repair (e.g., “are you?”). However, such alternatives might have

further delayed the progressivity of the talk. Her turn design, therefore, aimed to minimise delay in the progressivity of the talk while ensuring Demi received the correct information, though at the cost of threatening Bill's face and limiting his agency in maintaining his own speaking turns.

Another example of a third party correcting the person with aphasia is Extract 6.3, drawn from an online speech therapy session between Alex and Tanya, a speech therapy student. Throughout the session, Tanya poses a series of standard case history questions. One of these questions concerns whether Alex has any medical conditions (lines 1–2). Alex responds with a nod and a “no” (line 3). The focus here is on Sarah's (Alex's sister) subsequent turn, in which she offers a different response, indicating that Alex's answer is incorrect (lines 4–5).

Extract 6.3

- 01 Tanya: laeo khun Alex mi rok prachamtua arai
and do you have any medical conditions
- 02 mi mai kha
do you have any
- 03 **(1.8)**
- 04 Alex: [mai a khrap=
no=
[*((shakes his head))*]
- 05 Sarah: =mi mi arai (.) me arai
=yes you have what (.) you have what
- 06 (0.9) kin ya arai bang
(0.9) what medicines are you taking

After Tanya asks Alex whether he has any medical condition (lines 1-2), Alex responds with a “no”, which is evidently incorrect information (line 4), as Sarah immediately interjects with a different answer, “yes” (line 5). Looking back, the 1.8-second silence gap (line 3) was a point where Sarah could have answered on Alex’s behalf, given her K+ status in this context. This demonstrates that Sarah withholds the correct information and monitors the conversation, intervening only when Alex fails to provide the correct answer. To some extent, Alex’s autonomy is preserved until he gives Tanya the wrong information, at which point the importance of conveying accuracy appears to outweigh the concern for maintaining his right to speak for himself. At that moment, Sarah intervenes and produces other-correction to address the intersubjectivity problem (line 4). Alternatively, she could have chosen not to intervene, thereby avoiding further highlighting Alex’s disability, but this would have resulted in Tanya receiving incorrect information. This creates a dilemma for Sarah, as neither option is ideal.

To address the dilemma, Sarah adopts a nuanced approach to other-correction that balances ensuring accuracy with respecting Alex’s autonomy. In lines 5 and 6, although she provides a different response (“yes”), contradicting Alex’s initial “no,” she immediately follows up with questions such as “you have what” and “what other medicines are you taking.” These questions reflect her effort to preserve Alex’s autonomy by giving him another opportunity to communicate about his medical condition independently. This action, and the continuation of the conversation, will be discussed further in another section.

Across all three extracts (6.1–6.3), a similar pattern can be observed: the third party, positioned as a knowledgeable person (K+), intervenes as a member of the same collectivity (Lerner, 1993). In doing so, the third party monitors the interaction and draws on shared knowledge to provide the correct information when the person with aphasia gives an incorrect response. In terms of how the other-correction is carried out, it is typically minimal (e.g., consisting only of the correction segment and not the rejection segment) which may serve to tone down its status as a dispreferred action. This design allows the third party to supply the accurate information while still preserving, to some degree, the face of the person with aphasia. Overall, in each case the action reflects a dilemma of the third party between maintaining the autonomy of the speaker with aphasia and ensuring that the recipient receives accurate information.

6.2 Clarifying on behalf of the conversation partner of the person with aphasia

- A says something → C produces OIR on behalf of B.

Another observed action involves a third party initiating a repair sequence on behalf of the conversation partner of the person with aphasia. Typically, in a dyadic interaction, if one participant produces a problematic utterance (the trouble source), the other participant can employ an other-initiation of repair to prompt the trouble-source speaker to self-repair in the subsequent turn (Kendrick, 2015). Such repair initiations serve to address difficulties in speaking, hearing or understanding the trouble-source speaker and ultimately support mutual understanding between both participants. However, this section focuses specifically

on instances in multiparty interactions where the third party initiates an other-initiation of repair (Kendrick, 2015; Schegloff et al., 1977) for the benefit of the conversation partner of the person with aphasia.

In these cases, when a person with aphasia encounters difficulty expressing themselves in multiparty conversation, a third party may produce an other-initiation of repair on behalf of the current conversation partner, regardless of whether the third party understands the intended meaning of the aphasic individual's utterance. In cases where the third party has epistemic access (Bolden, 2013) to the information sought by the person with aphasia (i.e., is epistemically K+), they may choose to withhold information (i.e., not producing other-correction) and instead prompt the person with aphasia to self-repair by an other-initiation of repair. Conversely, if the third party is epistemically K- or lacks access to the intended message, they may still employ an other-initiation of repair to help clarify the utterance and enhance understanding for both participants.

6.2.1 When the third party is epistemically K+

Extract 6.4 features a conversation between Brad, a man with anomic aphasia, and Nico, the nurse, during Brad's hospital visit due to jamming his finger in the door. The conversation revolves around Nico's inquiry into the purpose of Brad's hospital visit. The focus will be on the action of Wanda (his wife), who produces an other-initiation of repair in the form of a wh-question (line 8) after Brad has failed to answer Nico's question (line 6), despite her knowing the correct answer (as a K+ participant).

The conversation begins with Nico asking about the purpose of Brad’s hospital visit (line 1). Brad responds that he jammed his finger in the door (line 2). Nico then follows up with a question regarding when the incident occurred (line 5). This ‘when’ question functions as the first-pair part, necessitating a specific second-pair part (Schegloff, 2007). In other words, only certain responses are sequentially appropriate following this question. Specifically, Nico’s ‘when’ question is designed to elicit temporal information from Brad. Although Brad does provide temporal information in the subsequent turn with “today” (line 6), this may not align with the information Nico is seeking. The 1.2-second silence (line 7) signals a possible problem with Brad’s response, as it exceeds the “standard maximum silence” (Jefferson, 1989). It is plausible that Nico already knew the incident occurred that day and was expecting a more precise timeframe.

Extract 6.4

- 01 Nico: don arai ma kha
what happened sir
- 02 Brad: o pratu nip khrap
um finger jammed in the door
- 03 Nico: pratu nip
finger jammed in the door
- 04 Brad: **((nods))**
- 05 Nico: khoei pen ma muarai kha
when did it happen sir
- 06 Brad: oem: (3.0) wanni khrap
uhm: (3.0) today
- 07 **(1.2)**
- 08 Wanda: ki mong=
what time=

09 Nico: =ki mong na kha?
=what time sir?

10 Brad: oh
oh

11 (0.8)

12 Wanda: si: ,
four: ,

13 (0.9)

14 Brad: si (0.5) si mong
four (0.5) four o'clock

Wanda, who notices that Brad's response in line 6 is not what Nico is expecting, then produces an other-initiation of repair by asking another question, "what time" (line 8), to provide Brad with another opportunity to self-repair or offer more appropriate information. It is worth noting that Nico also poses the same question immediately after Wanda, indicating her expectation for Brad to self-repair. Hypothetically, if Wanda were not present, Nico may have been the one to ask the question herself initially. However, in this case, Wanda initiates the repair sequence on behalf of and for the benefit of Nico. At this moment, Wanda does not answer on Brad's behalf, even though (as subsequently becomes clear) she could. Consequently, Brad realises what information Nico really wants from him, as evidenced by his acknowledgment token "oh" (line 10). Nevertheless, he still struggles with word-finding difficulty (line 11). Wanda then prompts him with part of the answer, "four", which in the transcription is marked by continuation intonation (,) (line 12), signalling that she wants him to finish the sentence by himself. Eventually, he successfully produces the complete utterance by himself at the end (line 14).

Notably, Wanda is most likely aware of the exact time when the incident occurred, making her epistemically K+ in this situation. Instead of directly providing the information herself, she implicitly assists Brad by employing an other-initiation of repair on behalf of Nico (line 8). Had she provided the answer directly, this would have been an instance of other-correction, similar to the actions observed in Extracts 6.1–6.3, where third parties treated the PWA's utterances as incorrect and corrected them immediately (other-repair). In this case, however, Wanda adheres to the preference for self-repair over other-repair by initiating the repair sequence, thereby giving Brad the opportunity to self-repair rather than supplying the answer directly to Nico. This demonstrates her respect for Brad's autonomy and her support for his agency as a speaker.

Comparing this instance with the earlier examples (Extracts 6.1 - 6.3), the difference may lie in the nature of Brad's response (the trouble source) in line 6 ("today"). Unlike the previous examples, his answer is not factually wrong. Although it is correct that he injured his finger today, it does not provide the level of detail Nico was seeking (i.e., an exact timeframe). Because Brad's response is not strictly incorrect, it may not require correction, at least at this stage. Wanda may treat his answer as a misunderstanding of the question rather than as an inability to produce the correct response. Consequently, she gives him another opportunity to self-repair by producing an other-initiation of repair instead of an other-repair. Notably, once Brad struggles to retrieve the words needed to answer (lines 10-11), she then steps in and prompts him with part of the answer (line 12), allowing him to complete it and answer Nico himself (line 14).

Another example of a third party initiating repair sequence as a K+ participant can be seen in Extract 6.5 which is a continuation of the conversation from Extract 6.3. Here, the focus is on Sarah's actions after she corrects the fact that Alex indeed has a medical condition. Instead of directly informing Tanya that Alex has diabetes, she produces an other-initiation of repairs by asking questions (lines 5-6, 8 & 10) to provide Alex with opportunities to self-repair or come up with the appropriate response himself.

Extract 6.5

- 01 Tanya: laeo khun Alex mi rok prachamtua arai
and do you have any medical conditions
- 02 mi mai kha
do you have any
- 03 (1.8)
- 04 Alex: [mai a khrap=
no=
 [((shakes his head))]
- 05 Sarah: =mi mi arai (.) mi arai
=yes you have what (.) you have what
- 06 (0.9) kin ya arai bang
(0.9) what medicines are you taking
- 07 Alex: [(2.0)
 [((turns to S)) ((stares at S)) °(???)°]
- 08 Sarah: kin ya arai bang
what medicines are you taking
- 09 Alex: ((turns to the ipad))
- 10 Sarah: mi rokprachamtua arai ik
what other medical conditions do you have
- 11 (0.9)

12	Sarah:	bao, dia,	diabetes
13	Alex:	nia ((<i>air writes on the table</i>)) this ((<i>air writes on the table</i>))	
14	Sarah:	aa khao khien ao na kha so he was writing	
15		(.) baowan (.) diabetes	

After correcting Alex’s response (from “no” to “yes”) (line 5), Sarah refrains from immediately providing the information to Tanya that he has diabetes. Instead, she first asks, “you have what” twice (line 5). When Alex does not respond, she reformulates the question as “what medicines are you taking” (lines 6 and 8). After receiving no response again, she shifts to “what other medical conditions do you have” (line 10). In retrospect, Sarah treats Alex’s response in line 4 as the trouble source, since it is incorrect and fails to provide the information Tanya is seeking. Although she corrects his initial error, she continues to respect Alex’s autonomy and the preference for self-repair over other-repair. This is evident in her repeated initiation of repair sequences through various types of questions (lines 5–6, 8, and 10), giving Alex opportunities to self-repair or provide the information independently.

By choosing this approach over answering Tanya directly, Sarah demonstrates her belief that Alex is capable of responding to the question himself. Similar to the Extract 6.4, when Alex struggles to answer (evident through multiple unsuccessful self-repair attempts), she prompts him with the first syllable “dia” (diabetes) (line 12) to help him produce the answer himself. Following this cue, he air-writes something on the table (still unable to say the word),

and Sarah then tells Tanya that Alex is writing “diabetes” (lines 14–15). This indicates that Sarah seeks to show Alex as capable and that the answer originates from him, even if expressed through writing, thereby supporting his autonomy as the ‘author’ (Goffman, 1981) of his own speech.

This section shows that when the third party is K+ regarding the trouble source produced by the person with aphasia, they may opt not to correct the PWA immediately (as in Extracts 6.1 - 6.3) but instead employ an other-initiation of repair to support the person with aphasia’s agency to be their own speaker. However, in the following section it is observed that even when the third party is K-, they may still produce an other-initiation of repair to help clarify the person with aphasia’s trouble source and enhance the conversation partner’s understanding.

6.2.2 When the third party is epistemically K-

The intervention of the third party, Wendy, in Extract 6.6 exemplifies an instance where she intervenes in the conversation between the person with aphasia, Adam, and his daughter, Dora, to initiate an other-initiation of repair for the benefit of Dora’s understanding, even though she does not fully comprehend Adam’s utterances. In this scenario, Adam wants to ask Dora something, but she does not quite understand him. The focus will be on Wendy coming in to clarify what Adam means by producing an other-initiation of repair (line 7).

Extract 6.6

- 01 Adam: ai arai wa
um what
- 02 Dora: arai?
what?
- 03 Adam: arai wa thi ai
what that um
- 04 Dora: luk pai tham arai thi rongphayaban
what I was doing at the hospital
- 05 Adam: oe (thi muean) kep ngoen rue plao
yes (that like) charge the money or not
- 06 kep ngoen rue plao
charge the money or not
- 07 Wendy: pa cha tham wa luk pai muea chao chaimai
you are asking about she went this morning right
- 08 Adam: oe huh?
yes huh?

Extract 6.6 starts with Adam failing to communicate his intended message to Dora (line 1). Dora then responds with an open-class repair (“what?”) (line 2), allowing Adam to self-repair, but he continues to struggle with finding the right words (line 3). Dora then offers a candidate for understanding, asking if Adam wants to discuss what she was doing at the hospital (line 5). Adam confirms with a “yes” and adds what appears to be a question: “charge the money or not” (lines 5-6). Wendy, who had not previously been part of the conversation, then intervenes and provides an other-initiation of repair in the form of a candidate for understanding: “are you asking if she went there this morning right” (line 7). Adam subsequently agrees with Wendy’s suggestion and uses “huh?” to address the entire question to Dora (line 8).

If this were a dyadic conversation, Dora would likely continue producing other-initiations of repair until she either comprehended Adam's question or abandoned the repair. However, Wendy, despite not fully grasping Adam's question herself (line 7), appears to believe she has the right to intervene in the sequence. As Adam's wife, she may feel a closer familiarity with him and assume she can better interpret his intentions than his daughter. Wendy's intervention therefore serves to assist Dora in clarifying Adam's question for her own understanding. Similar to the previous examples, she enters the sequence uninvited and claims the right to speak in order to address problems of intersubjectivity. Unlike the earlier cases, here she is K- and produces an other-initiation of repair to help the conversation partner understand what the PWA is trying to say.

In Extract 6.7, another instance is shown of a third party intervening to produce an other-initiation of repair on behalf of the conversation partner. Here, Ben, who has Wernicke's aphasia, produces a paraphasia (line 3), which creates confusion for his wife, Wera. Their daughter, Dina (as the K- third party) enters the conversation and offers a candidate understanding of the intended word (line 15), thereby assisting Wera's comprehension and supporting the progression of the conversation.

Extract 6.7

01 Ben: man (0.9) muakon
he (0.9) before he could

02 pai pai ha pai (1.4)
go go to go (1.4)

[I don't know]

22

na cha chit laeo mang
he probably did already

Before this extract, Ben had trouble remembering a person's name, and Wera helped him identify who he meant before telling him that the person had contracted Covid. Ben then attempted to ask whether this person had received the vaccine but inadvertently produced a paraphasia, stating that he had gone to check his blood pressure (lines 1–3). Treating Ben's utterance as a trouble source, Wera explicitly expressed her lack of understanding (line 5) and produced an other-initiation of repair with the question "what do you mean" (lines 6–7). This type of repair initiation highlights a problem in the prior turn but does not locate the specific part of the utterance that is problematic (Sidnell, 2010). In the following turn, Ben was expected to self-repair. However, after a hearable silence and no response from Ben (line 8), Wera tries to make sense of Ben's utterance by offering a possible interpretation (line 9). Her attempt overlapped with Ben's own effort to self-repair (line 10), after which she provided a go-ahead token, "yeah yeah", encouraging him to continue. Nevertheless, he continued to experience word-finding difficulty (lines 12 & 14).

The focus here is on Dina's action, as she has not been involved in the prior conversation until this point. She steps in and offers a candidate understanding, "vaccine?" (line 15), almost completing Ben's unfinished sentence, "he has..." from line 12. Ben accepts this suggestion by repeating the word (line 16), which enables Wera to grasp his intended meaning. She then confirms her understanding, recognising that Ben wants to ask about the

person's vaccination status (line 17), and Ben affirms this in his subsequent response (line 18). By formulating an other-initiation of repair in the form of a candidate understanding, Dina helps Ben convey his message effectively, leading to mutual understanding between him and Wera. Notably, she does this not for her own benefit but for Wera's, despite also being K- in this situation.

6.3 Co-constructing meaning with the person with aphasia

- A tries to say something but B does not understand → C helps A co-constructs the message for the understanding of B.

There are instances where individuals with aphasia attempt to convey meaning to their conversation partners. However, due to their limited linguistic ability, they often struggle to formulate proper sentences and make themselves understood. This section will focus on situations where a third party collaboratively constructs meaning with the person with aphasia to aid the understanding of the conversation partner.

Extract 6.8 illustrates how a third party joins an interaction, even though she was not the addressed participant, to collaboratively help the person with aphasia convey his intended meaning. In this example, Adam (a man with transcortical motor aphasia) wanted to inform Dora (his daughter) about a parcel delivered outside the door and his desire for it to be cleaned before bringing it into the house (likely due to concerns about COVID-19). However, due to his word-finding difficulties, he struggled to formulate the sentence independently.

The focus will be on Wendy's (his wife) intervention, where she joins the sequence to collaboratively construct meaning with Adam, facilitating Dora's understanding (line 19).

Extract 6.8: Parcel

- 01 Dora: (what)
(what)
- 02 Adam: nia ai: (3.2) arai wa
this um: (3.2) what is it
- 03 Dora: pai seven
go to Seven
- 04 Adam: maichai maichai ai
no no um
- 05 Dora: kiewkap rot mai
about car right
- 06 Adam: mai mai
no no
- 07 Dora: proongni
tomorrow
- 08 Adam: maichai ai=
no ai=
- 09 Dora: =wanni
=today
- 10 **(0.6)**
- 11 Adam: ai (0.9) /hesadu/ /sadu/
ai (0.9) /yarcel/ /cel/
- 12 **(0.8)**
- 13 Dora: parcel
parcel
- 14 Adam: eau parcel
yeah parcel
- 15 Dora: ma song
has arrived

- 16 Adam: eau
yeah
- 17 Dora: pa aoa ma yang a
did you bring it in
- 18 Adam: ni ngai ((*points to his right*))
it's here ((*points to his right*))
- 19 Wendy: yu khang nok mai hai kao baan
it's outside not allowed in the house
- 20 Dora: oh dieo luk chit spray
oh I will spray it
- 21 [ok]
ok
- 22 Adam: [eau]
yeah

Extract 6.8 begins with Dora asking Adam what he wants to tell her (line 1). Adam clearly struggles with word-finding difficulties (line 2). To assist, Dora offers potential topics that Adam frequently discusses with her, such as going to 7-Eleven (a convenience store) (line 3) and the car (line 5). However, Adam denies both suggestions (lines 4 & 6). Dora continues to narrow down the topic by identifying the timeframe, asking whether it is something happening tomorrow (line 7) or today (line 9), but Adam does not confirm either (lines 8 & 10). This strategy of first identifying the general topic and then pinpointing specific details is commonly observed in their interactions which is similar to the hint-and-guess sequences described by Laakso and Klippi (1999). However, this is not the primary focus of this analysis chapter.

A key clue from Adam that signalled to Dora what he wanted to discuss was the phonological structure of the word he uttered in line 11, which led her to infer that he was referring to a 'parcel'. Once she understood the topic Adam wanted to mention, she asked Adam whether he had brought the parcel inside the house (line 17). Adam responds with "it's here" and point to the direction where the parcel is (line 18). Following this line, Wendy joins the conversation and makes a collaborative effort to co-construct meaning with Adam by saying that the parcel is outside and not allowed in the house (line 19). Notably, Wendy was not the addressed recipient and withheld her response until this moment. Her intervention can be described as a collaborative completion (Lerner, 2004), in which she and Adam co-construct a single syntactic unit, facilitating Dora's understanding of the conversation. In this sense, Wendy and Adam display themselves as members of the same collectivity (Lerner, 1993), with their utterances appearing interconnected, as if Wendy's speech continues Adam's.

In terms of Wendy's choice of action, why does she collaborate with Adam rather than produce other actions (e.g., an other-initiation of repair)? Following Dora's question, "did you bring it in?" (line 16), Adam provides a partial response, "it's here," accompanied by a gesture (line 18). This turn is not inaccurate and does not need to be treated as a trouble source. At this point, initiating repair might have risked disrupting the progressivity of the talk and drawing attention to Adam's difficulty. Instead, Wendy aligns with Adam by co-constructing the message, prioritising progressivity and ensuring smoother comprehension for Dora. This action also reflects an orientation to collectivity (Lerner, 1993). As a family member, Wendy positions herself as part of a team with Adam, speaking alongside him rather than against

him. Through this collaborative strategy, she manages two concerns at once: safeguarding Adam's face and autonomy as a speaker while supporting Dora's understanding. In this way, collaboration becomes a preferable option to other-initiated repair, which would have placed greater emphasis on Adam's communicative difficulties.

Extract 6.9 (previously Extract 5.3) provides another example of Wendy and Adam co-constructing meaning for their daughters' understanding. Prior to this extract, the family discussed ordering food from their usual restaurant. Adam attempted to convey to his daughters that he wanted to "buy all," referring to suki (Thai-style hotpot), a dish typically including meat, dumplings, noodles, and vegetables, which at this restaurant was usually ordered with roast duck. By "buy all," he meant that he wanted both suki and roast duck. However, the daughters did not understand his reference and tried to identify what he meant. The focus will be on line 20, where Wendy co-constructs meaning following Adam's attempt in line 19.

Extract 6.9

- 01 Dia: sue arai mot (0.6) ko dieo nu pai sue pet
buy what all (0.6) I'm going to buy the duck soon
- 02 **(1.5)**
- 03 Adam: [ai (laeo)]
um (and)
- 04 Dora [khanom]
snack
- 05 Dia: bami
noodle

06 Adam: maichai (.) sue mot
no (.) **buy all**

07 (1.2)

08 Dia: sue mot khue arai a (.) maithueng baep [(???)]
buy all what is it (.) **you mean like** (???)

09 Dora: [online]
online

10 Adam huei::: maichai
hey::: no

11 (1.0)

12 sue mot ko khue, (2.5)
buy all is, (2.5)

13 Dia: hai sang ma o
you want to order delivery

14 Adam: mmaichai (0.2) sue mot
nno (0.2) **buy all**

15 (1.7)

16 Dia: chai ngoensot
pay in cash

17 (1.2)

18 Adam oe chai ngoensot laeo ko (.) arai (ik)
yeah pay in cash and then (.) **what (else)**

19 (0.3) sue mot ko khue, (1.6) [h
(0.3) **buy all is,** (1.6) **h**

→ 20 Wendy: [sue thang chut
buy the whole set

21 Adam: a sue thang /khut/ a
yeah buy the whole /set/

The conversation begins with Dina and Dora attempting to decipher Adam's phrase 'buy all' by offering potential interpretations for Adam to confirm or reject, hoping he will provide more information about what he means. This process is similar to the hint-and-guess

sequences described by Laakso and Klippi (1999). However, as discussed in the previous analysis (see Extract 5.3), Adam can only accept or reject the daughters' suggestions but fails to provide any new information beyond his initial utterance, "buy all", making it difficult for his conversation partners to resolve the misunderstanding.

It is not until after line 19, when Adam once again tries to self-repair by saying "buy all is", that Wendy intervenes, finishing his sentence by saying, "buy the whole set" (line 20), which Adam agrees with by repeating her sentence (line 21). Wendy, who seems to know what Adam intended to say, withholds her information initially, allowing Adam to self-repair first. She intervenes only after his multiple failed attempts to self-repair. Wendy's intervention almost feels like she is completing Adam's sentence, indicating that their utterances are interconnected.

Similar to the previous example, Wendy chooses to co-construct meaning rather than pursue other actions (e.g., an other-initiation of repair), prioritising the progressivity of the talk. Notably, she could have intervened earlier; while the evidence does not allow certainty, plausible explanations are that she may initially did not know what he meant and only later recognised the trajectory, and/or she believed Adam might successfully self-repair and clarify his utterance for his daughters on his own, thereby preserving his agency. Once she recognises his intended meaning and his struggle becomes evident, she steps in to collaboratively complete the turn, securing intersubjectivity for the daughters while minimising further exposure of his difficulty. By co-constructing the utterance, she preserves

Adam's speaker agency (he immediately ratifies her completion in line 21) and aligns with him as a member of the same collectivity, allowing him to retain a degree of agency as the speaker of his own turn.

6.4 Interpreting on behalf of the person with aphasia

- A says something and/or uses non-verbal communication → C interprets what A said for B

-

Another action of the third party observed in the multiparty interactions in this study is interpreting on behalf of the person with aphasia. This occurs when the third party identifies difficulties in the person with aphasia's speech (often marked by limited verbal expression or the use of non-verbal communication such as gestures or writing) and rephrases, explains, or translates their intended message for the benefit of their current conversation partner. In this study, this act of providing an explicit interpretation of what the person with aphasia is trying to convey is referred to as 'interpreting'.

Extract 6.10 is drawn from a conversation involving Alex (a man with Broca's aphasia), Clara (his carer), Sarah (his sister), and Nancy (his neighbour). Prior to this extract, Clara and Alex had cooked a Thai dish called 'somtam' together. The conversation centres on Alex's attempt to describe the taste of the dish to Nancy. The focus will be on Clara's role in interpreting Alex's utterances for Nancy, as shown in line 10.

Extract 6.10

- 01 Clara: pen ngai
how is it
- 02 Alex: **((points at himself and then at Clara))**
- 03 Sarah: tam eng?
cooked this?
- 04 Nancy: pen yangngai bang kha:
how is it:
- 05 Alex: tam eng tae, ((gazes at Nancy))
cooked this but, ((gazes at Nancy))
- 06 **(2.4)**
- 07 Nancy: phodi a ko chaidai (.) di kwa kin maidai
ok fairly good (.) better than uneatable
- 08 Alex: ((nods)) chaidai tae, ((points and gazes at Clara))
((nods)) fairly good but, ((points and gazes at Clara))
- 09 tae, ((pantomimes as if he is pounding the food))
but, ((pantomimes as if he is pounding the food))
- 10 Clara: rao tam eng [rao kin khong rao di kwa
we cooked this it's better to eat our own
- 11 Alex: |oe ((gazes at Nancy))
yeah ((gazes at Nancy))
- 12 Nancy: [rao tam eng ((laughs))
we cooked this ((laughs))
- 13 Alex: **((pokes N)) aroi mak**
((pokes N)) very delicious
- 14 Nancy: **((laughs))**

After Clara asks Alex how the food tastes (line 1), Alex responds by gesturing towards himself and then Clara, indicating he has something to say (line 2). However, it is unclear whether this gesture in line 2 is related to the question about the food's taste or if Alex is trying to

initiate a separate conversation. It appears there are two concurrent conversations happening: Nancy asking questions and Alex attempting to communicate something.

Given that Alex and Clara had cooked the dish together, his pointing gesture (line 2) can be interpreted as referring to their joint cooking activity. Sarah then offers a candidate for understanding of what Alex wants to say by attempting to complete the sentence for Alex with “(I) cooked this” (line 3). Alex accepts the guess by repeating what Sarah has suggested and adding the word “but” at the end of the utterance (line 5). This suggests that Sarah’s candidate for understanding is partially correct, but it does not fully capture what Alex intends to express. After Alex finishes his sentence in line 5, he gazes at Nancy as if inviting her to help him complete the sentence.

Nancy then accepts the invitation and proposes “ok fairly good better than uneatable” (line 7). It appears that her candidate for understanding is related to the earlier questions she and Clara asked about how the food tastes (lines 1 & 4), assuming that Alex wants to describe the taste of the dish. Again, Alex somewhat accepts it by repeating part of Nancy’s utterance; however, he ends his turn with “but”, while gazing at Clara and mimicking cooking gestures (lines 7 & 8). This time, he invites Clara to assist him in finding the right words.

Clara’s action in the following turn is the focus here. Her production, “we cooked this... it’s better to eat our own” (line 10), interprets what Alex has been trying to express in the previous lines (2, 5, 8, and 9) by drawing on his limited verbal output and accompanying gestures, and

- this ((air writes on the table))**
- 14 Sarah: aa khao khien ao na kha
so he was writing
- 15 (.) baowan
(.) diabetes

The extract begins with Tanya asking Alex about his medical conditions (line 1). As previously discussed in Extracts 6.3 and 6.5, Alex fails to provide the correct answer. Sarah then tries to prompt him to correct his response independently by repeating Tanya’s question (line 10) and offering a phonological cue with the word’s first syllable (line 12). Alex, however, only manages to produce “this” and air-write the word he wants to convey. This air-writing can be understood either as a strategy to prompt himself to retrieve the word or as a non-verbal response to Tanya. Because the session takes place online, Tanya cannot see Alex’s written response. Sarah therefore steps in to interpret what he writes, presumably the word “diabetes”, for Tanya’s benefit (lines 14-15).

It is worth noting that, instead of directly providing the correct answer to Tanya, Sarah first attempts to support Alex’s self-repair by offering a phonological cue. When he fails to respond verbally, she informs Tanya that Alex is writing his answer and then interprets what he has written. In doing so, she conveys Alex’s intended meaning while still respecting his autonomy as a speaker by framing her contribution as “he’s writing” rather than simply stating the word diabetes herself. This illustrates how Sarah temporarily takes on the role of the animator of the talk while continuing to recognise Alex as its author and principal (Goffman, 1981). This action differs from ‘co-constructing meaning’ in that Sarah is not

completing Alex's unfinished turn but rather speaking on his behalf to make his intended meaning accessible to the conversation partner. In co-construction, the third party builds on a turn construction unit already initiated by the person with aphasia, whereas here Sarah almost like explaining Alex's message into a new, fully formed utterance for Tanya's benefit.

6.5 Directing the person with aphasia what to say

- C directs A what to say to B

In this section, I will explore instances where a third party utilises directives, or “utterances designed to prompt someone to perform an action” (Goodwin, 2006, p. 515), to instruct the person with aphasia on what to say. In these examples, the third party takes on the role of ‘the author’ of the talk (the person who selects ideas to be expressed) while the person with aphasia becomes ‘the animator’ of the talk (the one who produces the talk) (Goffman, 1981). This deviates from typical interactions, where the author and the animator are typically the same individual. Furthermore, I will investigate the basis upon which the third party assumes the authority to direct another adult's speech, a situation that is atypical and potentially face-threatening, as directives are traditionally associated with parental or authoritative roles, particularly in interactions with children.

Extract 6.12 features a dialogue between Alex, a man with Broca's aphasia, and Nabia, his neighbour. In this scenario, Nabia pays a visit to Alex's house and presents him with a house plant as a gift. However, after receiving the gift, Alex does not express any form of gratitude

to Nabia. The focus will be on the moment when Sarah directs Alex to express thanks to Nabia (line 04).

Extract 6.12

- 01 Nabia: annia hai khunmo::
this one is for you::
- 02 Alex: [oe]
yeah
[((*nods*))]
- 03 Nabia: [(1.5)]
[((*N gazes away from A*))]
- 04 Sarah: khopkhun khруп si
say thank you
- 05 Nabia: ao pai tam rai
what's this for=
- 06 Alex: =khopkhun khруп
=thank you

After Alex receives a gift from Nabia (line 1), some display of gratitude (e.g., a thank you) by Alex is relevant in the next turn. Instead, Alex only acknowledges that he has got the gift by saying “yeah” (line 2). There is a 1.5 second silence following the acknowledgement where none of the participants seemingly know how to proceed from this point (line 3). Because the relevant part of Alex’s response (display of gratitude) is missing, Sarah then comes into remedy that omission by directing Alex to produce relevantly absent action (line 16). Sarah’s action (line 16) aligns with the concept of ‘sequence facilitation’ (Gan et al., 2023), which refers to an action that the third party does to help elicit the conditionally relevant second pair part (SPP) from the addressed recipient of the base first pair part (FPP). As a result, Alex does produce “thank you” following her using of the directive (line 6).

This action of the third party differs from those previously discussed in that the intervention addresses not a problem of intersubjectivity but of social normativity. In other words, the person with aphasia did not produce an utterance that the conversation partner struggled to understand; rather, the issue was that he failed to perform a socially expected action (in this case, saying thank you after receiving a gift), which the third party stepped in to remedy. While such an action may threaten the face of the person with aphasia, remaining silent could equally reflect poorly on him. This extract also illustrates a case where the author and the animator of the talk are different people: the idea for the phrase “thank you” originates from Sarah, who instructs Alex to say it, thereby positioning him as the animator of the utterance.

A similar example of a third party directing the person with aphasia to express gratitude is found in Extract 6.13. This conversation involves Bill (a man with transcortical sensory aphasia), Claire (his carer), Demi (his daughter), and Rose (a relative visiting that day). In this scenario, Rose enters the room while Bill is in the middle of storytelling to Claire and Demi and offers them soymilk. As in Extract 6.12, Bill’s lack of a thank you prompts Demi to use a directive, instructing Bill to express gratitude to Rose (line 19).

Extract 6.13

01 Rose: kin namtaohu mai
 do you want to drink soymilk

02 Bill: oe=
 yeah=

03 Demi: =ue
=yeah

04 (1.0)

05 Bill: mi ai (.) diao chue:
there's um (.) wait name:

06 [chue arai (man na)]
name what (it is)

07 Demi: [kamlangnuek arai bangyang]
thinking of something

08 hhh [nuek mai ok]
hhh can't think of it

09 Claire: [((laughs))]

10 (0.8)

11 Bill: [mai ao mai ao]
no no
 [((waves hand))]

12 Rose: phrungni kin na=
tomorrow drink it=

13 Demi: =kin phrungni=
=drink tomorrow=

14 Bill: =phrungni kin [a a ok ok
=tomorrow I will yeah yeah ok ok

15 Demi: |oe
yeah

16 Rose: |khong phi Claire thung nueng
one bag is for Claire

17 Bill: [ok ok ok]
ok ok ok

18 Claire: | ((nods)) °kobkun ka°|
((nods)) °thank you°

→ 19 Demi: [bok khopkhun Rose]
say thank you Rose

20 Bill: ok [ok]
ok ok

21 Demi: [ue]
 yeah

22 Rose: anni anni khong chay khong mi khong mae
 these these are for you for mom for mom

23 Demi: oh khopkhun kha
 oh thank you

This extract begins with Rose entering the room and asking Bill if he wants soymilk (line 1). Bill, who is in the middle of storytelling, does not respond and continues his story (lines 5–6). Demi then explains to Rose that Bill is telling her something but is struggling to find words (lines 7–8). Her turn here functions as a way of remediating the situation and accounting for Bill’s lack of response to Rose’s offer. Eventually, Bill responds by rejecting the offer (line 11). Rose replies that he can drink it the next day (line 13), and he agrees in the following turn (line 14). However, up to this point, Bill has not expressed any gratitude to Rose. Consequently, Demi directs him to say thank you (line 19). Unlike the previous example, Bill does not comply but instead responds with “ok ok” (line 20). Demi then thanks Rose herself when Rose offers soymilk to her as well (line 23), but she does not direct Bill to repeat the thanks.

In this example, Demi positions herself as part of the same team or collectivity as Bill, acting as a host while treating Rose as a guest. When Bill fails to conform to social norms, she steps in to remediate the situation, thereby saving face for both Bill and herself as his family member. For instance, when Bill does not respond to Rose’s offer (line 1), Demi explains that he is in the middle of storytelling (lines 7–8). Later, when he fails to display gratitude, she directs him to thank Rose (line 19). The use of directives also appears more acceptable when

they come from someone close to the person being directed, such as a family member. In this case, it is Demi, as Bill's daughter, who issues the directive rather than the carer, even though the latter is also present. Similar to the previous extract, Demi's directive illustrates how a third party may intervene not to resolve intersubjectivity problems but to ensure conformity to social norms, such as displaying gratitude.

The final example of a third party directing the person with aphasia to say something is found in Extract 6.14. Unlike the previous two examples, the directive here is different in that the third party does not tell the person with aphasia exactly what to say but instead uses questions and prompts. This extract is drawn from a scenario where Brad (a man with anomic aphasia) is at Subway with Wanda (his wife), ordering a sandwich from a Subway staff (Sofia).

Extract 6.14

- 01 Wanda: =bok khao wa kho arai yoe yoe
=**tell her that you want a lot of what**
- 02 Brad: [huh]
 huh
- 03 Wanda: [kho arai]
 want what
- 04 kho arai yoe yoe
 you want a lot of what
- 05 diao tit kho
 or it gets stuck in the throat
- 06 bok khao wa, (1.5)
 tell her that, (1.5)
- 07 [bok kho arai]
 tell her you want what

however, the directive here is aimed at eliciting the production of a first-pair part rather than a conditionally relevant second-pair part (such as a “thank you” after receiving a gift).

The directive occurs in a time-restricted situation. At that moment, Wanda realises that Brad has not yet requested extra sauce, and the request must be made before the sandwich is completed. As with the previous two examples, where “thank you” must be expressed promptly after receiving a gift, this situation requires timely action. Although it would have been quicker for Wanda to ask Sofia herself, she instead frames her directive as prompts rather than directly supplying Brad with the words, possibly to preserve his autonomy. This shows that the motivation to have the person with aphasia produce the utterance takes priority over conversational progressivity.

6.6 Chapter summary

This chapter examined multiparty interactions involving Thai persons with aphasia (PWA), focusing on how third parties (non-addressed participants) intervene the talk to assist both the PWA and their conversation partners. Across the data, five recurrent actions were identified: (1) correcting the person with aphasia, (2) clarifying on behalf of the conversation partner of the person with aphasia, (3) co-constructing meaning with the person with aphasia, (4) interpreting on behalf of the person with aphasia, and (5) directing the person with aphasia on what to say. These actions arise from two broad contingencies: securing intersubjectivity (ensuring the conversation partners understand the PWA) and managing normativity (ensuring socially expected actions are performed). Third-party entry is

frequently influenced by epistemic positioning (K+ or K-) and collectivity (e.g., family membership), which afford the right to speak.

Correcting the person with aphasia was observed when they provided incorrect information to their conversation partner, prompting the third party to intervene to ensure accuracy. Clarifying on behalf of the conversation partner occurred when the person with aphasia produced a trouble source, leading the third party to initiate repair on behalf of the intended recipient. Co-constructing meaning with the person with aphasia was a supportive action in which the third party collaboratively built an utterance when the person with aphasia struggled to formulate it clearly. Interpreting on behalf of the person with aphasia took place when the third party recognised that the conversation partner could not understand and stepped in to clarify or translate the intended meaning. Finally, directing the person with aphasia on what to say occurred when the third party provided explicit phrases or prompts for the person with aphasia to produce a socially expected utterance.

A fuller discussion of how and why third parties perform these actions, and how they relate to broader interactional practices, will be provided in the discussion chapter.

7 Discussion

This research study examined everyday interactions involving Thai individuals with aphasia through conversation analysis methods. The final chapter will revisit the research objectives and illustrate how this study meets these aims. It will summarise the findings from each analysis chapter, discuss theoretical implications, clinical applications, and contributions to knowledge. Additionally, strengths and limitations of the thesis will be examined, and potential future research directions will be proposed.

7.1 Summary of analysis findings

7.1.1 How symptoms of people with fluent aphasia with receptive problems impact on conversation: Perseveration, inconsistent yes/no responses, and impaired auditory comprehension within interaction

The first analysis chapter examined symptoms commonly observed in individuals with fluent aphasia with receptive problems. These symptoms include perseveration, inconsistent yes/no responses, and impaired auditory comprehension within interactions. The chapter focused on how these symptoms manifest in conversations and how they uniquely impact interactions compared to symptoms of other types of aphasia, such as non-fluent aphasia. The main challenges posed by these symptoms are not primarily due to linguistic impairments but rather because of atypical interactional features that are not commonly observed in typical interactions.

Perseveration became evident as an error when the person with aphasia repeated an utterance they had previously said or heard, which appeared sequentially out of place within the context in which it was produced, despite being linguistically well-formed. This led conversation partners to manage the error, either by initiating other-repair, correcting the error (if they knew what the intended word or utterance was), or letting it pass. In my data, when the conversation partner initiated repair, the person with aphasia typically could not resolve the trouble source in the next turn and often produced more perseverations without realising that these repeated utterances were not what the conversation partner expected. This resulted in multiple repair initiations, delaying the progressivity of the conversation. Unlike repair sequences caused by word-finding difficulties, where finding the intended word allows the conversation to continue, in this case, the repair sequences remained unresolved. This was not because the person with aphasia was unable to come up with the word, but because the word or utterance was treated as perseveration, which, in context, was a sequentially inappropriate response that needed to be addressed (or ignored) before the conversation could progress.

Inconsistent yes/no responses were observed when people with aphasia were offered a candidate for understanding by their conversation partners, which they initially accepted but later rejected (or vice versa). Notably, when they changed their response the second time, they seemed unaware that they had previously provided a different answer, responding as though it were the first time they were offered the candidate for understanding. This suggests

that the issue may stem from comprehension problems, which are a primary challenge for individuals with fluent aphasia and receptive difficulties. This inconsistency can confuse the conversation partner and requires them to constantly double-check responses, as they can never be certain whether they have been understood correctly. This, in turn, affects the overall progressivity of the conversation.

Impaired auditory comprehension was evident through multiple other-initiations of repair by the person with aphasia. This occurs when the person with aphasia fails to understand what the conversation partner has said or asked and repeatedly initiates repair for the same trouble source—something that typically does not occur more than twice (Schegloff, 2000). Moreover, each time a repair initiation was produced, it was as if it were the first time, with no reference to previous responses or indication of what was wrong with them or why the response was changed. This inconsistency further delays the progressivity of the talk, as conversation partners must develop strategies to assist the person with aphasia in understanding, despite having attempted self-repair multiple times without knowing the specific reasons behind the lack of comprehension.

7.1.2 Examining factors contributing to extended repair sequences in persons with non-fluent aphasia and fluent aphasia with receptive problems

The second analysis chapter explored the factors contributing to extended repair sequences in aphasic interactions, comparing these factors between individuals with non-fluent

aphasia and those with fluent aphasia with receptive problems. The two main factors identified were (1) the lack of effective self-repair and (2) problematic responses following conversation partners' candidates for understanding.

The lack of effective self-repair emerged as a significant issue in both non-fluent and fluent aphasic interactions, often leading to prolonged repair sequences. When individuals with aphasia are expected to self-repair to clarify the trouble source, they frequently provide ineffective self-repairs that fail to resolve the issue. For those with non-fluent aphasia, this struggle typically arises from an inability to introduce new information during their self-repair attempts. As a result, the CP remains at the same level of understanding, lacking sufficient information to resolve the trouble source. This often necessitates multiple other-initiations of repair from the CP, thereby prolonging the repair sequence and preventing the conversation from progressing to other sequences. In contrast, individuals with fluent aphasia with receptive problems also exhibit a lack of effective self-repair, but in a different manner. These individuals are often able to produce well-formed linguistic responses, but the information they provide tends to be irrelevant within the context of the repair sequence. For instance, in extract 5.5, when Demi initiates a repair with a 'who' question, Bill responds fluently but fails to identify the person in question—the key information Demi was seeking. This failure leads to additional repair initiations by Demi as she continues to attempt to clarify Bill's intended meaning.

Another factor contributing to extended repair sequences is the problematic responses following CPs' candidates for understanding. Specifically, this occurs when individuals with aphasia respond inconsistently to CPs' attempts to clarify meaning. In people with fluent aphasia with receptive problems, this inconsistency likely stems from comprehension difficulties that hinder their ability to accurately understand and respond to the CP's candidates for understanding. Conversely, in individuals with non-fluent aphasia, these inconsistent responses seem less about comprehension difficulties and more about adaptive behaviours or strategies to convey their intended meaning as best they can. In both cases, inconsistent responses can confuse the CP and complicate the path to resolving the repair sequence.

7.1.3 Distinct actions in multiparty interaction involving people with aphasia

The final analysis chapter focused on the actions of third parties in multiparty interactions involving individuals with aphasia, particularly in conversations where more than two participants were involved and at least one person with aphasia was actively engaged. This chapter explored the roles and actions of third parties (participants who were not directly addressed at the moment) who chose to intervene in ongoing conversations between the person with aphasia and their current conversation partner(s). These interventions occurred for various reasons, such as improving the flow of the conversation and ensuring the accurate transmission of intended messages by both parties. Based on observations from the data, five common actions undertaken by third parties in these multiparty interactions

were identified: (1) correcting the person with aphasia, (2) clarifying on behalf of the conversation partner of the person with aphasia, (3) co-constructing meaning with the person with aphasia, (4) interpreting on behalf of the person with aphasia, and (5) directing the person with aphasia on what to say.

Correcting the person with aphasia occurs when the PWA provides incorrect information to their conversation partner. In such cases, the third party performs an other-correction in the following turn to ensure that the conversation partner receives the accurate information. This indicates that the third party prioritises delivering the correct message over the preference for self-repair rather than other-repair. Such correction can only occur when the third party is epistemically knowledgeable (K+), that is, when they know what the correct information is.

Clarifying on behalf of the conversation partner of the person with aphasia occurs when the third party produces an other-initiation of repair for the benefit of the conversation partner. In this action, the third party intervenes to address problems of intersubjectivity that arise when the PWA struggles to convey their intended meaning. The intervention typically follows the PWA's production of a trouble source and reflects the belief that the PWA is capable of self-repair. In doing so, the third party aligns with the preference for self-repair over other-repair and supports the agency of the person with aphasia. Importantly, the third party may be either K+ or K-, but in both cases the action serves to support the conversation partner's understanding.

Co-constructing meaning with the person with aphasia occurs when a K+ third party produces a collaborative completion following the PWA's turn. In this action, the third party draws on their epistemic access and membership in the same collectivity as the PWA to co-construct the message for the benefit of the conversation partner. By producing the completion only when the trajectory of the PWA's turn is already projectable, the third party helps maintain progressivity while still allowing the PWA to retain agency through ratifying the completion.

Interpreting on behalf of the person with aphasia occurs when the third party translates or summarises what the PWA is trying to convey (whether through problematic utterances or nonverbal means such as gestures and writing) into recognisable language so that the conversation partner can understand. This action requires the third party to be epistemically knowledgeable (K+) and able to grasp the PWA's intended meaning. In doing so, the third party temporarily takes on the role of animator of the talk, while attributing authorship to the PWA, in order to convey the intended message on their behalf.

Directing the person with aphasia on what to say is an action used to address issues of normativity. It occurs when the PWA does not perform what is socially expected, such as failing to say thank you after receiving a gift. In some cases, directives are framed as prompts rather than explicit instructions, allowing the PWA to produce the utterance themselves and thereby supporting their autonomy.

7.2 Theoretical implications

This research study represents a pioneering effort in examining everyday interactions involving Thai individuals with aphasia through the lens of conversation analysis. Existing research in Thailand has predominantly focused on impairment-based perspectives (e.g., Gandour et al., 1992; 1993a, 1993b; 1994, 1996, 1997; Siriboonphipattana et al., 2021, 2022), overlooking investigations into other perspectives, such as everyday interactional practices. The study also included data from multiparty interactions, which has received relatively little attention in previous research compared to dyadic interactions. This aspect is particularly relevant in the context of Thailand, where large household structures are prevalent.

Moreover, this study specifically investigates individuals with fluent aphasia with receptive problems, including Wernicke's aphasia and transcortical sensory aphasia, a group for which there is limited knowledge worldwide on how this condition impacts conversation. Existing studies on fluent aphasia have primarily focused on repair activities where individuals with fluent aphasia self-repair errors (e.g., Beeke et al., 2020; Laakso, 1997; 2003). Also, Auer and Rönfeldt (2004) examined 'prolixity' in individuals with fluent aphasia in which they used as a strategy to manage word-retrieval difficulties. Additionally, Laakso and Godt (2016) discussed problems in fluent aphasia related to restricted phonological and word-finding errors. However, the interactional impact of symptoms in people with fluent aphasia with receptive problems, as compared to the more extensively studied non-fluent

aphasia (e.g., Goodwin, 1995; Heeschen & Schegloff, 1999, 2003), remains underexplored. This study addresses this gap by focusing on these less-studied aspects, contributing valuable insights into the conversational dynamics of individuals with fluent aphasia.

In the following section, the theoretical implications will be divided into three sections based on each analysis chapter.

7.2.1 How symptoms of people with fluent aphasia with receptive problems impact on conversation: Perseveration, inconsistent yes/no responses, and impaired auditory comprehension within interaction

The first analysis chapter examined how three symptoms observed in interactions involving individuals with fluent aphasia with receptive problems manifest within conversations and impact those interactions. These symptoms included perseveration, inconsistent yes/no responses, and impaired auditory comprehension. The findings offer new insights into how these well-known symptoms are exhibited and managed in real-life conversational contexts, expanding our understanding of their interactional manifestations.

Perseveration

Perseveration is a symptom commonly observed in naming tasks where patients with aphasia are asked to name an object or a picture, but instead repeat their previous response. This unintentionally repeated utterance is considered as perseveration when it is produced

instead of the correct target item (Stark, 2011). However, this study suggests that perseveration manifests differently in conversation. Unlike in a naming test where there is only one correct target item, what the person with aphasia meant to say may not always be evident in a conversation. In conversation, this study proposes that an element of talk can be treated as perseveration due to the fact that (a) it can sound erroneous in the context in which it is produced, and (b) it is a repeat of something that was said earlier in the conversation.

For example, in Extract 4.1, when Bill was asked where the story he was telling occurred, he responded by repeating “march”, which had been his previous answer to a when question. Although “March” is linguistically well-formed, it is sequentially inappropriate because it fails to fulfil the action required by the question, which called for a location rather than a time. This error could be described as a semantic paraphasia (Buckingham & Rekart, 1979), but its status as a repetition of a previous response makes it more accurately classified as perseveration. Also Bill’s repeat of “march” here displays a similar pattern of ‘recurrent perseveration’ described in one of the participants (AA) in Frankel and Penn’s (2007) study. AA’s turns were characterised by the inappropriate recycling of a prior response, where the same lexical material resurfaced even when it no longer fitted the new sequential environment. Similarly, in this case, Bill initially provided “march” appropriately as an answer to a ‘when’ question, but he then repeated the same word when asked ‘where’, thereby producing a response that was sequentially irrelevant. In both AA’s and Bill’s data, perseveration manifests as the re-emergence of a single prior response across different

contexts. At the same time, Bill's perseveration arguably also reflects a failure to switch cognitive set (from a temporal information to a location), suggesting that the behaviour resembles recurrent perseveration in its form but may also share underlying mechanisms with stuck-in-set perseveration.

This study also demonstrates that perseveration is co-constructed in interaction, and whether an utterance is treated as perseverative depends on the interactional context and the epistemic stance of the conversation partner. For instance, Bill's repeated phrase "we wear mask" (Extract 4.2b) was treated as an error by Claire, who knew from her personal involvement that he intended to say he had been shaved. Demi, however, did not treat it as an error, as she lacked this epistemic access and thus acted as an "unknowing recipient" (Goodwin, 2013). This suggests that whether something counts as perseveration is partly determined by the distribution of knowledge among participants and the sequential environment in which it occurs.

In terms of impact on conversation, perseverative responses can create significant problems of understandability, similar to what Wilkinson (2019) observed in conversations involving people with dysarthria or agrammatic aphasia. In the case of dysarthria, phonetic distortions affect intelligibility, while in agrammatic aphasia, impairments in morphosyntactic production can significantly affect turn design, making utterances difficult to comprehend. In both cases, conversation partners are left uncertain about what the speaker intends to say, which often leads them to produce other-initiations of repair

(sometimes multiple ones) (Wilkinson, 2019). In a similar way, perseveration can also lead to repeated other-initiations of repair, particularly when the speaker is unable to abandon the perseverated form and produce a successful self-repair (as in Extract 4.1). This can delay progressivity and, in some cases, result in repair abandonment. Where the partner has sufficient epistemic access (as a K+ participant), they may attempt an other-correction (other-initiated other-repair) (as in Extract 4.2b). Yet even here, the person with aphasia may fail to acknowledge the correction, either as a display of disaffiliation or due to a lack of awareness.

Finally, while perseveration has often been associated with executive dysfunction (e.g., Frankel & Penn, 2007; Frankel et al., 2007), this study did not directly assess executive or cognitive impairments. One of the exclusion criteria was to omit participants with reported impaired mental capacity, but no formal assessments of executive function were conducted. Among the five families included in the study, Bill was the only participant to display perseveration in the form described here. Given that he had transcortical sensory aphasia, I propose the hypothesis that his perseveration may have stemmed from a combination of impaired auditory comprehension and underlying executive-function difficulties.

Inconsistent yes/no responses

Inconsistent yes/no responses are also displayed differently in natural conversations compared to clinical settings. Typically, the inconsistency arises when the person with

aphasia responds verbally with “yes” but their non-verbal expressions, such as gestures or facial expressions, indicate that they meant to say “no” (Kertesz & Poole, 1974). This kind of inconsistency is believed to be caused by expressive problems. However, in conversational data, the inconsistency of yes/no responses occurred when the person with aphasia initially answers “yes” but then switched to “no” (or vice versa) when asked the same question or guess again. This inconsistency appeared to result from receptive problems, as there was no explanation provided for the change in response. This type of inconsistency does not show up in language tests, as each yes/no question is typically only asked once, whereas in real conversations, the conversation partner may ask the same yes/no question repeatedly due to their previous experiences with inconsistent responses from the person with aphasia.

Another variation of inconsistent yes/no responses was found in the way that people with aphasia initially answered “yes” or “no” to a question or a guess, but later said something that contradicts their initial response without being asked or offered the same guess again. For instance, in extract 5.4, Bill initially answered “yes” when Demi guessed he wanted to talk about tofu, but later contradicted himself by saying “there was no tofu”. This type of inconsistency may also appear to result from receptive problems or difficulties processing auditory information. This insight may be useful for creating future tests of aphasia that should include assessments of response consistency.

The interactional consequences of inconsistent yes/no responses are considerable. Contradictory answers create uncertainty about basic facts and intentions, undermining

mutual understanding and disrupting common ground, the shared knowledge and assumptions upon which intersubjectivity depends (Clark, 1996). Once inconsistency emerges, participants can no longer be sure what is jointly established “on record” as true, and the grounding criterion required for moving forward is not met (Clark & Brennan, 1991). Consequently, the progressivity of talk is suspended until the inconsistency is managed.

This suspension results in a stretching of the repair opportunity space (Schegloff et al., 1977), in which the temporal window for initiating and resolving repair is extended. Conversation partners treat the contradictory response as a trouble source, prompting repair initiations that create opportunities for the person with aphasia to confirm, reject, or account for their answer. Yet, the data here suggest that participants with aphasia are often unaware of their inconsistencies, and their partners rarely address the contradiction explicitly. Crucially, this stretching of repair space is not merely a reflection of symptom expression but a locally organised interactional phenomenon. Participants collaboratively manage a temporary suspension of intersubjectivity (Clark, 1996; Kitzinger, 2012), working to restore common ground and resume progressivity. In this way, even a seemingly simple reversal of yes/no responses can significantly derail the sequential organization of conversation.

Impaired auditory comprehension

Impaired auditory comprehension is typically identified when persons with aphasia fail to perform auditory comprehension tasks during language tests in a clinical setting. In

conversational contexts, this difficulty manifests through repeated initiations of repair used by the person with aphasia to deal with understanding problems arising from the conversation partner's utterances. Typically, when the speaker says something that the recipient does not understand, the recipient can initiate repair to give the speaker the opportunity to self-correct or make the utterance clearer. However, according to Schegloff (2000), the recipient typically does not initiate repair for the same trouble source more than once or twice. In the examples provided, Ben repeatedly initiated repairs (in the form of questions) more than three times, even though repair solutions (or answers) had already and clearly been provided. Each time he initiated repair, he did so as if it was the first time, without incorporating the information gained from previous responses or indicating what was wrong with the previous responses. The way he initiated repair was similar to when individuals with hearing problems did when they could not hear what their conversation partners said (Pajo & Laakso, 2020). The repetition of the repair initiations and the way they were designed signified the patient's impaired auditory comprehension and possibly cognitive difficulties. This finding is consistent with Ben's performance on auditory comprehension tasks from the WAB test, which indicates that he has impaired auditory comprehension. However, this pattern of multiple other-initiation of repair was not observed in Bill's interaction.

In terms of impacts on conversation, all three symptoms posed challenges for their conversation partners in different ways. Perseveration became an error that the conversation partners had to manage. In cases where the meaning of the perseveration was

unclear, the conversation partners had to choose whether to seek clarification or simply move on. In cases where the conversation partners understood what the person with aphasia was attempting to convey, they had to choose between correcting it or letting it pass. Inconsistent yes/no responses may lead to confusion for the conversation partner, who had to constantly verify the accuracy of the person with aphasia's responses. Therefore, what should have been a single question-answer sequence turned out to be multiple sequences to ensure whether the patient meant their response or if it was an error. Impaired auditory comprehension, as manifested by repeated initiations of repair by the person with aphasia, delayed the progressivity of the talk and required additional effort on the part of the conversation partner to facilitate understanding. Finally, impaired auditory comprehension which represented in the form of repeated initiations of repair delayed the progressivity of the talk. However, it is distinct from the delay in the progressivity of the talk previously reported in conversations involving individuals with aphasia, where the conversation becomes stuck due to their difficulty in completing repairs due to word finding challenges (Wilkinson, 2019). In this case, the conversation got stuck not because the conversation partner failed to provide the repair, but because the patient struggled to understand and continuously repeated the initiations of repair. This interactional feature became atypical as it contrasts with how briefly the repair sequence is in typical interaction, causing the conversation partner to exert more effort in helping the person with aphasia to understand.

7.2.2 Examining factors contributing to extended repair sequences in persons with non-fluent aphasia and fluent aphasia with receptive problems

The second analysis chapter examined the potential factors contributing to the prolongation of repair sequences and explores how these factors differ in interactions involving individuals with non-fluent aphasia and those with fluent aphasia and receptive problems. These factors include (1) the lack of effective self-repair and (2) problematic responses following the conversation partner's attempts at understanding. The findings provide insights into how these factors lead to extended repair sequences and how the conversation partners of PWA manage such problems. Additionally, the chapter highlights both the similarities and differences in these factors between non-fluent aphasics and fluent aphasics with receptive problems, offering a nuanced understanding of the interactional challenges faced by each group.

The absence of effective self-repairs observed in individuals with non-fluent aphasia is evident in the form of a lack of new information during the turn where a self-repair from the person with aphasia is anticipated. This lack of new information results in the CP who initiates the repair remaining at the same stage of understanding as before initiating the repair. Consequently, to reach a repair solution, the CP needs to repeatedly initiate the repair for the same trouble source, prolonging what should have been a simple repair sequence into an extended one. Similarly, people with fluent aphasia with receptive problems also encounter challenges in providing effective self-repairs. However, the primary issue does not stem from a lack of information but rather the relevance of the information. Individuals with fluent aphasia and receptive problems can formulate linguistically well-structured self-

repairs. Nevertheless, these self-repairs may lack sequential relevance to the context in which they are produced. Consequently, they fail to provide the relevant information sought for in the repair or fulfill the action that a self-repair should accomplish—clarifying the trouble source. This, too, contributes to extended repair sequences, requiring the CP to consistently reiterate the same repair.

What also contributes to extended repair sequences are certain patterns of responses following the CP's candidates for understanding. Individuals with fluent aphasia with receptive problems may often respond inconsistently to the candidates for understanding (e.g., initially saying 'no' and then switching to 'yes'). This problem is hypothesised to result from their auditory comprehension issues, which can extend what should have been a simple offer-acceptance sequence into longer repair sequences, where the CP cannot be certain about the intended meaning behind each response. For individuals with non-fluent aphasia, a similar pattern of inconsistent responses may also be displayed. This pattern emerges when the person with aphasia cannot simply accept or reject the candidates for understanding, resembling a 'yes...but' situation. This prompts the person with aphasia to respond 'indefinitely', almost as a strategy to convey that the response is not straightforward and is somewhere between the candidates for understanding. Once again, responding indefinitely (or inconsistently) can prolong the repair sequences and delay the progressivity of the talk.

Crucially, this chapter also shows that CPs themselves contribute to extended repair sequences through the design of their OIRs. CPs often rely on certain of strategies, such as repeatedly using open interrogatives (“what,” “who”) or cycling quickly through multiple guesses, without varying their approach. In some cases, CPs re-check even strong acceptances, treating the PWA’s “yes” as unreliable and thereby keeping the repair space open. In others, they fail to provide enough time for elaboration or neglect to shift to alternative resources. As Bolden (2011) shows, candidate understandings can be designed in ways that scaffold resolution, but in these data CPs frequently pursue them in ways that constrain progressivity rather than facilitate it. Moreover, CPs often miss opportunities to mobilise alternative modalities (such as gestures, gaze, or the use of material resources) that have been shown to be crucial in resolving repair (Goodwin, 2000; Mondada, 2019). These practices, while oriented toward achieving intersubjectivity, can inadvertently sustain problematic trajectories of repair and delay progressivity.

Taken together, these findings emphasise that extended repair sequences are co-constructed. They emerge not solely from the impairments of the person with aphasia, but from the interactional interplay between PWA’s limited or ambiguous repair practices and CPs’ design of other-initiations of repair. Ineffective self-repairs, inconsistent or indefinite responses, and OIR practices that fail to scaffold understanding all converge to stretch the repair opportunity space. This analysis therefore underscores the need to view extended repair not just as symptomatic behaviour, but as a collaborative phenomenon shaped by both parties’ contributions.

7.2.3 Distinct actions in multiparty interaction involving people with aphasia

The final analysis chapter explored actions by the third party that were observed in multiparty interaction involving people with aphasia. The insights from this chapter highlight the crucial role of the third party in facilitating successful conversations among participants (both people with aphasia and their conversation partners) while striving to preserve the autonomy of the person with aphasia. The study found that the third party produced different actions for different reasons and faced dilemmas when intervening in these interactions. This section will discuss the intricacies of how the third party chose to perform these intervening actions, even though such actions can sometimes be considered dispreferred in typical interactions. These five actions include (1) correcting the person with aphasia, (2) clarifying on behalf of the conversation partner of the person with aphasia, (3) co-constructing meaning with the person with aphasia, (4) interpreting on behalf of the person with aphasia, and (5) directing the person with aphasia on what to say.

Correcting the person with aphasia

The first of these actions is correcting the person with aphasia, which occurred after the person with aphasia provided incorrect information in response to the conversation partner's question. This incorrect information often stemmed from their linguistic difficulties, and from the data it appears that they may not even have been aware of their errors. Similar to Bolden's (2024) analysis of correction, the third party intervened to address issues of intersubjectivity—in this case, to ensure that the conversation partner received

accurate information (see Extracts 6.1–6.3). Notably, the third party was always epistemically knowledgeable (K+) and formed a collectivity with the person with aphasia (Lerner, 1993); in these cases, the third party was usually a close family member such as a spouse.

As correcting another person (or ‘other-repair’) is generally considered a dispreferred action compared to self-repair (Schegloff et al., 1977; Jefferson, 2007, 2018), it is notable that the third party still chose to use this action rather than doing nothing and allowing the conversation partner to receive incorrect information, or, for example, producing an other-initiation of repair and allowing the person with aphasia to attempt self-repair. One possible explanation is that these cases were treated as urgent, and the person with aphasia had already shown they could not come up with the correct answer. It would therefore be quicker for the third party to correct them directly. In other words, the third party prioritised getting the correct message across, choosing the preference for progressivity over the preference for self-repair, but also prioritised accuracy over letting the error pass, even though doing so could slightly disrupt the progressivity of the talk.

However, consistent with Jefferson’s (2007, 2018) observation that correcting others is a delicate interactional task that participants may try to avoid, the corrections here were typically designed in a minimal way (i.e. most often containing only the correction segment and omitting an explicit rejection), similar to Bolden’s (2024) findings on other-correction in typical multiparty interaction. This minimal design helps reduce disaffiliation and protect the

face of the person with aphasia. Across Extracts 6.1–6.3, the person with aphasia does not demonstrably treat these corrections as disaffiliative or reject them, suggesting that the combination of K+ entitlement, collectivity, and minimal design makes correction interactionally acceptable.

This action illustrates the dilemma faced by the third party, who must balance accuracy, autonomy, and the progressivity of the conversation, where none of the available choices is entirely ideal. If the third party does nothing, the conversation partner may receive incorrect information, which maintains progressivity but could damage both the person with aphasia's face (by portraying them as unreliable) and the third party's face (for allowing misinformation as being in the same collectivity). On the other hand, if the third party treats the incorrect information as a trouble source and produces an other-initiation of repair (aligning with the preference for self-repair), this could delay the talk, especially if the person with aphasia has already shown difficulty providing a repair solution. Therefore, if the third party prioritises accuracy and wants to preserve progressivity, stepping in to correct may be the most effective option, even though it can potentially affect the person with aphasia's autonomy. However, this impact can be mitigated through the minimal and implicit design of the correction, which (as shown in the data) was not treated by the person with aphasia as face-threatening. From a facework perspective (Goffman, 1967; Brown & Levinson, 1987), this design helps protect both the positive face of the person with aphasia (by avoiding overt rejection) and their negative face (by limiting imposition), allowing the correction to be interactionally acceptable.

Clarifying on behalf of the conversation partner of the person with aphasia

The second action is clarifying on behalf of the conversation partner of the person with aphasia, which occurred when the person with aphasia produced a trouble source and the third party intervened by initiating repair on behalf of the conversation partner. This is noteworthy because, in typical dyadic interaction, it is usually the conversation partner who produces the other-initiation of repair (Schegloff et al., 1977). In this study, however, the third party intervened specifically for the benefit of the conversation partner, aiming to facilitate their understanding while also supporting the person with aphasia to stay involved in the conversation. This action differs from what previous studies have described as “speaking for” behaviours, which are mostly produced on behalf of the person with aphasia (Purves, 2009; Ferguson & Harper, 2010). Here, the third party acted on behalf of the conversation partner, and this could occur regardless of whether the third party knew the repair solution.

When the third party was epistemically knowledgeable (K+) (Bolden, 2013), they may intervene even before the conversation partner (or the person with aphasia) initiated repair. In these cases, they treated the person with aphasia’s utterance as problematic and initiated the repair sequence themselves to assist understanding problems for both participants (see Extracts 6.4 and 6.5). Rather than providing the repair solution directly (other-repair), they produced an other-initiation of repair, often in the form of wh-questions (Kendrick, 2015), to encourage the person with aphasia to self-repair. Although providing the solution immediately may have benefitted the progressivity of the talk, it could threaten the person

with aphasia's face and autonomy. Choosing to initiate repair instead allowed the third party to support the conversation partner's intersubjectivity needs while preserving the person with aphasia's agency as the speaker.

By contrast, when the third party was not epistemically knowledgeable (K-), they tended to intervene after the conversation partner had already attempted to initiate repair (See Extracts 6.6 & 6.7). These interventions typically occurred when the repair sequence between the person with aphasia and the conversation partner had shown signs of difficulty, such as pauses, hesitations, or visible struggles to retrieve words. Even as K- participants, the third party still joined in to produce other-initiations of repair, often in the form of candidates for understanding (Kendrick, 2015), to help move the interaction forward. The third party was often someone familiar with the person with aphasia (e.g., a family member) and thus more attuned to the context than less familiar participants (e.g., neighbours). These candidate understandings gave the person with aphasia something to confirm or reject, allowing them to remain the author of the talk.

Co-constructing meaning with the person with aphasia

Co-constructing meaning with the person with aphasia is a supportive action taken by the third party to help them communicate effectively with their conversation partners. This occurs when the person with aphasia struggles to formulate understandable utterances, prompting the third party (despite not being the intended recipient) to join in and collaboratively construct meaning to aid comprehension. This intervention typically

happens when the third party has relevant epistemic knowledge (K+). Notably, the third party usually waits for the person with aphasia to attempt formulating the utterance themselves first, intervening only when the difficulty becomes evident.

This action resembles what Purves (2009) describes as “speaking in support of,” where the person with aphasia remains the author of the talk and the third party temporarily takes on the role of the animator (Goffman, 1981). The third party’s contribution often functions as a collaborative completion (Lerner, 2004), almost as if they are finishing the person with aphasia’s unfinished sentence (see Extracts 6.8 & 6.9). In these cases, the person with aphasia initiates the turn construction unit (TCU) (Sacks et al., 1974), and the third party adds to that existing TCU rather than producing a separate one. By stepping in only when the person with aphasia shows signs of difficulty, the third party helps convey their intended meaning while still respecting their autonomy as the speaker and maintaining their authorship of the talk.

The choice to co-construct meaning, rather than produce an other-initiation of repair, seems closely tied to the sequential context and the epistemic positioning of the third party. This action usually occurred after the person with aphasia had already produced part of a TCU but then encountered difficulty completing it. At this point, treating the utterance as a trouble source and initiating repair could risk disrupting the progressivity of the talk and highlighting the person with aphasia’s difficulty. Because the third party is epistemically knowledgeable (K+), they are confident about what the person with aphasia intends to say

and are therefore able to collaboratively build on the existing turn rather than replace it. In doing so, they align with the person with aphasia as part of the same collectivity (Lerner, 1993), supporting their agency as the author of the talk while still ensuring the conversation partner receives the intended meaning.

Interpreting on behalf of the person with aphasia

Interpreting on behalf of the person with aphasia occurs when the third party recognises difficulties in the person with aphasia's speech and explains or translates their intended meaning to the current conversation partner for clarity. This typically happens when the person with aphasia produces something that is difficult for the conversation partner (often someone less familiar with them) to understand but is clearer to the third party, usually because of their closer relationship and familiarity with the person's communication style (e.g., spouses or other family members). Crucially, the third party must be epistemically knowledgeable (K+) in order to understand the intended message. Following the person with aphasia's communication difficulty, the third party then interprets their intended meaning and communicates it directly to the conversation partner to facilitate understanding.

Similar to the previous action (co-constructing with the person with aphasia), the third party here temporarily takes on the role of the animator of the talk while the person with aphasia remains its author and principal (Goffman, 1981). However, here, the third party does not complete an unfinished turn construction unit (TCU) as in co-construction, but instead produces a new utterance based on their knowledge of what the person with aphasia is trying

to say. In other words, while co-construction involves finishing an incomplete TCU initiated by the person with aphasia, interpreting involves formulating a full, new TCU grounded in the third party's understanding of the intended message.

Entering the conversation without being addressed can risk threatening the person with aphasia's face, as it involves taking over their turn. This threat is often mitigated, however, by the way these interventions are invited or framed. In many cases, the person with aphasia actively or implicitly invites the third party's help, for example, by gazing at them while gesturing (see lines 8 & 9, Extract 6.10), which legitimises the third party's intervention. Additionally, when the third party interprets what the person with aphasia writes (Extract 6.11), they often frame their utterance as relaying rather than replacing the person's contribution (e.g., "he's writing"), which helps preserve the person with aphasia's autonomy and acknowledges their authorship of the talk.

Directing the person with aphasia what to say

The last action observed was directing the person with aphasia what to say, which occurred when the third party instructed the person with aphasia to produce a specific utterance. The motivation behind this action was oriented both towards normativity and towards supporting the agency of the person with aphasia. In most cases, the third party used a directive to ensure that the person with aphasia acted appropriately according to the social norms of the situation. This occurred when the person with aphasia did not perform a socially expected action, such as expressing gratitude after receiving a gift (see Extracts 6.12 and 6.13). This

resonates with previous studies in other contexts. For instance, Joaquin (2010) described how caregivers of people with frontotemporal dementia used bald imperatives to control the next embodied action, often treating themselves as responsible for guiding social behaviour in ways similar to parents guiding their children. Likewise, Antaki and Kent (2012) found that staff in residential homes for adults with intellectual disabilities frequently used directives, again most often bald imperatives, to elicit immediate actions. In both cases, the directive format displayed high entitlement and low contingency (Curl & Drew, 2008; Heinemann, 2006), enabled by the caregivers' or staff members' institutional authority.

This study, however, shows directives being used in everyday family interactions with people with aphasia, whose cognition is known to be relatively unimpaired. This highlights a dilemma for third parties, who orient to their responsibility to preserve the face of the person with aphasia by ensuring that social norms are upheld, even though directing another adult in this way is atypical and potentially face-threatening. From a facework perspective (Goffman, 1967; Brown & Levinson, 1987), directives pose a threat to negative face (the person with aphasia's freedom from imposition) by telling them what to do, while at the same time aiming to protect positive face (their desire to be seen as competent and socially appropriate) by ensuring they act in line with social expectations. Not saying "thank you," however, also risks face damage, as it may make the person with aphasia appear rude or socially incompetent. Thus, the third party is caught in a dilemma: intervene with a directive and risk threatening autonomy or do nothing and allow greater face-threat to occur. Also it

may possibly reflect poorly on the third party themselves as a member of the same collectivity (Lerner, 1993).

The analysis further shows that the format of directives varied depending on the interactional context. In time-sensitive situations, such as thanking a gift-giver, third parties used bald imperatives, which claim high entitlement and low contingency, to ensure the action was carried out immediately. By contrast, when the purpose of the directive was to support the autonomy of the person with aphasia as a speaker; for example, prompting them to order food for themselves (Extract 6.14), the directives were formulated in less entitled, more contingent formats, such as interrogatives. These less forceful formats served to scaffold the person with aphasia's agency, encouraging them to participate in everyday activities as their own speaker rather than being spoken for.

From a participation framework perspective (Goffman, 1981), these cases show that the third party temporarily assumed the role of the author of the talk, providing the content of the utterance, while the person with aphasia was positioned as the animator who produced it. This reflects the broader dilemma observed across all actions in this study: balancing intersubjectivity, normativity, progressivity, and autonomy. In the case of directives, this balance is particularly delicate, as third parties must weigh the face-threatening act of imposing a directive against the potentially greater face-threat of leaving a socially inappropriate omission unaddressed. In situations where the main purpose is to support the

agency of the person with aphasia, third parties face the additional dilemma of promoting autonomy while risking delays to the progressivity of the talk.

In sum, the five actions identified in this study (correcting, clarifying, co-constructing, interpreting, and directing) show the different ways third parties intervene during multiparty interactions with people with aphasia. Each action is done for a different reason, such as to make sure information is accurate, to solve problems of understanding, to help build meaning, to explain unclear talk or gestures, or to ensure social norms are followed. Across all cases, the third party had to deal with the dilemmas: balancing accuracy, autonomy, progressivity, and face. The interventions were usually designed in ways that reduced disaffiliation and kept the person with aphasia involved as much as possible. These findings highlight how third parties play an important but delicate role in keeping conversations going in multiparty settings.

7.3 Clinical implications

As previously discussed, research on aphasia in Thailand is still in its early stages compared to the Western world, where much of the focus has traditionally been on impairment-based perspectives. This has resulted in a significant gap in the availability of comprehensive assessments and intervention approaches in Thailand, particularly those that emphasise communication-focused (e.g., Holland, 1991; Nykänen et al., 2013), psychosocial-focused (e.g., Davidson et al., 2008; Shadden, 2005), and interactional-focused strategies (e.g., Lock et al., 2020;). By employing conversation analysis to investigate interactions involving Thai

individuals with aphasia, this study offers crucial insights that can significantly contribute to the development of interactional-based assessments and interventions in Thailand. These insights are especially valuable given the current lack of such approaches in the Thai context. The findings from this study could guide clinicians in designing more effective communication strategies tailored to the specific needs of Thai people with aphasia, moving beyond the traditional impairment-focused methods.

Furthermore, this study's contributions extend beyond the Thai context. The detailed analysis of interactions involving individuals with fluent aphasia and receptive problems, a relatively less studied population, provides a deeper understanding of how these individuals engage with their significant others in everyday life. Additionally, this study's inclusion of data from multiparty interactions and settings outside the home environment offers a broader view of the communication challenges faced by individuals with aphasia. These types of interactions are less frequently examined in conversation analysis research on aphasia, which often focuses on dyadic, chair-to-chair conversations. By highlighting the dynamics of multiparty interactions, this study contributes to a more comprehensive understanding of how aphasia affects communication in diverse social contexts. This, in turn, can inform the development of more holistic and context-sensitive intervention strategies that better reflect the complexities of real-world communication.

The first analysis chapter highlights the importance of incorporating conversational data into the assessment of individuals with aphasia. This chapter demonstrated that symptoms

observed in people with fluent aphasia and receptive difficulties manifest differently in everyday conversations compared to clinical assessments. Regarding 'perseveration', although there is no direct assessment to identify perseverations, they usually manifest during naming tests. For instance, when PWA produce a repeating response of the previous target item instead of naming the current one. When referring back to the assessment data, it was found that neither Bill nor Ben displayed perseverations during the naming task in the WAB test. However, in our data, perseverations were evident in Bill's conversation in the form of repeated elements of speech that were previously said (either by Bill or his conversation partners) and sounded erroneous in the context in which they were produced. Notably, the same element of speech can be deemed a perseverative error by one conversation partner but not by another, depending on their epistemic knowledge and sequential context in the conversation (e.g., extract 4.2b). Likewise, language tests do not directly assess the inconsistency of yes/no responses in PWA. Each yes/no question in the tests is typically asked once to evaluate their auditory comprehension abilities, and the focus of these tests is on correctness rather than consistency. Here, we observed two forms of inconsistencies in yes/no responses. First is responding 'yes' to a question or a guess but then switch to 'no' (or vice versa) when provided with the same question or guess again (e.g., Extract 4.3). Second is responding 'yes' or 'no' to a question or a guess but later say something which contradicted the initial response (e.g., extract 4.4). Although both participants with aphasia scored quite well on the yes/no questions subtest (Bill: 54/60, Ben: 48/60), they both exhibited inconsistent yes/no responses in conversations. Finally, in a clinical setting, 'impaired auditory comprehension' is typically evident in the inability to complete auditory

comprehension tasks, such as pointing to objects or pictures, answering yes/no questions, and following instructions. In this analysis chapter, despite both Bill and Ben having auditory comprehension problems (according to the WAB test results), only Ben exhibited evidence of impaired auditory comprehension in the form of distinct patterns of other-initiations of repair. These findings provide new insights into how these symptoms emerge in natural interactions, broadening our understanding beyond what is typically recognised in clinical settings.

The second analysis chapter examines the factors contributing to extended repair sequences and explores how these factors differ in interactions involving individuals with non-fluent aphasia versus those with fluent aphasia and receptive difficulties. The key factors identified are (1) the lack of effective self-repair and (2) problematic responses following the conversation partner's candidates for understanding. The insights from this chapter can enhance our understanding of how individuals with different types of aphasia communicate in real-life situations and identify the behaviours that lead to extended repair sequences. This information is crucial for developing customised interaction-based intervention programs tailored to each type of aphasia. Furthermore, the detailed analysis of these repair sequences can inform the training of conversation partners, such as family members and caregivers, who play a crucial role in the everyday communication of individuals with aphasia. By educating them about the specific communication patterns and challenges associated with different types of aphasia, they can be better equipped to support more successful interactions. For example, interventions could usefully focus not

only on supporting PWAs' communicative resources, but also on training CPs to vary their OIR designs and incorporate multimodal scaffolding strategies (e.g., using gestures, objects, or written prompts). Such practices could help reduce the risk of extended repair sequences and facilitate more efficient conversational progressivity.

The final analysis chapter explored the distinct actions taken by third parties in multiparty interactions to support the flow and progressivity of conversations involving individuals with aphasia. This chapter provided valuable insights into the dynamics of communication in multiparty settings, which are particularly common in Thailand and other parts of Asia, where extended families often live together. Understanding these dynamics is crucial for recognising how individuals with aphasia and their conversation partners navigate complex interactions within these environments. These findings are clinically significant as they highlight the pivotal role third parties play in facilitating successful conversations. However, the chapter also reveals that certain actions by third parties despite supporting the progressivity of the talk, can sometimes hinder the autonomy of people with aphasia, undermining the agency of the person with aphasia. This information is essential for informing conversation partners, particularly in multiparty households, about the most effective ways to interact with and support individuals with aphasia. It underscores the importance of involving significant others in intervention strategies, as their actions can profoundly impact the communication outcomes for the person with aphasia. Consequently, these insights can guide the development of more nuanced, interactional-

based approaches to assessment and intervention, specifically tailored to families living in multiparty households.

Interaction-focused interventions for communication disorders are designed to address problems in everyday conversation between people with communication difficulties and their conversation partners. Unlike impairment-focused therapies, these approaches treat conversation as the primary analysis and the target of change. For example, SPPARC (Supporting Partners of People with Aphasia in Relationships and Conversation) adapts conversation analysis for clinical practice, helping couples identify problematic sequences (e.g., test questions sequence) and develop strategies that improve turn-taking and mutual understanding (Lock et al., 2001). Similarly, Better Conversations with Aphasia (BCA) uses video feedback to engage both the person with aphasia and their partner in identifying facilitators and barriers in their own talk, and in setting goals to practise positive strategies. Research has shown that BCA can reduce adverse adaptive behaviours and increase facilitative ones, supporting greater participation in social interaction (Best et al., 2016; Beeke et al., 2018). These approaches highlight that the benefits extend beyond improving impairment, positively influencing relationships, and psychosocial well-being.

The Better Conversations framework has also been adapted to related conditions. In primary progressive aphasia (PPA), Better Conversations with PPA (BCPPA) demonstrated high acceptability and fidelity in a pilot RCT, with most dyads achieving personal communication goals and showing measurable improvements in conversational behaviours (Volkmer et al.,

2023). Similarly, Better Conversations with Dysarthria (BCD) has shown that working with both the person with dysarthria and their conversation partner can improve conversational responsiveness and reduce frustration in daily interactions (Bloch, 2021). Importantly, communication partner training (CPT) approaches also have a growing evidence base in traumatic brain injury (TBI), where they have been found to improve conversational outcomes and mitigate poor psychosocial consequences (Volkmer et al., 2023; Simmons-Mackie et al., 2014).

In relation to my study, these findings reinforce the clinical implications of analysing conversation in aphasia and related conditions. The data in my thesis show how impairments such as perseveration, inconsistent yes/no responses, and impaired auditory comprehension disrupt intersubjectivity and progressivity in talk. In addition, factors that contribute to extended repair sequences can be identified and discussed with participants. Insights into actions in multiparty interactions are also valuable for designing future interaction-based interventions, particularly in cultural contexts where multiparty households are common. Interventions like SPPARC and BCA provide concrete models for addressing these problems by teaching conversation partners to recognize and manage breakdowns collaboratively. Embedding these approaches in clinical practice underscores the value of moving beyond impairment to focus on participation and interaction. This not only aligns with the goals of functional communication therapy but also directly addresses the everyday challenges highlighted in my analysis, offering pathways for more responsive and socially grounded intervention.

7.4 Strengths and limitations

This research is the first to utilise conversation analysis to examine Thai persons with aphasia (PWA), providing unique insights into how Thai PWA and their significant others communicate at home. This study significantly contributes to the broader understanding of aphasia within diverse cultural contexts. One of its key strengths is the inclusion of multiparty interaction data. The study offers a comprehensive view of the communication challenges and strategies employed by both PWA and in more multiparty contexts. This is particularly relevant in the Thai context, where households often consist of multiple parties, making the findings both representative of Thai family dynamics and valuable to the less-studied field of multiparty interactions, as compared to the more commonly examined dyadic interactions in general.

The study included some data from outside settings, broadening the variety of data in the conversation analysis field. Specifically, there has been little work using conversation analysis to examine how people with aphasia interact with others in public spaces, as opposed to within clinical settings or their homes. By capturing the authentic conversational experiences of PWA in their everyday lives, the findings provide a unique reflection of the communicative difficulties and adaptations these individuals encounter in real-world interactions. Another notable strength is the study's focus on individuals with fluent aphasia with receptive problems, a relatively underexplored group in aphasia research. This focus addresses a significant gap in the literature, not just in Thailand but globally, offering valuable

insights into the conversational behaviours, challenges, and compensatory strategies of fluent aphasics. These insights could potentially inform clinical practice and intervention strategies.

However, the study has several limitations. Conducted during the COVID-19 pandemic, it faced significant logistical challenges. The researcher was unable to personally set up cameras, relying instead on participants to record their own interactions. This reliance affected both the quantity and quality of the video data collected, leading to difficulties in capturing clear visuals and audio. Some recordings suffered from poor quality, which created potential issues during transcription, such as difficulty hearing participants or observing non-verbal expressions. Additionally, some data appeared unnatural, possibly due to participants' awareness of being recorded. These types of data were excluded from the study, as the focus was on capturing spontaneous, real-life conversations.

Given that participants recorded the video data themselves, several issues arose, including incomplete framing (where not all participants were visible) and a lack of contextual information prior to the start of the recording—an important aspect of the analysis. For example, many recordings began after a person with aphasia had already initiated self-repair, leaving the original source of the trouble and the preceding context unclear. This likely impacted the richness and completeness of the interactional data, and many data sets were ultimately excluded because of missing contextual information. Nevertheless, allowing participants to record the videos themselves also presented a unique advantage. By not

setting up video equipment in their homes, the study enabled the capture of interactions in outside settings. Although this trade-off led to a reduction in recording quality, it offered valuable insights into how individuals with aphasia communicate in more natural, public environments.

Another limitation of the study is the smaller number of participants and the lower volume of video recordings than initially anticipated, which restricts the generalisability of the findings. The original plan was to include data from at least ten families, but only five families' data were ultimately used. As mentioned earlier, some data were excluded due to the unnaturalness of the interactions, and some families, although initially agreeing to participate, ultimately did not share any video recordings. The limited sample size means the results may not be fully representative of the broader population of people with aphasia, requiring caution in drawing broader conclusions.

Lastly, non-verbal communication was not a primary focus in the analysis and was not treated as a distinct aspect of the interaction. Although non-verbal communication can be a crucial area of study, particularly for individuals with aphasia who may rely heavily on non-verbal communication as a compensatory mechanism, this aspect did not emerge as the most significant interactional feature for these participants. Other interactional features were more prominent and distinct in the data. Additionally, the video recordings were often frame-limited, meaning they did not capture all non-verbal communication occurring during

interactions. For instance, it was difficult to observe where the person with aphasia directed their gaze, as the camera typically focused solely on them.

It is important to acknowledge that in face-to-face interaction (especially multiparty interaction), gaze, gesture, and body orientation play a crucial role in turn-taking and sequence organisation. Previous research has shown that unaddressed participants in multiparty conversation use gaze prospectively to display reciprocity (Holler & Kendrick, 2015), and that current-speaker-selects-next can be achieved through gaze and body orientation as well as talk, meaning turn allocation is inherently multimodal (Auer, 2021). Similarly, gaze, pointing, and body orientation help shape how rights to the floor are distributed (Blythe et al., 2018), and gaze has been shown to mobilise responses and display entitlement or commitment at key sequence points (Rossano, 2013). Not incorporating these non-verbal modalities (which are integral to the organisation of turn-taking) may have limited the analysis in this study, especially for Chapter 6. For example, it was not always possible to determine whether the third party intervened because of gaze or other embodied cues, or whether an other-initiation of repair (and other actions) was designed for the the person with aphasia, the conversation partner or both. These are important aspects that could be addressed more fully in future research the systematic integration of gaze and other embodied behaviours in transcription.

7.5 Future direction

Given the limitations identified in this study, several potential avenues for future research are suggested to build on the findings and address the challenges faced.

Firstly, future research should aim to include a larger and more diverse sample of participants. Increasing the number of families involved, as well as incorporating a broader spectrum of individuals with varying types and severities of aphasia, would significantly enhance the generalisability of the findings. This expansion would not only provide deeper insights into how people with different forms of aphasia interact with their family members but also capture a wider range of conversational experiences and strategies. Such a comprehensive approach would offer a more detailed understanding of the unique challenges faced by individuals with aphasia in different familial and social contexts.

Secondly, future research could benefit from improved data collection methods. A mixed approach that combines researcher-setup cameras in participants' homes with participant-recorded videos in outside environments is recommended. This would enhance the quality of recordings while still capturing natural interactions in diverse settings. Additionally, providing participants with clear instructions and examples of what constitutes natural versus unnatural data might reduce the need to exclude certain recordings due to these issues.

Thirdly, future research should place a greater emphasis on non-verbal communication, as it plays a crucial role for individuals with aphasia who may rely heavily on these cues.

Investigating how non-verbal behaviours—such as gaze, gestures, and facial expressions—contribute to effective communication in both home and public settings would provide valuable insights into the ways people with aphasia navigate interactions beyond spoken language.

Additionally, more attention should be directed towards the unique features of the Thai language, which this study did not fully explore. Future research could benefit from comparing interactional characteristics of Thai with those of English and other languages. This comparison would help to highlight language-specific communication strategies, offering a deeper understanding of how aphasia affects conversational dynamics across different linguistic and cultural contexts.

Finally, future research should place greater emphasis on interactions in public settings and investigate how individuals with aphasia navigate conversations in various environments. Understanding how different contexts influence interaction dynamics can lead to the development of interventions that are better tailored to real-world situations, particularly in communal living arrangements commonly found in places like Thailand. Additionally, exploring multiparty interactions offers an opportunity to uncover unique interactional features that are not evident in dyadic conversations. These interactions provide insights into the complexities and challenges of communicating in group settings, which are critical for developing more comprehensive intervention strategies for people with aphasia. Incorporating new technologies, such as 360-degree cameras, could enhance the study of

these interactions by capturing a more complete view of the conversational environment, thus enriching the data collected.

By exploring these directions, future research can continue to deepen our understanding of aphasia in diverse settings, leading to more effective and personalised interventions.

Appendices

Appendix 1: Ethical approval from University of Sheffield



Downloaded: 12/07/2021
Approved: 12/07/2021

Paranat Muangsuwan
Registration number: 200264840
Human Communication Sciences
Programme: PhD in Human Communication Sciences

Dear Paranat

PROJECT TITLE: The study of conversation in Thai people with aphasia using conversation analysis
APPLICATION: Reference Number 037026

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 12/07/2021 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 037026 (form submission date: 11/07/2021); (expected project end date: 01/10/2023).
- Participant information sheet 1094084 version 2 (11/07/2021).
- Participant information sheet 1094083 version 2 (11/07/2021).
- Participant information sheet 1085520 version 3 (22/06/2021).
- Participant information sheet 1085519 version 4 (11/07/2021).
- Participant information sheet 1085518 version 4 (11/07/2021).
- Participant information sheet 1084412 version 4 (11/07/2021).
- Participant information sheet 1084413 version 4 (11/07/2021).
- Participant information sheet 1084414 version 3 (22/06/2021).
- Participant consent form 1094088 version 2 (11/07/2021).
- Participant consent form 1094087 version 2 (11/07/2021).
- Participant consent form 1085523 version 4 (22/06/2021).
- Participant consent form 1085522 version 4 (11/07/2021).
- Participant consent form 1085521 version 4 (11/07/2021).
- Participant consent form 1084415 version 4 (11/07/2021).
- Participant consent form 1084417 version 3 (22/06/2021).
- Participant consent form 1084416 version 4 (11/07/2021).

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Jane McKeown
Ethics Administrator
Health Sciences School

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.6710661/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix 2: Ethical approval from Mahidol University



Human Research Ethics Committee, Faculty of Medicine Ramathibodi Hospital, Mahidol University
270 Rama 6 Rd. Phayatai Ratchathewi Bangkok 10400 Tel.(660)2012175, 2011544, 2010388
Website: <https://med.mahidol.ac.th/research/ethics>
E-mail: raec.mahidol@gmail.com

COA. MURA2021/307

Title of Project (English) The study of Conversation in Thai People with Aphasia using Conversation Analysis

Title of Project (Thai) การศึกษาการสนทนาของผู้ป่วยไทยที่มีภาวะเสียการสื่อความโดยใช้วิธีวิเคราะห์การสนทนา

Type of Review Expedited

Principal Investigator Paranat Muangsuwan, MSc

Official Address Department of Communication Sciences and Disorders
Faculty of Medicine Ramathibodi Hospital Mahidol University

Co-investigator (s) 1. Ray Wilkinson, Ph.D.
2. Catherine Tattersall, Ph.D.

Approval includes 1. Submission Form Protocol Version 2 Date 23/03/2021
2. Patient Information Sheet Version 3 Date 02/04/2021
3. Informed Consent Form Version 2 Date 23/03/2021
4. Data Sharing Agreement
5. Certificate in Ethics Training

Institutional Review Boards in Mahidol University are in full compliance with International Guidelines for Human Research Protection such as Declaration of Helsinki, The Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

Date of Approval April 07, 2021

Date of Expiration April 06, 2022

Signature of Chair.....

(Asst. Prof. Chusak Okascharoen, M.D., Ph.D.)

This certificate is subject to the following conditions:

- 1) Approval is granted only for the project with details described in submitted proposal
- 2) Submission of modification to the approved project is needed before implementation
- 3) A yearly progress report is required for renewing of approval
- 4) Written notification is required when the project is complete or terminated

Appendix 3: Participant information sheet

Appendix 3.1 Participant information sheet for PWA



Participant information sheet for people with aphasia

Research Project Title: The study of conversation in Thai people with aphasia using conversation analysis

Invitation

You are being invited to take part in a research project. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of this project?

There has been no detailed investigation of how Thai people with aphasia communicate with others before. The purpose of this project is to study how Thai people with aphasia communicate with their family member or friends in natural and everyday settings using any alternative ways and strategies to understand and interact with each other. Please note that this project is being conducted in partial fulfilment of a PhD degree for Paranat Muangsuwan under the supervision of Prof Ray Wilkinson and Prof Catherine Tattersall at the University of Sheffield.

Why have I been chosen?

We are inviting Thai people with aphasia and their family or friends to take part in our project. We aim to recruit not just anybody who can speak Thai, but the participants have to be native Thai speakers (have Thai as his/her native language). Being a native speaker not only signifies language that one speaks but also cognitive abilities and cultural differences that may affect the way one think and see the world. We expect to have at least ten to fifteen Thai people with aphasia and their family or friends to take part.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time without any negative consequences. You do not have to give a reason. If you wish to withdraw from the research, please contact us at the contact details which are provided at the end of this information sheet.

What will happen to me if I take part? What do I have to do?

1. If you are willing to participate and satisfied with the explanations about the project, you will be asked to sign a consent form to confirm that you agree to take part in the project.
2. You will need to provide informed consent for the researcher to access your WAB scores (scores from a language test) from your treating clinician. In case you have no existing scores, and your treating clinician does not plan to perform one, you will need to provide informed consent to take part in the WAB test performed by the researcher using an online method. The test would take about 45 minutes to complete. You will also have an opt-out option in the consent form whether you allow the researcher to record the online WAB assessment session for analysis purposes. Note that this is optional; the project can still proceed without these extra recordings.
3. You will be asked to be video recorded when you have conversation with your family member or friend at home. The video will be recorded whenever you feel comfortable. We need the video to be 60-minute total over a 3-month span. You will be asked to provide informed consent for sharing these videos; your family member will be the one who share them with the researcher.
4. You will be asked to provide informed consent for the researcher to access your background information (e.g., age, occupation, language spoken, date onset) either from case histories provided by your treating clinician or via phone/online contact with the researcher.

**What are the possible disadvantages and risks of taking part?**

You may feel inconvenient to have to record videos when there is about to be a conversation. You may also feel worried and awkward knowing that you are being recorded.

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will help us to understand more about communication and social interaction of Thai people with aphasia. Additionally, it will be beneficial to future research and intervention for people with aphasia and other communication disorders.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential and will be accessible to the researcher and research supervisor for analysis. Pseudonyms will be used so you will not be able to be identified in any reports or publications. You will be asked and given a choice to allow certain audiences such as those in the academic field to view your videos in certain situations (e.g. an academic conference). It is up to you whether or not you allow these audiences to view your videos. There will be an explicit question regarding this in the consent form.

What is the legal basis for processing my personal data?

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for archiving purposes in the public interest, scientific research purposes or statistical purposes' (9(2)(j)). Further information can be found in the University's Privacy Notice:

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

What will happen to the data collected, and the results of the research project?

Data such as participant background information collected from case histories or interview will be saved in a plain text file and stored in the University of Sheffield Google Drive. These data will be used for the analysis purpose only. Pseudonyms will be used so you will not be able to be identified in any reports or publications.

Your family member will be asked to share the videos with the researcher via Google Drive. After the data have been collected, the researchers will see the videos, write down the conversations, analyse them, and write a report. The results of the research project will be published in a student thesis and possibly research publications. There may be a possibility when the researcher may need to keep the data after the thesis has been completed. For example, the researcher may need the data for future research, teaching purposes, potential conferences. However, you will be given a choice whether you allow the researcher to keep the data after the thesis has been completed or not. There will be an explicit question regarding this in the consent form. If you allow the research to keep the data after the thesis, the videos will be kept in the University of Sheffield Google Drive.

Who is the Data Controller?

The University of Sheffield will act as the Data Controller for this study. This means that the University of Sheffield is responsible for looking after your information and using it properly.

Who has ethically reviewed the project?

This project has been ethically approved via Mahidol University and the University of Sheffield's Ethics Review Procedure, in accordance with University of Sheffield Research Ethics Committee procedures.



What if something goes wrong and I wish to complain about the research?

If you have a complaint, you can contact your treating SLP or the supervisor of the project, Prof Ray Wilkinson. However, should you feel that your complaint has not been handled to your satisfaction you can contact the Head of Division, Dr Judy Clegg who will then escalate the complaint through the appropriate channels. If the complaint relates to how your personal data has been handled, information about how to raise a complaint can be found in the University's Privacy Notice:

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

What if any other people are affected by this project and wish to report their concerns or incidents?

People who are affected by research activities can report their concerns or incidents to authorities at Ramathibodi Hospital. The easiest way is to report directly to your treating SLPs. They will refer these concerns or incidents to authorities (e.g., the head of the department, Human Research Ethics Committee) if necessary. They will be responsible for receiving details of reported concerns or incidents and ensuring they are dealt with appropriately according to the safeguarding policy of the University of Sheffield well as the local policy of Mahidol University. However, they can also contact the head of the department and Human Research Ethics Committee at Ramathibodi Hospital directly if they feel more comfortable (see contact detail below). The process of dealing with concerns will follow section 6 of the safeguarding policy. More information about this safeguarding policy can be found here:

<https://www.sheffield.ac.uk/rs/ethicsandintegrity/safeguarding>

Contact for further information

Student researcher: Paranat Muangsuwan

E-mail: PMuangsuwan1@sheffield.ac.uk Tel: +66 (0)858468680, +44 (0) 793 876 8808

Primary supervisor: Prof Ray Wilkinson

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Address: Division of Human Communication Sciences, Health Sciences School, University of Sheffield, 362 Mushroom Lane, Sheffield, S10 2TS

Secondary supervisor: Prof Catherine Tattersall

E-mail: c.tattersall@sheffield.ac.uk Tel: +44 (0) 114 222 2446

Address: Division of Human Communication Sciences, Health Sciences School, University of Sheffield, 362 Mushroom Lane, Sheffield, S10 2TS

Head of Division of Human Communication Sciences: Dr Judy Clegg

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Dean of the Health Sciences School: Prof Tracey Moore

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Address: Division of Nursing and Midwifery, Health Sciences School, University of Sheffield, Barber House Annexe, 3 Clarkehouse Road, Sheffield, S10 2HQ

Head of the department of communication sciences and disorders: Dr Nittaya Kasemkosin

E-mail: rankk4567@gmail.com Tel: +66 (0)201-2208



Address: Department of communication sciences and disorders, Ramathibodi Hospital, Mahidol University, Building 4 (4th floor), 270 Rama VI Road, Thungpayathai, Ratchathewi, Bangkok, 10400, Thailand.

Human Research Ethics Committee, Faculty of Medicine Ramathibodi Hospital, Mahidol University

E-mail: raec.mahidol@gmail.com

Tel: +66 (0)2012175, 2011544, 2010388

Address: Faculty of Medicine Ramathibodi Hospital, Mahidol University 270 Rama 6 Rd. Phayatai Ratchathewi, Bangkok, 10400, Thailand

Thank you for taking part in the project

Participant information sheet: Date 11/07/21

Appendix 3.2 Participant information sheet for PWA (Thai version)



เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมงานวิจัย สำหรับผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสาร

ชื่อโครงการวิจัย: การศึกษาการสนทนาของผู้ป่วยชาวไทยที่มีภาวะบกพร่องทางการสื่อสารโดยใช้วิธีวิเคราะห์การสนทนา

คำชี้ชวน

ท่านได้รับการเชิญให้เข้าเป็นส่วนหนึ่งของโครงการวิจัย ก่อนที่ท่านจะตัดสินใจที่จะเข้าร่วมโครงการหรือไม่ นั้น สิ่งสำคัญคือท่านต้องเข้าใจถึงรายละเอียดและความสำคัญของโครงการวิจัยนี้ก่อน กรุณาใช้เวลาเพื่อที่จะอ่านข้อมูลสำคัญต่อไปนี้อย่างละเอียดถี่ถ้วนและสามารถปรึกษากับบุคคลอื่นได้ หากท่านมีคำถามหรือข้อสงสัยเกี่ยวกับข้อมูล หรือต้องการข้อมูลเพิ่มเติมสามารถสอบถามกับทีมวิจัยได้ทันที ท่านสามารถใช้เวลาอย่างเต็มที่กับการตัดสินใจว่าจะเข้าร่วมหรือไม่ ทางทีมวิจัยขอขอบพระคุณเป็นอย่างสูง

วัตถุประสงค์ของโครงการ

การวิเคราะห์การสื่อสารเป็นวิธีการที่ใช้สำหรับศึกษาการมีปฏิสัมพันธ์ทางสังคมของมนุษย์ในชีวิตประจำวันในประเทศไทย ยังไม่เคยมีการนำวิธีการวิเคราะห์การสื่อสารมาใช้กับผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารมาก่อน วัตถุประสงค์ของโครงการนี้คือ เพื่อศึกษาการสื่อสารที่เป็นธรรมชาติของผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารกับคู่สนทนาในชีวิตประจำวัน เน้นการศึกษาถึงวิธีการทางเลือกที่ผู้ป่วยและคู่สนทนาใช้ในการมีปฏิสัมพันธ์และเข้าใจซึ่งกันและกัน โครงการวิจัยนี้เป็นส่วนหนึ่งของคณะนิพนธ์ซึ่งเป็นส่วนหนึ่งของการศึกษาเพื่อเสนอรับปริญญาเอกของ นาย ปารณัท เมืองสุวรรณ ภายใต้การดูแลของ Prof Ray Wilkinson และ Prof Catherine Tattersall ณ มหาวิทยาลัยเซฟฟิลด์

ทำไมข้าพเจ้าถึงได้รับเลือก

ทีมวิจัยอยากที่จะเชิญผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารชาวไทยและคู่สนทนาเข้าร่วมโครงการวิจัยนี้ ผู้เข้าร่วมจำเป็นที่จะต้องเป็นคนสัญชาติไทย (มีภาษาไทยเป็นภาษาแม่) เนื่องจากการเป็นคนไทยโดยกำเนิดจะส่งผลต่อวิธีการคิดและวัฒนธรรมที่อาจส่งผลต่อรูปแบบการสื่อสารได้ทางทีมวิจัยต้องการผู้เข้าร่วมอย่างน้อย 10-15 ครอบครัวสำหรับการศึกษานี้

ข้าพเจ้าจำเป็นต้องเข้าร่วมโครงการวิจัยนี้หรือไม่

การตัดสินใจจะเข้าร่วมโครงการวิจัยนี้ขึ้นอยู่กับตัวของท่าน หากท่านตัดสินใจที่จะเข้าร่วม ท่านจะได้รับเอกสารชี้แจงข้อมูลฉบับนี้เก็บไว้ (และท่านจะถูกขอให้ลงชื่อในหนังสือยินยอมอีกฉบับหนึ่ง) ท่านสามารถถอนตัวจากโครงการวิจัยนี้เมื่อใดก็ได้ โดยที่ท่านจะไม่ได้รับผลกระทบใด ๆ จากการรักษาที่ท่านพึงได้รับ ท่านไม่จำเป็นต้องให้เหตุผลในการถอนตัวออกจากโครงการ ท่านสามารถติดต่อทีมวิจัยได้ตามรายละเอียดที่ทีมวิจัยระบุไว้ในหน้าสุดท้ายของเอกสารฉบับนี้



ข้าพเจ้าต้องทำอะไรบ้าง หากมีความประสงค์ที่จะเข้าร่วม

1. หากท่านมีความประสงค์ที่จะเข้าร่วมโครงการวิจัยนี้และพอใจกับการอธิบายรายละเอียดของโครงการ ท่านจะถูกขอให้ลงชื่อในหนังสือยินยอมเพื่อยืนยันว่าท่านต้องการที่จะเข้าร่วมโครงการ
2. ท่านจะถูกขอให้เซ็นยินยอมที่จะให้ผู้วิจัย เข้าถึงข้อมูลคะแนนของการประเมินภาษา หรือ WAB จากนักแก้ไขการพูดของท่าน หากท่านไม่เคยถูกประเมินมาก่อน ผู้วิจัยจะขออนุญาตทำการประเมินผ่านวิธีการออนไลน์ ซึ่งจะใช้เวลาประมาณ 45 นาที นอกจากนี้ผู้วิจัยจะขออนุญาตบันทึกการประเมินนี้ ซึ่งท่านสามารถยินยอมหรือไม่ยินยอมให้ทำการบันทึกก็ได้
3. ท่านจะถูกบันทึกวีดิทัศน์การสนทนาระหว่างท่านและคู่สนทนา วีดิโอที่ท่านบันทึกในแต่ละวันจะมีความยาวเท่าไรก็ได้ แต่ระยะเวลาของวีดิโอรวมทั้งหมดที่ทีมวิจัยต้องการคือประมาณ 60 นาที ในช่วงระยะเวลา 3 เดือน ท่านจะถูกขอให้ส่งวีดิโอของท่านที่ถ่ายไว้ในแต่ละวันแก่ผู้วิจัยโดยผู้ดูแลของท่านจะเป็นคนจัดการให้
4. ท่านจะถูกขอขอให้เซ็นยินยอมที่จะแชร์ข้อมูลส่วนตัวที่เกี่ยวข้องกับผู้วิจัย เช่น อายุ อาชีพ ภาษาที่ใช้ ความสัมพันธ์กับผู้ป่วย เป็นต้น โดยข้อมูลจะถูกดึงมาจากประวัติการรักษาที่นักแก้ไขการพูดของท่าน หรือ จากการสัมภาษณ์ของผู้วิจัยผ่านทางโทรศัพท์ หรือ วิธีการออนไลน์

ความเสี่ยงที่จะได้รับหากเข้าร่วมโครงการนี้

ผู้เข้าร่วมงานวิจัยอาจจะได้รับความไม่สะดวกสบายในการที่จะต้องบันทึกวีดิทัศน์การสนทนาในชีวิตประจำวัน ผู้เข้าร่วมอาจจะรู้สึกกังวลและอึดอัดกับข้อใจเมื่อรู้ว่าจะต้องถูกบันทึกวีดิทัศน์

ประโยชน์ที่จะได้รับหากเข้าร่วมโครงการนี้

ถึงแม้ว่าผู้เข้าร่วมจะไม่ได้รับประโยชน์โดยตรงจากโครงการวิจัยนี้ ผลของการศึกษานี้จะเป็นประโยชน์อย่างยิ่งต่อการที่จะทำให้เราเข้าใจการสื่อสารและการมีปฏิสัมพันธ์ทางสังคมกับผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารมากขึ้น นอกจากนี้การศึกษานี้จะเป็นต้นแบบสำหรับการวิเคราะห์การสื่อสารในผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารชาวไทยและความผิดปกติทางการสื่อสารความหมายอื่น ๆ ต่อไป

การเข้าร่วมโครงการวิจัยนี้จะถูกเก็บเป็นความลับหรือไม่

ข้อมูลทั้งหมดที่ทีมวิจัยได้รับจากผู้เข้าร่วมจะถูกเก็บเป็นความลับ ผู้ที่จะเข้าถึงข้อมูลได้จะมีเพียงผู้วิจัยและผู้ดูแลงานวิจัยเท่านั้น ชื่อของท่านในรายงานหรือการตีพิมพ์ต่าง ๆ จะถูกใช้เป็นนามสมมติ ดังนั้นจะไม่มีใครรู้ถึงการเข้าร่วมโครงการวิจัยของท่าน นอกจากนี้ท่านจะได้รับตัวเลือกเกี่ยวกับการเข้าถึงวีดิโอที่ท่านถ่ายว่าจะอนุญาตให้บุคลากรที่เกี่ยวข้องกับการศึกษากลุ่มไหนดูได้บ้าง ตัวอย่างเช่น การนำเสนอวีดิโอของท่านในงานประชุมวิชาการ ซึ่งการอนุญาตหรือไม่นั้นท่านสามารถเลือกได้จากตัวเลือกในหนังสือยินยอมในคำถามที่เกี่ยวข้องกับการเข้าถึงข้อมูล

ข้อกำหนดเกี่ยวกับการจัดการข้อมูลส่วนตัวของข้าพเจ้า

เนื่องจากกฎหมายที่เกี่ยวข้องกับการปกป้องข้อมูลกำหนดให้ทางทีมวิจัยจำเป็นต้องแจ้งท่านเกี่ยวกับข้อกำหนดพื้นฐานที่ทีมวิจัยใช้ในการจัดการข้อมูลส่วนตัวของท่าน ซึ่งผู้วิจัยได้ทำตามกฎข้อที่ ท่านสามารถ



อ่านเพิ่มเติมได้ที่ (9(2)(j)) ซึ่งท่านสามารถอ่านเพิ่มเติมได้ที่

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

จะเกิดอะไรขึ้นกับข้อมูลที่เก็บมาและผลของโครงการวิจัย

วิดีโอที่ถูกเก็บในกูเกิลไดร์ฟของนักแก้ไขการพูดของท่านจะถูกลบทันทีเมื่อที่มิวิจัยได้รับวิดีโอเหล่านั้น และบันทึกไว้ในกูเกิลไดร์ฟของมหาวิทยาลัยเซฟฟิลด์ หลังจากที่ข้อมูลถูกรวบรวมเข้ามา ที่มิวิจัยจะดูวิดีโอ ถอดความบทสนทนา วิเคราะห์ และนำไปเขียนเป็นรายงาน ผลของงานวิจัยนี้จะเป็นส่วนหนึ่งของวิทยานิพนธ์ของผู้วิจัย อย่างไรก็ตาม อาจจะมีความเป็นไปได้ที่ผู้วิจัยอาจจะจำเป็นต้องเก็บข้อมูลและวิดีโอของผู้เข้าร่วมโครงการไว้ หลังจากวิทยานิพนธ์สำเร็จแล้ว ตัวอย่างเช่น ผู้วิจัยอาจจะจำเป็นต้องเก็บข้อมูลเหล่านี้ไว้ สำหรับงานวิจัยในอนาคต หรืองานประชุมวิชาการต่าง ๆ ซึ่งผู้เข้าร่วมโครงการวิจัยจะได้รับตัวเลือกในหนังสือยินยอมว่าจะอนุญาตให้ผู้วิจัยเก็บข้อมูลเหล่านี้ไว้ได้นานเท่าไร ถ้าผู้เข้าร่วมอนุญาตให้ผู้วิจัยเก็บข้อมูลและวิดีโอเหล่านี้ต่อไปได้หลังจากวิทยานิพนธ์สำเร็จแล้ว ข้อมูลจะถูกเก็บไว้ในคอมพิวเตอร์ของผู้วิจัยที่ต้องอาศัยรหัสผ่านในการเข้าถึงเท่านั้น ท่านสามารถขอให้ทางผู้วิจัยลบวิดีโอที่มีท่านอยู่ได้ทุกเมื่อ หากท่านตัดสินใจที่จะถอนตัวออกจากโครงการ

ใครเป็นผู้ควบคุมดูแลข้อมูล

มหาวิทยาลัยเซฟฟิลด์จะทำหน้าที่เป็นผู้ควบคุมดูแลข้อมูลสำหรับโครงการวิจัยนี้ ซึ่งหมายความว่ามหาวิทยาลัยเซฟฟิลด์จะมีหน้าที่ดูแลข้อมูลและการใช้ข้อมูลอย่างเหมาะสม

ใครมีหน้าที่รับรองจริยธรรมการวิจัย

โครงการวิจัยนี้ได้รับการรับรองจริยธรรมการวิจัยจากคณะกรรมการจริยธรรมการวิจัยในคนโดยมหาวิทยาลัยมทิดลและมหาวิทยาลัยเซฟฟิลด์

หากเกิดปัญหาหรือมีข้อร้องเรียนจะต้องทำอย่างไร

หากเกิดปัญหาหรือมีข้อร้องเรียน ท่านสามารถติดต่อผู้ดูแลโครงการวิจัย Prof Ray Wilkinson อย่างไรก็ตาม หากท่านรู้สึกว่าการร้องเรียนของท่านไม่ถูกจัดการอย่างเหมาะสม ท่านสามารถติดต่อโดยตรงได้ที่หัวหน้าภาควิชา Dr Judy Clegg ผู้ที่จะสามารถจัดการการร้องเรียนต่างๆได้อย่างเหมาะสม ข้อมูลเพิ่มเติมเกี่ยวกับการร้องเรียนสามารถอ่านได้ที่

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

หากบุคคลอื่น ๆ ที่ไม่ได้เข้าร่วมการวิจัยได้รับผลกระทบและมีข้อร้องเรียนจะต้องทำอย่างไร

หากมีบุคคลอื่น ๆ ได้รับผลกระทบจากโครงการวิจัยนี้ พวกเขาสามารถที่จะแจ้งข้อร้องเรียนของเขาได้ที่ผู้เกี่ยวข้องที่โรงพยาบาลรามาริบัติได้โดยตรง วิธีการที่สะดวกที่สุดคือการติดต่อนักแก้ไขการพูดของท่าน นักแก้ไขการพูดจะส่งข้อร้องเรียนดังกล่าว ไปยังผู้ที่เกี่ยวข้อง (เช่น หัวหน้าภาควิชา, คณะกรรมการจริยธรรมการวิจัยในคน) พวกเขาจะมีหน้าที่ในการรับข้อร้องเรียนต่าง ๆ และจัดการข้อร้องเรียนเหล่านั้นอย่างเหมาะสม ตามนโยบายการป้องกันของมหาวิทยาลัยเซฟฟิลด์ และ มหาวิทยาลัยมทิดล อย่างไรก็ตาม บุคคลที่ได้รับผลกระทบสามารถติดต่อ หัวหน้าภาควิชาและคณะกรรมการจริยธรรมการวิจัยในคนได้โดยตรง ตามรายละเอียดที่แนบไว้ท้ายเอกสารนี้ กระบวนการจัดการกับข้อร้องเรียนจะเป็นไปตามนโยบาย



การป้องกันของมหาวิทยาลัยเซฟฟิลด์ ในข้อที่ 6 ข้อมูลเพิ่มเติมเกี่ยวกับนโยบายการป้องกันการสามารถดูได้เพิ่มเติมที่ <https://www.sheffield.ac.uk/rs/ethicsandintegrity/safeguarding>

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หัวหน้าภาควิชาวิทยาศาสตร์สื่อความหมายและความผิดปกติของการสื่อความหมาย:

ดร. นิตยา เกษมโกสินทร์

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ที่อยู่: ภาควิชาวิทยาศาสตร์สื่อความหมายและความผิดปกติของการสื่อความหมาย คณะแพทยศาสตร์

โรงพยาบาลรามาริบดี มหาวิทยาลัยมหิดล อาคาร 4 ชั้น 4 เลขที่ 270 ถนนพระราม 6 แขวงทุ่งพญาไท เขตราชเทวี กทม. 10400



คณะกรรมการจริยธรรมการวิจัยในคน คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล
อีเมล: raec.mahidol@gmail.com โทร: +66 (0)2012175, 2011544, 2010388
ที่อยู่: คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล อาคาร 4 ชั้น 4 เลขที่ 270 ถนน
พระราม 6 แขวงทุ่งพญาไท เขตราชเทวี กทม. 10400

ทางที่มิวิจัยขอขอบพระคุณเป็นอย่างสูง

เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมงานวิจัยฉบับวันที่ 11/07/2564



Participant Information Sheet

Title of project

The study of conversation in Thai people with aphasia
using conversation analysis

Name of researchers

The student researcher:

Paranat Muanguwan

The research supervisors:

Prof Ray Wilkinson

Prof Catherine Tattersall

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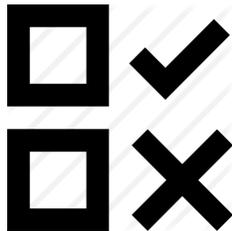
What do we want to do?



We are doing research to study how people with aphasia talk to their family or friends at home.



We would like to video record your conversations with your family or friends in your home.



You can say **yes** or **no** to taking part.

Who can take part?



We would like Thai people with aphasia and their family or friends to take part.



We would like people who can be video recorded at home.



We would like people who understand what the research is about and what taking part will mean.



We would like people who agree to take part.

What will happen if you take part?



Your family member will record videos of you when you have conversations with them.



We need the video recording to be 60-minute total over a 3-month span.



You will be asked to provide informed consent for sharing the video recordings. If you agree, your family member will send videos to the researcher.



You will also need to provide informed consent for the researcher to access your WAB scores (scores from a language test) from your treating clinician.



If you do not have existing WAB scores, you will be asked to take part in the WAB test performed by the researcher using an online method. The researcher will ask you to record this testing session.



You will be asked to provide informed consent for the researcher to access your background information either from case histories provided by your treating clinician or via phone/online contact with the researcher

What will happen to information you give us?



We will watch the video recordings.



Then we will write down what you said.



We will keep all the information in a safe place.



We will write about how you and your family/friends communicate in a report.



You will have options to choose who can view the videos and how long can the researcher keep them.



What we learn from your conversations will help to make research with people with aphasia better.



Taking part will not change the therapy you receive.

Please take time to decide if you want to take part.

You can ask us if you have any questions.

Thank you for taking part in the project

Date: 16/06/21



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+44 (0) 114 222 2446

Contact details for Dr Judy Clegg (Head of Division)



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+44 (0) 114 222 2450

Contact details for Prof Tracey Moore (Dean of HCS)



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เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมงานวิจัย

ชื่อโครงการวิจัย

การศึกษาการสนทนาของผู้ป่วยชาวไทย
ที่มีภาวะบกพร่องทางการสื่อสารโดยใช้วิธีวิเคราะห์การสนทนา

รายชื่อผู้วิจัย

ผู้วิจัยหลัก: นายปารณัท เมืองสุวรรณ

ผู้ดูแลโครงการวิจัย:

Prof Ray Wilkinson

Prof Catherine Tattersall

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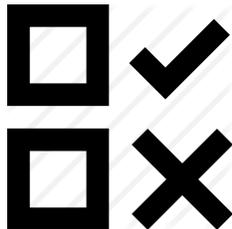
เราจะทำอะไร



เราจะทำโครงการวิจัยเกี่ยวกับการสื่อสาร
ของคุณกับคนดูแล



เราจะบันทึกการสนทนาระหว่างคุณกับคน
ดูแลที่บ้าน



คุณสามารถตอบ ตกลง หรือ ไม่ ก็ได้

ใครเข้าร่วมได้บ้าง



เราต้องการผู้เข้าร่วมที่เป็นผู้ป่วยที่มีปัญหา
การสื่อสารกับคู่สนทนา



เราต้องการคนที่ยอมให้เราถ่ายวิดีโอได้



เราต้องการคนที่เข้าใจว่าการเข้าร่วมการวิจัยคืออะไรและมีประโยชน์อย่างไร



เราต้องการคนที่ยินยอมที่จะเข้าร่วมอย่างเต็มใจ

จะเกิดอะไรขึ้นหากฉันเข้าร่วม



ผู้ดูแลของคุณจะบันทึกการสนทนาระหว่างคุณกับเขาที่บ้าน



คุณและผู้ดูแลจะต้องถูกถ่ายวิดีโอโดยมีความยาวรวม 60 นาทีในช่วงเวลา 3 เดือน



คุณจะถูกขอให้เซ็นยินยอมที่จะแบ่งปันวิดีโอบันทึกการสนทนาของคุณ หากคุณตกลง ผู้ดูแลของคุณจะเป็นคนส่งวิดีโอให้ผู้วิจัย



คุณจะถูกขอให้เซ็นยินยอมที่จะอนุญาตให้ผู้วิจัยเข้าถึงข้อมูลคะแนนการทดสอบทางภาษาของคุณจากนักแก้ไขการพูดประจำตัวของคุณ



หากคุณไม่ได้มีคะแนนอยู่แล้ว คุณจะถูกขอให้เข้าร่วมการประเมินโดยผู้วิจัยผ่านทางวิธีการออนไลน์โดยผู้วิจัย ผู้วิจัยจะขออนุญาตบันทึกการทดสอบนี้ไว้ คุณสามารถอนุญาตหรือไม่ก็ได้



คุณจะถูกขอให้เซ็นยินยอมที่จะอนุญาตให้ผู้วิจัยเข้าถึงข้อมูลส่วนตัวของคุณ จากประวัติการรักษา หรือการสัมภาษณ์เพิ่มเติมผ่านทางโทรศัพท์และทางออนไลน์

จะเกิดอะไรขึ้นกับข้อมูลที่คุณให้เรา



เราจะดูวิดีโอของคุณ



จากนั้นเราจะเขียนว่าคุณพูดอะไรบ้าง



เราจะเก็บข้อมูลของคุณไว้ในที่ที่ปลอดภัย



เราจะเขียนถึงการสื่อสารของคุณและผู้ดูแล
ไว้ในรายงาน



คุณสามารถเลือกว่าใครจะดูวิดีโอของคุณได้บ้าง
และ ผู้วิจัยจะเก็บวิดีโอของคุณได้นานแค่ไหน



สิ่งที่ได้จากโครงการนี้จะช่วยพัฒนา
การศึกษาเกี่ยวกับผู้ป่วยที่มีปัญหาการ
สื่อสารให้ดียิ่งขึ้น



การเข้าร่วมหรือไม่จะไม่ส่งผลต่อการรักษา
ของคุณ

คุณสามารถใช้เวลาตัดสินใจได้เต็มที่

คุณสามารถถามเราได้หากมีข้อสงสัย

ขอบพระคุณเป็นอย่างสูง

เอกสารวันที่: 16/06/2564



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Appendix 3.5 Participant information sheet for significant others of PWA



Participant information sheet for significant others of people with aphasia

Research Project Title: The study of conversation in Thai people with aphasia using conversation analysis

Invitation

You are being invited to take part in a research project. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of this project?

There has been no detailed investigation of how Thai people with aphasia (PWA) communicate with others before. The purpose of this project is to study how Thai people with aphasia communicate with their family member or friends in natural and everyday settings using any alternative ways and strategies to understand and interact with each other. Please note that this project is being conducted in partial fulfilment of a PhD degree for Paranat Muangsuwan under the supervision of Prof Ray Wilkinson and Prof Catherine Tattersall at the University of Sheffield.

Why have I been chosen?

We are inviting Thai people with aphasia and their family or friends to take part in our project. We aim to recruit not just anybody who can speak Thai, but the participants have to be native Thai speakers (have Thai as his/her native language). Being a native speaker not only signifies language that one speaks but also cognitive abilities and cultural differences that may affect the way one think and see the world. We expect to have at least ten to fifteen Thai people with aphasia and their family or friends to take part.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time without any negative consequences. You do not have to give a reason. If you wish to withdraw from the research, please contact us at the contact details which are provided at the end of this information sheet.

What will happen to me if I take part? What do I have to do?

1. If you are willing to participate and satisfied with the explanations about the project, you will be asked to sign a consent form to confirm that you agree to take part in the project.
2. You will be asked to video record spontaneous conversations between you, a person with aphasia, and others (e.g., friends, family members) at home. The video will be recorded whenever the participants feel comfortable. We need the video to be 60-minute total over a 3-month span.
3. You will be asked to provide informed consent for sharing these videos with the researcher via Google Drive. However, if you do not know how to use Google Drive, your treating speech-language pathologists (SLPs) will be the ones who teach/help you upload when you come for therapy at Ramathibodi hospital. If you receive telepractice services and do not come to the hospital, you can contact the research via phone call or other online methods for help with using Google Drive.
4. You will be given multiple copies of consent form. You will be asked to distribute the form to other people who appear in the videos (e.g., other family members, friends). They will be asked to sign the form if they agree to be in the video.
5. You will be asked to provide informed consent for the researcher to access your background information (e.g., age, occupation, language spoken, relationship with a person with aphasia) from the researcher via phone or online methods.



6. In some cases, the researcher may need to perform a language test to your aphasic family member via online method due to the covid-19 situation. You will be asked to help set up the computer for this online testing.

What are the possible disadvantages and risks of taking part?

You may feel inconvenient to have to record videos when there is about to be a conversation. You may also feel worried and awkward knowing that you are being recorded.

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will help us to understand more about communication and social interaction of Thai people with aphasia. Additionally, it will be beneficial to future research and intervention for people with aphasia and other communication disorders.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential and will be accessible to the researcher and research supervisors for analysis. Pseudonyms will be used so you will not be able to be identified in any reports or publications. You will be asked and given a choice to allow certain audiences such as those in the academic field to view your videos in certain situations (e.g. an academic conference). It is up to you whether or not you allow these audiences to view your videos. There will be an explicit question regarding this in the consent form. You can choose to share or not to share any videos you would like to. If you decide to withdraw from the project, the video recordings that have you in it will be deleted immediately.

What is the legal basis for processing my personal data?

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for archiving purposes in the public interest, scientific research purposes or statistical purposes' (9(2)(j)). Further information can be found in the University's Privacy Notice:

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

What will happen to the data collected, and the results of the research project?

Data such as participant background information collected from case histories or interview will be saved in a plain-text file and stored in the UoS Google Drive. These data will be used for the analysis purpose only. Pseudonyms will be used so you will not be able to be identified in any reports or publications.

As previously mentioned, you will be asked to share the videos with the researcher via Google Drive. After the researcher receives the videos on his laptop, he will then make copies to the University of Sheffield's Google Drive. The researcher and his team will download these videos from the UoS Google Drive to their laptop only when doing data analysis and delete them every time after they are finished.

After the data have been collected, the researchers will see the videos, write down the conversations, analyse them, and write a report. The results of the research project will be published in a student thesis and possibly research publications. There may be a possibility when the researcher may need to keep the data after the thesis has been completed. For example, the researcher may need the data for future research, teaching purposes, potential conferences. However, you will be given a choice whether you allow the researcher to keep the data after the thesis has been completed or not. There will be an explicit question regarding this in the consent form. If you allow the research to keep the data after the thesis, the videos will be kept in the University of Sheffield Google Drive.

**Who is the Data Controller?**

The University of Sheffield will act as the Data Controller for this study. This means that the University of Sheffield is responsible for looking after your information and using it properly.

Who has ethically reviewed the project?

This project has been ethically approved via Mahidol University and the University of Sheffield's Ethics Review Procedure, in accordance with University of Sheffield Research Ethics Committee procedures.

What if something goes wrong and I wish to complain about the research?

If you have a complaint, you can contact your treating SLP or the supervisor of the project, Prof Ray Wilkinson. However, should you feel that your complaint has not been handled to your satisfaction you can contact the Head of Division, Dr Judy Clegg who will then escalate the complaint through the appropriate channels. If the complaint relates to how your personal data has been handled, information about how to raise a complaint can be found in the University's Privacy Notice: <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

What if any other people are affected by this project and wish to report their concerns or incidents?

People who are affected by research activities can report their concerns or incidents to authorities at Ramathibodi Hospital. The easiest way is to report directly to your significant other's treating SLPs. They will refer these concerns or incidents to authorities (e.g., the head of the department, Human Research Ethics Committee) if necessary. They will be responsible for receiving details of reported concerns or incidents and ensuring they are dealt with appropriately according to the safeguarding policy of the University of Sheffield well as the local policy of Mahidol University. However, they can also contact the head of the department and Human Research Ethics Committee at Ramathibodi Hospital directly if they feel more comfortable (see contact detail below). The process of dealing with concerns will follow section 6 of the safeguarding policy. More information about this safeguarding policy can be found here: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/safeguarding>

Contact for further information

Student researcher: Paranat Muangsuwan

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Dean of the Health Sciences School: Prof Tracey Moore

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Address: Division of Nursing and Midwifery, Health Sciences School, University of Sheffield, Barber House Annexe, 3 Clarkehouse Road, Sheffield, S10 2HQ

Head of the department of communication sciences and disorders: Dr Nittaya Kasemkosin

E-mail: rankk4567@gmail.com Tel: +66 (0)201-2208

Address: Department of communication sciences and disorders, Ramathibodi Hospital, Mahidol University, Building 4 (4th floor), 270 Rama VI Road, Thungpayathai, Ratchathewi, Bangkok, 10400, Thailand.

Human Research Ethics Committee, Faculty of Medicine Ramathibodi Hospital, Mahidol University

E-mail: raec.mahidol@gmail.com Tel: +66 (0)2012175, 2011544, 2010388

Address: Faculty of Medicine Ramathibodi Hospital, Mahidol University 270 Rama 6 Rd. Phayatai Ratchathewi, Bangkok, 10400, Thailand

Thank you for taking part in the project

Participant information sheet: Date 11/07/21

Appendix 3.6 Participant information sheet for significant others of PWA (Thai version)



เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมงานวิจัย สำหรับคู่สนทนาผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสาร

ชื่อโครงการวิจัย: การศึกษาการสนทนาของผู้ป่วยชาวไทยที่มีภาวะบกพร่องทางการสื่อสารโดยใช้วิธีวิเคราะห์การสนทนา

คำชี้ชวน

ท่านได้รับการเชิญให้เข้าเป็นส่วนหนึ่งของโครงการวิจัย ก่อนที่ท่านจะตัดสินใจที่จะเข้าร่วมโครงการหรือไม่ นั้น สิ่งสำคัญคือท่านต้องเข้าใจถึงรายละเอียดและความสำคัญของโครงการวิจัยนี้ก่อน กรุณาใช้เวลาเพื่อที่จะอ่านข้อมูลสำคัญต่อไปนี้อย่างละเอียดถี่ถ้วนและสามารถปรึกษากับบุคคลอื่นได้ หากท่านมีคำถามหรือข้อสงสัยเกี่ยวกับข้อมูล หรือต้องการข้อมูลเพิ่มเติมสามารถสอบถามกับทีมวิจัยได้ทันที ท่านสามารถใช้เวลามากเท่าที่กับการตัดสินใจว่าจะเข้าร่วมหรือไม่ ทางทีมวิจัยขอขอบพระคุณเป็นอย่างสูง

วัตถุประสงค์ของโครงการ

การวิเคราะห์การสื่อสารเป็นวิธีการที่ใช้สำหรับศึกษาการมีปฏิสัมพันธ์ทางสังคมของมนุษย์ในชีวิตประจำวันในประเทศไทย ยังไม่เคยมีการนำวิธีการวิเคราะห์การสื่อสารมาใช้กับผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารมาก่อน วัตถุประสงค์ของโครงการนี้คือ เพื่อศึกษาการสื่อสารที่เป็นธรรมชาติของผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารกับคู่สนทนาในชีวิตประจำวัน เน้นการศึกษาถึงวิธีการทางเลือกที่ผู้ป่วยและคู่สนทนาใช้ในการมีปฏิสัมพันธ์และเข้าใจซึ่งกันและกัน โครงการวิจัยนี้เป็นส่วนหนึ่งของชุมชนนิพนธ์ซึ่งเป็นส่วนหนึ่งของการศึกษาเพื่อเสนอรับปริญญาเอกของ นาย ปารณัท เมืองสุวรรณ ภายใต้การดูแลของ Prof Ray Wilkinson และ Prof Catherine Tattersall ณ มหาวิทยาลัยเซฟฟิลด์

ทำไมข้าพเจ้าถึงได้รับเลือก

ทีมวิจัยอยากที่จะเชิญผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารชาวไทยและคู่สนทนาเข้าร่วมโครงการวิจัยนี้ ผู้เข้าร่วมจำเป็นที่จะต้องเป็นคนสัญชาติไทย (มีภาษาไทยเป็นภาษาแม่) เนื่องจากการเป็นคนไทยโดยกำเนิดจะส่งผลต่อวิธีการคิดและวัฒนธรรมที่อาจส่งผลต่อรูปแบบการสื่อสารได้ทางทีมวิจัยต้องการผู้เข้าร่วมอย่างน้อย 10-15 ครอบครัวสำหรับการศึกษานี้

ข้าพเจ้าจำเป็นต้องเข้าร่วมโครงการวิจัยนี้หรือไม่

การตัดสินใจจะเข้าร่วมโครงการวิจัยนี้ขึ้นอยู่กับตัวของท่าน หากท่านตัดสินใจที่จะเข้าร่วม ท่านจะได้รับเอกสารชี้แจงข้อมูลฉบับนี้เก็บไว้ (และท่านจะถูกขอให้ลงชื่อในหนังสือยินยอมอีกฉบับหนึ่ง) ท่านสามารถถอนตัวจากโครงการวิจัยนี้เมื่อใดก็ได้ โดยที่ท่านจะไม่ได้รับผลกระทบใด ๆ จากการรักษาที่ท่านพึงได้รับ ท่านไม่จำเป็นต้องให้เหตุผลในการถอนตัวออกจากโครงการ ท่านสามารถติดต่อทีมวิจัยได้ตามรายละเอียดที่ทีมวิจัยระบุไว้ในหน้าสุดท้ายของเอกสารฉบับนี้

ข้าพเจ้าต้องทำอะไรบ้าง หากมีความประสงค์ที่จะเข้าร่วม



1. หากท่านมีความประสงค์ที่จะเข้าร่วมโครงการวิจัยนี้และพอใจกับการอธิบายรายละเอียดของโครงการ ท่านจะถูกขอให้ลงชื่อในหนังสือยินยอมเพื่อยืนยันว่าท่านต้องการที่จะเข้าร่วมโครงการ
2. ท่านจะถูกขอให้อ่านบันทึกข้อตกลงการสนทนาระหว่างท่านและผู้ป่วยและบุคคลอื่น ๆ (เช่น ญาติคนอื่น ๆ, เพื่อน) วัตถุประสงค์ที่ท่านบันทึกในแต่ละวันจะมีความยาวเท่าไรก็ได้ แต่ระยะเวลาของวิดีโอรวมทั้งหมดที่ทีมวิจัยต้องการคือประมาณ 60 นาที ท่านจะมีระยะเวลาในการถ่ายวิดีโอประมาณ 3 เดือน
3. ท่านจะถูกขอให้เซ็นยินยอมที่จะส่งวิดีโอของท่านที่ถ่ายไว้ในแต่ละวันแก่ผู้วิจัยผ่านทาง กูเกิลไดรฟ์ (พื้นที่เก็บข้อมูลออนไลน์) หากท่านใช้ กูเกิลไดรฟ์ ไม่เป็น นักแก้ไขการพูดประจำตัวของท่านจะทำหน้าที่ในการช่วยหรือสอนวิธีการใช้ให้ หากท่านรับการฝึกพูดแบบ ออนไลน์อยู่ ท่านสามารถขอรับความช่วยเหลือในการส่งวิดีโอผ่านกูเกิลไดรฟ์ได้ โดยติดต่อผู้วิจัยได้โดยตรงผ่านทางโทรศัพท์ หรือวิธีการออนไลน์ อื่น ๆ ผู้วิจัยจะเก็บวิดีโอเหล่านี้เข้าไปเก็บไว้ที่กูเกิลไดรฟ์ของมหาวิทยาลัยเซฟฟิลด์ที่มีความปลอดภัยสูง
4. ท่านจะได้รับสำเนาหนังสือยินยอมหลายฉบับ เพื่อเอาไว้แจกจ่ายในกรณีที่มีคนอื่น ๆ เข้ามาอยู่ในวิดีโอที่ท่านถ่ายอยู่ ทุกคนที่อยู่ในวิดีโอจะต้องเซ็นเอกสารยินยอมเพื่อเข้าร่วมวิจัยหากต้องการที่จะเข้าร่วมโครงการ
5. ท่านจะถูกขอขอให้เซ็นยินยอมที่จะแชร์ข้อมูลส่วนตัวที่เกี่ยวข้องกับผู้วิจัย เช่น อายุ อาชีพ ภาษาที่ใช้ ความสัมพันธ์กับผู้ป่วย เป็นต้น โดยข้อมูลจะถูกดึงมาจากประวัติการรักษาที่นักแก้ไขการพูดของท่าน หรือ จากการสัมภาษณ์ของผู้วิจัยผ่านทางโทรศัพท์ หรือ วิธีการออนไลน์
6. ในกรณีที่ผู้วิจัยจำเป็นต้องประเมินทักษะทางภาษาของผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสาร โดยใช้อินเทอร์เน็ต ท่านจะถูกขอให้ช่วยเตรียมการตั้งค่าคอมพิวเตอร์และอำนวยความสะดวกผู้ป่วยในการทำการประเมิน

ความเสี่ยงที่จะได้รับหากเข้าร่วมโครงการนี้

ผู้เข้าร่วมงานวิจัยอาจจะได้รับความไม่สะดวกสบายในการที่จะต้องบันทึกวิดีโอการสนทนาในชีวิตประจำวัน ผู้เข้าร่วมอาจจะรู้สึกกังวลและอึดอัดกับข้อใจเมื่อรู้ว่าจะต้องถูกบันทึกวิดีโอ

ประโยชน์ที่จะได้รับหากเข้าร่วมโครงการนี้

ถึงแม้ว่าผู้เข้าร่วมจะไม่ได้รับประโยชน์โดยตรงจากโครงการวิจัยนี้ ผลของการศึกษานี้จะเป็นประโยชน์อย่างยิ่งต่อการที่จะทำให้เราเข้าใจการสื่อสารและการมีปฏิสัมพันธ์ทางสังคมกับผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารมากขึ้น นอกจากนี้การศึกษานี้จะเป็นต้นแบบสำหรับการวิเคราะห์การสื่อสารในผู้ป่วยที่มีภาวะบกพร่องทางการสื่อสารชาวไทยและความผิดปกติทางการสื่อสารความหมายอื่น ๆ ต่อไป

การเข้าร่วมโครงการวิจัยนี้จะถูกเก็บเป็นความลับหรือไม่

ข้อมูลทั้งหมดที่ทีมวิจัยได้รับจากผู้เข้าร่วมจะถูกเก็บเป็นความลับ ผู้ที่จะเข้าถึงข้อมูลได้จะมีเพียงผู้วิจัยและผู้ดูแลงานวิจัยเท่านั้น ชื่อของท่านในรายงานหรือการตีพิมพ์ต่าง ๆ จะถูกใช้เป็นนามสมมติ ดังนั้นจะไม่มีใครรู้ถึงการเข้าร่วมโครงการวิจัยของท่าน นอกจากนี้ท่านจะได้รับตัวเลือกเกี่ยวกับการเข้าถึงวิดีโอที่ท่านถ่ายว่าจะอนุญาตให้บุคลากรที่เกี่ยวข้องกับการศึกษากลุ่มไหนดูได้บ้าง ตัวอย่างเช่น การนำเสนอวิดีโอของ



ท่านในงานประชุมวิชาการ ซึ่งการอนุญาตหรือไม่นั้นท่านสามารถเลือกได้จากตัวเลือกในหนังสือยินยอมในคำถามที่เกี่ยวข้องกับการเข้าถึงข้อมูล

ข้อกำหนดเกี่ยวกับการจัดการข้อมูลส่วนตัวของข้าพเจ้า

เนื่องจากกฎหมายที่เกี่ยวข้องกับการปกป้องข้อมูลกำหนดให้ทางที่มิวิจัยจำเป็นต้องแจ้งท่านเกี่ยวกับข้อกำหนดพื้นฐานที่มิวิจัยใช้ในการจัดการข้อมูลส่วนตัวของท่าน ซึ่งผู้วิจัยได้ทำตามกฎข้อที่ ท่านสามารถอ่านเพิ่มเติมได้ที่ (9(2)(j)) ซึ่งท่านสามารถอ่านเพิ่มเติมได้ที่

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

จะเกิดอะไรขึ้นกับข้อมูลที่เก็บมาและผลของโครงการวิจัย

วิดีโอที่ถูกเก็บในยูทูปของนักแก้ไขการพูดของท่านจะถูกลบทันทีเมื่อที่มิวิจัยได้รับวิดีโอเหล่านั้น และบันทึกไว้ในยูทูปของมหาวิทยาลัยเซฟฟิลด์ หลังจากข้อมูลถูกรวบรวมเข้ามา ที่มิวิจัยจะดูวิดีโอ ถอดความบทสนทนา วิเคราะห์ และนำไปเขียนเป็นรายงาน ผลของงานวิจัยนี้จะเป็นส่วนหนึ่งของวิทยานิพนธ์ของผู้วิจัย อย่างไรก็ตาม อาจจะมีความเป็นไปได้ที่ผู้วิจัยอาจจะจำเป็นต้องเก็บข้อมูลและวิดีโอของผู้เข้าร่วมโครงการไว้ หลังจากวิทยานิพนธ์สำเร็จแล้ว ตัวอย่างเช่น ผู้วิจัยอาจจะจำเป็นต้องเก็บข้อมูลเหล่านี้ไว้ สำหรับงานวิจัยในอนาคต หรืองานประชุมวิชาการต่าง ๆ ซึ่งผู้เข้าร่วมโครงการวิจัยจะได้รับตัวเลือกในหนังสือยินยอมว่าจะอนุญาตให้ผู้วิจัยเก็บข้อมูลเหล่านี้ไว้ได้นานเท่าไร ถ้าผู้เข้าร่วมอนุญาตให้ผู้วิจัยเก็บข้อมูลและวิดีโอเหล่านี้ต่อไปได้หลังจากวิทยานิพนธ์สำเร็จแล้ว ข้อมูลจะถูกเก็บไว้ในคอมพิวเตอร์ของผู้วิจัยที่ต้องอาศัยรหัสผ่านในการเข้าถึงเท่านั้น ท่านสามารถขอให้ทางผู้วิจัยลบวิดีโอที่มีท่านอยู่ได้ทุกเมื่อ หากท่านตัดสินใจที่จะถอนตัวออกจากโครงการ

ใครเป็นผู้ควบคุมดูแลข้อมูล

มหาวิทยาลัยเซฟฟิลด์จะทำหน้าที่เป็นผู้ควบคุมดูแลข้อมูลสำหรับโครงการวิจัยนี้ ซึ่งหมายความว่ามหาวิทยาลัยเซฟฟิลด์จะมีหน้าที่ดูแลข้อมูลและการใช้ข้อมูลอย่างเหมาะสม

ใครมีหน้าที่รับรองจริยธรรมการวิจัย

โครงการวิจัยนี้ได้รับการรับรองจริยธรรมการวิจัยจากคณะกรรมการจริยธรรมการวิจัยในคนโดยมหาวิทยาลัยมิดเดิลและมหาวิทยาลัยเซฟฟิลด์

หากเกิดปัญหาหรือมีข้อร้องเรียนจะต้องทำอย่างไร

หากเกิดปัญหาหรือมีข้อร้องเรียน ท่านสามารถติดต่อผู้ดูแลโครงการวิจัย Prof Ray Wilkinson อย่างไรก็ตาม หากท่านรู้สึกว่าการร้องเรียนของท่านไม่ถูกจัดการอย่างเหมาะสม ท่านสามารถติดต่อโดยตรงได้ที่หัวหน้าภาควิชา Dr Judy Clegg ผู้ที่จะสามารถจัดการการร้องเรียนต่าง ๆ ได้อย่างเหมาะสม ข้อมูลเพิ่มเติมเกี่ยวกับการร้องเรียนสามารถอ่านได้ที่

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.



หากบุคคลอื่น ๆ ที่ไม่ได้เข้าร่วมการวิจัยได้รับผลกระทบและมีข้อร้องเรียนจะต้องทำอะไร หากมีบุคคลอื่น ๆ ได้รับผลกระทบจากโครงการวิจัยนี้ พวกเขาสามารถที่จะแจ้งข้อร้องเรียนของเขาได้ที่ ผู้เกี่ยวข้องที่โรงพยาบาลรามาธิบดีได้โดยตรง วิธีการที่สะดวกที่สุดคือการติดต่อนักแก้ไขการพูดของท่าน นักแก้ไขการพูดจะส่งข้อร้องเรียนดังกล่าว ไปยังผู้ที่เกี่ยวข้อง (เช่น หัวหน้าภาควิชา, คณะกรรมการจริยธรรมการวิจัยในคน) พวกเขาจะมีหน้าที่ในการรับข้อร้องเรียนต่าง ๆ และจัดการข้อร้องเรียนเหล่านั้น อย่างเหมาะสม ตามนโยบายการป้องกันของมหาวิทยาลัยเซฟฟิลด์ และ มหาวิทยาลัยมหิดล อย่างไรก็ตาม บุคคลที่ได้รับผลกระทบสามารถติดต่อ หัวหน้าภาควิชาและคณะกรรมการจริยธรรมการวิจัยในคนได้ โดยตรง ตามรายละเอียดที่แนบไว้ท้ายเอกสารนี้ กระบวนการจัดการกับข้อร้องเรียนจะเป็นไปตามนโยบาย การป้องกันของมหาวิทยาลัยเซฟฟิลด์ ในข้อที่ 6 ข้อมูลเพิ่มเติมเกี่ยวกับนโยบายการป้องกันการสามารถดูได้ เพิ่มเติมที่ <https://www.sheffield.ac.uk/rs/ethicsandintegrity/safeguarding>

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หัวหน้าภาควิชาวิทยาศาสตร์สื่อความหมายและความผิดปกติของการสื่อความหมาย:

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โรงพยาบาลรามาริบัติ มหาวิทยาลัยมหิดล อาคาร 4 ชั้น 4 เลขที่ 270 ถนนพระราม 6 แขวงทุ่งพญาไท เขต

ราชเทวี กทม. 10400

คณะกรรมการจริยธรรมการวิจัยในคน คณะแพทยศาสตร์โรงพยาบาลรามาริบัติ มหาวิทยาลัยมหิดล

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พระราม 6 แขวงทุ่งพญาไท เขตราชเทวี กทม. 10400

ทางที่มิวิจัยขอขอบพระคุณเป็นอย่างสูง

เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมงานวิจัยฉบับวันที่ 16/06/2564

Appendix 3.7 Participant information sheet for conversation partners of PWA



Participant information sheet for family or friends of people with aphasia

Research Project Title: The study of conversation in Thai people with aphasia using conversation analysis

Invitation

You are being invited to take part in a research project. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of this project?

There has been no detailed investigation of how Thai people with aphasia (PWA) communicate with others before. The purpose of this project is to study how Thai people with aphasia communicate with their family member or friends in natural and everyday settings using any alternative ways and strategies to understand and interact with each other. Please note that this project is being conducted in partial fulfilment of a PhD degree for Paranat Muangsuwan under the supervision of Prof Ray Wilkinson and Prof Catherine Tattersall at the University of Sheffield.

Why have I been chosen?

We are inviting Thai people with aphasia and their family or friends to take part in our project. We aim to recruit not just anybody who can speak Thai, but the participants have to be native Thai speakers (have Thai as his/her native language). Being a native speaker not only signifies language that one speaks but also cognitive abilities and cultural differences that may affect the way one think and see the world. We expect to have at least ten to fifteen Thai people with aphasia and their family or friends to take part.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time without any negative consequences. You do not have to give a reason. If you wish to withdraw from the research, please contact us at the contact details which are provided at the end of this information sheet.

What will happen to me if I take part? What do I have to do?

1. If you are willing to participate and satisfied with the explanations about the project, you will be asked to sign a consent form to confirm that you agree to take part in the project.
2. You will be asked to be video recorded when you have spontaneous conversations with the person with aphasia. You will talk to the person with aphasia as you normally do when you see him/her. The video will be recorded by the significant other of the person with aphasia whenever you feel comfortable. You can ask the significant other to delete the video if you change your mind.
3. You will be asked to provide informed consent for sharing these videos with the researcher via Google Drive. The significant other of the person with aphasia will be the one who share them with the researcher.
4. You will be asked to provide informed consent for the researcher to access your background information (e.g., age, occupation, language spoken, relationship with a person with aphasia) via phone/online contact with the researcher

What are the possible disadvantages and risks of taking part?

You may feel inconvenient to have to record videos when there is about to be a conversation. You may also feel worried and awkward knowing that you are being recorded.



What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will help us to understand more about communication and social interaction of Thai people with aphasia. Additionally, it will be beneficial to future research and intervention for people with aphasia and other communication disorders.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential and will be accessible to the researcher and research supervisors for analysis. Pseudonyms will be used so you will not be able to be identified in any reports or publications. You will be asked and given a choice to allow certain audiences such as those in the academic field to view your videos in certain situations (e.g. an academic conference). It is up to you whether or not you allow these audiences to view your videos. There will be an explicit question regarding this in the consent form. You can choose to share or not to share any videos you would like to. If you decide to withdraw from the project, the video recordings that have you in it will be deleted immediately.

What is the legal basis for processing my personal data?

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for archiving purposes in the public interest, scientific research purposes or statistical purposes' (9(2)(j)). Further information can be found in the University's Privacy Notice:

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

What will happen to the data collected, and the results of the research project?

Data such as participant background information collected from case histories or interview will be saved in a plain-text file and stored in the UoS Google Drive. These data will be used for the analysis purpose only. Pseudonyms will be used so you will not be able to be identified in any reports or publications.

As previously mentioned, the significant other of the person with aphasia will share the videos with the researcher via Google Drive. After the researcher receives the videos on his laptop, he will then make copies to the University of Sheffield's Google Drive. The researcher and his team will download these videos from the UoS Google Drive to their laptop only when doing data analysis and delete them every time after they are finished.

After the data have been collected, the researchers will see the videos, write down the conversations, analyse them, and write a report. The results of the research project will be published in a student thesis and possibly research publications. There may be a possibility when the researcher may need to keep the data after the thesis has been completed. For example, the researcher may need the data for future research, teaching purposes, potential conferences. However, you will be given a choice whether you allow the researcher to keep the data after the thesis has been completed or not. There will be an explicit question regarding this in the consent form. If you allow the research to keep the data after the thesis, the videos will be kept in the University of Sheffield Google Drive.

Who is the Data Controller?

The University of Sheffield will act as the Data Controller for this study. This means that the University of Sheffield is responsible for looking after your information and using it properly.

Who has ethically reviewed the project?

This project has been ethically approved via Mahidol University and the University of Sheffield's Ethics Review Procedure, in accordance with University of Sheffield Research Ethics Committee procedures.



What if something goes wrong and I wish to complain about the research?

If you have a complaint, you can contact your treating SLP or the supervisor of the project, Prof Ray Wilkinson. However, should you feel that your complaint has not been handled to your satisfaction you can contact the Head of Division, Dr Judy Clegg who will then escalate the complaint through the appropriate channels. If the complaint relates to how your personal data has been handled, information about how to raise a complaint can be found in the University's Privacy Notice: <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

What if any other people are affected by this project and wish to report their concerns or incidents?

People who are affected by research activities can report their concerns or incidents to authorities at Ramathibodi Hospital. One way is to report these incidents to the head of department of communication sciences and disorders. They will refer these concerns or incidents to authorities (e.g., Human Research Ethics Committee) if necessary. They will be responsible for receiving details of reported concerns or incidents and ensuring they are dealt with appropriately according to the safeguarding policy of the University of Sheffield well as the local policy of Mahidol University. However, they can also contact the head of the department and Human Research Ethics Committee at Ramathibodi Hospital directly if they feel more comfortable (see contact detail below). The process of dealing with concerns will follow section 6 of the safeguarding policy.

More information about this safeguarding policy can be found here:

<https://www.sheffield.ac.uk/rs/ethicsandintegrity/safeguarding>

Contact for further information

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Ratchathewi, Bangkok, 10400, Thailand

Thank you for taking part in the project

Participant information sheet: Date 11/07/21

Appendix 3.8 Participant information sheet for conversation partners of PWA (Thai version)



เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมงานวิจัย สำหรับญาติหรือเพื่อนของผู้ป่วยที่มีภาวะบกพร่องทางการสื่อความ

ชื่อโครงการวิจัย: การศึกษาการสนทนาของผู้ป่วยชาวไทยที่มีภาวะบกพร่องทางการสื่อความโดยใช้วิธีวิเคราะห์การสนทนา

คำชี้ชวน

ท่านได้รับการเชิญให้เข้าเป็นส่วนหนึ่งของโครงการวิจัย ก่อนที่ท่านจะตัดสินใจที่จะเข้าร่วมโครงการหรือไม่ นั้น สิ่งสำคัญคือท่านต้องเข้าใจถึงรายละเอียดและความสำคัญของโครงการวิจัยนี้ก่อน กรุณาใช้เวลาเพื่อที่จะอ่านข้อมูลสำคัญต่อไปนี้อย่างละเอียดถี่ถ้วนและสามารถปรึกษากับบุคคลอื่นได้ หากท่านมีคำถามหรือข้อสงสัยเกี่ยวกับข้อมูล หรือต้องการข้อมูลเพิ่มเติมสามารถสอบถามกับทีมวิจัยได้ทันที ท่านสามารถใช้เวลาอย่างเต็มที่กับการตัดสินใจว่าจะเข้าร่วมหรือไม่ ทางทีมวิจัยขอขอบพระคุณเป็นอย่างสูง

วัตถุประสงค์ของโครงการ

การวิเคราะห์การสื่อสารเป็นวิธีการที่ใช้สำหรับศึกษามีปฏิสัมพันธ์ทางสังคมของมนุษย์ในชีวิตประจำวันในประเทศไทย ยังไม่เคยมีการนำวิธีการวิเคราะห์การสื่อสารมาใช้กับผู้ป่วยที่มีภาวะบกพร่องทางการสื่อความมาก่อน วัตถุประสงค์ของโครงการนี้คือ เพื่อศึกษาการสื่อสารที่เป็นธรรมชาติของผู้ป่วยที่มีภาวะบกพร่องทางการสื่อความกับคู่สนทนาในชีวิตประจำวัน เน้นการศึกษาถึงวิธีการทางเลือกที่ผู้ป่วยและคู่สนทนาใช้ในการมีปฏิสัมพันธ์และเข้าใจซึ่งกันและกัน โครงการวิจัยนี้เป็นส่วนหนึ่งของดุซงกีนิพนธ์ซึ่งเป็นส่วนหนึ่งของการศึกษาเพื่อเสนอรับปริญญาเอกของ นาย ปารณท์ เมืองสุวรรณ ภายใต้การดูแลของ Prof Ray Wilkinson และ Prof Catherine Tattersall ณ มหาวิทยาลัยเซฟฟิลด์

ทำไมข้าพเจ้าถึงได้รับเลือก

ทีมวิจัยอยากที่จะเชิญผู้ป่วยที่มีภาวะบกพร่องทางการสื่อความชาวไทยและคู่สนทนาเข้าร่วมโครงการวิจัยนี้ ผู้เข้าร่วมจำเป็นที่จะต้องเป็นคนสัญชาติไทย (มีภาษาไทยเป็นภาษาแม่) เนื่องจากการเป็นคนไทยโดยกำเนิดจะส่งผลต่อวิธีการคิดและวัฒนธรรมที่อาจส่งผลต่อรูปแบบการสื่อสารได้ทางทีมวิจัยต้องการผู้เข้าร่วมอย่างน้อย 10-15 ครอบครัวสำหรับการศึกษานี้

ข้าพเจ้าจำเป็นต้องเข้าร่วมโครงการวิจัยนี้หรือไม่

การตัดสินใจจะเข้าร่วมโครงการวิจัยนี้ขึ้นอยู่กับตัวของท่าน หากท่านตัดสินใจที่จะเข้าร่วม ท่านจะได้รับเอกสารชี้แจงข้อมูลฉบับนี้เก็บไว้ (และท่านจะถูกขอให้ลงชื่อในหนังสือยินยอมอีกฉบับหนึ่ง) ท่านสามารถถอนตัวจากโครงการวิจัยนี้เมื่อใดก็ได้ โดยที่ท่านจะไม่ได้รับผลกระทบใด ๆ จากการรักษาที่ท่านพึงได้รับ ท่านไม่จำเป็นต้องให้เหตุผลในการถอนตัวออกจากโครงการ ท่านสามารถติดต่อทีมวิจัยได้ตามรายละเอียดที่ทีมวิจัยระบุไว้ในหน้าสุดท้ายของเอกสารฉบับนี้

ข้าพเจ้าต้องทำอะไรบ้าง หากมีความประสงค์ที่จะเข้าร่วม



1. หากท่านมีความประสงค์ที่จะเข้าร่วมโครงการวิจัยนี้และพอใจกับการอธิบายรายละเอียดของโครงการ ท่านจะถูกขอให้ลงชื่อในหนังสือยินยอมเพื่อยืนยันว่าท่านต้องการที่จะเข้าร่วมโครงการ
2. ท่านจะถูกขอให้ออมถูกบันทึกในวิดีโอการสนทนาระหว่างท่านและผู้ช่วยที่มีภาวะบกพร่องทางการสื่อสาร ท่านจะถูกขอให้ออมถูกบันทึกในวิดีโอการสนทนาที่ใช้เวลาเจอผู้ช่วย วิดีโอจะถูกบันทึกโดยญาติประจำตัวที่เป็นคนดูแลผู้ช่วย ท่านสามารถขอให้ลบวิดีโอได้หากท่านเปลี่ยนใจภายหลังหรือไม่ยินยอมให้นำวิดีโอไปใช้
3. ท่านจะถูกขอให้เซ็นยินยอมที่จะส่งวิดีโอของท่านที่ถ่ายไว้ในแต่ละวันแก่ผู้วิจัยผ่านทาง กูเกิลไดรฟ์ (พื้นที่เก็บข้อมูลออนไลน์) โดยญาติประจำตัวที่เป็นคนดูแลผู้ช่วยจะเป็นผู้ส่งวิดีโอเหล่านี้ให้กับผู้วิจัย ผู้วิจัยจะเก็บวิดีโอเหล่านี้เข้าไปเก็บไว้ที่กูเกิลไดรฟ์ของมหาวิทยาลัยเซฟฟีลด์ที่มีความปลอดภัยสูง
4. ท่านจะถูกขอขอให้เซ็นยินยอมที่จะแชร์ข้อมูลส่วนตัวที่เกี่ยวข้องกับผู้วิจัย เช่น อายุ อาชีพ ภาษาที่ใช้ ความสัมพันธ์กับผู้ช่วย เป็นต้น โดยข้อมูลจะมาจากการสัมภาษณ์ของผู้วิจัยผ่านทางโทรศัพท์ หรือ วิธีการออนไลน์

ความเสี่ยงที่จะได้รับหากเข้าร่วมโครงการนี้

ผู้เข้าร่วมงานวิจัยอาจจะได้รับความไม่สะดวกสบายในการที่จะต้องบันทึกวิดีโอการสนทนาในชีวิตประจำวัน ผู้เข้าร่วมอาจจะรู้สึกกังวลและอึดอัดกับข้อจำกัดเมื่อรู้ว่าจะต้องถูกบันทึกวิดีโอ

ประโยชน์ที่จะได้รับหากเข้าร่วมโครงการนี้

ถึงแม้ว่าผู้เข้าร่วมจะไม่ได้รับประโยชน์โดยตรงจากโครงการวิจัยนี้ ผลของการศึกษานี้จะเป็นประโยชน์อย่างยิ่งต่อการทำงานที่เราเข้าใจการสื่อสารและการมีปฏิสัมพันธ์ทางสังคมกับผู้ช่วยที่มีภาวะบกพร่องทางการสื่อสารมากขึ้น นอกจากนี้การศึกษานี้จะเป็นต้นแบบสำหรับการวิเคราะห์การสื่อสารในผู้ช่วยที่มีภาวะบกพร่องทางการสื่อสารชาวไทยและความผิดปกติทางการสื่อสารความหมายอื่น ๆ ต่อไป

การเข้าร่วมโครงการวิจัยนี้จะถูกเก็บเป็นความลับหรือไม่

ข้อมูลทั้งหมดที่ที่วิจัยได้รับจากผู้เข้าร่วมจะถูกเก็บเป็นความลับ ผู้ที่จะเข้าถึงข้อมูลได้จะมีเพียงผู้วิจัยและผู้ดูแลงานวิจัยเท่านั้น ชื่อของท่านในรายงานหรือการตีพิมพ์ต่าง ๆ จะถูกใช้เป็นนามสมมติ ดังนั้นจะไม่มีมีใครรู้ถึงการเข้าร่วมโครงการวิจัยของท่าน นอกจากนี้ท่านจะได้รับตัวเลือกเกี่ยวกับการเข้าถึงวิดีโอที่ท่านถ่ายว่าจะอนุญาตให้บุคลากรที่เกี่ยวข้องกับการศึกษากลุ่มไหนดูได้บ้าง ตัวอย่างเช่น การนำเสนอวิดีโอของท่านในงานประชุมวิชาการ ซึ่งการอนุญาตหรือไม่นั้นท่านสามารถเลือกได้จากตัวเลือกในหนังสือยินยอมในคำถามที่เกี่ยวข้องกับการเข้าถึงข้อมูล

ข้อกำหนดเกี่ยวกับการจัดการข้อมูลส่วนตัวของข้าพเจ้า

เนื่องจากกฎหมายที่เกี่ยวข้องกับการปกป้องข้อมูลกำหนดให้ทางที่วิจัยจำเป็นต้องแจ้งท่านเกี่ยวกับข้อกำหนดพื้นฐานที่ที่วิจัยใช้ในการจัดการข้อมูลส่วนตัวของท่าน ซึ่งผู้วิจัยได้ทำตามกฎข้อที่ ท่านสามารถอ่านเพิ่มเติมได้ที่ (9(2)(j)) ซึ่งท่านสามารถอ่านเพิ่มเติมได้ที่

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.



จะเกิดอะไรขึ้นกับข้อมูลที่เก็บมาและผลของโครงการวิจัย

วิดีโอที่ถูกเก็บในกูเกิลไดร์ฟของนักแก้ไขการพูดของท่านจะถูกลบทันทีเมื่อที่มวิจัยได้รับวิดีโอเหล่านั้น และบันทึกไว้ในกูเกิลไดร์ฟของมหาวิทยาลัยเซฟฟิลด์ หลังจากที่คุณกรอกรวบรวมเข้ามา ที่มวิจัยจะดูวิดีโอ ถอดความบทสนทนา วิเคราะห์ และนำไปเขียนเป็นรายงาน ผลของงานวิจัยนี้จะเป็นส่วนหนึ่งของวิทยานิพนธ์ของมวิจัย อย่างไรก็ตาม อาจจะมีความเป็นไปได้ที่ผู้วิจัยอาจจะจำเป็นต้องเก็บข้อมูลและวิดีโอของผู้เข้าร่วมโครงการไว้ หลังจากวิทยานิพนธ์สำเร็จแล้ว ตัวอย่างเช่น ผู้วิจัยอาจจะจำเป็นต้องเก็บข้อมูลเหล่านี้ไว้ สำหรับงานวิจัยในอนาคต หรืองานประชุมวิชาการต่าง ๆ ซึ่งผู้เข้าร่วมโครงการวิจัยจะได้รับตัวเลือกในหนังสือยินยอมว่าจะอนุญาตให้ผู้วิจัยเก็บข้อมูลเหล่านี้ไว้ได้นานเท่าไร ถ้าผู้เข้าร่วมอนุญาตให้ผู้วิจัยเก็บข้อมูลและวิดีโอเหล่านี้ต่อไปได้หลังจากวิทยานิพนธ์สำเร็จแล้ว ข้อมูลจะถูกเก็บไว้ในคอมพิวเตอร์ของผู้วิจัยที่ต้องอาศัยรหัสผ่านในการเข้าถึงเท่านั้น ท่านสามารถขอให้ทางผู้วิจัยลบวิดีโอที่มีท่านอยู่ได้ทุกเมื่อ หากท่านตัดสินใจที่จะถอนตัวออกจากโครงการ

ใครเป็นผู้ควบคุมดูแลข้อมูล

มหาวิทยาลัยเซฟฟิลด์จะทำหน้าที่เป็นผู้ควบคุมดูแลข้อมูลสำหรับโครงการวิจัยนี้ ซึ่งหมายความว่ามหาวิทยาลัยเซฟฟิลด์จะมีหน้าที่ดูแลข้อมูลและการใช้ข้อมูลอย่างเหมาะสม

ใครมีหน้าที่รับรองจริยธรรมการวิจัย

โครงการวิจัยนี้ได้รับการรับรองจริยธรรมการวิจัยจากคณะกรรมการจริยธรรมการวิจัยในคนโดยมหาวิทยาลัยมทิดลและมหาวิทยาลัยเซฟฟิลด์

หากเกิดปัญหาหรือมีข้อร้องเรียนจะต้องทำอย่างไร

หากเกิดปัญหาหรือมีข้อร้องเรียน ท่านสามารถติดต่อผู้ดูแลโครงการวิจัย Prof Ray Wilkinson อย่างไรก็ตาม หากท่านรู้สึกว่าการร้องเรียนของท่านไม่ถูกจัดการอย่างเหมาะสม ท่านสามารถติดต่อโดยตรงได้ที่หัวหน้าภาควิชา Dr Judy Clegg ผู้ที่จะสามารถจัดการการร้องเรียนต่างๆ ได้อย่างเหมาะสม ข้อมูลเพิ่มเติมเกี่ยวกับการร้องเรียนสามารถอ่านได้ที่

<https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

หากบุคคลอื่น ๆ ที่ไม่ได้เข้าร่วมการวิจัยได้รับผลกระทบและมีข้อร้องเรียนจะต้องทำอย่างไร

หากมีบุคคลอื่น ๆ ได้รับผลกระทบจากโครงการวิจัยนี้ พวกเขาสามารถที่จะแจ้งข้อร้องเรียนของเขาได้ที่ผู้เกี่ยวข้องที่โรงพยาบาลรามาริบัติได้โดยตรง วิธีการที่สะดวกที่สุดคือติดต่อหัวหน้าภาควิชาวิทยาศาสตร์ สื่อความหมายและความผิดปกติของการสื่อความหมาย เรื่องจะถูกส่งต่อไปยังผู้ที่เกี่ยวข้อง (คณะกรรมการจริยธรรมการวิจัยในคน) พวกเขาจะมีหน้าที่ในการรับข้อร้องเรียนต่าง ๆ และจัดการข้อร้องเรียนเหล่านั้นอย่างเหมาะสม ตามนโยบายการป้องกันของมหาวิทยาลัยเซฟฟิลด์ และ มหาวิทยาลัยมทิดล อย่างไรก็ตาม บุคคลที่ได้รับผลกระทบสามารถติดต่อ หัวหน้าภาควิชาและคณะกรรมการจริยธรรมการวิจัยในคนได้โดยตรง ตามรายละเอียดที่แนบไว้ท้ายเอกสารนี้ กระบวนการจัดการกับข้อร้องเรียนจะเป็นไปตามนโยบาย



การป้องกันของมหาวิทยาลัยเซฟฟีลด์ ในข้อที่ 6 ข้อมูลเพิ่มเติมเกี่ยวกับนโยบายการป้องกันการสามารถดูได้
เพิ่มเติมที่ <https://www.sheffield.ac.uk/rs/ethicsandintegrity/safeguarding>

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โรงพยาบาลรามารับดี มหาวิทยาลัยมหิดล อาคาร 4 ชั้น 4 เลขที่ 270 ถนนพระราม 6 แขวงทุ่งพญาไท เขต
ราชเทวี กทม. 10400



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พระราม 6 แขวงทุ่งพญาไท เขตราชเทวี กทม. 10400

ทางที่มิวิจัยขอขอบพระคุณเป็นอย่างสูง

เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมงานวิจัยฉบับวันที่ 11/07/2564

Appendix 4: Consent form

Appendix 4.1 Consent form for PWA



**The study of conversation in Thai people with aphasia using conversation analysis
Consent form for people with aphasia**

<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated 11/07/2021 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the opportunity to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the project. I understand that taking part in the project will include being video recorded conversations at home.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that taking part in the project, my language abilities will be tested by the researcher or my speech-language pathologist.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. I can ask the researcher to delete my videos whenever I want.	<input type="checkbox"/>	<input type="checkbox"/>
How my information will be used during and after the project		
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.	<input type="checkbox"/>	<input type="checkbox"/>
I allow the researcher to access my background information (e.g., age, occupation, language spoken, relationship with a person with aphasia, date onset) either from case histories provided by my clinician or the interview with the researcher via phone/online contact.	<input type="checkbox"/>	<input type="checkbox"/>
I allow the researcher to access my language test (WAB) scores from my treating clinician. In case there are no existing scores, I agree to take part in the test performed by the researcher using an online method.	<input type="checkbox"/>	<input type="checkbox"/>
I allow to be video recorded in the WAB testing session if the researcher performs the WAB test with me.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the video recordings that I provide to be deposited in The University of Sheffield Google Drive, encrypted USB drives, and researchers' password protected computer.	<input type="checkbox"/>	<input type="checkbox"/>
I allow the video recordings I provide to be stored (choose one)		
<input type="checkbox"/> until the thesis has been completed (October 2023) or <input type="checkbox"/> for five years after the thesis has been completed or <input type="checkbox"/> for as long as the researchers need for future potential research and education		



I give permission for the video recordings to be viewed (choose one)		
<input type="checkbox"/> only by the research student and supervisors		
or <input type="checkbox"/> by the research student and supervisors and to be shown at potential conference presentations by academic viewers <u>only if</u> my data being anonymised (e.g. pixelation)		
or <input type="checkbox"/> by the research student and supervisors and to be shown at potential conference presentations by academic viewers <u>without</u> my data being anonymised.		
I give permission for the video recordings to be used for teaching purposes (choose one)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, <u>only if</u> my data being anonymised (e.g. pixelation)		
<input type="checkbox"/> Yes, <u>without</u> my data being anonymised.		
So that the information you provide can be used legally by the researchers		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant: [printed]

Signature

Date

Name of Researcher: Paranat Muangsuwan

Signature

Date

Project contact details for further information:

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Appendix 4.2 Consent form for PWA (Thai version)



**หนังสือยินยอมโดยได้รับการบอกกล่าวและเต็มใจ
สำหรับผู้ป่วยที่มีภาวะบกพร่องทางการสื่อความ**

การศึกษาการสนทนาของผู้ป่วยชาวไทยที่มีภาวะบกพร่องทางการสื่อความโดยใช้วิธีวิเคราะห์การสนทนา

กรุณาเลือกช่องที่เหมาะสม	ใช่	ไม่
การเข้าร่วมโครงการวิจัย		
ข้าพเจ้าได้อ่านและทราบรายละเอียดของโครงการวิจัยจากเอกสารชี้แจงข้อมูล/ คำแนะนำแก่ผู้เข้าร่วมงานวิจัยฉบับวันที่ 11/07/2564 หรือได้รับการอธิบาย รายละเอียดของโครงการวิจัยนี้อย่างครบถ้วนสมบูรณ์ (หากคุณเลือก ไม่ใช่ ใน คำถามนี้ กรุณาหยุดทำหนังสือยินยอมฉบับนี้ต่อจนกว่าคุณจะเข้าใจถึง กระบวนการเข้าร่วมโครงการวิจัยทั้งหมดอย่างละเอียด)	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าได้มีโอกาสซักถามถึงคำถามและข้อสงสัยต่าง ๆ ในโครงการวิจัยนี้	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้ายินยอมที่จะเข้าร่วมโครงการวิจัยนี้และข้าพเจ้าเข้าใจว่าการเข้าร่วม โครงการวิจัยนี้ ข้าพเจ้าจะต้องถูกบันทึกวิดีโอการสนทนาที่เกิดขึ้นที่บ้านของ ข้าพเจ้า	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าเข้าใจว่า ในการเข้าร่วมโครงการนี้ ข้าพเจ้าจะถูกประเมินทักษะทาง ภาษาด้วยผู้วิจัยหรือนักแก้ไขการพูดประจำตัวของท่าน	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าเข้าใจว่าการเข้าร่วมโครงการวิจัยนี้เป็นการกระทำโดยความสมัครใจและ ข้าพเจ้าสามารถถอนตัวออกจากโครงการวิจัยนี้เมื่อใดก็ได้โดยไม่ต้องบอกถึง เหตุผลและไม่มีผลกระทบต่อการรักษาที่ข้าพเจ้าพึงได้รับ ข้าพเจ้ามีสิทธิ์ขอให้ ผู้วิจัยลบวิดีโอเมื่อไหร่ก็ได้	<input type="checkbox"/>	<input type="checkbox"/>
การนำไปใช้ของข้อมูลระหว่างโครงการวิจัย		
ข้าพเจ้าเข้าใจว่าข้อมูลส่วนตัว เช่น ชื่อ เบอร์โทรศัพท์ ที่อยู่ อีเมล และอื่น ๆ จะ ไม่ถูกเปิดเผยให้กับคนภายนอกโครงการวิจัยนี้	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าเข้าใจและอนุญาตให้นำคำพูดของข้าพเจ้าไปใช้สำหรับการตีพิมพ์ รายงาน เว็บไซต์ และสื่ออื่น ๆ ที่เกี่ยวข้องกับการวิจัย ข้าพเจ้าเข้าใจว่าชื่อจริง ของข้าพเจ้าจะไม่ปรากฏอยู่ในสื่อเหล่านั้น เว้นแต่ข้าพเจ้าจะขอร้องให้มีการใส่ชื่อ จริงด้วยตัวข้าพเจ้าเอง	<input type="checkbox"/>	<input type="checkbox"/>

<p>ข้าพเจ้าอนุญาตให้ผู้วิจัยเข้าถึงข้อมูลส่วนตัวของข้าพเจ้า (เช่น อายุ อาชีพ ภาษาที่ใช้ ความสัมพันธ์กับผู้ป่วย) จากประวัติการรักษาโดยนักแก้ไขการพูดหรือจากการสัมภาษณ์เพิ่มเติมผ่านทางโทรศัพท์หรือวิธีการออนไลน์</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ข้าพเจ้าอนุญาตให้ผู้วิจัยเข้าถึงคะแนน WAB หรือคะแนนจากการทดสอบทางภาษาโดยนักแก้ไขการพูดของข้าพเจ้า หากข้าพเจ้าไม่เคยมีคะแนนมาก่อน ข้าพเจ้ายินยอมที่จะได้รับการทดสอบโดยผู้วิจัยผ่านวิธีการออนไลน์</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ข้าพเจ้ายินยอมให้มีการบันทึกวิดีโอการทดสอบ WAB หากข้าพเจ้าต้องได้รับการทดสอบโดยผู้วิจัยผ่านวิธีการออนไลน์</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกสามารถนำไปเก็บไว้ที่กูเกิลไดร์ฟของมหาวิทยาลัยเซฟฟิลด์, ยูเอสบีไดร์ฟ และคอมพิวเตอร์ที่ต้องใส่รหัสผ่านของผู้วิจัย เพื่อที่จะนำข้อมูลไปใช้สำหรับงานวิจัยและการศึกษาในอนาคต</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ข้าพเจ้าอนุญาตให้เก็บวิดีโอที่ข้าพเจ้าบันทึกไว้ (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> จนกว่าโครงการวิจัยนี้จะเสร็จสิ้น (ตุลาคม 2566)</p> <p><input type="checkbox"/> ห้าปีหลังจากโครงการนี้เสร็จสิ้น</p> <p><input type="checkbox"/> นานเท่าที่ผู้วิจัยต้องการ สำหรับงานวิจัยและการศึกษาอื่นๆในอนาคตเท่านั้น</p>		
<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกไว้ดูได้โดย (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> ผู้วิจัยและผู้ดูแลโครงการวิจัยเท่านั้น</p> <p><input type="checkbox"/> ผู้วิจัย ผู้ดูแลโครงการวิจัย และบุคลากรที่เกี่ยวข้องกับการศึกษาอื่นๆ ตัวอย่างเช่น ในการประชุมทางวิชาการ <u>โดยต้องมีการปิดบังตัวตน</u> เช่น การเบลอหน้าผู้เข้าร่วมวิจัยในวิดีโอ</p> <p><input type="checkbox"/> ผู้วิจัย ผู้ดูแลโครงการวิจัย และบุคลากรที่เกี่ยวข้องกับการศึกษาอื่นๆ ตัวอย่างเช่น ในการประชุมทางวิชาการ <u>โดยไม่ต้องมีการปิดบังตัวตน</u></p>		
<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกไว้นำไปใช้สำหรับการเรียนการสอน (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> ไม่อนุญาต <input type="checkbox"/> อนุญาตต่อเมื่อมีการปิดบังตัวตน</p> <p><input type="checkbox"/> อนุญาตโดยไม่ต้องมีการปิดบังตัวตน</p>		



เพื่อให้ข้อมูลที่ข้าพเจ้าบันทึกไว้สามารถนำไปใช้ได้ถูกต้องตามกฎหมาย โดยผู้วิจัย		
ข้าพเจ้ายินยอมที่จะลงนามเพื่ออนุญาตให้สิทธิ์การใช้ข้อมูลกับ มหาวิทยาลัยเซฟฟิลด์	<input type="checkbox"/>	<input type="checkbox"/>

ชื่อผู้เข้าร่วมงานวิจัย

ลายเซ็น

วันที่

ชื่อผู้วิจัย

ลายเซ็น

วันที่

ข้อมูลสำหรับการติดต่อ:

ผู้วิจัย: ปารณัท เมืองสุวรรณ

อีเมล: PMuangsuwan1@sheffield.ac.uk โทร: +66 (0)858468680, +44 (0) 793 876 8808

อาจารย์ที่ปรึกษา: Prof Ray Wilkinson

อีเมล: ray.wilkinson@sheffield.ac.uk โทร: +44 (0) 114 222 2449

ที่อยู่: Division of Human Communication Sciences, Health Sciences School, University of Sheffield,
362 Mushroom Lane, Sheffield, S10 2TS

อาจารย์ที่ปรึกษา: Prof Catherine Tattersall

อีเมล: c.tattersall@sheffield.ac.uk โทร: +44 (0) 114 222 2446

ที่อยู่: Division of Human Communication Sciences, Health Sciences School, University of Sheffield,
362 Mushroom Lane, Sheffield, S10 2TS

หัวหน้าภาควิชา of Human Communication Sciences: Dr Judy Clegg

อีเมล: j.clegg@sheffield.ac.uk โทร: +44 (0) 114 222 2450

ที่อยู่: Division of Human Communication Sciences, Health Sciences School, University of Sheffield,
362 Mushroom Lane, Sheffield, S10 2TS

คณบดี Health Sciences School: Prof Tracey Moore

อีเมล: tracey.moore@sheffield.ac.uk โทร: +44 (0) 114 222 2056

ที่อยู่: Division of Nursing and Midwifery, Health Sciences School, University of Sheffield,
Barber House Annexe, 3 Clarkehouse Road, Sheffield, S10 2HQ



Participant Consent Form

Title of project

The study of conversation in Thai people with aphasia
using conversation analysis

Name of researchers

The student researcher:

Paranat Muanguwan

The research supervisors:

Prof Ray Wilkinson

Prof Catherine Tattersall

Contact details for Paranat Muanguwan

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 +66 (0)85 846 8680, +44 (0) 793 867 0732

Contact details for Dr Ray Wilkinson

 ray.wilkinson@sheffield.ac.uk

 +44 (0) 114 222 2449

Contact details for Dr Catherine Tattersall

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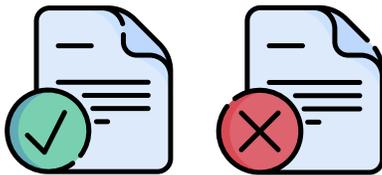


Before taking part in the project you decide if you agree with this form.
This called 'giving consent'

Please tick the box if you agree



I have read and understand the information sheet.



I understand that I can say **YES** or **NO**.



I understand that I can stop at any time.



I agree to be video recorded.



I allow the researcher to access my WAB (language test) scores from my treating clinician.



I agree to be tested by the researcher via online method if I don't already have been tested recently



I allow to be video recorded in the testing session if the researcher perform the test with me online.



I allow the researcher to access my background information either from case histories or the interview with the researcher via phone/online contact.



I allow the videos to be viewed by the researcher and the research supervisor.

I allow the videos to be viewed by other viewers
(e.g. conferences, teaching purposes)



Only if the data
being anonymised



Without the data
being anonymised



I understand that my
data will be kept
secured.

I allow the videos to be stored (please tick **one** of the boxes below)

- | | | |
|---|---|--------------------------|
|  | until the project
has been completed | <input type="checkbox"/> |
|  | for five years after
the project has been
completed | <input type="checkbox"/> |
|  | for as long as the
researcher need | <input type="checkbox"/> |

Please tick **one** of the boxes below.

- | | | |
|-------------------------------------|------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | I do want to take part. | <input type="checkbox"/> |
| <input type="checkbox"/> | I do not want to take part. | <input type="checkbox"/> |

Name _____

Signature _____

Date _____

To be filled in by the researcher

I confirm that I have explained the research study to the person whose name is printed above.

Name of researcher:

Signature:

Date:



หนังสือยินยอมโดยได้รับการบอกกล่าวและเต็มใจ

ชื่อโครงการวิจัย

การศึกษาการสนทนาของผู้ป่วยชาวไทย
ที่มีภาวะบกพร่องทางการสื่อสารโดยใช้วิธีวิเคราะห์การสนทนา

รายชื่อผู้วิจัย

ผู้วิจัยหลัก: นายปารณัท เมืองสุวรรณ

ผู้ดูแลโครงการวิจัย:

Prof Ray Wilkinson

Prof Catherine Tattersall

ข้อมูลการติดต่อ นายปารณัท เมืองสุวรรณ

 PMuangsuwan1@sheffield.ac.uk

 +44 (0) 793 867 0732

ข้อมูลการติดต่อ Prof Ray Wilkinson

 ray.wilkinson@sheffield.ac.uk

 +44 (0) 114 222 2449

ข้อมูลการติดต่อ Prof Catherine Tattersall

 c.tattersall@sheffield.ac.uk

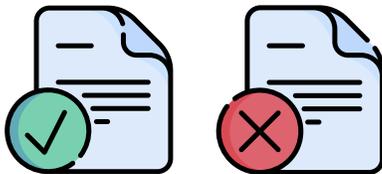
 +44 (0) 114 222 2446

ก่อนที่จะตัดสินใจเข้าร่วมโครงการ ท่านจะต้องยินยอมกับเอกสารนี้ก่อน

กรุณา หากท่านยินยอม



ฉันได้อ่านและเข้าใจ
เอกสารชี้แจงข้อมูล



ฉันเข้าใจว่าฉันสามารถ
ตอบตกลงหรือไม่ก็ได้



ฉันเข้าใจว่าจะหยุดเข้าร่วม
เมื่อใดก็ได้



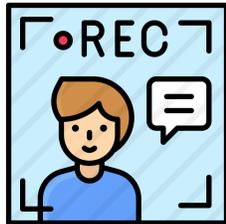
ฉันยินยอมที่จะถูกบันทึก
วิดีโอ



ฉันอนุญาตให้ผู้วิจัยเข้าถึง
คะแนน WAB ของฉัน
(คะแนนความสามารถทาง
ภาษา) จากนักแก้ไขการ
พูดของฉัน



ฉันยินยอมที่จะถูกทดสอบ
WAB หรือภาษาของฉัน
โดยผู้วิจัยด้วยวิธีการ
ออนไลน์หากฉันไม่มี
คะแนนมาก่อน



ฉันยินยอมที่จะถูกบันทึก
การประเมิน หากผู้วิจัยทำ
การประเมินด้วยวิธี
ออนไลน์

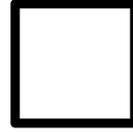


ฉันอนุญาตให้ผู้วิจัยเข้าถึง
ข้อมูลส่วนตัวของฉันจาก
ประวัติการรักษาหรือการ
สัมภาษณ์เพิ่มเติม



ฉันอนุญาตให้ผู้วิจัยและ
ผู้ดูแลโครงการวิจัยดูวิดีโอ
ของฉันได้

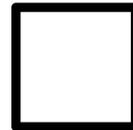
ฉันอนุญาตให้บุคคลอื่น ๆ ที่เกี่ยวข้องกับนักศึกษาวิดีโอของฉัน



ต่อเมื่อมีการปิดบังตัวตน



โดยไม่จำเป็นต้องปิดบังตัวตน



ฉันเข้าใจว่าข้อมูลของฉัน
จะถูกเก็บเป็นความลับ



ฉันอนุญาตให้วิดีโอของฉันถูกเก็บไว้ (โปรดเลือก 1 ช่อง)



จนกว่าโครงการนี้เสร็จสิ้น



ห้าปี หลังจาก
โครงการนี้เสร็จสิ้น



นานเท่าที่ผู้วิจัยต้องการ

โปรดเลือก 1 ช่องต่อไปนี้



ฉันยินดีที่จะเข้าร่วมโครงการ



ฉันไม่ต้องการที่จะเข้าร่วมโครงการ

ชื่อ

ลายเซ็น

วันที่

สำหรับผู้วิจัย

ข้าพเจ้ายืนยันว่า ข้าพเจ้าได้อธิบายโครงการวิจัยนี้ให้กับคนที่ลงชื่อไว้ด้านบน

ชื่อผู้วิจัย:

ลายเซ็น:

วันที่:

Appendix 4.5 Consent form for significant others of PWA



The study of conversation in Thai people with aphasia using conversation analysis

Consent form for significant others of people with aphasia

<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated 11/07/2021 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the opportunity to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the project. I understand that taking part in the project will include being video recorded conversations at home.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. I can ask the researcher to delete my videos whenever I want.	<input type="checkbox"/>	<input type="checkbox"/>
How my information will be used during and after the project		
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.	<input type="checkbox"/>	<input type="checkbox"/>
I allow the researcher to access my background information (e.g., age, occupation, language spoken, relationship with a person with aphasia, date onset) from the interview with the researcher via phone/online contact.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the video recordings that I provide to be deposited in The University of Sheffield Google Drive, encrypted USB drives, and researchers' password protected computer.	<input type="checkbox"/>	<input type="checkbox"/>
I allow the video recordings I provide to be stored (choose one)		
<input type="checkbox"/> until the thesis has been completed (October 2023) or <input type="checkbox"/> for five years after the thesis has been completed or <input type="checkbox"/> for as long as the researchers need for future potential research and education		
I give permission for the video recordings to be viewed (choose one)		
<input type="checkbox"/> only by the research student and supervisors or <input type="checkbox"/> by the research student and supervisors and to be shown at potential conference presentations by academic viewers <u>only</u> if my data being anonymised (e.g. pixelation) or <input type="checkbox"/> by the research student and supervisors and to be shown at potential conference presentations by academic viewers <u>without</u> my data being anonymised.		

Appendix 4.6 Consent form for significant others of PWA (Thai version)



หนังสือยินยอมโดยได้รับการบอกกล่าวและเต็มใจ

สำหรับคู่สนทนาของผู้ป่วยที่มีภาวะบกพร่องทางการสื่อความ

การศึกษาการสนทนาของผู้ป่วยชาวไทยที่มีภาวะบกพร่องทางการสื่อความโดยใช้วิธีวิเคราะห์การสนทนา

กรุณาเลือกช่องที่เหมาะสม	ใช่	ไม่
การเข้าร่วมโครงการวิจัย		
ข้าพเจ้าได้อ่านและทราบรายละเอียดของโครงการวิจัยจากเอกสารชี้แจงข้อมูล/ คำแนะนำแก่ผู้เข้าร่วมงานวิจัยฉบับวันที่ 11/07/2564 หรือได้รับการอธิบาย รายละเอียดของโครงการวิจัยนี้อย่างครบถ้วนสมบูรณ์ (หากคุณเลือก ไม่ใช่ ใน คำถามนี้ กรุณาหยุดทำหนังสือยินยอมฉบับนี้ต่อจนกว่าคุณจะเข้าใจถึง กระบวนการเข้าร่วมโครงการวิจัยทั้งหมดอย่างละเอียด)	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าได้มีโอกาสซักถามถึงคำถามและข้อสงสัยต่าง ๆ ในโครงการวิจัยนี้	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้ายินยอมที่จะเข้าร่วมโครงการวิจัยนี้และข้าพเจ้าเข้าใจว่าการเข้าร่วม โครงการวิจัยนี้ ข้าพเจ้าจะต้องถูกบันทึกวิดีโอการสนทนาที่เกิดขึ้นที่บ้านของ ข้าพเจ้า	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าเข้าใจว่าการเข้าร่วมโครงการวิจัยนี้เป็นการกระทำโดยความสมัครใจและ ข้าพเจ้าสามารถถอนตัวออกจากโครงการวิจัยนี้เมื่อใดก็ได้โดยไม่ต้องบอกถึง เหตุผลและไม่มีผลกระทบต่อการรักษาที่ข้าพเจ้าพึงได้รับ ข้าพเจ้ามีสิทธิ์ขอให้ ผู้วิจัยลบวิดีโอเมื่อไหร่ก็ได้	<input type="checkbox"/>	<input type="checkbox"/>
การนำไปใช้ของข้อมูลระหว่างโครงการวิจัย		
ข้าพเจ้าเข้าใจว่าข้อมูลส่วนตัว เช่น ชื่อ เบอร์โทรศัพท์ ที่อยู่ อีเมล และอื่น ๆ จะ ไม่ถูกเปิดเผยให้กับคนภายนอกโครงการวิจัยนี้	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าเข้าใจและอนุญาตให้นำคำพูดของข้าพเจ้าไปใช้สำหรับการตีพิมพ์ รายงาน เว็บไซต์ และสื่ออื่น ๆ ที่เกี่ยวข้องกับกรวิจัย ข้าพเจ้าเข้าใจว่าชื่อจริง ของข้าพเจ้าจะไม่ปรากฏอยู่ในสื่อเหล่านั้น เว้นแต่ข้าพเจ้าจะขอร้องให้มีการใส่ชื่อ จริงด้วยตัวข้าพเจ้าเอง	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าอนุญาตให้ผู้วิจัยเข้าถึงข้อมูลส่วนตัวของข้าพเจ้า (เช่น อายุ อาชีพ ภาษา ที่ใช้ ความสัมพันธ์กับผู้ป่วย) จากการสัมภาษณ์เพิ่มเติมผ่านทางโทรศัพท์หรือ วิธีการออนไลน์	<input type="checkbox"/>	<input type="checkbox"/>

<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกสามารถนำไปเก็บไว้ที่กูเกิลไดร์ฟของมหาวิทยาลัยเซฟฟีลด์, ยูเอสบีไดร์ฟ และคอมพิวเตอร์ที่ต้องใส่รหัสผ่านของผู้วิจัย เพื่อที่จะนำข้อมูลไปใช้สำหรับงานวิจัยและการศึกษาในอนาคต</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ข้าพเจ้าอนุญาตให้เก็บวิดีโอที่ข้าพเจ้าบันทึกไว้ (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> จนกว่าโครงการวิจัยนี้จะเสร็จสิ้น (ตุลาคม 2566)</p> <p><input type="checkbox"/> ห้าปีหลังจากโครงการนี้เสร็จสิ้น</p> <p><input type="checkbox"/> นานเท่าที่ผู้วิจัยต้องการ สำหรับงานวิจัยและการศึกษาอื่นๆในอนาคตเท่านั้น</p>		
<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกไว้ดูได้โดย (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> ผู้วิจัยและผู้ดูแลโครงการวิจัยเท่านั้น</p> <p><input type="checkbox"/> ผู้วิจัย ผู้ดูแลโครงการวิจัย และบุคลากรที่เกี่ยวข้องกับการศึกษาอื่นๆ ตัวอย่างเช่น ในการประชุมทางวิชาการ <u>โดยต้องมีการปิดบังตัวตน</u> เช่น การเบลอหน้าผู้เข้าร่วมวิจัยในวิดีโอ</p> <p><input type="checkbox"/> ผู้วิจัย ผู้ดูแลโครงการวิจัย และบุคลากรที่เกี่ยวข้องกับการศึกษาอื่นๆ ตัวอย่างเช่น ในการประชุมทางวิชาการ <u>โดยไม่ต้องมีการปิดบังตัวตน</u></p>		
<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกไว้นำไปใช้สำหรับการเรียนการสอน (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> ไม่อนุญาต <input type="checkbox"/> อนุญาตต่อเมื่อมีการปิดบังตัวตน</p> <p><input type="checkbox"/> อนุญาตโดยไม่ต้องมีการปิดบังตัวตน</p>		
<p>เพื่อให้ข้อมูลที่ข้าพเจ้าบันทึกไว้สามารถนำไปใช้ได้ถูกต้องตามกฎหมายโดยผู้วิจัย</p>		
<p>ข้าพเจ้ายินยอมที่จะลงนามเพื่ออนุญาตให้สิทธิ์การใช้ข้อมูลกับมหาวิทยาลัยเซฟฟีลด์</p>	<input type="checkbox"/>	<input type="checkbox"/>

ชื่อผู้เข้าร่วมงานวิจัย

ลายเซ็น

วันที่

ชื่อผู้วิจัย

ลายเซ็น

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Appendix 4.7 Consent form for conversation partners of PWA



The study of conversation in Thai people with aphasia using conversation analysis

Consent form for family or friends of people with aphasia

<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated 11/07/2021 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the opportunity to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the project. I understand that taking part in the project will include being video recorded conversations at home.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. I can ask the researcher to delete my videos whenever I want.	<input type="checkbox"/>	<input type="checkbox"/>
How my information will be used during and after the project		
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.	<input type="checkbox"/>	<input type="checkbox"/>
I allow the researcher to access my background information (e.g., age, occupation, language spoken, relationship with a person with aphasia, date onset) from the interview with the researcher via phone/online contact.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the video recordings that I provide to be deposited in The University of Sheffield Google Drive, encrypted USB drives, and researchers' password protected computer.	<input type="checkbox"/>	<input type="checkbox"/>
I allow the video recordings I provide to be stored (choose one) <input type="checkbox"/> until the thesis has been completed (October 2023) or <input type="checkbox"/> for five years after the thesis has been completed or <input type="checkbox"/> for as long as the researchers need for future potential research and education		
I give permission for the video recordings to be viewed (choose one) <input type="checkbox"/> only by the research student and supervisors or <input type="checkbox"/> by the research student and supervisors and to be shown at potential conference presentations by academic viewers <u>only</u> if my data being anonymised (e.g. pixelation) or <input type="checkbox"/> by the research student and supervisors and to be shown at potential conference presentations by academic viewers <u>without</u> my data being anonymised.		

Appendix 4.8 Consent form for conversation partners of PWA (Thai version)



หนังสือยินยอมโดยได้รับการบอกกล่าวและเต็มใจ

สำหรับคู่ญาติหรือเพื่อนของผู้ป่วยที่มีภาวะบกพร่องทางการสื่อความ

การศึกษาการสนทนาของผู้ป่วยชาวไทยที่มีภาวะบกพร่องทางการสื่อความโดยใช้วิธีวิเคราะห์การสนทนา

กรุณาเลือกช่องที่เหมาะสม	ใช่	ไม่
การเข้าร่วมโครงการวิจัย		
ข้าพเจ้าได้อ่านและทราบรายละเอียดของโครงการวิจัยจากเอกสารชี้แจงข้อมูล/ คำแนะนำแก่ผู้เข้าร่วมงานวิจัยฉบับวันที่ 11/07/2564 หรือได้รับการอธิบาย รายละเอียดของโครงการวิจัยนี้อย่างครบถ้วนสมบูรณ์ (หากคุณเลือก ไม่ใช่ ใน คำถามนี้ กรุณาหยุดทำหนังสือยินยอมฉบับนี้ต่อจนกว่าคุณจะเข้าใจถึง กระบวนการการเข้าร่วมโครงการวิจัยทั้งหมดอย่างละเอียด)	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าได้มีโอกาสซักถามถึงคำถามและข้อสงสัยต่าง ๆ ในโครงการวิจัยนี้	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้ายินยอมที่จะเข้าร่วมโครงการวิจัยนี้และข้าพเจ้าเข้าใจว่าการเข้าร่วม โครงการวิจัยนี้ ข้าพเจ้าจะต้องถูกบันทึกวิดีโอการสนทนาที่เกิดขึ้นที่บ้านของ ข้าพเจ้า	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าเข้าใจว่าการเข้าร่วมโครงการวิจัยนี้เป็นการกระทำโดยความสมัครใจและ ข้าพเจ้าสามารถถอนตัวออกจากโครงการวิจัยนี้เมื่อใดก็ได้โดยไม่ต้องบอกถึง เหตุผลและไม่มีผลกระทบต่อการรักษาที่ข้าพเจ้าพึงได้รับ ข้าพเจ้ามีสิทธิ์ขอให้ ผู้วิจัยลบวิดีโอเมื่อไหร่ก็ได้	<input type="checkbox"/>	<input type="checkbox"/>
การนำไปใช้ของข้อมูลระหว่างโครงการวิจัย		
ข้าพเจ้าเข้าใจว่าข้อมูลส่วนตัว เช่น ชื่อ เบอร์โทรศัพท์ ที่อยู่ อีเมล และอื่น ๆ จะ ไม่ถูกเปิดเผยให้กับคนภายนอกโครงการวิจัยนี้	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าเข้าใจและอนุญาตให้นำคำพูดของข้าพเจ้าไปใช้สำหรับการตีพิมพ์ รายงาน เว็บไซต์ และสื่ออื่น ๆ ที่เกี่ยวข้องกับการวิจัย ข้าพเจ้าเข้าใจว่าชื่อจริง ของข้าพเจ้าจะไม่ปรากฏอยู่ในสื่อเหล่านั้น เว้นแต่ข้าพเจ้าจะขอร้องให้มีการใส่ชื่อ จริงด้วยตัวข้าพเจ้าเอง	<input type="checkbox"/>	<input type="checkbox"/>
ข้าพเจ้าอนุญาตให้ผู้วิจัยเข้าถึงข้อมูลส่วนตัวของข้าพเจ้า (เช่น อายุ อาชีพ ภาษา ที่ใช้ ความสัมพันธ์กับผู้ป่วย) โดยอนุญาตให้ผู้วิจัยสัมภาษณ์ผ่านทางโทรศัพท์ หรือวิธีการออนไลน์	<input type="checkbox"/>	<input type="checkbox"/>

<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกสามารถนำไปเก็บไว้ที่กูเกิลไดร์ฟของมหาวิทยาลัยเซฟฟิลด์, ยูเอสบีไดร์ฟ และคอมพิวเตอร์ที่ต้องใส่รหัสผ่านของผู้วิจัย เพื่อที่จะนำข้อมูลไปใช้สำหรับงานวิจัยและการศึกษาในอนาคต</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>ข้าพเจ้าอนุญาตให้เก็บวิดีโอที่ข้าพเจ้าบันทึกไว้ (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> จนกว่าโครงการวิจัยนี้จะเสร็จสิ้น (ตุลาคม 2566)</p> <p><input type="checkbox"/> ห้าปีหลังจากโครงการนี้เสร็จสิ้น</p> <p><input type="checkbox"/> นานเท่าที่ผู้วิจัยต้องการ สำหรับงานวิจัยและการศึกษาอื่นๆในอนาคตเท่านั้น</p>		
<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกไว้ดูได้โดย (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> ผู้วิจัยและผู้ดูแลโครงการวิจัยเท่านั้น</p> <p><input type="checkbox"/> ผู้วิจัย ผู้ดูแลโครงการวิจัย และบุคลากรที่เกี่ยวข้องกับการศึกษาอื่นๆ ตัวอย่างเช่น ในการประชุมทางวิชาการ <u>โดยต้องมีการปิดบังตัวตน</u> เช่น การเบลอหน้าผู้เข้าร่วมวิจัยในวิดีโอ</p> <p><input type="checkbox"/> ผู้วิจัย ผู้ดูแลโครงการวิจัย และบุคลากรที่เกี่ยวข้องกับการศึกษาอื่นๆ ตัวอย่างเช่น ในการประชุมทางวิชาการ <u>โดยไม่ต้องมีการปิดบังตัวตน</u></p>		
<p>ข้าพเจ้าอนุญาตให้วิดีโอที่ข้าพเจ้าบันทึกไว้นำไปใช้สำหรับการเรียนการสอน (เลือก 1 ข้อ)</p> <p><input type="checkbox"/> ไม่อนุญาต <input type="checkbox"/> อนุญาตต่อเมื่อมีการปิดบังตัวตน</p> <p><input type="checkbox"/> อนุญาตโดยไม่ต้องมีการปิดบังตัวตน</p>		
<p>เพื่อให้ข้อมูลที่ข้าพเจ้าบันทึกไว้สามารถนำไปใช้ได้ถูกต้องตามกฎหมายโดยผู้วิจัย</p>		
<p>ข้าพเจ้ายินยอมที่จะลงนามเพื่ออนุญาตให้สิทธิ์การใช้ข้อมูลกับมหาวิทยาลัยเซฟฟิลด์</p>	<input type="checkbox"/>	<input type="checkbox"/>

ชื่อผู้เข้าร่วมงานวิจัย

ลายเซ็น

วันที่

ชื่อผู้วิจัย

ลายเซ็น

วันที่



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Appendix 5: CA transcription symbols

[a large left-hand bracket links an ongoing utterance with an overlapping utterance or non-verbal action at the point where the overlap/simultaneous non-verbal action begins

] a large right-hand bracket marks where overlapping utterances/simultaneous non-verbal actions stop overlapping

eg. 01 PR how have you been since I last saw [you]
02 AM [not] so [good]
[((AM shakes head))]

= an equals sign marks where there is no interval between adjacent utterances

e.g. 01 DG did he really say that?=
02 FB =yes

(0.6) silences are marked in seconds and tenths of seconds
i.e. (0.6) is six tenths of a second; (1.2) is one second and two tenths of a second

(.) a full stop in single brackets indicates an interval of tenth of a second or less in the stream of talk

oh: a colon indicates an extension of the sound or syllable it follows (more colons prolong the stretch)

. a full stop indicates a stopping fall in tone, *not necessarily the end of a sentence*

, a comma indicates a continuing intonation

? a question mark indicates a rising inflection, *not necessarily a question*

! an exclamation mark indicates an animated tone, *not necessarily an exclamation*

but- a single dash indicates a halting, abrupt cut off to a word or part of a word

↑↓ marked rising and falling shifts in intonation are indicated by upward and downward pointing arrows immediately *prior* to the rise or fall

stress underlining indicates emphasis

°no° degree signs indicate a passage of talk which is *quieter* than surrounding talk

TALK capital letters indicate talk delivered at a *louder volume* than surrounding talk

h, heh indicates discernable aspiration or laughter (the more hs the longer the

hah aspiration/laughter)

fu(h)n an h in single brackets marks discernable aspiration or laughter *within* a word in an utterance

°h discernable inhalation (the more hs the longer the inhalation)

£ pound sign marks smiley voice quality

>talk< greater than signs indicate sections of an utterance delivered at a *greater speed* than the surrounding talk

<talk> lesser than signs indicate sections of an utterance delivered at a *slower speed* than the surrounding talk

[yes text in double brackets represents a gloss or description of some non-verbal
L((*nods*))aspect of the talk, and is linked to the relevant section of talk with large
brackets (see above). Its often done in italics to make it stand out from the talk.
You may want to use smaller font (eg font size 9) to get this description in the
space available on the transcript.

(1 syllable)

(dog) single brackets containing either a word, phrase, or syllable count (if utterance is very unclear) mark where target item(s) is/are in doubt to the transcriber

/kæt/ transcribe paraphasias and jargon between slashes, using an IPA font.

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